

9pm 12/9/96

To Judy Greenspan

From Scott Cozza

The attached faxes.

SUMMARY OF ISSUES FACING THE INCARCERATED TRANSGENDER COMMUNITY

Correctional Staff should receive annual training on the psychosocial issues of the transgender community.

The correctional facility should have a mental health program which addresses the mental health needs of the TG prisoner.

The correctional facility should have a medical clinic addressing the unique medical needs of the TG prisoner.

The TG prisoner should be housed in a special unit within the correctional facility were they would be allowed to live their lifestyle within the limits and rules of the facility.

Currently TGs at CMF are the only incarcerated group housed in the HIV/AIDS program. This places them at risk for infection of HIV.

Incarcerated TGs are not allowed hormones unless they received them prior to incarceration. It is rare for those who received hormones prior to incarceration to be approved to receive them.

TGs living with HIV/AIDS are denied hormones.

The CMO of the HIV program was quoted in '95 as saying, " I did a research review and found nothing in the literature to support the notion that hormone therapy improves the mental health for the transsexual. I do not support giving hormones to the transsexuals at CMF."

CDC needs to develop an official policy which addresses the psychosocial-bio needs of the incarcerated TG community.

TGs who are incarcerated should be provided HIV/STD peer education which is sensitive to the TG culture.

The incarcerated TG should be protected from sexual assault, physical and verbal abuse and discrimination.

HIV+ incarcerated TGs and HIV negative TGs should not be disciplined more harshly than the general population for the same offense.

"WE JUST WANT TO BE TREATED WITH RESPECT AND TO LIVE OUR LIFE AS WE WERE BORN TO LIVE IT.WE WILL NOT ALLOW CDC TO DENY WHO WE ARE"

Distributed by AEGIS

A Guide to the Standards of Care of the Harry Benjamin International Gender Dysphoria Association, Inc.

In 1979, a concerned group of psychologists, physicians, and other caregivers met to formulate guidelines for the hormonal and surgical treatment of persons with gender dysphoria. The resulting Standards of Care have been regularly modified, most recently in 1990.

The standards provide a description of the basic steps a transgendered person should follow in seeking hormonal and surgical treatment.

Steps should be taken sequentially. There is no requirement to proceed further. It is entirely possible, for instance, to live as a member of the other sex without desiring or having genital modification surgery. Only if you desire additional medical procedures should you proceed to higher steps.

1. Diagnosis

Your first step is to see a licensed clinical behavioral scientist (psychologist, counselor, psychiatrist, or clinical social worker) with proven competence in the field. Evaluation must occur over a period of at least ninety days. During this period, you should talk about your feelings of gender dysphoria with your therapist and explore your options.

After this ninety day period, you should ask your therapist for his diagnostic impressions.

2. Obtain referral for hormonal therapy

At the end of the ninety day period, you can also ask your therapist for a referral to an endocrinologist for hormonal therapy. An experienced therapist will have a referral network of endocrinologists and other professionals. Typically, the therapist will contact the endocrinologist on your behalf.

It will be a good idea to maintain contact with your therapist. First, sex reassignment is at best a difficult process, and there may be times when it will be useful to speak to a therapist. Second, there may be

times when additional authorization letters or referrals are needed. In either case, a therapist who is familiar with your progress will be better able to help.

3a. Consult an endocrinologist

Your endocrinologist should have proven competence in working with transgendered persons, for improper dosages of hormones can be dangerous. Hormones will cause gradual but progressive changes in your secondary sex characteristics (breast growth and lessening of body hair in genetic males, and lowering of voice, and increase in body and facial hair in genetic females), which will cause you to look more masculine or feminine over time. Males will additionally experience lowered libido and sterility, and females will experience clitoral growth, increased libido, cessation of menses, and (sometimes) acne or male pattern baldness.

In males, hormonal changes, with the exception of breast growth, are largely reversible. Beard growth, voice deepening, and clitoral enlargement in females are not reversible.

Hormones for males consist of estrogens, and sometimes progestins. Anti-androgens may also be given. Route of administration may be oral, intramuscular, via injection, or transdermal, via patches. Androgens are given for females, usually intramuscularly.

All hormonal treatments require medical supervision.

3b. Start electrolysis (for males)

Males will need electrolysis to remove facial hair. This procedure is more easily done while still living in the male role, as it requires a two-four day period of growth before treatment, and can result in skin inflammation. When living as a female, it is difficult to schedule enough time to allow facial hair to grow for treatment.

