



GIC TIP JOURNAL



Transgendered In Prisons

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“Support, education, outreach and advocacy for the transgender community”



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TG Inmate’s Murderer Gets Death

*[The following are a series of articles published in the **Texarkana Gazette** © 2001 concerning the trial of James Porter, an inmate in the Texas DOC. Porter was convicted of murdering another inmate, Rudi Delgado, in what appears to be a particularly vicious hate crime based on Rudi’s transgender status. With the very gracious help and permission of Lisa Bose McDermott, a reporter for the **Gazette**, I have included all of the articles, in chronological order, that were published on the trial. Ed.]*

March 07, 2001

Jury selection begins in inmate’s murder trial

By LISA BOSE McDERMOTT of the *Gazette* Staff

NEW BOSTON, Texas—Jury selection is in progress for a capital murder trial set to begin early next week. Bowie County District Clerk Billy Fox Branson said a panel of 350 prospective jurors were called in for the trial of James Porter, 29, in the 202nd Dis-

trict Court. Prosecutors are seeking the death penalty in the case.

After jurors were dismissed for various reasons, 89 were left when it came down to individual questioning of jurors, Branson said. Nine jurors were chosen as of Tuesday. Branson and Bowie County District Attorney Bobby Lockhart said the trial will begin Monday. It could take as long as three days.

Porter, an inmate in the Barry Telford Unit prison, allegedly killed fellow inmate Rudi Delgado, 40, with a six-inch shank and a four-inch rock in a day room adjacent to some cells. Authorities believe it is a gang-related killing.

The stabbing occurred in front of 26 other inmates and two guards. Delgado was serving a 15-year sentence for aggravated sexual assault of a child out of Dallas County. Porter was serving 45 years on a Denton County murder conviction.

After the killing, the prison went into a pe-

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Transsexual Inmate Treatment Issues

[Copyright 2001 by Gianna E. Israel— This article was reviewed and edited by Barbara Anderson, Ph.D., Dee Deidre Farmer, Attorney Ann Grogan, and Sheila Kirk, M.D. – It originally was printed in TRANS-GENDER TAPESTRY – Issue 97, Spring 2002.] Not surprisingly, many people believe those who are imprisoned deserve what they get. Among law-abiding citizens, a prevailing attitude exists that wrongdoers must be punished. However, what becomes lost to moral argument is the pattern of victimization experienced by transsexual and other transgendered inmates-- treatment which has no place in a progressive, ethical society.

Of all the hardships to befall transsexual persons, few compare to imprisonment. Male-

to-female transsexuals are in a unique situation. Born with male genitalia, they have a female gender identity, and many have lived as women for years-- yet they are routinely incarcerated in mens' prisons. They are at special risk because they lack a masculine gender identity; their placement within a highly aggressive segment of the population (male inmates) sets them up for victimization. Transsexual women experience the worst of the worst treatment at the hands of prison officials and prisoners. Typically, the manner in which they are treated has no correctional justification or penological function.

In California, Hawaii, and other states, some prisons house transsexual inmates with

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(Continued from page 1) **Delgado**

riod of lock-down to calm the tempers of the inmates.

This is the second capital murder trial in Bowie County this year. It is the third one in the past six months. One more murder case from the Telford Unit is pending, but has not been scheduled for trial.

March 12, 2001

Testimony to begin in capital murder case

By LISA BOSE McDERMOTT of the Gazette Staff

NEW BOSTON, Texas—Jurors will begin hearing testimony today in a capital murder trial involving a Telford Unit inmate.

James Porter, 29, goes on trial for last year's stabbing death of fellow inmate Rudi Delgado, 40.

The 12 jurors and alternates were chosen Thursday afternoon by prosecutors and Porter's court-appointed lawyers, according to the Bowie County District Clerk's office.

Porter was serving a 45-year prison sentence in the New Boston prison for a Denton County murder conviction. Delgado was serving a 15-year sentence for aggravated sexual assault of a child from Dallas County. Delgado and Porter were in a prison pod's day room when Porter allegedly began stabbing him with a six-inch homemade shank and beating him with a four-inch rock while 26 other inmates and two guards looked on. The murder reportedly occurred in a flash leaving no time for anyone to intervene.

March 13, 2001

Defendant in murder trial confessed in letter

By LISA BOSE McDERMOTT of the Gazette Staff

Bowie County prosecutors capped off their case in a capital murder trial on Monday by reading a letter from the defendant in which he admitted guilt and said he would kill again.

James Scott Porter, 29, is on trial for capital murder for the prison killing of fellow inmate Rudi Delgado, 40, on May, 28, 2000, in the Barry Telford Unit maximum security prison. Prosecutors are seeking the death penalty in the case.

Porter wrote to lead prosecutor

James Elliott on Oct. 10, 2000. Prison officials who monitor Porter's mail, identified the handwriting as his.

"I do not see what the deal is, about this capital murder charge that I am being charged for, you people should thank me for doing such a great service done, by eliminating a vile, filthy AIDS infested (gay) ... I have no shame or regrets about it. It was a very honorable thing that I have done and will do so again..." Porter's letter stated.

A suspected member of one of the Aryan gangs, Porter wrote to Elliott that Adolf Hitler was his hero.

Delgado was suspected of being gay and, according to guards, was being held in the "safekeeping unit" of the prison where there is a larger percentage of gays in the prison as well as former gang members. This is a part of the prison with enhanced protection for the inmates.

Porter's court-appointed lawyers, John Pickett and David James, questioned why Porter would be housed in an area with a heavier concentration of gays if he was known to hate them. No one could explain why Porter was housed in the unit. Porter is not a confirmed gang member but is a wannabe, officials said.

Besides writing to Elliott, Porter wrote another letter to a fellow inmate saying, "For some time, I had planned on killing someone. Last week I planned it all out ... I beat him until his face caved in and the rock came out of the pillowcase."

He wrote that he took 11 Dilantin pills (commonly used for seizures) the night before the killing. The letter chronicles how he beat Delgado with a rock, smashed his face in with his right foot and stabbed him in the neck with a homemade shank crafted from a screwdriver and bed linens.

Guards say they witnessed Porter stomping on Delgado's head and face to the point that he was unrecognizable. However, they were unarmed and said they had no way to stop him. They called for Porter to stop, he would look at them and return to either bludgeoning or stomping on Delgado.

Delgado's cause of death was listed as "massive blunt force injuries to the head," testified Dr. Judith Aronson, a

pathologist.

She said the cuts Delgado sustained in the neck were not the cause of death. Porter's lawyers questioned how prison guards never found the shank before if they search prison cells. Guards said searching or the "shakedown" of prison cells is done randomly.

