

PRISONER'S CIVIL RIGHTS COMPLAINT (Rev. 05/2015)

IN THE UNITED STATES DISTRICT COURT  
FOR THE Western DISTRICT OF TEXAS  
Waco DIVISION

Scott L Gibson (Vanessa) 699888

Plaintiff's Name and ID Number

A. Hughes unit

Place of Confinement

CASE NO. \_\_\_\_\_  
(Clerk will assign the number)

v.

Brad Livingston

Defendant's Name and Address

Dr. Greene

Defendant's Name and Address

Rt. 2 Box 4400  
Gatesville, Texas 76587

Defendant's Name and Address  
(DO NOT USE "ET AL.")

**INSTRUCTIONS - READ CAREFULLY**

**NOTICE:**

**Your complaint is subject to dismissal unless it conforms to these instructions and this form.**

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the clerk of the United States district court for the appropriate district of Texas in the division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. If you are confined in the Texas Department of Criminal Justice, Correctional Institutions Division (TDCJ-CID), the list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate district court, the division and an address list of the divisional clerks.

**FILING FEE AND IN FORMA PAUPERIS (IFP)**

1. In order for your complaint to be filed, it must be accompanied by the statutory filing fee of \$350.00 plus an administrative fee of \$50.00 for a total fee of **\$400.00**.
2. If you do not have the necessary funds to pay the fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis*, setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six-month history of your inmate trust account. If you are an inmate in TDCJ-CID, you can acquire the application to proceed *in forma pauperis* and the certificate of inmate trust account, also known as *in forma pauperis* data sheet, from the law library at your prison unit.
3. ~~The Prison Litigation Reform Act of 1995 (PLRA) provides "... if a prisoner brings a civil action or files an appeal in forma pauperis, the prisoner shall be required to pay the full amount of a filing fee." See 28 U.S.C. § 1915. Thus, the court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed in forma pauperis, the court will apply 28 U.S.C. § 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your inmate trust account, until the entire \$350.00 statutory filing fee has been paid. (The \$50.00 administrative fee does not apply to cases proceeding in forma pauperis.)~~
4. If you intend to seek *in forma pauperis* status, do not send your complaint without an application to proceed *in forma pauperis* and the certificate of inmate trust account. Complete all essential paperwork before submitting it to the court.

**CHANGE OF ADDRESS**

It is your responsibility to inform the court of any change of address and its effective date. Such notice should be marked "**NOTICE TO THE COURT OF CHANGE OF ADDRESS**" and shall not include any motion for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

**I. PREVIOUS LAWSUITS:**

- A. Have you filed *any* other lawsuit in state or federal court relating to your imprisonment?  YES  NO
- B. If your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)
  1. Approximate date of filing lawsuit: 2004/2005/pending law suit 2015
  2. Parties to previous lawsuit:
 

Plaintiff(s) Scott L. Gibson

Defendant(s) UTMB Officials, Bran Livingston
  3. Court: (If federal, name the district; if state, name the county.) southern/Western
  4. Cause number: Lost record/Pending law suit w-15-ca-190
  5. Name of judge to whom case was assigned: Pending: Judge Smith
  6. Disposition: (Was the case dismissed, appealed, still pending?) Denied/pending
  7. Approximate date of disposition: 2005

II. PLACE OF PRESENT CONFINEMENT: A. Hughes unit

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted all steps of the institutional grievance procedure?  YES  NO

Attach a copy of your final step of the grievance procedure with the response supplied by the institution.

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: Scott L. Gibson 699888 Rt 2 Box 4400/Gatesville, Tx 76597

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: Brad Livingston

Po Box 44/ Huntsville Tx

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.  
Enforcing unconstitutional policy that denies transgender inmates medical care

Defendant #2: Dr. D. Greene

xRmxBmxxRx

Rt 2 Box 4400  
Gatesville, TX 76597

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.  
Denying me the treatment my Doctor at UTMB prescribed me Because TDCJ does not have the Health care policy to treat transgender inmates

Defendant #3: \_\_\_\_\_

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #4: \_\_\_\_\_

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #5: \_\_\_\_\_

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

### CAUSE OF ACTION

1. Dr. Greene is violating Plaintiff's constitutional rights under the 8th Amendment of the United States Constitution by denying her the treatment her Doctor prescribed her to treat her severe Gender Dysphoria, and continues to be deliberate indifferent to her illness by refusing to allow her to live as a female which is causing her dysphoria to worsen and causing her severe depression.