11-24-96

Dear Loren Jones and Cindy Chandler,

Thank you both for organizing the transgender in prison advocacy meeting held last evening 11-22-96.

I believe after attending the meeting there is an interest among the transgender community to organize an effort to advocate for improved health care standards for both the transgendered HIV+ and HIV- who are incarcerated.

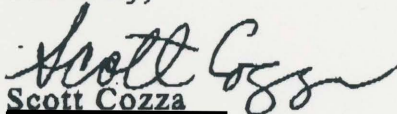
Several suggestions were presented on how to strategize our advocacy. The one I would be most in favor of is developing a statement on standards of health care for the TG community which would also state the current conditions. We would distribute this statement for signatures of support from organizations and individuals. Other suggestions were to do outreach on an individual basis and to do education for staff. All the suggestions were good but looking at the larger picture several felt the standards statement with signatures of support was the most effective approach to focus our efforts at this time.

It was agreed to have another meeting to develop the statement and then to further strategize our efforts. It was also agreed using the media would be useful at some point but it must be given careful consideration to protect the TG incarcerated from custody retaliating.


Several of the participants shared that they favored advocacy for the incarcerated TG but that they themselves were exhausted by the many other TG issues they were already advocating for. They welcomed the non TG community to take an active role in planning and strategizing advocacy efforts.


I have also attached to this fax other TG material which may be helpful in our efforts. Please let me know when the next meeting is scheduled.

Sincerely,


Scott Cozza

Petaluma, CA, 94952

Tel: 707-

Fax: 707-

Email: @aol.com

Body hair will decrease with time on hormones, but some electrolysis of the arms, legs, or torso may be desired.

4. *Begin a period of crossliving.*

A major requirement of the Standards of Care is to live and work (or go to school, if a student) full time in the new gender role in order to achieve candidacy for genital surgery. During this "real-life test" you must dress and function in your new role 24 hours a day.

With sufficient time on hormones and (for males) electrolysis, appearance will change sufficiently to allow you to begin the real-life test.

You should think of the real-life test as an experiment. It is not an endurance contest, but an opportunity to experience what life is like in the new gender. The more thoroughly you experience this new life, the better your idea of what the rest of your life will be like. If you find it necessary to revert to your original role on occasion, if you experience public humiliation because of your appearance, or if you find the new role nerve-racking or uncomfortable, this is a sign that you should extend the period of real-life test. Only when you are comfortable in the role and have been so for a minimum of one year should you consider scheduling genital modification surgery.

5. *Sex Reassignment Surgery*

After the requirements of the real-life test have been met, you are eligible for evaluation for sex reassignment surgery.

Two authorization letters from therapists are required for sex reassignment surgery. Surgeons may have additional requirements.

For males, surgery can consist of a simple castration, but more frequently, a neovagina is constructed from penile and scrotal tissue. Penile inversion surgery is the most common vaginoplasty technique. Some surgeons supplement penile inversion with a skin graft or skin flap, and others with a section of large or small intestine.

For females, "top" surgery consists of breast reduction. There are several options for "bottom" surgery. Genitoplasty (metadioplasty) converts the testosterone-enlarged clitoris into a small phallus. In

phalloplasty, tissue from other areas of the body are used to create a phallus. Labia may be fused to form a scrotum, with silicon testicular implants.

Other Procedures

Males may desire additional plastic surgical procedures, such as breast implants, rhinoplasty (nose reduction), tracheal shave, hair flap surgery, or facial or body recontouring. Females may seek electrolysis on areas of the body which will be used as donor sites for phalloplasty. These procedures may be obtained at any time after the initiation of hormonal therapy. It is a good idea, however, to delay breast augmentation for at least two years after initiation of hormonal therapy, to allow for natural breast development.

Costs

Costs of medical treatment vary greatly. Many insurance companies specifically exclude many of the treatments associated with sex reassignment surgery. Typically the individual must bear many costs himself or herself. Indirect costs (loss of employment, legal costs like alimony and child support, etc.) can run far more than direct costs. By comparison shopping and in general being a good medical consumer, you can minimize direct costs. Careful planning can minimize indirect costs.

Support

Friends, family, sexual partners, and co-workers may or may not be supportive—but are sure to need information and support as well.

Sources for support include helping professionals, support groups, and information services like AEGIS. You should avail yourself of as many as possible.

© 1993 by American Educational Gender Information Service, Inc.