March 14, 2001

Jury gives death penalty to Telford inmate murderer

By LISA BOSE McDERMOTT of the Gazette Staff

NEW BOSTON, Texas—Bowie County jurors condemned a twice-convicted killer to death Tuesday after listening to letters he wrote saying he enjoyed killing and would kill again if he had the opportunity.

James Scott Porter, 29, was sentenced to death by lethal injection by 202nd District Judge Bill Peek after jurors convicted Porter of capital murder and then recommended a death sentence.

Porter was convicted of first-degree murder in 1993 in Denton County when he assassinated a man by shooting him twice in the back of the head and dumping him in a well. One of the investigators of the Denton County murder said Porter showed no remorse and fully cooperated with authorities, giving them details of the murder.

"He was proud and felt like he had done society a good thing," said Scott Haney, a former deputy with the Denton County Sheriff's Office.

Porter, a suspected member of the Aryan Circle, a white supremacist group, was serving his 45-year murder sentence in the Barry Telford Unit prison in New Boston when he bludgeoned and stabbed fellow inmate Rudi Delgado, 40, to death on May 28.

Porter is a confirmed member of the Ku Klux Klan and has tattoos indicating his affiliation with the KKK and Aryan Circle.

Porter wrote at least seven letters about the Telford Unit murder expressing his joy of murdering and wrote of his bigotry against gays, blacks, Hispanics and Jews. He felt proud of the Delgado killing and said he would kill again. But in later letters read before jurors by First Assis-

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(Continued from page 2) **Delgado**

tant Bowie County District Attorney James Elliott, Porter said he would kill even whites and gays.

"I will do it again. I can't express the feeling of joy I had that day," wrote Porter about Delgado's murder.

In another letter he wrote, "I shall kill in the name of God. I did it for the fun of it. I can't wait to kill again."

Porter wrote in other letters that he will kill as many people as he can before he "goes down" and kill every chance he gets.

As a Death Row inmate, Porter will be in a single-man cell and have limited contact with people.

Porter said he was a serial killer in the making and was fascinated by serial killers.

Porter's family pleaded tearfully to have him spared the death penalty. They told how being sexually abused as a teen-ager led his life into a downward spiral. He has been incarcerated at various times since he was 17 years old. They blamed his molestation by his former stepfather for causing his severe hate for gays.

Porter was being housed in the safe-keeping unit of the prison, which has a large gay population.

Porter's lawyers blamed the state prison system for Delgado's murder. "Had that rock been prevented from coming into the penitentiary, had those boots not remained in his cell, had that shank been found, then

Rudi Delgado's death certainly could have been prevented," said Porter's court-appointed lawyer, John Pickett, in his closing arguments. "Telford put him into the environment. If he hadn't been put there he wouldn't have had the boots, rucks and shanks."

Porter's court-appointed lawyers, David James and Pickett disagreed with Porter over the trial's strategy. Porter did not want jurors to be able to consider a lesser charge of manslaughter along with capital murder.

Porter told Peek that he wanted to be tried only for capital murder and was hoping for the death penalty as punishment.

The lawyers, despite their disagreement with Porter, attempted to include the manslaughter charge, but Peek found

there was no legal basis for it.

Pickett and James asked for mercy for Porter.

Elliott argued that Porter should be put to death because he was dangerous.

"There's no question that he's dangerous. There's no question that he's going to kill again-because he likes it," Elliott argued.

He said someone will be Porter's next victim and asked jurors to consider that.

"There is no people-proof cell. He will come into contact with people again. He will come in contact with people in gray shirts (guards)," Elliott said. "Just as these attorneys plead for his life, I plead for theirs (the guards)."

"My Summer Vacation"

More about the Texas DOC

I've just returned from spending 18 horrible days locked up inside a blistering hot concrete and steel solitary cell. I survived, but at what cost is what I keep asking myself.

It all began with a lock down on July 3. Lock downs are a common practice here around the holidays, usually having less to do with security than a pretext for the guards to go with a skeleton crew, so that more of them can have time off to enjoy the holidays.

As with most lock downs, this one was also followed by a shake down on July 10, which means that we have to collect all of our personal belongings and drag or carry them out to the recreation yard, where they are searched for contraband. In the process, we are also required to strip down to our shorts and a pair of flip flop shower sandals. While we are outside, our cells are searched.

This particular shake down came exactly on the second anniversary of the day when I was nearly beaten to death. It was a bad omen, plus the resulting injuries to my back still make it very difficult for me to carry heavy loads. The guards will not help in any way. They have carts that we could use, but they won't let the prisoners use them. So what you cannot carry, you have to leave in your cell. Anything left in the cell often ends up in the trash.

Since there was no way I could carry it all, I piled it on a bed sheet and drug

that down to the yard, wearing holes in the sheet and damaging some of my things.

Tables were set up outside in the yard with 3-4 bosses seated in folding chairs at each one.

When your turn comes, you have to drop your drawers in front of the guards and everyone else. Some of the guards are women. They have you lift your privates, spread your buttocks and run your fingers through your hair. They also look in your mouth and under your tongue.

When they finished the body search on me, they began pawing through my personal belongings. In doing so, they discovered a memento given to me by brother, after my mother's death. It was her Texas driver's license, with her picture on it. I was not allowed to attend her funeral, and it was something to remember her by. My mother was very dear to me.

When the boss found it, he triumphantly held it up and said, "Lookie here what I found!" A lieutenant stepped over to see what the commotion was about, and when he saw what it was, he rhetorically asked, "Are these inmates supposed to have a Texas driver's license?"

Another guard barked, "He's gonna use it to escape!" Then turning to me he jeeringly said, "Just look at those eyebrows, that makeup and those titties!" Yet another chimed in and said, "Yeah, you're right. Just look at how much he looks like his Mother."

I tried to explain, but by this time it had attracted the attention of the higher ranking officers. A captain demanded, "Where's your wig at?" I told him I did not have one and that I wasn't trying to escape.

Despite my protests, they quickly handcuffed me and paraded me across the yard to Building 11, still wearing nothing but my boxer shorts.

I soon found myself sweating in a hot 8x9 concrete and steel solitary cell. The cell was empty except for a one inch thick plastic and foam mattress pad and a single bed sheet. I was allowed nothing else, not even toiletry articles, like tooth paste, to take care of my personal hygiene.

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(Continued from page 3) **Summer Vacation**

All of my property was left out in the “rec” yard, including all of my legal work. I knew much of it would come up missing by the time I got back, which would not be until 18 days later.