### SERIOUS MEDICAL CONDITION

2. Plaintiff has a legal diagnosis of Gender Dysphoria. She was diagnosed by TDCJ Doctors and she is currently taking:

1. Estrogen-premarin 2.50 mgs,
2. Spirolactone 200 mgs,
3. Finasteride 5. mgs.

To treat or provide relief for her Gender Dysphoria.

3. On 7 28, 2015 Plaintiff's primary Doctor at UTMB-Dr. K. McKinney prescribed her the above medication, and the real-life experience and ordered that she be provided the items to freely live as a female.

4. His order did not specify exactly what items Plaintiff should be allowed to have, However, the real-life experience is in compliance with the World Professional Association for Transgender Health Care's Standard of care, and is recognized as affective therapy to treat Gender Dysphoria.

The Standard of care recommends the following therapy:

- 1.

(1) Hormone therapy, (2) Real-life experience and (3) sex reassignment surgery.

This therapy is called the Triadic therapy and the medical Community accepts it as medically necessary treatment when prescribed by a Doctor to treat Gender Dysphoria.

#### DENIAL OF TREATMENT

5. Dr. Greene summarily denied Plaintiff's Doctor's orders based on the fact that TDCJ does not have a health care policy in place that provides transgender inmates the real-life experience nor does TDCJ allow Transgender inmates to live as females or express their gender. See Ex (A)

On 9 21,15 Plaintiff spoke to Dr. Greene about why he denied her the treatment her Doctor prescribed her.

Dr. Greene told Plaintiff " In all my years as a Doctor, I have never authorized a "Man" a pass to live as a female and I will never do it !"

He emphasized never by dragging it out so it sounded more like: Neveer.

Plaintiff explained to him that the real-life experience is a serious part of her treatment, and that her Doctor done authorized it.

Dr. Greene told Plaintiff: "I don't care what UTMB prescribed you. They prescribe alot of treatment that TDCJ does not provide!"

Plaintiff pressed the issue and explained that he was violating clearly established law and professional standards of care, and he told Plaintiff"

**I will never do that until TDCJ's policy clearly provides you this type of treatment!"**

**6. Dr. Greene is not a Gender Dysphoria specialist and has never actually treated this medical condition. Therefore he is not qualified to deny Plaintiff this treatment nor is he legally qualified to treat Gender Dysphoria.**

V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VI. RELIEF:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes. **preliminary injunction, perminate injunction, declaration that the acts and omissions violates plaintiff's constitutional rights, grant plaintiff the treatment that wa prescribed**

\_\_\_\_\_

VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases.

**Scott Lynn Gibson, lil youngster, joy, vanessa**

B. List all TDCJ-CID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you.

**699888**

\_\_\_\_\_

VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed?      YES      NO

B. If your answer is "yes," give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division): \_\_\_\_\_

2. Case number: \_\_\_\_\_

3. Approximate date sanctions were imposed: \_\_\_\_\_

4. Have the sanctions been lifted or otherwise satisfied?      YES      NO

C. Has any court ever warned or notified you that sanctions could be imposed? \_\_\_\_\_ YES \_\_\_ NO

D. If your answer is "yes," give the following information for every lawsuit in which a warning was issued. (If more than one, use another piece of paper and answer the same questions.)

1. Court that issued warning (if federal, give the district and division): \_\_\_\_\_

2. Case number: \_\_\_\_\_

3. Approximate date warning was issued: \_\_\_\_\_

Executed on: 12 10, 15  
DATE

[Signature]  
(Signature of Plaintiff)

**PLAINTIFF'S DECLARATIONS**

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand, if I am released or transferred, it is my responsibility to keep the court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions or appeals (from a judgment in a civil action) in a court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire filing fee and costs assessed by the court, which shall be deducted in accordance with the law from my inmate trust account by my custodian until the filing fee is paid.

