



TRIP JOURNAL

Transgendered Residing In Prisons

PRISON
Reform

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The Gender Identity Center of Colorado, Inc. Presents the First Edition of TRIP

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[By Jessie S.] For some time now, I have been corresponding with several transgendered inmates in the Colorado and the federal corrections systems. Their stories, like yours, I am sure, are heart-rending. It is tough enough to transition on the outside, but when you are transgendered and in prison, it must be the closest thing to hell on earth.

2 Not only are they subjected to rape and assaults by their fellow inmates, but they receive almost no sympathy from the prison staff. In fact, the court has found in some cases a "deliberate indifference" on the part of prison officials to the safety and well-being of their transgendered inmates.

4 In their defense, prison is not an environment conducive to trust, and there are apparently some inmates who attempt to use their transgendered status to exploit the system, which, of course, spoils it for everyone when they are caught.

7 Before we paint them all as the villains, consider what they have to work with. No one gets put into prison as a sign of their good character. Trust is not a given. It has to be earned. Understandably, any perception of special treatment is viewed with suspicion. But what their keepers fail to realize is that this amounts to little more than humane treatment for a debilitating and a sometimes life-threatening disorder.

8 Nor do they have the resources or the training to provide the level of treatment that is available on the outside. Prison was never meant to be a ticket to transition, although it seems that Canada has, indeed, decided to provide gender reassignment surgery for their transgendered inmates. I do not see that happening in our prison systems for the foreseeable future.

On the other hand, when there is a legitimate issue of personal safety and a threat to

the health and well-being of the inmate due to their transgendered status, I think it would be to everyone's benefit to provide at least competent counseling for their gender dysphoria and perhaps some hormone therapy. With regard to the latter, studies have shown that when hormones are provided, the patient often no longer needs psychotropic drugs to deal with their depression.

Ideally, they should also have separate facilities for their gay, lesbian and bisexual inmates as well as their transgendered prisoners. I think California and Hawaii do have some provisions for that, but I am not certain.

With perhaps those two exceptions, if you are pre-operative, you will be incarcerated according to your birth sex and your genitalia. And, if you a post-operative female-to-male transsexual, I can see where that could almost be as bad as the case of a pre-operative male-to-female being imprisoned in a male facility.

With respect to the hormones, the general rule is that a transsexual must be provided at least a maintenance level of hormones, if they were previously diagnosed with a gender identity disorder and were on hormones before they were incarcerated. However, from my correspondence with one transgendered inmate who fit into that category, there is still considerable resistance to providing the hormones.

Often, by their own admission, few, if any, of the counselors on staff have much knowledge about gender identity disorders, and the reports are from my correspondence with the inmates, they have little interest in learning about it. Nor do they seem to be inclined to bring anyone in who does.

Despite repeated requests to do some on-site peer support group counseling at the

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Jessie Shafer, Editor

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Colorado Department of Corrections (DOC) facilities, permission has yet to be granted.

The Gender Identity Center was invited to do a training on gender dysphoria at a weekend retreat in September of 1999, and we received some very favorable comments. However, it does not appear that it has translated into any significant changes in their treatment of transgendered inmates.

It is also my understanding, that in the Colorado DOC, inmates are forbidden to wear any female articles of clothing, even if they are undergarments. As it was explained to me, it was a security issue. At one time it was allowed, but apparently someone abused the privilege. I am unclear as to what exactly caused the breach of security.

Be that as it may, this seems like something that would be a pretty harmless concession, and it would be very meaningful to the transgendered inmates. The ones I have been writing to have all said that they would be willing to purchase these items at their own expense, and some have actually crafted their own from ace bandages and other materials, for which they were reprimanded.

Because these inmates are so powerless, and because I have been so limited in what I can do, I thought that if we could provide them with some type of forum, like this newsletter, where they could share their stories and learn more about their rights, it might give them some sense of empowerment and provide some relief to their sense of isolation.

Since I am working alone on this, I can't promise anything too grandiose, and there might be extended periods between issues. I will do what I can, and if one of you has the skills and the resources to take it over, you have my blessing.

Until then, these are the ground rules. TRIP cannot be used to subvert the prison system's rules and regulations, which does not mean that you cannot use it to fully and frankly air your grievances.