I was initially placed in pre-detention solitary until my disciplinary hearing with the Unit Classification Committee seven days later. They ended up giving me 30 days recreational and commissary restrictions and 15 days of solitary, with no credit for the seven days I had already served in the hole.

The cell they placed me in was the same one where my friend, Carlos, had hung himself. Carlos was in his early twenties. Although not openly gay, he was a petite, baby-faced kid, and I guess he just couldn’t take the harassment from the guards and the other inmates anymore.

I discovered that the toilet in my cell was stopped up and the overflow soon covered the floor of my cell with sewage. The guards refused to do anything until it seeped out onto their walkway. Then they had the inmates clean it up, and to make sure that it did not happen again, they cut off the water to my cell for four days.

I badly needed tooth paste and a few stamps to write home and to mail some legal documents, so I asked the inmate janitors if they would get them for me. They said they would, but only in exchange for certain sexual favors from me, some worse than others, but all completely degrading.

I suppose being feminine can be an asset in this kind of situation, and it was the only thing I had to offer to get what I needed. Sometimes, it is the only way us girls have to survive.

My only joy came unexpectedly on my 12th day in solitary. I was overcome with boredom and very depressed that night. The heat was suffocating, my mouth was dry and parched, and I had had nothing cold to drink for two weeks. I felt completely drained, when all of a sudden I hear a boss call my name for mail. He handed me a big manila envelope with a return address of the *GIC TIP Journal*! Wow! Was I ever happy! This was better than a visit.

But in a way, it was a visit - from Jessie, Ms. Israel and all the other girls.

As read the stories, it was like they had come to visit me. I was happy to see one of my letters was printed, but it was the other girl’s letters that I enjoyed the most.

I read them over and over and never tired of reading them. If I got bored or lonely, all I had to do was to pick up the journal and visit with the girls.

It is so nice and comforting to know there is a place in this world where I fit in, a place where I am accepted, a place I can really call “home”.

But another week passed, and I once again lapsed into severe depression. I broke open a new razor, extracted the blades and prepared to cut myself. I have never done anything like that before, and something inside me still said no, but only just barely. I thought, “You have come this far, and if you just hold out another day, they will probably let you out.”

On the seventeenth day, I again asked a passing guard to give me my legal work, and he just ignored me. That’s when I finally lost my temper, and I began screaming and screaming and screaming until he finally came back with my legal work and some personal hygiene items an hour later. The next day I was released from solitary.

Looking back, I feel so ashamed of what I had to do to survive while in solitary, and even though I did survive, I am not that happy to be alive. I try not to think of it as my fault, but I still feel guilty. I have become edgy, losing my temper, my appetite – everything. It is not right what they made me do, and now I’ve probably got AIDS.

People have noticed that I am acting different, and I am back to experimenting with the razor blades. The pain helps me forget the hurt inside. I cut myself again last night, deep this time. It hurt bad, but the pain doesn’t last, so I know it will only hurt at first...

**Michelona S. Dèlonta “Jasmyn”
324 West Campbell Ave., SW
Roanoke, VA 24016**

It is wonderful that your journal is a gateway of communication, love, trust and hope for all who share in our trans-journeys!

I am a 27 year old MTF pre-operative

transsexual. I was incarcerated in 1997 for “attempted” malicious wounding and property damage. I have also done some prostitution, petty larceny and forgery.

I was sentenced to two years in the Virginia DOC. I was in the Roanoke City Jail for first seven months of my incarceration, during which time I was labeled and treated like a “punk”. It was a very fragile time in my life, and I allowed everyone to run over me.

I was sent down the road after filing a *pro se* class action suit against the jail’s medical staff and the sheriff for denying me counseling and hormones for my transsexualism. Before this, I had been receiving treatment since 1994.

As soon as I entered the DOC facility, the call went out among the inmates that “fresh meat” had arrived, and as I was paraded down the corridor, I was greeted by screaming inmates shouting “That’s mine!” The rush was on, and the prisoners there began “bidding” on me.

At the time, I was only 22 years old, white and very feminine. I was scared to death and asked if I could do my time alone. I was told that this was not done.

When the other inmates began fighting over me, I was offered protective custody, but I refused. It is OK for some, but not for me.

To make a long story short, I decided not to let them use me as their punk. One inmate tried to push himself on me, and when I refused we got into a fight. Later, when I was walking around the ball field, he assaulted me with an aluminum baseball bat. He hit me on the head, and blood began dribbling down my face. As I turned around and screamed “Why”, he hit me more.

I was treated for severe head trauma, requiring 32 stitches in my forehead and 22 staples in the back of my head. I also had a shattered elbow and hand and a broken jaw and teeth.

I literally had to fight for my life as I was transported to a large hospital in Richmond, Virginia. The DOC showed no sympathy, later telling me it was my own fault for “being the way you are”.

I was sent to an institution with Ophelia Dèlonta, and we became life-long sisters. We changed our names, made the best of a gloomy and desolate situation, and, most importantly, we survived.

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(Continued from page 4) **Jasmyn**

Today, I am ready for surgery. I have breasts as a result of hormone therapy, and I have also had some silicone injections in my hips, buttocks and face to feminize and improve my appearance.

The scars left from the assault have about healed, and most important of all, I am in a relationship with a man that has not only accepted me, but also stood up for me. He has helped me see that life is much better without the drugs and the prostitution. He has shown me that "I am somebody!"

So wherever you are and whatever your circumstances, you are not helpless, and never give up hope. You, too, are somebody, and someday you will also be able to spread your wings and soar with your dreams. Stay strong! Love – Jasmyn

J. "Kathryn Marie" Sandefur #154202
ASPC Eyman
SMVI
PO Box 4000
Florence, AZ 85232

My name is Kathryn Marie. I am a transgendered person in the Arizona prison system. Ever since I received your newsletter, there has been so much that I wanted to write, so that others will know they are not alone in their pain.

I felt very alone until someone showed me your newsletter. It is people like you that give me some hope. I have said before, and I will probably say it again a thousand times more, "Thank you!"

To all of my sisters everywhere, I hope you are staying strong.

Right now, I am seeking advice from anyone who may care, out there or in here. I am only 20 years old, and sometimes it is so hard to hold myself together. I tried to see my so-called psychologist, but we all know how that goes.

I feel so isolated and unwanted by everyone. I am convinced that very few people can see a transsexual as a human being. Instead, they treat us like sub-humans. All I want is to be understood and treated with the same humanity as I treat others.

I may have been asleep my whole life, but could someone please tell me why are people so blind and ignorant about us? I really do not get it. Why do they laugh when they make me cry and call me abusive names? What did I ever do to them?