~~(AEGIS)~~
~~P.O. Box 33724~~
~~Decatur, GA 30033~~
~~Phone 404-939-0244~~

TRANSGENDER FOCUS GROUP

9-13-96

The following are some of the comments expressed at a focus group for the prisoner transgender community at a medical/psychiatric state prison in California (medium-maximum security, adult males). 10 individuals attended the focus group.

" I don't feel protected by custody from rape. I'm afraid of being beat if I say anything."

"Hormones are denied for most of us. We can only get them if we received them before being sent to prison. Even then they(corrections) make it difficult to get. I got hormones at the last prison I was at. I was transferred here and was not able to get them for 4 months. I had to get them from other inmates (black market)."

" They (corrections) don't know how being denied hormones effects us emotionally. When we get off them when we have been on them we have to take higher doses to receive the same benefit we had prior to the hormones stopping."

"The staff is very insensitive to our needs. It hurts when they call me "he", "him" or by my male name. They treat us with disrespect."

"We can't be who we want to be; who we feel we are."

"There is no transgendered clinic to treat us medically."

"When you are on hormone therapy you are approved to wear a bra, but custody won't allow you to wear one."

"There is nothing in the DOM (depart of corrections operational manual) which deal with transgendered persons."

"Angel went to the "hole" for having sex in the church bathroom. She was HIV+. She was sent to the hole for a year. The other person (who was not identified as being HIV+) did not even get a write up (115 chrono). The chaplain yelled at Angel degrading her. He didn't say anything to the male prisoner."

"HIV inmates get disciplined much more harshly then non HIV inmates."

" Two people in the yard got into a fight. The non HIV inmate got 10 days in his cell CTQ (confined to quarters). The other person who is HIV+ got locked up for 4 months and still is locked up."

"We are housed with the HIV inmates."

"Scott has a group for us and we are not allowed to attend."

INTERNATIONAL CONFERENCE ON TRANSGENDER LAW AND EMPLOYMENT POLICY, INC.

5707 Firenze Street
Houston, Texas 77035-5515, USA
Area Code 713 / 723-8368
FAX 723-1600

Executive Director, Phyllis Randolph Frye, Agy
Employment Law Director, Laura Elizabeth Skaer, Agy
Health Law Director, Martine Aliana Rothelau, Agy
International Bill of Gender Rights Project and
Military Law Director, Sharon Ann Swart, Agy
Secretary Director, Jackie Thorne, C.P.A.
Imprisonment Law Moderator, Raymond Wayne Hill, 107 S.Ct. 2503

ICTLEP.

September 17, 1993

Policy for the Imprisoned, Transgendered

Adopted at the 2nd International Conference on Transgender Law and Employment Policy, 28 August, 1993.

NOTE: Although this is copyrighted, ICTLEP invites all empathetic persons to photocopy and broadly distribute, either in-person or anonymously, to jailers and sheriffs, and prison officials in every locale.

1. Segregation in the interest of an inmate's safety and dignity shall not deprive any inmate from the rights, privileges and facilities afforded to other general population inmates.
2. Access to counseling shall be afforded all transgendered inmates and shall include peer support group participation by those from inside the institution and those from the outside where possible. Counselling professionals should be qualified with respect to the current standard in gender science.
3. Transgendered inmates shall be allowed to initiate or to continue hormone therapy, electrolysis and other transgendered treatment modalities as prescribed by the involved professionals.
4. The transgendered inmate shall have access to clothing, personal items and cosmetics that are appropriate to the gender presentation of that inmate and appropriate within the institutional setting.
5. Special care shall be taken not to make a spectacle of transgendered inmates to the amusement of others, or to deny or to deprive transgendered inmates of their dignity.
6. A process shall be established to afford the hearing of grievances to the above policy items and appropriate resolution shall be made.

The 3rd International Conference on Transgender Law and Employment Policy is in Houston, Texas, 17-21 August, 1994. The entire Criminal Law Report and the entire Imprisonment Law Report are in Proceedings from the first and second conferences, respectively. Each copy of the written Proceedings is \$65, obtained from the letterhead address.

"There are no standards of care for us (transgendered community) in California state prisons. Corrections has standards of care and programs for all the other inmate categories. We don't exist. The girls have nothing. They treat us like we are mentally ill!"

"Hormones, the HIV CMO will not approve hormones for the girls who are HIV+."

"The girls have to go to the "black market" to get hormones. People aren't getting them. Some are waiting 4 - 10 months. Some who need them don't get them at all."