As long as it is under my charge, I also reserve the right of complete editorial privilege as to the content of the arti-

cles submitted and which articles to use. I will try not to be too heavy-handed, but I can tell you right now that pornographic material will be excluded, which will be judged on the basis of context, as well as content.

For anyone submitting articles, I will also require specific permission to reprint and even more specific instructions concerning issues of confidentiality. In certain circumstances, I can envision some very dire consequences if it were to become common knowledge among your fellow inmates that you are transgendered. If you need to preserve your anonymity and your transgendered status, I need to know it.

One of my correspondents in the federal system also suggested that no articles should be excluded based on the author's sentencing offense, and I agree. Incidentally, she was the one who came up with the title TRIP, which I chose from several others she suggested.

I should also include the disclaimer that none of materials contained in TRIP necessarily reflect the views or the opinions of the Gender Identity Center of Colorado, Inc., its officers, board members, or the membership in general. This is a free and a purely voluntary service that we are providing you, and as much as possible, it should reflect your opinions.

On the other hand, since we are providing the service, I believe that we should get some credit for it. And if you appreciate what we are trying to do, we would like to hear it. In turn, we would appreciate it if you would tell others of our good works. Much of our funding comes from grants, and they like to hear from independent sources that their grant recipients are being good stewards of their money.

There are probably some other things that I have forgotten, so this will be a kind of learn-as-you-go thing.

The first issue will be almost exclusively about prison rules and regulations on transgendered inmates and some of the case law. Some of the latter are several year's old, but they still provide important background information for those who are not familiar with them.

When there are any new developments, let us know, either by writing an article yourself or by providing us with

the proper references.

If you want to share your personal stories, we can also include that in subsequent issues, within certain limits. Until I get some help, there are limits to what I can do and how much material can be included. At any rate, try to keep it clean. And if you want to share your name and address and want to correspond with other transgendered inmates in other facilities, this could be used for that too. Later, I might be able to scan in some pictures.

I might also allow some of the prison staff to submit articles, if for no other reason than to attempt to open some kind of meaningful dialogue that could lead to a better understanding of each other and perhaps some real reforms.

Right now, I only have a couple of addresses, so what I plan to do is to send 10 or 20 copies to them, and they can distribute them to others that they know, and so on down the line. As an alternative, you can notify me of other names and addresses to which TRIP should be sent.

Articles should be submitted to:

GIC of Colorado, Inc
1455 Armonas St., Suite 100
Lakewood, CO 80215-4993
Attn: Jessie

However, rather than submitting hand-written or typed articles, if you have access to e-mail, it would be a big help if you could send them via e-mail, in either plain text or in Microsoft Word, to GICTRIP@aol.com

Again, I will do what I can to get this thing off the ground. The rest is up to you. Let your voice be heard.

Administrative Regulations Colorado Dept. of Corrections Regulation No. 700-14 Scope of Services for the Treatment of Transsexualism

I. Policy: It is the policy of the Department of Corrections (DOC) to provide appropriate treatment services to offenders identified as meeting the criteria for a diagnosis of transsexualism.

II. Purpose: This Administrative Regulation will serve as a standard of care for the treatment of transsexuals and define

the extent and the general limits of health services that will be provided to this population.

III. Definitions:

A. Diagnostic and Statistical Manual Fourth Edition, Revised (DSMR-IVR): This is the standard manual for diagnosis.

B. Hormonal Replacement Treatment: This is a medical treatment in which male or female hormones are prescribed as a result of his/her inability to produce an adequate amount of these hormones internally. Some transsexuals who have been surgically reassigned (e.g., males who have had their testes removed) may require this treatment to reduce discomfort or medically significant side-effects, (e.g., hot flashes, that result from a lack of sex hormones in the body). However, this is not a treatment for transsexualism, and is not intended to produce or enhance sexual reassignment.

C. Sex Reassignment Therapy: This is a treatment for transsexualism in which hormonal medications or surgical procedures are utilized to alter a person's physical appearance so the he/she appears more like the opposite gender.

D. Sex Offender: Any offender rated S3, S4, or S5 on the Sexual Violence Needs Assessment Scale who is recommended for participation in the Sex Offender Treatment and Monitoring Program.

E. Transsexualism: A psychiatric disorder in which a person is not satisfied and is sometimes seriously dysphoric with regard to their anatomical gender. In general, this condition is a stable, non-violent condition and not due to psychosis, but it may accompany other disorders. Note: The current DSM-IV diagnostic label for this disorder is Gender Identity Disorder. Because transsexualism is a commonly understood term in the DOC, we will continue to use this label in this Administrative Regulation.

