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13 MICHELLE-LAEL B. NORSWORTHY

14 UNITED STATES DISTRICT COURT
15 EASTERN DISTRICT OF CALIFORNIA

16 MICHELLE-LAEL B. NORSWORTHY,
17 Plaintiff,
18 v.

19 KATHLEEN ALLISON, JANEL ESPINOZA,
20 MICHAEL PALLARES, IKWINDER SINGH,
21 ROBERT MITCHELL, and ROSELLE
22 BRANCH,

23 Defendants.

Case No. 1:20-cv-00813-DAD-HBK

**FIRST AMENDED COMPLAINT FOR
VIOLATION OF 42 U.S.C. § 1983**

1 Plaintiff Michelle-Lael B. Norsworthy (“Plaintiff” or “Ms. Norsworthy”), for her
2 Complaint against Kathleen Allison in her official capacity as the Secretary of the California
3 Department of Corrections and Rehabilitation (“CDCR”), Janel Espinoza, Michael Pallares in
4 both his individual capacity and official capacity as Warden of Central California Women’s
5 Facility (“CCWF”), Ikwinder Singh, Robert Mitchell, and Roselle Branch (collectively,
6 “Defendants”), alleges as follows:

7 **NATURE OF THIS ACTION**

8 1. Plaintiff Michelle-Lael Bryanna Norsworthy brings this civil rights action under
9 42 U.S.C. § 1983 for damages, injunctive relief, and other appropriate relief based upon
10 Defendants’ deliberate indifference toward Ms. Norsworthy and their failure to provide her with
11 medically necessary care in violation of the Eighth Amendment to the U.S. Constitution. Ms.
12 Norsworthy is a post-operative, transgender woman, a founder of a nonprofit that provides
13 transitional services for former transgender inmates, and a small business owner. Unfortunately,
14 since March 25, 2019, Ms. Norsworthy has also been housed at CCWF in Chowchilla, California,
15 by CDCR based on a finding that she violated the conditions of her 2015 parole from CDCR.

16 2. Ms. Norsworthy brings this action because, since CDCR took her back into
17 custody, Defendants have repeatedly violated Ms. Norsworthy’s civil rights. Specifically,
18 Defendants failed to provide Ms. Norsworthy in a timely manner with pain medication,
19 antibiotics, and hygiene products that were prescribed by her doctors. Defendants further failed
20 to provide a private space for Ms. Norsworthy to dilate properly pursuant to her doctors’ orders,
21 causing her pain, suffering, possibly irreversible damage to her body (including a dramatic loss of
22 depth in her vagina), and loss of consortium with her husband. Moreover, even after Ms.
23 Norsworthy received revision surgery on August 13, 2019 in connection with her original sex
24 reassignment surgery (“SRS”), Defendants failed to provide sufficient post-operative medical
25 care. These failures have caused Ms. Norsworthy extreme pain and hardship and will require that
26 she undergo additional surgery to repair the harm caused to her body.

27 3. Ms. Norsworthy currently requires medically necessary surgery to repair the loss
28 of depth she experienced as a result of Defendants’ previous failures to provide her appropriate

1 care and access to space to dilate as prescribed. This surgery was recommended by the surgeon
2 who has been treating Ms. Norsworthy to date, Thomas Satterwhite, M.D., and on December 17,
3 2019, CDCR approved Ms. Norsworthy for consultation for the surgery. Since that time, CDCR,
4 through the California State Attorney General's office, represented that it was searching for a
5 surgeon to perform the surgery, but as of the date of this filing, no surgery has been scheduled.
6 Although that news was disappointing at the time—it should not have taken nearly a year to have
7 this surgery scheduled to repair the damage done by CDCR's own improper actions—that
8 disappointment was nothing compared to the news delivered to Ms. Norsworthy on March 12,
9 2020.

10 4. On March 12, 2020, Ms. Norsworthy was advised by a doctor working at CCWF,
11 Chris Glass, Psy.D., that her paperwork had changed. Whereas the papers originally showed that
12 the follow-up surgery had been "Approved" since at least December 2020, the word "Approved"
13 was now crossed-out and replaced, in handwriting, with the word "denied." Dr. Glass further
14 informed Ms. Norsworthy that she was being referred to another doctor to get a second opinion
15 for the surgery. Dr. Glass said that this was shocking and indicated he had never seen anything
16 like it.

17 5. The only explanation provided came from the Attorney General's office, which
18 forwarded notes from Dr. Satterwhite indicating that the surgery he recommended could either be
19 a colovaginoplasty or a peritoneum-vaginoplasty, and a February 25, 2020 recommendation that
20 Defendants had procured from another doctor, Marci Bowers, M.D., that CDCR decided to
21 consult with to second-guess Dr. Satterwhite's recommendation. CDCR originally approached
22 Dr. Bowers in approximately November or December 2019, ostensibly about the surgery that Dr.
23 Satterwhite had recommended. After Dr. Bowers responded that she did not perform the type of
24 surgery that Dr. Satterwhite recommended, CDCR asked Dr. Bowers to review Ms. Norsworthy's
25 file. They then sent Ms. Norsworthy's medical file to Dr. Bowers in Burlingame, CA. Notably,
26 this did not include any documentation explaining why Ms. Norsworthy had lost vaginal depth or
27 why the current surgery was needed. Dr. Bowers then wrote her recommendation on stationary
28 with her office's Burlingame address on the top, and sent the recommendation to CDCR. Dr.

1 Bowers admittedly did not see Ms. Norsworthy or even review any pictures of the results of her
2 previous surgery in issuing the letter. Instead, as Dr. Bowers' admitted, she conducted her review
3 "based upon chart review, operative records, reports and office examinations 2015-2019. I have
4 not seen this patient nor have I seen pictures of any outcomes." Dr. Bowers then questioned the
5 quality of Dr. Satterwhite's prior work, and, apparently misapprehending the reason for the
6 surgery and incorrectly believing its purpose was to correct problems caused by the prior
7 surgeries, recommended, "Prior to engaging in a qualitatively similar 3rd or 4th surgical
8 procedure, I would recommend a second opinion with a new surgeon, if possible." Since the
9 filing of the initial Complaint in this action, Dr. Bowers has confirmed that she misunderstood the
10 reason the surgery was needed, has amended her earlier report and, as of July 17, 2020, now
11 supports providing the surgery prescribed by Dr. Satterwhite.