"95% of the girls are housed in with the HIV+. We are the only inmates housed with the HIV+. We have gotten raped and are very vulnerable. Some of girls fall in love with the men who are HIV+. And we have sex. Some of the girls have sex for affirmation."

"They (custody) want to tear us (transgendered) down."

"When we get off hormones, our male hormones increase. So when we get back on hormones we have to take higher doses."

"We need counseling as other inmates receive."

"We need programs which would help the girls develop skills so we can get out of a harmful life style. We need resources when we are released from prison. I don't want to go back to prison."

"When I get out I'm going to prostitute until I get enough money to get my own place."

"Mama and grandma don't accept me as I am. I don't want to hide who I am anymore."

"They (custody) won't allow us to wear make-up. Now they are saying everyone well have to have their heads shaved. Do you know how devastating that would be to us."

"The TRANSGENDERED PRISONER experiences much discrimination, emotional and physical abuse. As health care professionals we much face this issue and begin to take steps to correct this injustice."

**ANSWERS FROM THE TRANSGENDERED COMMUNITY
FROM
A RESEARCH QUESTIONNAIRE**

11-17-96

The following comments are from the incarcerated transgendered community taken from a research study conducted at a medical/psychiatric state prison in California (medium-maximum security, adult males). The transgendered community in the study were part of a larger study attempting to assess the effectiveness of HIV peer education in influencing behavioral and attitudinal change among the incarcerated population. Their comments were in answer to question 89 of the study.

" I see myself as a woman. The officers don't let me use make-up or women's clothes. I want to be on hormones. I hated when they (C.O.s) call me "HE", just to tease me. And they should cell you up with your lover."

" I have always saw myself as a woman. I'm a woman and want to be treated like one; not to have to undress in front of male inmates and C.O.s."

" I see myself as a women and enjoy sex with a man. I want to be able to get my hormones. I want to be able to wear bras. I want to be able to wear tight fitted jeans. I want to be able to wear make-up. Want C.O.s to be more caring and understand our situation. Both male and female C.O.s. Would like to have a sex change."

" I see myself as a woman and enjoy having sex with a man. They won't give me my hormones. They won't let me wear make-up. They don't let me wear bras. They don't let me wear tight fitted jeans."

" I see myself as a woman and enjoy sex with a man. Would like to have hormones. Would like make-up. Want to wear tight clothes. Would like to be addressed as she. Would like to shower by myself. Would like officers to stop harassing B-cats about how we wear our clothes. Need C.O.s who are more caring and understand our problem."

" Transgendered inmates are harassed due to our appearance. We are called "HE" for the purpose to degrade us by C.O.s. We aren't allowed to wear make-up. We are RAPED and nothing is done. Made to wear clothes to make us look bad."

" As for me I don't have HIV so things are fine for me. But they should help HIV people get their hormones. Please help in the best way."

" I see myself as a woman. They could make the medical conditions better for the inmates of transgender. I feel they should let the transsexuals take our hormones (female). And other related tests on our behalf. The staff could treat us with a better attitude towards queens."

" We need more HIV education where we live and allowed hormones."

" To let us wear make-up on the mainline, but to the yard and on visits. C.O.s need more understanding."

" Don't treat transgendered as men, but as individuals. Allow hair and clothes which reflect who we are."

" I live my life as a woman 24 hours a day. Then coming to prison changes alot of things even in the county jails. They treat us very ugly. Its already stressful being their, but to get the treatment of the guards is awful. Then they want us to go without our hormone treatment and counseling. I lost a good friend behind this (AIDS). They make fun of us and then when you tell them a piece of your mind they want to make life worst for you. I wish that every county jail and prison would provide hormone therapy and counseling for transgendered, to keep us focused on our identity."

" Please help us with hormone availability, special counseling, prejudiced harassment by staff and lack of professional aid in the area of transgendered. As to hormone therapy. It is a medical necessity for the true transsexual. However medical staff with no knowledge concerning the transgendered are making decisions based on their prejudices which is contradictory to medical requirements. We are also being denied that which is a medical necessity, (hormones). Staff constantly disrespects and torments the transsexual women by calling us "HIM", "HE", "MISTER", and refusing to acknowledge our true inside gender. This causes serious mental and emotional turmoil and depression and anxiety for us. CDC classification needs much modification as I am a woman trapped in the shell of a man and I need special housing. However, I am left to fend for myself while gay boys get special housing."