IV. Procedures:

A. The state of art concerning the treatment of transsexuals contraindicates the initiation of sexual reassignment treatment in a correctional environment. Self-inflicted genital mutilation or other forms of self-mutilation are contraindications for sex reassignment treatment.

B. Transsexual management and

Treatment Committee: This committee will be established and maintained by the Clinical Services.

1. Composition: The Transsexual Management and Treatment Committee will be composed of the DOC Chief Medical Officer, Chief Psychiatrist, and Chief of Mental Health (or designees). In addition, a medical specialist in the treatment of transsexualism (endocrinology or psychiatry) from the community may be retained as a consultant in specific cases. If the offender is identified as a sex offender, the Director of Sex Offender Treatment and Monitoring Program will participate as a member of the Transsexual Management and Treatment Committee.

2. Function: The diagnosis of transsexualism will be based on the DSM-IV criteria, and must be assigned and/or approved by this committee. This Committee will conduct an evaluation of each offender considered and develop a special treatment plan for each offender so diagnosed. The treatment plan will be based on a review of any previous diagnosis and treatment, the offender's current treatment potential, and the effects of any change in treatment. This treatment plan will address medical, mental health and personal adjustment needs, but may not direct the initiation or furtherance of sexual reassignment treatment.

C. Sexual Reassignment Treatment: No surgical procedures for the purpose of sexual reassignment will be provided to any offenders incarcerated in the DOC. Treatment and hormonal medications for the purpose of sexual reassignment will not be initiated while the offender is incarcerated.

1. An offender, who is receiving hormonal medications as a part of an established sexual reassignment treatment regimen under the supervision of a medical doctor at the time of incarceration, may be continued on hormonal medications. This means that offenders, who have already begun sexual reassignment treatment, may be maintained in such treatment, but the sexual reassignment process will not be furthered during their incarceration.

2. The offender must agree to sign a voluntary Release of Information form allowing the CDOC Mental Health

Staff access to medical health records regarding all prior treatment related to transsexualism.

D. Other Treatment Modalities:

1. Offenders who have been diagnosed as transsexuals by the Transsexual Management and Treatment Committee will have access to psychiatric and mental health services available through the DOC. These treatment services are focused on enabling offenders with identifiable mental health problems to better adjust to institutional living and to improve their level of mental health functioning.

2. Special services will be provided in which offenders diagnosed as transsexuals may participate in individual or group therapy aimed at assisting them in exploring and managing their issues related to sexual identity. These services will be provided by the mental health staff who are licensed to provide mental health services to adults, or who work under the supervision of a licensed mental health professional.

3. Offenders will also be recommended for offense specific treatment programs, such as Sex Offender Treatment and Monitoring Program, when they meet program criteria. As appropriate, sexual identity issues will be addressed in the context of their sex offense behavior.

4. Clinical Services will provide medical evaluation services and access to physical health care. Hormonal replacement treatment will be provided when medically indicated. However, hormonal replacement treatments will not be for the purpose of sexual reassignment.

E. Facility Placement:

1. In the event that an offender is committed to the DOC, who has completed a surgical sexual reassignment treatment program, that offender will be placed in a correctional facility appropriate for his/her reassigned gender.

2. In general, offenders will be placed in facilities in accordance with their gender as determined by their external genitalia.

V. Responsibility:

A. It is the responsibility of the Chief of Mental Health and the Clinical Services Operations Director to enforce and

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maintain this Administrative Regulation.

B. It is the responsibility of the Chief of mental health to assure that all psychiatrists, physicians, and mental health staff are aware and are knowledgeable about this Standard of Care.

C. It is the responsibility of all contract and full-time equivalent psychiatrists, and all mental health staff to use this Standard of Care as a guide to practice.

VI. Authority: CRS 17-1-103.

US BUREAU OF PRISONS PS6000.05 HEALTH SERVICES MANUAL

September 15, 1996

CHAPTER VI: PATIENT CARE

Section 11. Transsexuals (page 17)

It is the policy of the Bureau to maintain a transsexual inmate at the level of change existing upon admission. Should the CD determine that either progressive or regressive treatment changes are indicated, the Medical Director must approve these prior to implementation. The use of hormones to maintain secondary sexual characteristics may be continued at approximately the same levels as prior to incarceration (with appropriate documentation from community physicians/hospitals) and with the Medical Director's approval.