12 6. However, based on the original, February 25, 2020 report CDCR obtained from
13 Dr. Bowers based on incomplete and incorrect information it had provided to Dr. Bowers, CDCR
14 decided to revoke its earlier approval for Ms. Norsworthy's surgery and require Ms. Norsworthy to
15 go see yet another doctor, for an invasive medical examination in the middle of the current
16 coronavirus outbreak, for yet another medical opinion. Requiring Ms. Norsworthy to participate
17 in such a medical examination at this point is particularly unreasonable and dangerous in light of
18 the coronavirus outbreak, for which prisoners like Ms. Norsworthy are particularly susceptible
19 due to crowded living conditions, lack of protections, and her own underlying medical conditions
20 that make her more vulnerable to the epidemic. Indeed, the California Attorney General's office
21 indicated on March 16, 2020, that it agreed with Ms. Norsworthy's decision not to go forward
22 with the medical exam at that time in light of the coronavirus outbreak, and indicated that the visit
23 to the new doctor would not be rescheduled until after the coronavirus situation is under control.
24 And even then, the California Attorney General's office that, even if the new doctor also
25 recommends the surgery that Ms. Norsworthy requires, she would then need to go through the
26 approval process again, which would take another approximately 90 days to lead to a new
27 approval. In other words, it could be until 2021 or later before Ms. Norsworthy can get back to
28 where she was in December 2019, with approval for this necessary surgery.

7. Enough is enough. CDCR is a repeat violator who has already been found to have violated Ms. Norsworthy's constitutional rights in prior litigation, and had to be ordered by the Court to provide her with previous medical care. Ms. Norsworthy was previously incarcerated by CDCR from April 15, 1987 until she was released on parole on August 12, 2015. During that period, Ms. Norsworthy requested, and CDCR refused to provide, medically necessary SRS to treat her gender dysphoria. Ms. Norsworthy filed suit against the doctors and CDCR staff who denied her request, and in that case, she was granted a preliminary injunction ordering CDCR "to provide Ms. Norsworthy with access to adequate medical care, including sex reassignment surgery as promptly as possible." *See Norsworthy v. Beard*, 87 F. Supp. 3d 1164, 1195 (N.D. Cal. 2015). The Court found that Ms. Norsworthy presented compelling evidence "suggesting that prison officials deliberately ignored her continuing symptoms of gender dysphoria and the recognized standards of care" and that "they were deliberately indifferent to the recommendations of her treating health care provider." *Id.* at 1189. Ms. Norsworthy was released on parole four months after the preliminary injunction issued and while the appeal of that order by the underlying action's defendants was pending, but before she was provided the court-ordered surgery.

8. While on parole, Ms. Norsworthy navigated the Medi-Cal insurance system to secure the previously ordered SRS in February 2017. Due to complications from that original surgery, however, Ms. Norsworthy had to undergo three corrective surgeries or revisions while she was on parole. Ms. Norsworthy was in the process of having a fourth required revision surgery scheduled when she was arrested for possessing pepper spray in a restaurant that served alcohol, where she had been distributing business cards for her personal aerial photography business after receiving her pilot's license. After spending time in the Solano County jail, Ms. Norsworthy was returned to CDCR custody based on a finding that her presence in the restaurant and possession of the pepper spray had violated her parole.

9. While in CDCR's custody, Ms. Norsworthy was provided the required, fourth revision surgery, but only after she filed complaints and sought to have the preliminary injunction from her prior case enforced. Moreover, during Ms. Norsworthy's incarceration, Defendants

1 have failed to provide her with the following medically necessary care: (a) sufficient
 2 accommodations to dilate; (b) painkillers, prescribed by her surgeon, to treat the excruciating pain
 3 that would be alleviated by the revision surgery; (c) antibiotics to treat recurring vaginosis; (c)
 4 hygiene products, including vaginal douches as recommended by her doctor following her SRS
 5 and the subsequent revisions; and (d) now, the surgery required to repair the harm caused to her
 6 by CDCR's prior failures. These failures caused regular bouts of pain and suffering. Most
 7 critically, failure to provide sufficient dilation accommodations resulted in what might be
 8 irreparable loss of depth and function with respect to Ms. Norsworthy's vagina.

9 10. Thus, Ms. Norsworthy filed a complaint in the United States District Court for the
 10 Northern District of California on March 16, 2020 (Case No. 4:20-cv-01859-JST, ECF No. 1), to
 11 obtain the necessary surgery, ensure that she receives proper treatment going forward, and for
 12 damages and other relief to compensate her for the harm she has suffered and will suffer due to
 13 Defendants' actions.

14 **PARTIES**

15 11. Plaintiff Michelle-Lael Bryanna Norsworthy is a post-operative transgender
 16 woman, a founder of a nonprofit that provides transitional services for former transgender
 17 inmates, and a small business owner. She is a citizen of California and has been housed at CCWF
 18 since March 25, 2019, in CDCR custody. Ms. Norsworthy was previously in CDCR custody
 19 from April 15, 1987 to August 12, 2015, at which time she was released on parole. She is
 20 currently in CDCR custody for violating the conditions of her parole.

21 12. Upon information and belief, Defendant Kathleen Allison is a resident of
 22 California. Since her appointment by Governor Gavin Newsom on October 1, 2020, Allison has
 23 served as Secretary of CDCR. In her position as Secretary, Allison possesses ultimate
 24 responsibility and authority regarding CDCR's operations, including the implementation of
 25 policies governing medical care. Upon information and belief, Defendant Allison has ultimate
 26 authority for implementing CDCR's policies regarding medically necessary treatment and would
 27 be able to respond to an order granting injunctive relief. Accordingly, Allison is a proper
 28 defendant in her official capacity. *See, e.g., Rouser v. White*, 707 F. Supp. 2d 1055, 1066 (E.D.

1 Cal. 2010) (proper defendant for injunctive relief in suit seeking implementation of CDCR policy
2 is the CDCR Secretary in official capacity).

3 13. Upon information and belief, Defendant Janel Espinoza is a resident of California.
4 Upon information and belief, Espinoza was appointed as Warden of CCWF in July 2017 and
5 served in that position until around September 2019. During her time as Warden of CCWF,
6 Espinoza oversaw CCWF's policies governing inmates' medical care and custodial conditions.
7 Upon information and belief, Warden Espinoza was aware of, but did not remediate, deficiencies
8 in the medical care provided to Ms. Norsworthy, and, during the time that Defendant Espinoza
9 was warden at CCWF, is responsible for the actions of CDCR towards Plaintiff as alleged herein
10 during that time. Ms. Norsworthy's chief complaint against Warden Espinoza is her failure to
11 ensure that Ms. Norsworthy had adequate accommodations to dilate, even though, as discussed in
12 further detail below, Espinoza was made aware of Ms. Norsworthy's inability to dilate for
13 months.

14 14. Upon information and belief, Defendant Michael Pallares is a resident of
15 California. Pallares has served as Warden of CCWF since 2019 and prior to that, served as Chief
16 Deputy Warden to Warden Espinoza. As Warden of CCWF, Pallares oversees CCWF's policies
17 governing inmates' medical care and custodial conditions. During his time as both Warden and
18 Chief Deputy Warden, Pallares was aware of, but did not remediate, deficiencies in the medical
19 care provided to Ms. Norsworthy. As with Defendant Espinoza, Ms. Norsworthy's chief
20 complaint against Pallares is his failure to ensure that Ms. Norsworthy had adequate
21 accommodations to dilate, even though, as discussed in further detail below, Pallares was made
22 aware of Ms. Norsworthy's inability to dilate for months. For these reasons, and by virtue of his
23 role as Deputy Warden and then Warden of CCWF, during which time he was responsible for
24 Plaintiff's medical care, Defendant Pallares is responsible for the actions of CDCR and the other
25 Defendants towards Plaintiff as alleged herein. Upon information and belief, Ms. Norsworthy
26 also brings suit against Pallares in his official capacity as Warden of CCWF, to the extent that
27 Pallares has the authority to implement an order from the Court granting injunctive relief. *See*
28 *McQueen v. Brown*, 2018 U.S. Dist. LEXIS 66377, *10-11 (E.D. Cal. Apr. 18, 2018).