As hard as we might try to conform, they say we are not normal. It saddens me that people can be so full of hate for someone, because of his or her differences.

I ask a friend to write down why he thinks people will not accept us, and this is what he wrote. [To paraphrase, *Kathryn's well-meaning friend confuses gender identity with sexual orientation. The two are not synonymous, and unlike gender dysphoria, homosexuality is no longer classified as a mental disorder. The latter was removed from Diagnostic & Statistics Manual of Mental Disorders a number of year ago. He is correct that society often views homosexuality and gender dysphoria as a moral defect. On the other hand, he seems to believe that a person should not be condemned merely on the basis of their sexual orientation or gender identity.*]

If anyone out there would like to help a young girl out, I would appreciate it. I just need a sister to talk to. Unfortunately, I am the only girl in my unit, so you can imagine what I am going through. I cannot write to other prisoners, so it will have to be through the newsletter or a third party.

The thing that concerns me most is how transgendered people are preyed upon by both the guards and the other inmates, and I believe that Arizona is among the worst in that regard.

A few months back, I was having problems with other inmates in my living area and had asked to be moved. I am in a super-max unit, and when they take us out of our cells, the guards have to handcuff us like animals.

As I was being escorted out of the area by two officers, one of the guards called me "a little faggot." When I tried to explain the true meaning of the word faggot and the difference between homosexuality and transsexualism, one of the officers took offense. All of a sudden, I found myself on the floor being kicked in the ribs and having my face being smashed into the floor. I could taste my own blood, but I refused to cry. I told him to give me more pain, because it turned me on! That did not help my situation. I was spit on and beaten more by the two officers.

I filed a grievance, but nothing was done. Instead, I was put on report for lying, ignoring the fact that I had suffered a black eye and other bruises as evidence of

the beating.

The policy of the Arizona DOC is that only if an inmate was on hormones prior to incarceration will they continue to prescribe them. I believe that they should be prescribed for all qualified transsexual prisoners, whether or not they were on them before. Many, who would otherwise qualify, simply could not afford or did not have access to proper treatment before they were incarcerated.

The DOC is required by law to provide treatment for psychological disorders and that should include gender identity disorders (GID). In addition to the hormones, they should also get competent counseling. The problem is that none of the DOC psychologists are qualified in GID, which even they will admit, nor are they willing to bring in outside experts who are. Their attitude is that the fault lies with the transgendered prisoners and not with their policies. They would rather lock us all down than try to deal with the issue, because it costs less.

I believe that if they provided more and better treatment, it would help with our rehabilitation. By denying us treatment, we are not only being punished for our crimes, but also for being transgendered.

Please feel free to contact me at the address listed above or, if you cannot write to other prisoners, at the address listed in the Pen Pal section.

J. "Jina" Scriptor #131091
KMCC-PO Box 710
Keen Mountain, VA 24624

Thank for your letter and the survey. I was more than happy to fill out the survey and have sent it to Ms. Israel.

In addition to my thanks, I would love to volunteer my services. Being incarcerated may restrict my capabilities, but I am eager to help in any way that I can.

Could you please print my name and address in the newsletter? I could really use some correspondents from my sisters and other caring people. I would be very grateful. Unfortunately, I am not allowed incoming mail from another prison, so letters must be sent through an outside source.

Again, I thank you so much for your kindness.

God bless and take care – Jina

Patricick R. Greenleaf #679426
Route 2 Box 440
Gatesville, TX 76597

I hope this letter finds you all in the best of spirits. As for me, I am doing as well as can be expected, under the circumstances. I have also been very ill.

I am currently serving time in the Texas prison system (TDCJ-ID), and it's like bedlam in here. In addition to my prisoner status, I am also transgendered, part Cherokee and part African American. I have been getting the *GIC TIP Journal* for about a year and a half. As nearly as I can guess, I was about the 60th subscriber.

What has *TIP* done for me? It has inspired me, motivated me and educated me. And while I don't know any of you personally, I feel emotionally connected to you.

What do I think of being transgendered? I think it is a gift. There is certainly nothing evil about, unless it is the way we are treated by others who do not understand, and it is that unearned suffering that binds us all together, whether you are in prison or out.

My way of expressing all this is through my art, and I hope someday I can share it with you through the newsletter.

In the meantime, I would appreciate any advice or information that any of you might have to help me build my case, which is based on the sexual harassment and other forms of discrimination we are subjected to because we are transgendered. I would also welcome any personal correspondence. Patricia "Queen Nefertiti" Greenleaf

Kitty

At the end of her rope

I have thought about this for a long time and decided that I cannot continue living as a man. I don't want to die, but I would rather be dead than endure this torture for another 8-10 years.

I know the risks of self-castration, and if I bleed to death, so be it. Hopefully, someone will find me and get me to the hospital to finish what I haven't the knowledge or the skill to complete.

The very thought of being forced to spend the remainder of my sentence being viewed as a male is too horrible to

contemplate. No one who has not been through it themselves can even begin to understand the hopeless frustration of being a transsexual in prison.

Certain people will say that I am crazy for doing this to myself, and they may be right. I may very well bleed to death, but even that would be better than dying a little each day for years. I blame the DOC, because they have left me with no other choice.

I tried to do the right thing. I sought help and confessed my transgressions, and for that I got the maximum sentence and no help.

I am genuinely sorry for the pain and suffering I have caused, but it doesn't seem to make any difference. I want to be a better person, but how can I when I hate myself? I can't keep on living this way. It is time for it to end.

Donna

I hope this letter finds you and everyone at the *GIC TIP Journal* doing well.

It was another fine edition of the newsletter, and my trans-prisoner survey that came with the Summer 2002 issue is done and in the mail.

However, there are some new areas that I would like to see covered, such as how to prepare for release and deal with the transgender issue at the same time. I am sure a lot of people will encounter a whole host of problems with parole and probation officials around this issue. The ex-prisoners will also need help in gaining access to proper medical care.

I would also like to hear from the trans-prisoners' significant others, their friends and families about how they feel, how they cope with the challenges and what we can do to make their lives easier.

I read with interest Sarah B's encounter with prison medical staff. It seems to me that most of them don't have a clue on how to treat transgender people, and their people skills in general are pretty lacking. They have made some really weird, offensive and off-the-wall comments to me.

I think a good way to deal with the problem is to write to the various professional groups that they belong to and complain of their incompetence.

For your own protection, you should request a copy of your medical records and update it at least once a year. I would further recommend that you provide copies of same to a friend on the outside for safekeeping.