Federal Prisoner Wins Right to Medical Treatment

[Washington, D.C.: 20 Mar 98] U.S. DISTRICT Court (D.C.) has ruled that transsexuals are entitled to treatment for their "disorder" while incarcerated in federal prison. This treatment can include hormone therapy and psychological counseling.

The case arose when pre-op transsexual woman Dee Farmer, imprisoned in Butner, NC, alleged medical mistreatment by the Board of Prisons' Medical Director, Dr. Morigitsu, saying Morigitsu had failed to approve treatment for her.

The Court's ruling requires that Farmer receive treatment. However, it left undecided what level of treatment Farmer is entitled to; and whether re-

quiring transsexuals to show a history of prior treatment before receiving hormone therapy violates their rights of Equal Protection, as other federal prisoners do not have to prove prior treatment of a condition to receive medical care.

Judge says prisons must protect trans' medical histories

[From *Frontiers Magazine*] Transsexuals have a constitutional right to keep their medical history private in prison, when divulging that information could threaten their safety, a federal appeals court said April 2.

The 2nd U.S. Circuit Court of Appeals made the finding in the case of a deceased transsexual, Dana Kimberly Devilla, who filed a lawsuit in Buffalo alleging violations to her right to privacy and to be free from cruel and unusual punishment. In sending the case back to the lower court for further proceedings, the appeals court noted that transsexuals might want to live without anyone knowing they had undergone a gender change.

"Transsexualism is the unusual condition that is likely to provoke both an intense desire to preserve one's medical confidentiality, as well as hostility and intolerance from others," the three-judge panel wrote. "The excruciatingly private and intimate nature of transsexualism, for persons who wish to preserve privacy in the matter, is really beyond debate."

A lawsuit was filed by the estate of Devilla, who died in 1985, after a corrections officer at the Albion Correctional Facility told other staff members and inmates that she was an HIV-positive transsexual. The estate named two corrections officers and their supervisor as defendants.

The appeals court upheld a dismissal of Devilla's right to privacy claim for technical reasons but reinstated her cruel and unusual punishment claim. It said that prisoners have a right to privacy that can only be infringed upon by jail authorities if there is a valid question of safety.

"The gratuitous disclosure of an inmate's confidential medical information as humor or gossip--the apparent circumstance of the disclosure in this case--

is not reasonably related to a legitimate penological interest, and it therefore violates the inmate's constitutional right to privacy," the court said.

Judge: Inmate wasn't protected Ohio appeals decision to try prison workers

[By Ben L. Kaufman, *The Cincinnati Enquirer*] Ohio has appealed a federal judge's decision to let a jury decide whether a murderous attack violated a prisoner's rights at Warren Correctional Institution.

Assistant Attorney General Todd Marti said Thursday that the case should have been dismissed because prison employees are protected by the immunity generally available to public officials for on-the-job decisions.

U.S. District Judge Sandra S. Beckwith rejected that argument Jan. 25 and said two guards and a civilian housing manager must go to trial.

She said there was enough evidence for jurors to conclude that there was deliberate indifference to the prisoner's Eighth Amendment right to be free of cruel and unusual punishment.

That put the Feb. 21 trial on hold, and it could be a year before the U.S. Court of Appeals for the 6th Circuit decides whether any of the defendants must go before a jury.

The suit was brought by a transsexual former inmate identified as Jane Doe because he was undergoing hormone therapy to assume some female physical characteristics.

Doe was in protective custody to prevent assaults by inmates provoked by his feminine appearance.

Hiawatha Frezzell was a maximum security prisoner with a history of violence in prison. Unit housing manager Richard Kemp assigned Mr. Frezzell to the same protective unit as Doe rather than a more restrictive area.

On July 12, 1996, Mr. Frezzell entered Doe's cell and beat him. Among those who knew about this assault and related death threats was Corrections Officer Gayle Bowles.

Her boss, shift commander Ronald Stratton, did not segregate Mr. Frezzell

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after the initial assault.

Later that day, Officer Bowles allowed Mr. Frezzell to enter Doe's cell again and he beat Doe with a mop.

When the handle broke, Mr. Frezzell stabbed his victim with the shattered shaft.