Signed this 10 day of 12, 20 15.  
(Day) (month) (year)

Scott L. Gibson (VENESSA)  
[Signature]  
(Signature of Plaintiff)

**WARNING: Plaintiff is advised any false or deliberately misleading information provided in response to the above questions may result in the imposition of sanctions. The sanctions the court may impose include, but are not limited to, monetary sanctions and the dismissal of this action with prejudice.**





Texas Department of Criminal Justice  
**STEP 2** OFFENDER  
**GRIEVANCE FORM**

OFFICE USE ONLY	
Grievance #	2016012803
UGI Recd Date:	10-23-15
HQ Recd Date:	OCT 30 2015
Date Due:	12-7
Grievance Code:	6025
Investigator ID#:	
Extension Date:	

Offender Name: Scott L. Gibson TDCJ# 699888  
 Unit: A. H. Housing Assignment: 12 E 38  
 Unit where incident occurred: A. H. D-6

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

Dr. Greene is violating Federal Law by denying me the treatment that was prescribed to me by my Doctor at UTMB. Dr. McKinney told me that any treatment he provides me is first approved by TDCJ ID Health Director.

Dr. Greene is not a GD specialist, and he told me he would never issue me a pass to live as a female. This doesn't have anything to do with politics! It has everything to do with Dr. Greene and Ms. Pollard being anti-transgender and against this type of treatment.

The PREA standards allow TDCJ to send me to a female unit. I'm requesting to be placed on a female unit - Ad Seg and to be able to live as a female.

Offender Signature: Scott J. John Date: 10 20, 2015

Grievance Response:

In your Step 1 medical grievance, you stated you are being denied a pass to be provided the items you need to live openly as a female as ordered by the specialist at Hospital Galveston. You are requesting to be issued a pass to live openly as a female and be transferred to a female unit.

In reviewing your complaint and medical records, it appears that you are receiving treatment for your condition. Your request to order Dr. Greene to issue a medical pass to live in a female prison unit is denied. The function of medical passes is limited, and medical providers do not have authority to assign offenders to prison units. The function of assigning offenders to specific prison units is a responsibility of Classification. Any orders received at Hospital Galveston specialty clinics are recommendations only and the final decision for final orders is made by the unit providers. You may wish to submit a Sick Call Request to medical if you feel your situation warrants further evaluation. 2.02

**STEP II MEDICAL GRIEVANCE PROGRAM  
OFFICE OF PROFESSIONAL STANDARDS  
TDCJ HEALTH SERVICES DIVISION**

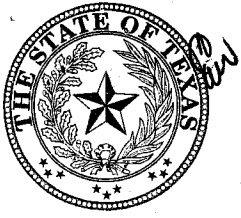
Signature Authority: \_\_\_\_\_ Date: 11.16.15

Returned because: \*Resubmit this form when corrections are made.

- 1. Grievable time period has expired.
- 2. Illegible/Incomprehensible.\*
- 3. Originals not submitted. \*
- 4. Inappropriate/Excessive attachments.\*
- 5. Malicious use of vulgar, indecent, or physically threatening language.
- 6. Inappropriate.\*

CGO Staff Signature: \_\_\_\_\_

OFFICE USE ONLY	
<b>Initial Submission</b>	CGO Initials: _____
Date UGI Recd: _____	
Date CGO Recd: _____	
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	
<b>2<sup>nd</sup> Submission</b>	CGO Initials: _____
Date UGI Recd: _____	
Date CGO Recd: _____	
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	
<b>3<sup>rd</sup> Submission</b>	CGO Initials: _____
Date UGI Recd: _____	
Date CGO Recd: _____	
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	



Texas Department of Criminal Justice

STEP 1 OFFENDER GRIEVANCE FORM

OFFICE USE ONLY
Grievance #: 2016012803
Date Received: 9/22/15
Date Due: 11/01/15
Grievance Code: 625
Investigator ID #: 10714
Extension Date: None
Date Retd to Offender: OCT 19 2015

Offender Name: Scott L. Gibson TDCJ# 699888
Unit: A. hughes Housing Assignment: 12-E-38
Unit where incident occurred: A. Hughes

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Dr. Greene. When? 9 21, 15

What was their response? I will not issue you a pass to live as a female/policy not complete
What action was taken? Denied my Doctor's orders.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

On 7 28, 15 my Doctor at ITMB prescribed me the real-life experience and ordered that I be provided the items to freely live as a female.