Regarding your health, I would remind everyone to try to stay healthy, and if you cannot abstain, try to practice safe sex. Should you become infected with HIV or develop serious liver disease as a result of contracting hepatitis, you cannot get SRS or hormones period.

[Actually, you can. Dr. Toby Meltzer will operate on HIV positive patients provided they are healthy, meet minimum C4 requirements, have medical clearance and after a careful review of your health history. There are also alternative ways of administering hormones that are not as stressful on your liver. Ed.]

I know that gender dysphoria can lead to many types of self-destructive behavior. That is what dysphoria means, "hard to bear", and many try to dull the pain with alcohol or drugs. You need to develop your survival skills instead of trying to avoid the issue, and don't let others use and abuse you. Be the Mistress/Master of your own destiny and take back from others control of your life. We need you!

There is strength in numbers, and each sister or brother in the struggle is an asset to the community as a whole.

Speaking of brothers, are their any FTM trans-prisoners out there? There surely must be some, and I would like to hear from them and find out how they are coping with their situation.

I have another suggestion. The survey you sent out was a great idea. Could we expand on that and do a survey on the various prison systems at the federal, state and local level to find out their policies on the placement, care and treatment of trans-prisoners and what resources are available? *[I am working on it. Ed.]* I have found that there is a big difference in their policies and knowing that might enable some to get transferred to a facility that is better equipped to handle transgendered prisoners, either through the classification process or the interstate prison compact.

Yours in Sisterhood – Donna

(Continued from page 1) **Treatment Issues**
gay males, separate from the general male inmate population. The only other protective option is to place typically non-violent MTF persons in 24-hour-a-day custody in security housing units (SHUs) designed for the prison's most violent and dangerous inmates. However, in SHUs, transsexuals usually don't have access to rehabilitative programs available to inmates within the general population. Most prisons do not address housing and treatment issues of transsexual inmates, and some go to great lengths to avoid providing treatment.

What does this mean in lay terms? Transsexual inmates are more likely than any other inmate group to be assaulted or raped by correctional officers and inmates. They are the least likely to receive medical or psychiatric care for grave illnesses. They are frequently denied access to rehabilitative programs available to other prisoners. They live in a prison-within-a-prison, often without the basic human rights afforded to other inmates. Only one other group -- inmates with HIV/AIDS -- experiences a comparable violation of their human rights.

Deliberate Indifference

The term *deliberate indifference* means just what it says -- a wanton disregard or informed failure to provide something which is required, such as medical treatment. Within the context of combined medical and legal issues, our definition becomes more focused. It means a physician or responsible party has failed to provide medical care to a patient with an established medical need and has withheld treatment, knowing that his or her inaction will result in a worsening of the patient's condition and may cause significant damage. In a legal context, deliberate indifference also means that a professional recognizes that a failure to provide medical treatment is breaking the law by violating a person's civil rights.

When examining laws and rights pertaining to the medical treatment of transsexuals and other inmates in the United States, we look primarily to federal law, since most prisons operated by the states and the federal government fall within federal legal jurisdiction. The Eighth Amendment of the U.S. Constitution states that prisoners shall be free from cruel and unusual punishment. The phrase deliberate

indifference often applies to this civil right. Based on information I have gathered, I find it reasonable to conclude that many prisons and courts are *deliberately indifferent* to the medical needs of transsexual patients.

Courts are becoming more interested in issues of deliberate indifference, partially because organizations like Amnesty International have raised charges of human rights abuses in the United States for the condition of its prisons. Article 5 of the United Nations' Universal Declaration of Human Rights states "No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment." Hopefully, those persons involved in the treatment decisions of inmates will see that a repeated failure to provide medical treatment to transsexuals constitutes civil and human rights violations.

Treatment Recommendations

Prison officials have access to recommendations for the care of transsexual inmates. The Standards of Care of the Harry Benjamin International Gender Dysphoria Association (HBIGDA) state:

Patients who are receiving hormonal treatment as part of a medically monitored program of gender transition should continue to receive such treatment while incarcerated to prevent emotional lability, reversibility of physical effects, and the sense of desperation that may include depression and suicidality.

-- HBIGDA, 5th Ver. Pg. 35

The Standards of Care also include a policy on harm reduction, in which persons who are at risk can receive hormones without the usual requirements.

Israel & Tarver (1998) concluded that the administration of sex hormones is medically necessary in treating transsexuals. In regard to inmate issues, they wrote:

The symptoms and behaviors accompanying both gender dysphoria and hormone withdrawal in a previously established transgender individual are frequently perceived by prison staff as a manipulative gesture on their part. In fact, malingering and misrepresentation by transgender persons is rare.

Israel & Tarver recommend a three-

month assessment period during which physicians can determine an individual's appropriateness for hormone administration. This would include "those who have in the preceding three months consistently expressed interest in the permanent physical changes brought on by hormones, to bring the body in line with an intended masculine, feminine or androgynous appearance" (1998, 71).

Denial of Treatment: The Consequences

The consequences of denial of treatment can be serious. Transsexual women tell of feeling fear every minute, day and night, when placement and treatment issues are not addressed by prison officials. Accounts include descriptions of constant desire to commit suicide and unremitting depression as transsexual women's bodies remain incongruent or deteriorate into incongruence as hormones are denied. Letters also reveal transsexual inmates who for years have maintained women's names and identities struggling to maintain a rudimentary form of female presentation.

Standards of care exist in order to insure that all patients, irrespective of their legal standing, receive treatment for medical and mental conditions which if left untreated would have a permanent, devastating impact, often causing a severe worsening of their conditions. Standards of care also apply to persons afflicted with Gender Identity Disorder. Yet a review of letters from inmates clearly demonstrates standards of care are not being followed by prison physicians. As a consequence, those who remain untreated risk higher incidence of severely deteriorating mental health. An institution's failure to provide treatment for easily-recognizable disorders is unacceptable and one of the most glaring examples of our failure as a society to provide treatment for those who most need it. -- Barbara Anderson, Ph.D., personal communication

Denial of Treatment: The Reality

Most prisons do not provide hormones, and some go to great lengths to avoid providing any treatment to transsexual inmates. Most transsexual inmates are not receiving appropriate medical and psychological care. Many repeatedly seek medical treatment, often for years, while enduring administrative harassment and difficult

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(Continued from page 7) **Treatment Issues**

court battles in the pursuit of basic medical and civil rights.

Prisons that do provide treatment frequently have policies which allow for treatment of those who were treated prior to incarceration, but fail to address the medical needs of those who develop Gender Identity Disorder during incarceration or who have no documented proof of their pre-incarceration transsexualism. Officials often claim that only those inmates who were diagnosed with Gender Identity Disorder and placed on hormones before incarceration are eligible for hormones in prison. They sometimes maintain that the prison does not afford the opportunity for the real life experience required by the Standards of Care-- conveniently ignoring the fact that many MTF transsexual inmates consistently maintain their female identity year after year in an all-male facility.