Mr. Frezzell was charged with attempted murder but pleaded guilty to aggravated assault and received an additional sentence.

Doe — released in 1997 — moved out of state but sued in federal court in Cincinnati. Defendants included Officer Bowles, Capt. Stratton and Mr. Kemp. They denied any wrongdoing.

Federal courts are making it tougher for inmates to prove that prison hardships are the cruel and unusual punishment barred by the Eighth Amendment.

To survive the immunity defense raised by Mr. Marti, Doe and attorneys Alphonse A. Gerhardstein and Jennifer Branch had to overcome two legal barriers:

Not every injury suffered by a prisoner violates the Eighth Amendment, Judge Beckwith said. "For a claim — like the one here — based on a failure to prevent harm, the inmate must show that he is incarcerated under conditions posing a substantial risk of serious harm."

Prison incompetence or negligence isn't sufficient to create a constitutional violation.

There must be evidence of "deliberate indifference" to a "known substantial risk of serious harm" to prisoner health or safety.

Turning to the defendants, Judge Beckwith said the evidence "clearly demonstrates" that Officer Bowles knew Mr. Frezzell had assaulted Doe before the attack with the mop handle.

There also was evidence that Officer Bowles knew Mr. Frezzell threatened to kill Doe and jurors could conclude that Officer Bowles "knew of a substantial risk that Mr. Frezzell would attack" Doe.

Judge Beckwith said Doe also might prove Mr. Kemp, who handled housing assignments in the protective unit, and Capt. Stratton knew about the "substantial risk" of another attack and didn't move Mr. Frezzell to a more secure cell.

That was the constitutionally fatal

flaw in the prison protective system, Ms. Branch said.

"They housed the predators and the prey in the same unit."

Transsexual con wants out of men's prison

[OTTAWA SUN, August 17, 1999, By CP] TORONTO -- Synthia Kavanagh says she's a woman trapped in a man's body and wants out of a maximum-security prison for men.

Kavanagh, a transsexual serving a life sentence for the 1987 hammer slaying of a transsexual prostitute in Toronto, has filed a complaint with the Canadian Human Rights Commission alleging discrimination.

The inmate, formerly known as Richard Kavanagh, wants to be moved into a women's prison, arguing her safety is in jeopardy due to her feminine appearance. Corrections officials argue inmates in prisons for women must have female genitalia.

Canadian prisons to allow sex changes

Transsexual prisoners in Canada will soon be allowed to undergo sex-reassignment surgery, the *Calgary Sun* reports. The policy change is an effort to settle a human-rights complaint from a transsexual convicted killer. As of November 1997 there were 14 transsexual inmates in Canadian correctional institutions.

Prisons inspector calls for sex change ops

[By Sophie Goodchild, Home Affairs Correspondent] The Chief Inspector of Prisons last night said that inmates should be allowed free sex change operations while in jail.

In an exclusive interview with the Independent on Sunday, Sir David Ramsbotham said that transsexual prisoners risk serious health problems because they have been denied treatment and should be given the same access to surgery as members of the public.

There are no official figures for the number of transsexuals in jail, but it is

known that six prisoners are waiting for operations. The prison service views the matter seriously and is drawing up guidelines for publication in the summer.

Murderer to get sex swap on the NHS

[By Ian Burrell, Home Affairs Correspondent] The Prison Service has given the go-ahead for six prisoners, including a murderer, a kidnapper and an armed robber, to undergo sex changes on the National Health Service. The decision follows a legal challenge by one of the prisoners, who has been fighting an eight-year battle to change his gender.

John Pilley, a kidnapper serving a life sentence, will become the first prisoner to undergo "gender reassignment surgery" when he has an orchidectomy in Leicester next month.

Pilley, who is known as "Jane Anne", has had more than seven years of hormone-replacement treatment while in jail but took legal action after prison chiefs appeared to be blocking his demands for genital surgery. He argued that having given him treatment enabling him to develop breasts, it was unfair for the Prison Service to leave him in the limbo of being part-man and part-woman.

The Independent has learned that Treasury solicitors, representing the Prison Service, have been instructed not to continue contesting the case. Instead, Michael Longfield, the service's head of healthcare, has told officials at Gartree Prison, near Market Harborough, in Leicestershire, that Pilley can have his operation.