1 15. Upon information and belief, Defendant Ikwinder Singh, M.D., is a resident of
 2 California. Upon information and belief, at all relevant times, Dr. Singh was the Chief Physician
 3 and Surgeon at CCWF. Dr. Singh's regular duties include evaluating inmates' medical care
 4 issues, reviewing medical records, diagnosing inmate complaints, providing direct and supervised
 5 medical care, and facilitating recommendations for medical treatments. Upon information and
 6 belief, Dr. Singh, along with Defendant Dr. Mitchell, is responsible for Ms. Norsworthy's
 7 medical care. Upon information and belief, Dr. Singh consulted with Ms. Norsworthy's primary
 8 care physician Dr. Branch and other of Ms. Norsworthy's medical practitioners at CCWF
 9 regarding Ms. Norsworthy's medical care. Upon information and belief, Dr. Singh also
 10 participated in decisions concerning Ms. Norsworthy's medical care, including with respect to
 11 Ms. Norsworthy's requests for surgery and decisions regarding CDCR 602 Patient/Inmate Health
 12 Care Appeals submitted by Ms. Norsworthy. Consequently, Dr. Singh is responsible for the
 13 failure at CDCR to provide Ms. Norsworthy with medically necessary care, as alleged herein, in
 14 violation of the Eighth Amendment to the U.S. Constitution.

15 16. Upon information and belief, Defendant Robert Mitchell, M.D., is a resident of
 16 California. Upon information and belief, at all relevant times, Dr. Mitchell was the Chief Medical
 17 Executive of CCWF. Upon information and belief, Dr. Mitchell participated in decisions
 18 concerning Ms. Norsworthy's medical care, including with respect to Ms. Norsworthy's requests
 19 for surgery and decisions regarding CDCR 602 Patient/Inmate Health Care Appeals submitted by
 20 Ms. Norsworthy. Consequently, Dr. Mitchell is responsible for the failure at CDCR to provide
 21 Ms. Norsworthy with medically necessary care, as alleged herein, in violation of the Eighth
 22 Amendment to the U.S. Constitution.

23 17. Upon information and belief, Defendant Roselle Branch, M.D., is a resident of
 24 California. At all relevant times, Dr. Branch served as Ms. Norsworthy's primary care physician
 25 at CCWF. As described in further detail below, Dr. Branch deprived Ms. Norsworthy of suitable
 26 care by not providing her with appropriate prescription pain medications and by restricting Ms.
 27 Norsworthy's access to post-surgical needs, including access to a wheelchair. Consequently, Dr.
 28

1 Branch is responsible for the failure at CDCR to provide Ms. Norsworthy with medically
2 necessary care, as alleged herein, in violation of the Eighth Amendment to the U.S. Constitution.

3 **JURISDICTION AND VENUE**

4 18. This court has jurisdiction over the claims pursuant to 42 U.S.C. §§ 1331 and
5 1343(a)(3).

6 19. Ms. Norsworthy filed her original complaint in the Northern District of California
7 on the basis that a substantial part of the events giving rise to the claim occurred in the Northern
8 District, including, specifically, the actions of Defendants to send Ms. Norsworthy's records to
9 Burlingame, California, for Dr. Bowers to review Dr. Satterwhite's recommendations, and for
10 Defendants to rely on the letter Dr. Bowers generated from her Burlingame office to justify the
11 revocation of their prior approval of Ms. Norsworthy's surgery and decision to make Ms.
12 Norsworthy obtain a second opinion for the previously approved surgery. Defendants filed a
13 Rule 12(b)(3) motion to dismiss or transfer the action. On June 10, 2020, the court denied
14 Defendants' motion to dismiss but granted Defendant's request to transfer the action. The case
15 was transferred to this Court on June 11, 2020.

16 **FACTUAL BACKGROUND**

17 **I. MS. NORSWORTHY'S HISTORY OF GENDER DYSPHORIA**

18 20. Ms. Norsworthy was born in 1964 in Detroit, Michigan. While she was still an
19 infant, her parents divorced, and she was sent to live with her grandmother. Approximately ten
20 years later, Ms. Norsworthy's mother retook custody of her and moved the family to the West
21 Coast, eventually settling in California. Throughout childhood and adolescence, Ms. Norsworthy
22 never felt comfortable in the male gender assigned to her at birth. She attempted to
23 overcompensate for feeling weak and less than a man as a result of her feminine characteristics
24 and gender confusion by acting out aggressively, owning guns and turning to alcohol. At age
25 sixteen, Ms. Norsworthy dropped out of high school and moved to Hollywood, California,
26 eventually working as a police informant in her late teens and joining the military.

27 21. On December 4, 1985, Ms. Norsworthy encountered a male acquaintance at a bar
28 in Fullerton, California. Ms. Norsworthy and this acquaintance had a contentious history due to

1 Ms. Norsworthy's work as an informant. While both were intoxicated, an argument began in the
 2 bar and Ms. Norsworthy left the bar to go to her car. The acquaintance followed Ms. Norsworthy
 3 to the car, and Ms. Norsworthy retrieved a loaded rifle from the car. She fired a warning shot but
 4 the acquaintance reached for the gun and a struggle ensued. During the struggle, the acquaintance
 5 was shot in the neck. Ms. Norsworthy immediately attempted to administer first aid and, upon
 6 police arriving, stated "I shot my friend." The acquaintance was taken to the hospital, but died a
 7 few days later as the result of a blood clot from the gunshot wound. Ms. Norsworthy was
 8 convicted of second degree murder and sentenced to seventeen years to life. She was placed
 9 under the custody of CDCR on or about April 15, 1987.

10 22. Since at least adolescence, Ms. Norsworthy has experienced significant distress
 11 and anxiety as a result of the discrepancy between the male sex assigned to her at birth and her
 12 own female gender identity. In the 1990s, her feelings and understandings surrounding her
 13 gender began to consolidate and Ms. Norsworthy came to understand and accept that she is a
 14 transsexual woman.