Socioeconomic factors are another common reason given for denying medical treatment. Many transsexual persons cannot afford to seek treatment for Gender Identity Disorder while in the community-- the more so since community treatment programs are scarce. As a consequence, they are often forced to seek dangerous black market hormones and even surgical procedures. Transsexual inmates then discover their inability to secure community treatment outside the prison translates into an inability to produce the documentation needed to secure treatment while incarcerated. Repeatedly, I've found this to be so, even for MTF transsexuals who have obvious hormone-enhanced feminine characteristics and have lived as women for years.

Prison officials may state that because an inmate has a history of prostitution he or she doesn't need treatment. This is shortsighted, particularly since the vast majority of transsexual inmates who become involved in prostitution do so because of reduced opportunities for employment and education. Where is an undereducated, impoverished transsexual without marketable skills to find employment and community resources? Racial makeup also can exacerbate this situation; persons of color are incarcerated in disproportionate numbers.

Transsexual inmates are sometimes denied hormone treatment because prison

officials contend they are homosexual.

Recently, a MTF transsexual with a significant amount of experience living as a woman was denied hormones for this reason. An AASECT-certified psychologist testified that earlier a medical doctor unfamiliar with Gender Identity Disorder had wrongly classified the transsexual individual as gay; thus, the witness testified, the transsexual certainly must be so.

I concluded that the expert witness for the prison had either intentionally misdiagnosed the transsexual woman or was incompetent. Any care provider familiar with the Diagnostic and Statistical Manual (DSM-IVTR) of the American Psychiatric Association should be able to recognize that there is a specific distinction between a person's gender identity and sexual orientation. Gender identity refers to the way a person experiences and presents him or herself to the world. It is a construct of self-identity. Sexual orientation refers to those whom a person finds sexually arousing or attractive. Those who persistently and consistently state that they are suffering symptoms of gender dysphoria and continuously implore physicians to provide hormone treatment are in all likelihood transsexual. Differential diagnosis between transsexuals and gay males is possible by referring to the *DSM-IV*, HBGIDA Standards of Care, *Transgender Care*, and other easily obtainable resources.

Many times prison officials will claim Gender Identity Disorder simply does not exist at all. However, even a cursory examination of inmate medical records will reveal patients who are suffering tremendously and who have made repeated cries for medical treatment. Left untreated, Gender Identity Disorder can become so severe that transsexual inmates will show severe depression, suicidal ideation, self-mutilation, and even psychosis.

Regrettably, many doctors who fail to treat Gender Identity Disorder also fail to treat associated mental health disorders requiring psychotropic medication. A physician's failure to evaluate, diagnose and provide treatment when it is medically necessary, as in these instances, is behaving unethically and is in violation of human and civil rights.

Prison officials often contend transsexuals start and then stop treatment regimens. Medication compliance in inmates with medical and mental illnesses has long

been an issue familiar to prison officials and physicians. This is first dealt with by treating those with the most need, then providing to those who ask for medications, and finally, by addressing the medication needs of the non-compliant. Given the severity of symptoms associated with Gender Identity Disorder, any ethical care provider should ascertain that a need exists which outweighs less important issues such as potential noncompliance.

At their heart, policies which deny treatment of transsexuals and the expert witnesses who support them represent the insidious evil which so characterizes deliberate indifference. Prison officials have the knowledge that treatment is medically necessary, but create barriers to prevent the most needy from getting it.

Protocol for Hormones Administration

What is the appropriate protocol for hormone administration for inmates with Gender Identity Disorder? In male-to-female (MTF) transsexuals, hormone administration consists of a carefully-selected regimen of estrogen or estradiol and an anti-androgenizing progesterone, and in some cases an anti-androgen. According to Israel & Tarver (1998), sample regimens include conjugated estrogen (Premarin 2.5 - 7.5 mg/day) or Ethinyl Estradiol (0.1 - 0.5 mg/day) and medroxyprogesterone (Provera 2.5 - 10 mg/day). MTF patients over age 40 should receive the Estradiol or Estraderm patch product as a replacement for conjugated Estrogen (Premarin) to reduce the possibility of thrombosis (Estraderm 50 - 100 mg applied to skin twice weekly).

Hormone administration in female-to-male (FTM) transsexuals consists of injectable testosterone cypionate or testosterone enanthate (200mg/ twice monthly). Alternatively, FTM individuals can receive transdermal testosterone (two patches providing 5.0 mgs of testosterone daily).

FTM inmates receive hormones even less often than MTF transsexuals. It would seem that prisons don't wish to masculinize inmates, as if this would encourage behavioral problems. However, correct hormone administration with FTM inmates would most likely reduce behavioral problems, since correct treatment of Gender Identity Disorder promotes the stabilization of mental

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equilibrium and gender identity.

The preceding regimens are conservative in terms of dosage and expense. Contraindications are no greater than those of other standard medical prescriptions, with correct monitoring of patient health and routine blood laboratory testing. Physicians are reminded to refer to the manufacturer's label for updates (see Israel & Tarver, 1998, pp. 62-65, 67).

In providing hormones to transsexual inmates, prison officials may at times fall victim to the belief that the blood laboratory testing which accompanies a carefully selected regimen is too complicated for physicians. However, such testing in transsexuals is no more complicated than that associated with medications such as lithium, insulin, or anti-viral administration. The prescription of hormones to transsexuals and accompanying periodic blood testing are routine medical procedures that can be provided by a general practice physician, endocrinologist, or psychiatrist. All physicians are trained in reading blood laboratory test results and are capable of determining when a MTF's hormone levels have been adjusted to therapeutic ranges found in pre-menopausal nontranssexual women (estrogen 400 - 800 pg/ml, testosterone 25 - 95 ng/dl); or when an FTM's hormone levels have been adjusted to ranges found in nontranssexual males (testosterone 225 - 900 ng/dl - estrogen ,40 pg/ml).

Legal Remedies

Most civil actions filed by or on behalf of inmates never reach courts. This is because civil action complaints are eliminated through a strict selection process based on legal merit. More often than not, transsexual inmates simply don't have the resources and sophistication to navigate their way through the maze. Moreover, prison officials and their medical experts will do everything possible to prevent a case from being heard, even going so far as to promulgate incorrect or unethical information. I recently reviewed a case filed in federal court, to discover that in an effort to have the case dismissed and continue denying treatment to the inmates, the prison's medical experts had filed medical statements which repeatedly ex-

ploited stereotypes about transsexual persons.