The orchidectomy, which costs around £11,000, is due to take place next month at Leicester Royal Infirmary. Following the operation, Pilley is likely to be transferred to Holloway women's prison in north London.

The decision will create a precedent for at least five other prisoners seeking sex-change operations and pursuing legal cases against the Prison Service, including Philip Taplin, Matthew Richardson, Douglas Wakefield and David Cross.

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The barrister and former Liberal Democrat MP Alex Carlile, who campaigned for transsexual rights in parliament, said the decision was an "important step towards giving transsexuals proper civil liberties".

The Prison Service said yesterday that it was under an obligation to give prisoners the same access to medical care as other members of the public. It is now drawing up new guidelines for prison governors on how they should deal with transsexual inmates.

A spokeswoman said: "The general approach is that the prisoner should wait for release. It's not really a suitable environment to take such an irrevocable decision. The problems arise with prisoners serving a long sentence."

Pilley, 46, who was sentenced to life in jail for the kidnapping of a taxi-driver, Linda Charlesworth, in 1983, is allowed to wear women's clothing while he is locked in his cell.

He has drawn up a charter in which he promises not to put on his female attire in front of other inmates. It reads: "With the exception of underwear, I will keep the articles in my room at all times (apart from laundry). I will not dress in female clothing except between lock-up at night and unlock in the morning."

Pilley is a member of Gartree's therapeutic community, which includes other prisoners seeking sex changes, such as Philip Taplin and convicted killer Matthew Richardson, 42. Other transsexual prisoners are scattered around the jail system, often with little in the way of specialist support.

Douglas Wakefield makes life in Channings Wood Prison, in Devon, more bearable by decorating his cell with lace curtains and flowers. The double murderer has been diagnosed by a psychiatrist as having "gender identity disorientation". In letters from prison he has said: "Maleness has always been nothing less than an abhorrence to me - something to be threatened and intimidated by. I have grown to detest the body I live in."

Wakefield, who is allowed to wear women's ear-rings and has chosen to be called "Dee", was jailed for life at Leeds Crown Court in 1974 for murdering an uncle who had taunted him about his

sexuality. Four years later he strangled fellow prisoner Brian Peake with a shoelace, then stabbed and beat him to death in the psychiatric wing of Parkhurst jail on the Isle of Wight in Hampshire. He spent a record 1,200 days in solitary confinement after twice taking prison officers hostage and trying to kill one of them.

Now a model prisoner, he says that he could happily live the rest of his life behind bars, provided he was given a sex change and moved to a women's prison.

At Parkhurst, David Cross - now known as Kelly Denise Richards - is taking Androcur, the hormone drug cyproterone acetate, which reduces levels of testosterone.

Although transsexual prisoners such as Cross are terrified of stopping such treatment and reverting to men, they are aware that the prolonged use of such drugs carries a risk of liver failure.

Cross, an armed robber serving 17 years, is anxiously awaiting his orchidectomy.

Dr Russell Reid, a consultant psychiatrist who has advised Cross and other transsexual inmates, said that prison life made it very difficult for inmates to satisfy the necessary criteria before they could be given such a life-changing operation.

He said: "They must adjust successfully and live and work in their female role for two years before they can be considered for surgery. It is very difficult, though not impossible for them to fulfil that."

But Susan Marshall of Press for Change, a campaigning organization which is seeking equal rights for people who have gender identity disorder, said that prisoners were entitled to medical help to change their sex.

"They are supposed to lose their liberty but they should not be further punished by removal of treatment for a recognized medical condition from which they are suffering," she said.

Prison Rape

Anybody who wants data on prison rape can find Stop Prisoner Rape's site at <http://www.igc.apc.org/spcr/>. They can be in touch with the organization, who will be happy to supply figures, I'm sure.

This is not a problem whose existence is arguable, although prison authorities have done their best to cover it up. I grew up in a prison town (Montana state penitentiary, which was one of the worst in the country) so I have sharp feelings about this. The problem probably existed always, but it seems to have spiked from the time when our prisons got hugely overcrowded, and it exists in juvenile detention as well as adult prisons.

As far as I know, there are no "safe" prisons -- the problem is pretty general, and tends to focus on young prisoners, who are regarded as "new meat." Some prisons are known to be worse (more violent) than others. Openly gay prisoners, cross dressers, etc. are often kept in a special "gay tank" because of the targeted sexual violence directed at them.