15 23. In 1999, Ms. Norsworthy underwent several weeks of testing by a psychologist,
 16 Dr. Carl Viesti, at a CDCR facility. "The results of all test instruments were consistent with the
 17 profile of a transsexual" and she was diagnosed with gender identity disorder – "the only DSM-
 18 IV diagnosis available for this condition." Subsequent to her initial diagnosis, the American
 19 Psychiatric Association published a revised version of its Diagnostic and Statistical Manual of
 20 Mental Disorders ("DSM-V") in 2013, which replaced the "gender identity disorder" diagnosis
 21 with "gender dysphoria." The DSM-V characterizes the diagnosis of gender dysphoria as
 22 follows: "[i]ndividuals with gender dysphoria have a marked incongruence between the gender
 23 they have been assigned to (usually at birth, referred to as natal gender) and their
 24 experienced/expressed gender." Am. Psychiatric Ass'n, Diagnostic and Statistical Manual of
 25 Mental Disorders 453 (5th ed. 2013) ("DSM-V"). In addition to this marked incongruence,
 26 "[t]here must also be evidence of distress about this incongruence." *Id.* Hereinafter this
 27 Complaint will generally refer to the condition as gender dysphoria even when referring to
 28 diagnoses prior to 2013.

1 24. Upon receiving this diagnosis in early 2000, it was determined that it was
2 medically necessary for Ms. Norsworthy to receive treatment for her condition that would help to
3 bring her body into greater conformity with her gender identity. Toward this end, Ms.
4 Norsworthy was prescribed feminizing hormone therapy and injections of a progestin (Depo-
5 Prevera) to accomplish chemical castration. She received these treatments beginning in January
6 2000.

7 25. In 2012, Ms. Norsworthy's treating psychologist, Dr. Reese, expressly prescribed
8 SRS as medically necessary for Ms. Norsworthy, finding that "it is clear that clinical medical
9 necessity suggest and mandate a sex change medical operation before normal mental health can
10 be achieved for this female patient." Dr. Reese repeatedly renewed his opinion with regard to the
11 necessity of SRS for the following six months, at which time she was removed from his care by
12 CDCR.

13 26. By early 2014, Ms. Norsworthy had not received the medically necessary SRS,
14 and so she filed a lawsuit against the CDCR doctors who denied her request for the surgery. *See*
15 *Norsworthy v. Beard*, No. 14-cv-695-JST (N.D. Cal. 2014). Ms. Norsworthy sought, and on
16 April 2, 2015 was granted, a preliminary injunction requiring CDCR to promptly provide her with
17 SRS. *See Norsworthy*, 87 F. Supp. 3d at 1195.

18 27. The Defendants in *Norsworthy* appealed the preliminary injunction order and,
19 while that appeal was pending, CDCR granted Ms. Norsworthy's parole and she was released
20 August 12, 2015. After her release, the parties entered into a settlement agreement in which
21 CDCR agreed to give Ms. Norsworthy monetary compensation.

22 28. Upon her release, Ms. Norsworthy experienced success both personally and
23 professionally and took pride in engaging with her community. Ms. Norsworthy attained ham
24 radio and drone pilot's licenses and started an aerial photography business that specializes in
25 drone photography. She also founded a nonprofit organization, Joan's House Shelter, with the
26 goal of providing support and services to transgender women. She also married and secured a job
27 at the University of California, San Francisco.

28

1 29. After being released, in February 2017 Ms. Norsworthy successfully navigated
2 Medi-Cal and received SRS. Following the initial surgery, she underwent three follow-up
3 surgeries or revisions to treat complications from the original surgery. Ms. Norsworthy's surgeon
4 recommended a fourth follow-up surgery to treat complications related to the original surgery,
5 which surgery Ms. Norsworthy anticipated undergoing in the winter or early spring of 2019.

6 30. On October 17, 2018, Ms. Norsworthy entered a bar & restaurant near her home in
7 Suisin City, CA to distribute business cards for her new aerial photography business. Because
8 Ms. Norsworthy had previously been physically attacked on multiple occasions and orally
9 threatened for being a transgender woman, Ms. Norsworthy had a habit of carrying pepper spray
10 for protection. While inside the establishment, multiple other patrons started verbally harassing
11 Ms. Norsworthy and the pepper spray was inadvertently discharged when Ms. Norsworthy
12 backed into a pool table. To prevent the situation from escalating, Ms. Norsworthy exited, but
13 several patrons followed and aggressively approached her. Concerned for her safety, Ms.
14 Norsworthy sprayed her pepper spray at the ground in front of her to create some distance
15 between herself and the hostile group. She then immediately returned home.

16 31. Local police came to the establishment and spoke to one of the patrons, who
17 alleged that Ms. Norsworthy sprayed him in the face with the pepper spray. The patron told the
18 police that he knew where Ms. Norsworthy lived and directed them to her home. Despite Ms.
19 Norsworthy denying that she sprayed the patron, she was arrested and held in Solano County Jail.

20 32. At Ms. Norsworthy's preliminary hearing, the same patron testified that Ms.
21 Norsworthy did *not* spray him in the face with pepper spray, but that the mist created by the spray
22 irritated his eyes. Nonetheless, Ms. Norsworthy was found have violated her parole because she
23 entered an establishment that allegedly had a primary purpose of serving alcohol and was in
24 possession of the pepper spray. Ms. Norsworthy pleaded to a misdemeanor count in violation of
25 Penal Code Section 22900. Ms. Norsworthy served time in Solano County Jail until she was
26 transferred to CDCR custody and sent to the Central California Women's Facility (CCWF) in
27 Chowchilla, California on March 25, 2019.

1 **II. MS. NORSWORTHY RECEIVED INSUFFICIENT MEDICAL CARE IN**
2 **THE MONTHS LEADING UP TO HER MOST RECENT SURGERY.**

3 33. Promptly upon arrival at CCWF, Ms. Norsworthy requested revision surgery to
4 correct a complication from the prior surgery and to relieve her intense, persistent pain. At that
5 time, Ms. Norsworthy notified CDCR officials that the surgery had been already approved by her
6 treating surgeon, Dr. Thomas Satterwhite.

7 34. On March 29, 2019 Ms. Norsworthy met with a CDCR psychologist pursuant to
8 the Prison Rape Elimination Act. A few days later, on April 3, 2019, Ms. Norsworthy was
9 evaluated by CDCR gynecologist Dr. Richard Graves, an evaluation prompted by her request for
10 revision surgery, which had already been approved by her doctor. During this appointment, Ms.
11 Norsworthy was diagnosed with vaginosis and prescribed antibiotics. Dr. Graves noted in that
12 appointment that Ms. Norsworthy was to douche twice weekly but had not been able to because
13 she had not been provided with sufficient douches. CDCR has claimed that it initiated the
14 surgical consultation process that same day, on April 3, 2019.

15 35. Antibiotics are widely recognized as a medically necessary treatment for
16 vaginosis. Dr. Satterwhite prescribing Ms. Norsworthy antibiotics to treat vaginosis is in line
17 with a wide ranging and near universal sentiment shared by health care providers and researchers
18 that antibiotics are a genuine a necessary treatment for a person suffering from vaginosis. A host
19 of studies from leading clinics has found that while vaginosis may clear up on its own, if
20 available a doctor should always prescribe antibiotics to treat the vaginosis.