Transsexuals and their legal counsel should be certain their case has legal merit and the parties involved are actually accountable. Otherwise, there is risk of wasting time and resources. Recently, during my review of a transsexual inmate medication case on appeal, I observed that the justices had ruled that the transsexual was not entitled to her day in court because a medical director was not directly responsible for the woman's actual treatment. A medical director by definition, is responsible for enforcing and developing policies which address the medical needs of his or her charges. However, the court did not find the medical director to be individually responsible.

Those interested in pursuing a deliberate indifference case should consult an attorney or law library. Proper legal resources can provide instruction on the use of medical declarations and compilation of evidence in cases. Inmates should always use certified mail when sending correspondence to document medication requests, and should store copies of their records with a reliable family member or friend in the outside community.

Clearly, pursuing medical treatments by way of the courts is not always effective; however for desperate persons affected with Gender Identity Disorder, judges need to be aware that those seeking treatment are appealing to the court of last resort.

The ease with which hormone administration can be provided and the refusal of prison officials to provide it raises an important question: Is the lack of medical treatment of transsexual inmates a case of deliberate indifference? I and other care providers are outraged by the degree to which prison officials will ignore their own policies, circumvent the law, and invest enormous resources to prevent transsexuals inmates from receiving medical treatment. We believe this is deliberate indifference.

Unless we strive to protect the human and civil rights of our most neglected and disempowered citizens, we risk a corrupt society which provides for and protects only those in power.

Gianna Israel has provided telephone consultation, individual counsel-

ing, and gender-specialized evaluations and recommendations since 1988. She also provides expert services in child-custody and legal-forensic mental health cases. Ms. Israel is principal author of *Transgender Care* and a regular contributor to *TG-Forum.com* and *Transgender Tapestry*. She is a HBGDA member. Contact her at 415/558-8058, P.O. Box 424447, San Francisco, CA 94142, or via e-mail at Gianna@counselsuite.com. A library of her writings can be found at <http://www.counselsuite.com>.

References: *Standards of Care for the Treatment of Gender Identity Disorder*, Harry Benjamin International Gender Dysphoria Association, Inc., Revision 6, www.symposium.com.

Transgender care: Recommended guidelines, practical information, and personal accounts, Israel, G. & Tarver, D., Philadelphia, PA: Temple University Press (1998).

Case Law Supporting Transsexual Inmate Medication And Placement Issues.

Farmer v. Brennan, 128 L. Ed.2d 811 (1994). U.S. Supreme Court held that prison officials could be held liable for exposing transsexual inmate to excessive risk of sexual assault. This case also further defines the legal definition of deliberate indifference.

South v. Gomez, (US District Court, Sacramento, 1999 No. S-951070DFL-DAD). Appeals Court upheld earlier federal court findings which concluded that California Department of Corrections officials had violated a transsexual plaintiff's constitutional right to be free of cruel and unusual punishment by deliberately withholding necessary medical care. Case shows instance of one CDC facility withholding hormonal medication after inmate had been receiving such from another CDC facility.

Phillips v. Michigan, Department of Corrections (US District Court, Michigan, 1990 No. G88-693CA1). Court found in favor of transsexual plaintiff, and held that the inmate suffered from "serious medical need," within meaning of Eighth Amendment prohibition against cruel and unusual punishment,

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(Continued from page 9) **Treatment Issues** and went on to order a preliminary injunctions ordering correctional officials to provide her estrogen therapy.

Meriwether v. Faulkner, (7th Cir 1987) Court found transsexual inmate entitled to medical treatment, and transsexuals were distinguishable from homosexuals and transvestites.

Estelle v. Gamble, (US Supreme Court. An important case in which the court warned that "the denial of medical care can result in physical torture or pain without a penological purpose."

Supre v. Ricketts, (US Court of Appeals 10th circuit, 1986). Unusual case in which background information demonstrated that prison authorities provided plaintiff castration after self-mutilation and injury resulting from Gender Identity Disorder. No specific court findings appear of interest.

***Deanna Fortune #1119411
Anamosa State Penitentiary
406 North High Street
PO Box 10
Anamosa, IA 52205-0010**

[*New mailing address. Ed.] Hello again from Iowa. I have received with pleasure the *GIC TIP Journal* and the survey.

First, let me say your work always impresses me. I don't think words alone can express my gratitude for allowing me to be a part of the Journal. As I have shared the Journal with my friends and included it in my studies, it has helped me become a better person and to achieve balance in my life.

Thank you so much for the professional referrals. I am praying that one of them will work with me. These issues take a lot of explaining, and where the courts and the DOC are concerned, it must be done in a professional manner. Thanks also for the personal note. It was like a breath of fresh air, after all the frustration I have had in my dealings with the DOC, the courts and the counselors in here.

The new trend here in Iowa seems to be one of shuffling the inmates around to different prisons to avoid getting caught by the feds for overcrowding.

I recently received a letter from Craig Curry out of Salem, Oregon, but because the letter was from another state institu-

tion, I was not allowed to respond. Iowa does not allow correspondence with other state institutions. Individuals wishing to contact me will have to go through Mr. Jimmerson:

Jim Jimmerson
PO Box 153
Hubbard, NE 68741-0153

"Was Pre-op", Ms. Linda Patricia Thompson and other persons writing to me, I am not ignoring you. It is just very difficult to get letters to and from other prisoners and other state institutions. Unless I can get a waiver from the warden, I won't be permitted to reply.

Thanks again to the *GIC TIP Journal* for being there and for filling in the gaps. I only hope I can figure out a way to help others the way you have helped me.

I understand that you need a lot more sisters to help with the survey. Unfortunately – or perhaps fortunately - I am not aware of any others here.

This is a max camp where I am now. Maybe because I pushed things a little too hard is why they asked me to move here. Other than that, I really didn't get into any trouble. In any case, I am pursuing my complaint over the lack of treatment and the safety issue.

My attorney let me know up front that these types of cases are difficult. I have to prove that they knew in advance of the problems and then deliberately did nothing.

I am hoping to get a single cell soon. I spoke to my counselor and told him that I could really not afford another altercation. His attitude seems to be that it is my tough luck and that I have to learn to deal with it. I have put it all on record and in writing this time, so they can't plead ignorance.

The downside to this is they may try to put me in involuntary segregation, but that is fine, because it is not permanent. They just insist on being hard-headed about this, and it is not like I am refusing to work or participate in any groups. Blessing always – Deanna

**R. "Cella" Fonda
3704 Prince Andrew Lane
Virginia Beach, VA 23452**

I was very touched by the personal letter and the other materials you sent to me.