" I think CDC should give condoms to all inmates like myself. I was raped and the person did not use a condom. I was so afraid that that person who raped me may have HIV or AIDS that I got tested. I think because I am a homosexual in prison if that person had a condom he would have took time to use it on me. I also feel because this is a homosexual prison with inmates who are HIV and inmate without HIV CDC should give out condoms that would stop the spread of HIV. Because CDC knew that inmates is having SEX!"

" I believe that the CDC should allow condoms for those people in prison because they will have sex no matter what the rules are. People are not in prison for following rules. They are in prison because they did what they wanted to do!"

There are no specialist or doctor, psychologist and psychiatrist specifically trained to treat transgendered people at CDC. Though they are required to do so by the DOM (department operations manual)."

" They should house inmates appropriately and better overall guidelines for common consideration by the officers."

" I am a female that enjoys straight sex with a man. School future C.O.s about TV/TG and their lifestyle. Include IST classes on TV/TG as a required course for IST (staff training). Reissue female hormone therapy to TV/TG in all prisons. In most prisons C.O.s and brass staff clown and degrade TV/TG by calling us names such as faggot, punk, mr. sir, man, dick sucker etc. Offer bras, condoms, some forms of make-up and curlers."

" I see myself as a female and enjoy sex with only males. I just want respect. C.O.s should take classes to understand our different lifestyle."

" I see myself as a woman. They don't give us anything about a woman's care in this prison."

" I see myself as a women but enjoy having sex with a man. Being able to wear own make-up. Being able to hold or kiss on the yard. For it is not to be considered sexual contact. Many times 115s are issued for laying our heads on each other's laps. Make-up to be made available at the canteen, rollers, curling iron and blow dryers. We don't want to be forced to go back to the unit because one officer at the yard gate doesn't like your clothing or your make-up, grease pencils, black market lipstick, perfume or mascara."

" I see myself as a woman. I think staff should be trained on transgender so that they are better qualified to deal with us."

" I see myself as a woman and like men only. I feel they (CDC) should give us transsexuals our respect and call us by our woman's names and allow us to have a support group regardless if we do have HIV or not because we need to have the support from staff in the prison system. The prison system should also show sensitivity towards us. And they need to replace some of the staff in prison with ones who our from our gay community so that we can feel more comfortable while doing time. And to allow us to wear woman's underwear. And to respond to us when we do have a problem in prison. I also wish the staff in prison wouldn't be so hostile towards our lifestyles and not be so judgemental towards people who is HIV and let us live our life the way we want to. I'm for CDC having a policy for the transgendered. I hope and pray that something be done about this issue and that its not just a fluke or something. My heart goes out to the people who wants to help us transgendered in prison. They give us bras but they only have one size."

" The first item I would like to address is the level of treatment from correctional staff. C.O. most of them lack the training to deal with a wing full of gays, bisexual, even heterosexual when dealing with people who are HIV+. C.O.s must be more trained in work with inmates. "We" HIV+ as a unit should have quarterly meetings which address issues of inmates who are HIV to have a better knowledge for C.O. and inmates."

" CDC needs to be more sympathetic to the HIV inmates and transgendered inmates, more education,(about our lifestyle) more variety of HIV education. C.O.s should be educated about the homosexual lifestyle, more education about HIV period."

" They need to be more concerned about transgendered needs as far as hormone injections and being more understanding about physical appearance, letting us wear our female gear."

" They need to have more understanding about gay people."

" First off we should be allowed our hormone therapy. Queens who don't have HIV are allowed hormones but those who have HIV aren't due to the CMO medical doctor. I believe he discriminates against homosexuals. Also it seems that they are extremely hard on HIV patients here. They treat us very unfair. But those who don't have the virus are treated much better. CMF is very unfair place, PERIOD!"

" We need condoms and more counseling. We need to be recognized as what we want to be. If they give us hormones then why can't we have make-up."

" They shouldn't look at a gender dysphoric person as a sex manic or sexual deviant."

" Provide condoms. Place transgendered people together in one housing unit if they desire. Provide make-up for those who wish to use it. Have group pep talks where people get a chance to open up and share."

The above comments were from the many voices of the transgendered incarcerated community in a California state prison. They are cries in the dark asking for social justice and to be recognized as a community. They are asking for help from those outside the prison walls. Because their cries for help within the prison walls have come upon deaf ears. All they want is to be treated with respect and dignity. They want to be recognized as transgendered people who make up the many faces of the human family. They ask that their unique needs be acknowledged and addressed by the California Department of Corrections. They only ask that they be afforded the medical and mental health treatment which is available to the transgendered community outside the prison walls.