21 36. On April 5, 2019, a request for further revision surgery was submitted by CCWF's
22 chief physician and surgeon. On April 9 and 16, 2019, Ms. Norsworthy met with Dr. Glass,
23 CDCR's psychologist who specializes in treatment of transgender inmates. Dr. Glass also
24 recognized Ms. Norsworthy's need for additional revision surgery.

25 37. Despite two CDCR doctors recommending surgery, in addition to the doctor who
26 previously operated on Ms. Norsworthy, Ms. Norsworthy's request for a consultation with an
27 outside specialist was not approved by CDCR until May 10, 2019. On May 13, 2019, counsel for
28

1 Defendants asserted in a joint case management statement that the request for revision surgery
2 was still “under review at CDCR headquarters.”

3 38. In addition, in early April 2019, Ms. Norsworthy submitted two grievances
4 (CDCR 602 Patient/Inmate Health Care Appeals) to CDCR. One request sought the revision
5 surgery that Dr. Satterwhite had already recommended, a decision with which the CCWF chief
6 physician and CDCR psychologist agreed. The other request sought appropriate accommodations
7 to dilate her vagina, which was prescribed by her doctor and necessary to ensure that wounds
8 from her SRS and subsequent revisions healed properly.

9 39. Post-SRS vaginal dilation is an integral part of recovery and maintenance of Ms.
10 Norsworthy’s neovagina. Without proper post-operative dilation, Ms. Norsworthy suffered from
11 further vaginal stenosis, a condition in which the vaginal canal becomes narrower and shorter,
12 causing intense pain. Accordingly, Dr. Satterwhite previously directed Ms. Norsworthy to dilate
13 three times per day. Further, the only way to regain depth after vaginal stenosis is for the patient
14 to get another surgical procedure. As a result, dilation is typically done for life following SRS as
15 a way to maintain proper vaginal depth and avoid the excruciating pain and loss of function
16 associated with vaginal shortening.

17 40. Indeed, in a letter written by Dr. Satterwhite dated November 7, 2018 and included
18 in Ms. Norsworthy’s medical file at CDCR, Dr. Satterwhite advised the following:

19 Michelle-Lael Norsworthy has been under my care for several
20 years. She has undergone gender confirmation surgery
21 (vaginoplasty), and as a crucial part of her post-operative care,
22 patient needs to be able to dilate the vagina. Without self-dilation,
23 the vagina will close in on itself completely, resulting in a
24 disastrous result. To maintain the size of the vaginal canal,
Michelle will require the use of her dilators (they come in a set of
long plastic rods), lubrication, and privacy 3 times a day for 45
minutes to allow herself to self-dilate.

25 Once again, it is medically necessary that she be allowed to dilate,
26 otherwise, she can have very serious consequences.

27 41. Despite the clear instructions in Dr. Satterwhite’s letter included in Ms.
28 Norsworthy’s file, Defendants did not provide Ms. Norsworthy with sufficient accommodations
to dilate for at least several months following her arrival at CCWF.

1 42. From March 25, 2019, when Ms. Norsworthy arrived at CCWF, through early
2 June 2019, Defendants housed Ms. Norsworthy in a cell in the reception building with one other
3 woman. Ms. Norsworthy had no privacy, and these conditions were insufficient. As a result, Ms.
4 Norsworthy was only able to dilate approximately once per day, and this was during her daily
5 showers. Not only could Ms. Norsworthy not dilate as frequently as needed, but having to dilate
6 while standing was also unnecessarily painful and likely not as effective. Ms. Norsworthy
7 estimates that she informed Healthcare Captain Dill about her inability to dilate approximately 20
8 times in this period. Captain Dill attended almost daily meetings among then-Warden Espinoza,
9 then-Chief Deputy Warden Pallares, the associate wardens, and other staff captains. Although
10 Ms. Norsworthy asked Captain Dill to raise these issues at these meetings, Defendants did not
11 take any action that improved Ms. Norsworthy's conditions.

12 43. On May 31, 2019, Dr. Singh interviewed Ms. Norsworthy about her medical
13 complaints, including the fact that she still could not dilate. Ms. Norsworthy understood that Dr.
14 Singh was interviewing her in connection with evaluating the CDCR 602 Appeal she had filed the
15 month before. During that meeting, Dr. Singh asked Ms. Norsworthy a series of questions
16 relating to the condition of her vagina, pain level, and surgical history. Based on that
17 conversation, Dr. Singh was presumably put on notice (if he was not already) that Ms.
18 Norsworthy was in severe pain, unable to sufficiently dilate, and dissatisfied with her medical
19 care.

20 44. However, Defendants, primarily Dr. Singh, failed to act swiftly in response to Ms.
21 Norsworthy's dilation-related 602 to transfer Ms. Norsworthy to appropriate housing. In fact, in
22 early June 2019 Defendants made the situation worse by moving Ms. Norsworthy to an *eight-*
23 *person* unit in CCWF Building 509. Defendants purported to accommodate Ms. Norsworthy by
24 providing her with a room in the central kitchen at 7 a.m. and space in the primary health clinic at
25 lunchtime. But practically speaking, these accommodations were inadequate.

26 45. At the central kitchen in the morning, there was generally only one officer on site,
27 and that officer was responsible for handing out medicine to the many women who have
28 prescriptions. For Ms. Norsworthy to dilate, that officer had to leave the medicine line,

1 accompany Ms. Norsworthy to the dilation room, wait outside for her to dilate (which is supposed
2 to take 45 minutes), and then return to the medicine line. Meanwhile, the dozens of women or
3 more who needed to pick up medicine had to wait for the officer to return. It was Ms.
4 Norsworthy's experience that the officer running the line demanded that Ms. Norsworthy wait
5 until the medicine has been handed out before allowing Ms. Norsworthy to dilate, but Ms.
6 Norsworthy was unable to wait because she had to be at her job at 7:30 a.m. As a result, Ms.
7 Norsworthy frequently had no practical ability to dilate in the morning.

8 46. Defendants' offer for Ms. Norsworthy to use the primary health clinic was no
9 better. While Ms. Norsworthy had access to a room at the clinic to dilate at lunchtime, she did
10 not have priority to that room, because it was located in the emergency room, and Ms.
11 Norsworthy therefore had to wait for all other patients to be seen. On some days, this took hours.
12 Other days, she was not able to use the room at all.

13 47. Throughout June 2019 and early July 2019, in which Ms. Norsworthy lived in the
14 eight-person cell, she estimates that she was only able to dilate at most once per day for
15 approximately 10 minutes, during her brief showers. Ms. Norsworthy estimated that she
16 complained to Captain Dill and other custody staff *dozens of times* about not being able to dilate
17 during this time.