On 9 21, 15 I spoke to Dr. Greene at about 3:30 about authorizing the pass my Doctor prescribed me so I could get the items to freely live as a female. He told me he would not issue me this type of pass or allow me to have the items to live as a female.

I tried to show him the WORLD PROFESSIONAL ASSOCIATION OF TRANSGENDER HEALTH CARE, A -ACLU REPORT ENTITLED MEDICAL CARE that states that prison Doctors have to follow the Standard of care, and I explained that he was violating clearly established law by interfering with the treatment my Doctor ordered for me. He told me he wouldn't read it because these standards were free world standards, and TDCJ has not completed their policy to allow this type of treatment.

Additionally explained to him that my Doctor was authorized by TDCJ to Treat GID and to regain my Estrogen treatment, and that the real-life experience is in compliance with The SOC, and since a GID Specialist prescribed it to me to treat my serious medical condition, it is medically necessary.

He told me he has never issued no pass like this and he would not.

Dr. Greene told me that he just completed a seminar on transgender health care. So he is fully aware that the real-life experience is medically necessary. Dr. Greene isn't a GID specialist

So it is inappropriate for him to vetoed a specialist's orders, especially when he has admitted that he is not a GID specialist and has never treated GID.

Dr. Greene is being deliberate indifferent to my serious medical condition by denying me the treatment my Doctor prescribed me, and he is violating clearly established law that prohibits prison officials to enterfer with treatment prescibed. Estelle v. Gamable, 429 U.S. 97, 105, 97 S.CT. 285 (1976). By doing so, he is also violating my constitutional rights under the 8th and 14th Amend. of the U.S. ~~Constitution, I told him this was making me severely depressed, and he disregarded it.~~  
Action Requested to resolve your Complaint. I request a full investigation into my complaint and to order Dr. Greene to issue me the pass to live as a female, and to provide me with the items to freely live as a female.

Offender Signature: [Signature] Date: 9 22, 15

Grievance Response:

Un-substantiated. Your request is not in accordance with the published policy; which at this time does not address housing, clothing, or special passes. Recommend that you continue to utilize the informal complaints process by submitting an I-60 to the Complaints Coordinator for resolution prior to submitting a formal grievance.

Signature Authority: Valencia Pollard, Sr. Probation Mgr Date: 10/14/15  
If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- 1. Grievable time period has expired.
- 2. Submission in excess of 1 every 7 days. \*
- 3. Originals not submitted. \*
- 4. Inappropriate/Excessive attachments. \*
- 5. No documented attempt at informal resolution. \* #
- 6. No requested relief is stated. \*
- 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- 8. The issue presented is not grievable.
- 9. Redundant, Refer to grievance # \_\_\_\_\_
- 10. Illegible/Incomprehensible. \*
- 11. Inappropriate. \*

UGI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

OFFICE USE ONLY	
Initial Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
<b>2<sup>nd</sup> Submission</b>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
<b>3<sup>rd</sup> Submission</b>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____

SCOTT L. GIBSON 499888

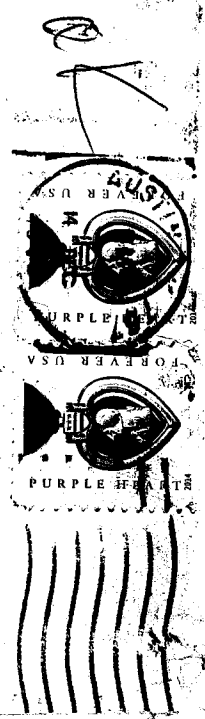
A. AUGUST WINT

Rt. 2, Box 9400

San Juan, TX 76897

Legal Mail

5



CLERK, U. S. District Court

WESTEND STREET OF TEXAS

806 FRANKLIN AVE, Room 880

Waco, TX 76701