The vast majority of prison rapes are committed by straight men. Sex is as much a power thing as a means of sexual gratification, and the different ethnic groups, especially, are into raping each other to show their power and maintain control. The Aryan Brotherhood love to rape men of color to show their superiority, and on down the line. The film "American Me" endeavored to portray this problem as part of its story about a Mexican Mafia chief, which was the main reason why the "Eme" got mad at Edward Olmos and took out a contract on him. The "Eme" considered that their manhood had been "disseed" by the film's open portrayal of prison sexual violence.

The existence of this problem really ought to make Americans think about what this country does to its men to make them so power-mad, crazy and violent in this way, and why we go on pretending that it doesn't exist. Here is fertile ground for the PK, if only they would get more honest!! Conservatives go on talking about prisons as "country clubs with TV and educational opportunities" and most of them simply refuse to admit what hellholes our prisons really are. I always just about vomit when I see TV evangelists posuring about their wonderful "prison ministries" and never talking openly about the rape problem.

Prison rape is also a major factor in the spread of AIDS. A straight man who

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is raped and sero-converts in prison will then leave and take the infection home to his wife, girlfriends, possibly his children, etc. This fact ought to be obvious to anybody who thinks about it. Probably more sex goes on in prison than in the gay community, and probably way more HIV is spread in prison than in the gay community. But of course few people want to be honest about this... most want to go on blaming the gay community and "barebacking" for the rate in HIV infection. Prison authorities are belatedly beginning to try to isolate HIV-+s and to test prisoners, but my impression is that the problem is really out of hand.

The question of mandatory HIV reporting is coming up more and more, and more states are passing laws requiring the health status of citizens to be reported. More states are criminalizing sex by individuals who know they are positive. But what is the moral and legal responsibility of the states and federal government for the huge HIV infection rate going on right in their own penal institutions? Aren't the state and federal government willing accomplices in "attempted murder" for refusing to put a stop to this problem immediately, once and for all??? Indeed, there are already cases heading through the courts, in which men who were raped and infected in prison are demanding accountability from the penal system. These cases haven't gotten much publicity, because the media mostly think it's too nasty to talk about.

The only solution would be to keep each prisoner in solitary...and this was the original model of the "penitentiary" as developed in Pennsylvania in early days. I guess the founding fathers were smarter than we are...more interested in real rehabilitation, less greedy and determined to simply warehouse large numbers of prisoners as we are doing now.

I could go on and on...but best that interested people do their own research and talk to SPR. They will find plenty of data if they look.

Oh...and SPR was one of the plaintiffs in the CDA censorship case, because their site -- with its letters from prisoners talking frankly about the problem -- might have been deemed "indecent" under the law.

Patricia Nell Warren Wildcat Press text
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The Gender Identity Center of Colorado, Inc.

"A rising star in the west"

By Jessie Stauffer

The Gender Identity Center of Colorado, Inc. (GIC) is an all-volunteer 501(c)(3) non-profit organization that provides support, education, outreach, and advocacy to the transgender community, their families and friends. Established in October of 1978, the GIC is one of the oldest and most active transgender organizations in the nation, and we are one of the few to have its own dedicated facility, which is located at 1455 Armon's Street in Lakewood, Colorado.

In addition to four peer support group meetings every week, we host a monthly spirituality discussion group, led by the Rev. Jeremy McCleod of the Boulder MCC, and a transmen meeting, which is facilitated by Matt K. Upon request, we also offer a Home Visit Outreach program to the elderly and the disabled in our community.

Every quarter we publish a newsletter, *The GIC Journal*, and four years ago, we published our own book, *Trans-Scriptions 1996*, which is an anthology of original transgender poetry, prose, and artwork.

The GIC also has quite a distinguished speakers bureau, including two published authors. Kathy W. has been cited in the British medical journal, *Psychiatry Online*, and she has presented her papers on gender identity disorders at the national convention of the American Psychiatric Association. Recently, she contributed an article for a college-level textbook on sex and gender.

Dainna C., a popular fifteen-year veteran of the national lecture circuit, has authored three widely circulated guidebooks for transitioning transsexuals. She has also been called on to testify five times before Colorado's House and Senate Judiciary Committees against laws aimed at banning same sex marriages. She has a particular interest in the latter, because she is, technically speaking, in a legal same sex marriage herself.