18 48. Defendants nevertheless continued not to provide Ms. Norsworthy adequate
19 accommodations for dilation and did not even schedule Ms. Norsworthy for an appointment with
20 Dr. Satterwhite until June 10, 2019. During that appointment, Dr. Satterwhite wrote in his notes
21 that Ms. Norsworthy had not been able to dilate for *1.5 months* and only had a vaginal canal depth
22 of 4 inches. He further wrote that absent regular dilation, Ms. Norsworthy would require a
23 deepening procedure using her colon. As discussed below, the lack of sufficient dilation
24 accommodations would continue and later lead to a significant, possibly irreparable loss of depth.
25 Dr. Satterwhite also diagnosed Ms. Norsworthy with a reoccurrence of vaginosis at that
26 appointment.

27 49. In addition, after Ms. Norsworthy returned to CDCR custody, Defendants did not
28 provide her with the medications that were prescribed by her doctors. First, because of the pain

caused by her last SRS revision, Dr. Satterwhite had prescribed Ms. Norsworthy with gabapentin to address pain and blood pressure issues. Upon her arrival at CDCR, however, Dr. Branch declined to provide Ms. Norsworthy with gabapentin because it was not on the CDCR formulary for pain. Instead, Dr. Branch prescribed tegretol, a seizure medication that was completely unrelated to Ms. Norsworthy's needs. Ms. Norsworthy did not need medication for seizures, and the tegretol did not alleviate her pain. After that failed attempt, CDCR gave Ms. Norsworthy ibuprofen, an over the counter drug, for her pain symptoms. This was a far cry from the prescription pain medication (gabapentin) that she needed. To achieve a similar affect, Ms. Norsworthy resorted to taking as much as one *bottle* of ibuprofen every two days.

50. Defendants also did not take sufficient steps to ensure that Ms. Norsworthy had enough douches to clean her vagina, which was required by Dr. Satterwhite and her CDCR gynecologist Dr. Graves. During Ms. Norsworthy's first meeting with Dr. Graves in early April 2019 while in CDCR custody, Dr. Graves prescribed a one-year supply of douches. Ms. Norsworthy received the douches for the first couple of weeks in custody, but CDCR abruptly stopped providing them in approximately mid-May 2019. Ms. Norsworthy confirmed with Dr. Graves that the prescription had been sent to the pharmacy and the pharmacy was sending the douches, but Ms. Norsworthy did not receive them for more than a month. As a result, Ms. Norsworthy has suffered from recurring bacterial vaginosis. She received one round of antibiotics to treat the infection in early April, but because she could not properly clean her SRS wound, the infection returned by early June 2019. She then had another appointment with Dr. Graves, who immediately diagnosed the vaginosis infection and prescribed another round of antibiotics.

III. DEFENDANTS CONTINUED TO BE DELIBERATELY INDIFFERENT TO MS. NORSWORTHY'S MEDICAL NEEDS FOLLOWING HER SURGERY.

51. On August 13, 2019, Ms. Norsworthy finally received further revision surgery, performed by Dr. Satterwhite. However, Defendants failed to provide Ms. Norsworthy with adequate post-operative care as directed by Dr. Satterwhite and CDCR's own physicians.

52. For example, Dr. Satterwhite directed that Ms. Norsworthy be allowed to shower as frequently as needed following her surgery, in order to keep the surgical site clean. But during the first several days after Ms. Norsworthy's return to CCWF on August 16, CCWF custody staff only permitted her to shower at most once per day, and none of the Defendants did anything to remedy the situation.

53. In addition, per Dr. Satterwhite's orders, Ms. Norsworthy was to douche daily for the first two weeks following surgery, and twice per week thereafter. However, Defendants only provided Ms. Norsworthy with two douches *total* until after a follow-up appointment with Dr. Graves on August 29, when Dr. Graves ordered that sufficient douches be provided.

54. Defendants, particularly Dr. Branch, also failed to provide Ms. Norsworthy with all prescribed pain medications as directed by her surgeon. Dr. Branch did not consistently provide Ms. Norsworthy with the correct dosage of gabapentin or opioids recommended by Dr. Satterwhite. Defendants' failure to ensure that Ms. Norsworthy received sufficient pain medication affected Ms. Norsworthy so severely that in the weeks following the surgery, she had difficulty controlling her bladder.

55. During Ms. Norsworthy's follow-up appointment with Dr. Satterwhite on September 16, 2019, Dr. Satterwhite observed that the depth of Ms. Norsworthy's vagina was "quite limited." He further recommended "eval[uation] and treatment with Dr. Maurice Garcia in Cedars Sinai for colovaginoplasty procedure to reconstitute depth." Dr. Satterwhite noted that Ms. Norsworthy's vaginal canal depth was only 5 centimeters, or approximately 2 inches—about *half the depth Ms. Norsworthy had only three months earlier*. As a result of her lost vaginal depth, Ms. Norsworthy can now no longer engage in meaningful sexual relations with her husband, who was visiting Ms. Norsworthy regularly until the current coronavirus outbreak prevented visitations.

56. Defendants did not schedule any appointments for Ms. Norsworthy with Dr. Branch until September 16, 2019. During that appointment, in which Dr. Branch saw Ms. Norsworthy via telemedicine only and thus did not physically examine Ms. Norsworthy's vaginal area (and has not done so to this day), Dr. Branch declined to provide Ms. Norsworthy with pain

1 medications prescribed by Dr. Satterwhite because she did not believe that Ms. Norsworthy was
2 genuinely in pain.

3 57. Dr. Branch also refused to extend Ms. Norsworthy's rest period and wheelchair
4 use by another 30 days. Fortunately, Ms. Norsworthy had an appointment with Dr. Graves on
5 September 18, 2019, who rightfully extended Ms. Norsworthy's rest period and wheelchair
6 restriction, even though those issues were within Dr. Branch's purview.

7 58. On December 17, 2019, CDCR approved Ms. Norsworthy for consultation related
8 to colovaginoplasty. A few weeks later, Dr. Satterwhite revised his initial recommendation, and
9 indicated on January 13, 2020 that the surgery could be either a "colon-vaginoplasty or
10 peritoneum-vaginoplasty." Throughout the winter, and until March 12, 2020, CDCR, through the
11 California State Attorney General's office, represented that it was searching for a surgeon to
12 perform the surgery, even advising Ms. Norsworthy that the surgery would take place in
13 November 2020. Although that news was disappointing at the time—it should not take nearly a
14 year to have this surgery scheduled to repair the damage done by CDCR's own improper
15 actions—at least Ms. Norsworthy understood that relief would eventually be coming.

16 59. That all changed on March 12, 2020, when, as discussed, Dr. Glass advised Ms.
17 Norsworthy that her paperwork had changed. Whereas the papers originally showed that the
18 follow-on surgery had been "Approved" since at least December 2019, Dr. Glass advised her that
19 the word "Approved" was now crossed-out and replaced, in handwriting, with the word "denied."
20 Dr. Glass further informed Ms. Norsworthy that she was being referred another doctor to get a
21 second opinion for the surgery. Dr. Glass said that this was shocking and indicated he had never
22 seen anything like it.

23 60. The only explanation came from the Attorney General's office, which forwarded
24 notes from Dr. Satterwhite indicating that the surgery he recommended could either be a
25 colovaginoplasty or a peritoneum-vaginoplasty and the February 25, 2020 recommendation that
26 Defendants had procured from Dr. Bowers second-guessing Dr. Satterwhite's recommendation.
27 As noted above, CDCR originally approached Dr. Bowers in approximately November or
28 December 2019, ostensibly about the surgery that Dr. Satterwhite had recommended. After Dr.

1 Bowers responded that she did not perform the type of surgery that Dr. Satterwhite
2 recommended, CDCR asked Dr. Bowers to review Ms. Norsworthy's file. They then sent Ms.
3 Norsworthy's medical file to Dr. Bowers in Burlingame, CA. Notably, this did not include any
4 documentation explaining why Ms. Norsworthy had lost vaginal depth or why the current surgery
5 was needed. Dr. Bowers then wrote her recommendation on stationary with her office's
6 Burlingame address on the top, and sent the recommendation to CDCR.

7 61. Dr. Bowers admittedly did not see Ms. Norsworthy or even review any pictures of
8 the results of her previous surgery in issuing the letter. Instead, as Dr. Bowers admitted, she
9 conducted her review "based upon chart review, operative records, reports and office
10 examinations 2015-2019. I have not seen this patient nor have I seen pictures of any outcomes."
11 Dr. Bowers then questioned the quality of Dr. Satterwhite's prior work, and, apparently
12 misapprehending the reason for the surgery and incorrectly believing it was to correct problems
13 caused by the prior surgeries, recommended, "Prior to engaging in a qualitatively similar 3rd or
14 4th surgical procedure, I would recommend a second opinion with a new surgeon, if possible."

15 62. Based on this recommendation that was prepared by someone who has admittedly
16 not even seen Ms. Norsworthy with respect to the surgery and did not know the reason the
17 surgery was needed, CDCR decided to revoke its earlier approval for Ms. Norsworthy's surgery
18 and require Ms. Norsworthy to go see a third doctor, for an invasive medical examination in the
19 middle of the current coronavirus outbreak, for yet another medical opinion. Requiring Ms.
20 Norsworthy to participate in such a medical examination at this point is particularly unreasonable
21 and dangerous in light of the coronavirus outbreak, for which prisoners like Ms. Norsworthy are
22 particularly susceptible due to crowded living conditions, lack of protections, and her own
23 underlying medical conditions that make her more vulnerable to the epidemic. Indeed, the
24 California Attorney General's office indicated on March 16, 2020, that it agreed with Ms.
25 Norsworthy's decision not to go forward with the medical exam at this time in light of the
26 coronavirus outbreak, and indicated that the visit to the new doctor would not be rescheduled
27 until after the coronavirus situation is under control. And even then, the California Attorney
28 General's office indicated that, even if the new doctor also recommends the surgery that Ms.

1 Norsworthy requires, she would then need to go through the approval process again, which would
2 take another approximately 90 days to lead to a new approval. As of the date of this filing, Ms.
3 Norsworthy is not scheduled for a consultation with a surgeon qualified to perform for the
4 foreseeable future. In other words, it could be until the end of 2021 or later before Ms.
5 Norsworthy can get back to where she was in December 2019, with approval for this necessary
6 surgery.

7 63. In an attempt to understand Dr. Bowers' recommendation, counsel for Ms.
8 Norsworthy held a conference with both Dr. Bowers and Dr. Satterwhite in July 2020 to further
9 discuss Dr. Bowers' evaluation of Ms. Norsworthy's file. Dr. Satterwhite clarified to Dr. Bowers
10 that the further surgery Ms. Norsworthy seeks is not for cosmetic purposes but to restore vaginal
11 depth. With this clarification, Dr. Bowers added an addendum to her report on July 17, 2020 to
12 state the following:

13 Upon receiving additional clinical information, it is apparent that
14 the patient is satisfied with the cosmetic portions of her previous
15 procedures with Dr. Satterwhite. However, due to issues with
16 confinement and lack of access to dilation capability, the patient has
17 lost depth and currently has a non-functional vagina. This should
18 be addressed, in my opinion, with a surgical procedure such as
Colovaginoplasty or peritoneal grafting. It is the issue of vaginal
depth that is essential to this patient's outcome and future well-
being.

19 64. On November 19, 2020, Ms. Norsworthy had another appointment with Dr.
20 Graves, where her depth was again measured at 5 centimeters (approximately 2 inches, and
21 consistent with Dr. Satterwhite's prior measurement). This was merely another confirmation that
22 Defendants' deliberate indifference towards Ms. Norsworthy's medical needs had by that point
23 destroyed her body.

24 65. In sum, Defendants have failed to provide Ms. Norsworthy with medically
25 necessary medicine, hygiene products, dilation accommodations, and surgery to restore her
26 almost complete loss of depth. This deliberate indifference violated Ms. Norsworthy's
27 constitutional rights and caused severe, possibly irreparable harm.

66. Over nearly two years in CDCR custody, Ms. Norsworthy has raised concerns about her medical care with CDCR/CCWF management, including CCWF Wardens Espinoza and Pallares; Associate Director Amy Miller, CDCR physicians Dr. Singh (Chief Medical Officer), Dr. Neumann (Chief of Psychiatry), Dr. Mitchell (Chief Medical Executive), Dr. Sammons (psychologist), Dr. Buzzini (psychologist), Dr. Glass (psychologist), Dr. Graves (gynecologist), Dr. Branch (primary care physician), Mr. Mallory, and staff member Captain Chenoa Dill (healthcare team captain), but to little avail.

IV. THE ANTI-TRANSGENDER CULTURE AT CCWF EXACERBATES MS. NORSWORTHY'S SUFFERING.

67. In addition to receiving inadequate medical care, Ms. Norsworthy has been forced to survive a blatantly anti-transgender environment at CCWF.

68. Throughout Ms. Norsworthy's incarceration, certain CCWF custody staff and inmates have regularly insulted, degraded, and belittled Ms. Norsworthy by stating things such as "you are a man," "you sound like a man," "your voice is too deep," "you don't look like a woman," and "you don't belong here [at CCWF]." Moreover, said staff and inmates often refer to Ms. Norsworthy using incorrect and disrespectful pronouns, i.e., "he" or "him." And even when it is not CCWF staff making derogatory comments to Ms. Norsworthy, CCWF staff give tacit approval to the harassing inmates by failing to intervene or otherwise reprimand them.