In Boulder, GIC members proposed and helped draft the first transgender anti-discrimination ordinance to be enacted in Colorado. Through our involvement with the Mayor's Gay and Lesbian Advisory

Committee (MGLAC), we have been working on a similar proposal for Denver, which will also include a private cause for action. As part of that same coalition, we also helped to get Denver's Committed Partnership Registry approved. Last year and again this year, we had one of the largest delegations at GenderPAC's National Lobby Days in Washington, DC.

In October of 1998, we hosted our first national transgender conference, the Colorado Gold Rush, which, due to popular demand, has become an annual event. Colorado Gold Rush 2000 is scheduled for February 22-25 at the Renaissance Hotel. Our keynote speaker will be the ever-popular Kate Bornstein, the author of *Gender Outlaw* and *The Gender Workbook*.

The GIC is very fortunate in the level of support and acceptance that we enjoy with the local and regional gay, lesbian, and bi-sexual community. I suspect that it was not always so, and we are probably still a bit of a mystery to some in the GLB community. But, by now, most seem to understand that it is a natural alliance, and we have worked hard to foster that relationship.

The common misconception is that the issue of gender identity only concerns transsexuals and the like. As a matter of fact, the biological and cultural imperatives of gender affect everyone in one degree or another. Obviously, for the transgendered, the effects are of much greater consequence, but gays and lesbians are a close second.

According to a GenderPAC survey, from 37% to 41% of the discrimination against gays and lesbians resulted from their failure to conform to traditional gender stereotypes rather than any actual knowledge of their sexual orientation. A later survey published by the National Transgender Advocacy Coalition (NTAC) placed the figure at 76%. However, except for those who are transgendered, and perhaps the feminists, most people are not aware of gender's pervasive biases or its insidious influence over our lives.

From the moment of birth until our death, our lives are shaped around our gender. We all dance to its tune, from the most macho of men to the daintiest of beauty queens. But for the transgendered, it is a dance with the devil and a battle for their very souls. Nothing is so personal as

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our identity, and gender is a big component in that equation.

For those who transgress gender's boundaries, there is not much in the way of legal protections and almost no medical coverage. You can still be denied housing, employment, and access to public facilities and services based on your status. In the few local and regional jurisdictions where there are laws, the social impact has been rather limited. Few cases ever reach the courts, and the prejudice and the discrimination remain below the surface and largely intact. It is still an evolving issue and an educational process. The revolution has yet to begin.

Unlike other minority movements, the transgender community does not have much of a history or a cultural heritage to celebrate. What we did have was commonly viewed by the rest of society as contravening rather than complimenting their core values. As a result, the transgender community does not have a lot of appeal or credibility except as victims.

Even then, the humanitarian concerns thus generated are often morally tainted by a dominant Judeo-Christian ethic that labels us "an abomination."

According to Riki Anne Wilchins, GenderPac's Executive Director, we are now averaging about one transgender status-based murder a month nationally—many of them every bit as horrific as Mathew Sheppard's death. Yet there has been none of the public outrage that attended Mathew Sheppard's case and very little media coverage, even at the local level, where these incidents have occurred. In one of the more recent and ugly incidents, a transsexual in New York City was assaulted and had her throat cut, while some of the on-lookers laughed and applauded.

Little wonder that when they first come to the GIC, many of these gender exiles feel that their lives have no value, either to themselves or to others. They are often riddled with shame and paralyzed by fear. Some are too ashamed to even discuss their problem with a therapist. In

their book, *Transgender Care*, Gianna Israel and Donald Tarver, MD, claim that "from 50% to 88% have seriously considered or attempted suicide." (p. 133)

Using a multi-faceted approach of peer support group counseling, medical and professional referrals, educational materials, and other in-house and off-site activities, the GIC helps them put their shattered lives back together again and gives them back their hope and their dignity. Over our twenty-two year history, the lives we have touched must number in the thousands. When no one else cared or understood, we did, and today, we are, without question, the number one non-medical transgender resource in the entire inter-mountain west.

If you want to learn more about the Colorado Gold Rush or the GIC, contact us at (303) 202-6466 or visit our web site at <http://www.abmall/gic>. Our E-mail address is GICofColo@aol.com (for TRIP subscribers and correspondents it is GIC-TRIP@aol.com), and our fax number is (303) 202-2050.

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