69. The bias of CCWF custody staff against Ms. Norsworthy has had real, practical consequences. For instance, CCWF staff issued Ms. Norsworthy meritless Form 115 and 128-A disciplinary writeups (one for trying to use a tablet kiosk to send an email to her husband and another for doing boxing exercises (non-sparring) with a fellow inmate) that have, and will continue to, damage her chances of obtaining parole indefinitely. Although the Form 115 writeups were later voided, the Form 128 writeups remained on Ms. Norsworthy's record. These writeups appeared to form the basis of the parole board's decision to deny Ms. Norsworthy parole in August 2020, as the parole board even acknowledged at Ms. Norsworthy's parole hearing that she had done all that had been asked of her over the past 12 months. To the contrary, other (cisgender) inmates who have harassed Ms. Norsworthy have received positive treatment from

1 CCWF staff. For example, one inmate who has been particularly hostile towards Ms.
2 Norsworthy received her own Form 128 writeup for harassing Ms. Norsworthy. However, Ms.
3 Norsworthy later learned that one of the CCWF custody lieutenants later had the writeup removed
4 from that inmate's file so it wouldn't negatively impact that inmate during any parole or
5 clemency proceeding.

6 70. Ms. Norsworthy lives in constant fear of receiving any additional 115s or 128
7 writeups, and this fear has further impacted her health. For example, in August 2020, Ms.
8 Norsworthy was assigned to a job assisting inmates with disabilities. In connection with this job,
9 she was tasked with pushing and transporting inmates in wheelchairs. However, due to the
10 delicate and fragile state of her vaginal area, her doctors—both her outside surgeon Dr.
11 Satterwhite and CDCR gynecologist Dr. Graves—had directed that she not push, pull, or lift
12 weight in excess of 20 pounds. These restrictions are memorialized in Ms. Norsworthy's 128C-3
13 Medical Classification Chrono.

14 71. Despite Ms. Norsworthy's medical restrictions, CCWF insisted Ms. Norsworthy
15 spend months transporting patients weighing up to hundreds of pounds. Ms. Norswothy typically
16 performed at least 10 orders per day. The excessive demands caused straining and bleeding in
17 Ms. Norsworthy's vaginal area. However, Ms. Norsworthy feared that complaining or refusing to
18 work at any point would result in additional writeups—making it impossible for her to obtain
19 parole in the future. Ms. Norsworthy had to take it upon herself to file a CDCR 1824 Reasonable
20 Accommodation Request to obtain relief from these duties, which was finally granted in January
21 2021.

22 72. Accordingly, the anti-transgender culture at CCWF has only further contributed to
23 the harm being done to Ms. Norsworthy's physical and emotional health during this already
24 difficult time.

COUNT ONE

**VIOLATION OF 42 U.S.C. § 1983 BASED UPON
DEPRIVATION OF EIGHTH AMENDMENT RIGHTS RESULTING
FROM FAILURE TO PROVIDE MEDICALLY NECESSARY CARE**

73. Ms. Norsworthy repeats and realleges the allegations of Paragraphs 1 through 64 as if fully set forth herein.

74. In 2017, Ms. Norsworthy underwent sexual reassignment surgery to treat her gender dysphoria. Since then, she has received four additional revision surgeries to treat complications from the original surgery.

75. Upon being returned to CDCR custody on March 25, 2019, Ms. Norsworthy had met with numerous CDCR doctors, as well as an outside doctor, who all recommended that Ms. Norsworthy promptly receive SRS revision.

76. Ms. Norsworthy's outside surgeon Dr. Satterwhite prescribed strong pain medication, antibiotics, and regular dilation for Ms. Norsworthy. CDCR doctors, specifically Dr. Graves and Dr. Glass, agreed with Dr. Satterwhite's directives.

77. Contrary to her doctors' orders, Defendants did not provide Ms. Norsworthy with gabapentin, or an equivalent pain reliever, from the time she entered CDCR custody in March 2019 until months afterwards. Ms. Norsworthy had notified CDCR staff that she was in pain and that it hurt to even walk around the yard because the prison clothes rubbed against her genitals. In return, she was merely provided with over-the-counter ibuprofen and a drug to treat seizures.

78. Additionally, Defendants failed to ensure that Ms. Norsworthy received her allotment of douches prescribed by both her outside surgeon and CDCR's gynecologist. The pharmacy was notified of this request, but Ms. Norsworthy did not receive the douches for a period of roughly two months. As a result, she was not able to adequately clean her genitals and her surgery wound, and she had a recurring infection.

79. Finally, based upon Ms. Norsworthy's grievance and her doctor's orders, Defendants were aware of Ms. Norsworthy's need to dilate regularly. However, in spite of that knowledge, Defendants did not provide Ms. Norsworthy a proper, adequate, private place to dilate. Dilation is a medical necessity after SRS and SRS revision surgeries.

80. Each Defendant was and remains deliberately indifferent to Ms. Norsworthy's medical need for pain medication, antibiotics, and hygiene products, as well as Ms. Norsworthy's medical need to regularly dilate. Each Defendant knew of Ms. Norsworthy's serious medical needs, disregarded Ms. Norsworthy's needs, and failed to take any reasonable measures to address Ms. Norsworthy's continued pain and suffering resulting from her medical needs. The deliberate indifference of each Defendant is further demonstrated by Defendants' unreasonable actions contrary to the recommendations of multiple health care professionals with sufficient training and/or experience in the treatment of gender dysphoria, and by Defendants' disregard for providing pain management medications, antibiotics, and hygiene products, which were prescribed to Ms. Norsworthy by her doctors.

81. Defendants' denial of sufficient accommodations to dilate, denial of pain medication despite having a prescription for that medicine, denial of hygiene products, including douches, to clean her surgery wound, and failure to treat the resulting vaginosis infection unreasonably and recklessly caused irreparable harm to Ms. Norsworthy, including severe anxiety and physical pain which Ms. Norsworthy experiences on a daily basis.

82. Defendants, by acting deliberately indifferent to Ms. Norsworthy's need for her pain medication, antibiotics, and hygiene products to manage complications from her prior surgeries related to SRS, deprived Ms. Norsworthy of her right to medically necessary treatment guaranteed by the Eighth Amendment of the U.S. Constitution.

PRAYER FOR RELIEF

83. Enter injunctive relief enjoining Defendants from interfering with the discretion of the mental health and other medical professionals involved in Ms. Norsworthy's care;

84. Enter injunctive relief enjoining Defendants to provide Ms. Norsworthy with medically necessary surgery to try to restore her lost vaginal depth, adequate medical care, accommodations to dilate, accommodations to recover from surgery; and any other medical care, accommodations and/or medication which is, has been or will be prescribed by a doctor or other healthcare professional;

1 85. Award punitive and compensatory damages for the costs of maintaining potential
2 future medical complications that are likely to arise due to Defendants indifference to Ms.
3 Norsworthy's sever medical conditions, failure to treat vaginosis, and failure to provide medical
4 care and prescribed medication to manage Ms. Norsworthy's severe pain pursuant to 42 U.S.C. §
5 1983;

6 86. Award reasonable attorneys' fees and costs to Ms. Norsworthy pursuant to
7 42 U.S.C. § 1988; and

8 87. Other relief the Court finds appropriate in the interests of justice.
9

10 Dated: May 14, 2021

MORGAN, LEWIS & BOCKIUS LLP

11
12 By /s/ Christopher J. Banks
13 Christopher J. Banks

14 Attorneys for Plaintiff
15 MICHELLE-LAEL B. NORSWORTHY
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