I will be returning the survey in the

near future, and I have some other names and addresses of people that I know would like to participate. I will also make an effort to talk to some of the sisters here and encourage them to do the same. I think this is an excellent study and definitely an area that is neglected by prison authorities.

I am sure that you and your readers are familiar with our sister, Ophelia Dèlonta. Well, she is my current partner here at Nottoway. She has given me so much support and advice about the feelings I am experiencing, and I love her to death.

Ophelia is also being represented by the ACLU in a lawsuit against the DOC for their failure to provide appropriate medical care. She is making good progress with her suit, which should be encouraging to others.

I noticed in the newsletter that "Was Pre-op" sent Ophelia a seven page letter to Ophelia in April. She did not receive it. They have changed their policy here in Virginia and have a five page limit on correspondence. I will try to get Ophelia to write back, so our sister will know how to contact her directly. As an alternative, we can go through a third party. Send those letters to Ophelia in care of the address listed in the heading of this article.

I would also appreciate it if you would include that address in your pen pal section, so that others could write me too.

In closing, let me say that I was very impressed with your newsletter, and particularly by the added personal touch of a letter from you. Please tell Gianna hello and that I very much appreciate her efforts to help us. Thank you for making me feel so welcome, and you will be hearing from me again real soon.

**Razjohn Monique Smyer #0209866
PO Box 4918
Englewood, CO 80155-4918**

Dear *TIP Journal*, please allow me to re-introduce myself. My new legal name is Shakria Monique Smyer, and I used to receive your newsletter under the name of Shakria Razjohn Smyer.

Currently, I am in the Arapahoe County Jail, booked under the name

(Continued on page 11)

(Continued from page 10) **Monique Razjohn Monique Smyer** and with a booking number of 0209866. I am still receiving hormones, and Dr. Garlic is also willing to administer, at my request, a testosterone blocker, which is, I believe, something called "progesterone". Anyway, neither I nor Dr. Garlic know if this is correct or how much to prescribe.

I vaguely remember reading about it in the newsletter, and I was wondering if I could have my doctor send you a release so that you can provide him with information about the name of the drug and the correct dosage.

This would be a big help to me. I trust that you have some knowledge on the matter, and all I need is your suggestions to my doctor. Soon you will receive a fax request to that effect from my doctor.

In perfect love and perfect trust –
Razjohn Monique Smyer

[My understanding is that "Spironolactone" is usually what is prescribed as a testosterone blocker. Assuming that I represent the average, the prescribed dosage is 100 MG twice daily. However, Dr. Garlic should contact the following physician to find out the medical protocols for determining the correct dosage and the contra-indications. Ed.]

Anna Wegleitner, MD
2020 S. Oneida
Denver, CO 80204
Bus: (303) 759-4800

C.J. "Bunny" Yelle #W-68826
SBCC PO Box 8000
Shirley, MA 01464-8000

I was more than upset at the unconfirmed statement in the Winter 2001 issue that Dee Farmer had died of AIDS in prison. It is also untrue that her sister is suing the feds for wrongful death.

As a matter of fact, Ms. Farmer has a claim pending in court, *Farmer v. Perrill* cite 2001, and had another claim [*Farmer v. Perrill* 2002 C.A.10 (Colo.) 2002 WL854048] which was decided on May 3, 2002.

To propagate false information about such a prominent, well respected and loved member of our community is cruel and inexcusable.

[Ed. Ms. Israel gives this as the last known address for Dee Farmer. Ed.]

Dee Deidre Farmer #23288-037
FCI Englewood
9595 W. Quincy Ave.
Littleton, CO 80123

[Coming soon! Bunny's complete revised legal guide of TG case law. Ed.]

Ms. Elisabeth D. Hussey
PO Box 466
Gardner, MA 01440-0466

Thanks for your letter, the PFLAG pamphlets, the survey and the summer issue of the *GIC TIP Journal*. I am going to get to the survey as soon as I can get some more stamps.

I am also going to write to Valjean as soon as possible. I was very glad, ecstatic even, to learn that I am not the only Christian MTF transsexual in prison.

Enclosed are those cases I told you about last time. [*Pat Doe v. John Yunits, et als – Plaintiff Pat Doe brought this action by her next friend, Jane Doe, requesting that this court prohibit defendants from excluding the plaintiff from South Junior High Scholl, Brockton, MA, on the basis of the plaintiff's sex, disability, or gender identity and expression. Plaintiff's motion for a preliminary injunction was allowed.*]

Have any of the gals seen either the August 2002 or the June 2002 issues of *Glamour* magazine? In June there was an article entitled, "When my father became a Woman." In the August issue, there was a letter from another daughter of a MTF transsexual that your readers might also want to check out.

I was reading the #93 *Transgender Tapestry*, and I came across another interesting piece by Ms. Katherine K. Wilson on autogynephelia. [*Autogynephilia means, "the love of one's self as a woman." It proposed by Ray Blanchard, M.D., of the Toronto Clarke Institute in 1989 to explain the cause of transsexualism among MTF's who are not sexually attracted to men.*] At first, I agreed with Blanchard, but after reading more about it, I must admit that I really didn't give it much thought. Now, after having thought about it, I agree with Ms. Wilson and the others who are against it. I think the readers of the *GIC TIP Journal* ought to be advised of this issue and be pre-

pared to deal with the prejudice it causes. I like the pen pal idea. Sign me up. For your Christian readers, there are a couple of groups that have been extremely helpful to me:

More Light Presbyterians
Michael J. Adee, MDiv, Ph.D.
National Field Organizer
369 Montezuma Ave., PMB #447
Santa Fe, NM 87501-2626

More Light Update
Elder James D. Anderson, Editor
PO Box 38
New Brunswick, NJ 08903—0038

Sarah J. Babcock #995087
Stafford Creel Correction Center
191 Constantine Way
IMU FN B-21
Aberdeen, WA 98520

Just a note to say, I received the summer issue of the *GIC TIP Journal* and enjoyed it from cover to cover. I completed the survey and sent it back already.

Your Trans-Prisoner Survey is the best attempt to help trans-prisoners that I have ever seen. Once completed, it promises to be a very powerful tool for stopping the abuses of trans-prisoners by state and federal institutions. I was more than nappy to take a few minutes to fill it out and send it in. Thank you for including me.

Another fringe benefit of being a subscriber to the journal is the sharing of community resources with the other prisoners. To further encourage this sharing of knowledge, I have included some that have proven to be useful for me. As a friend of mine put it, "It helps make time to serve me, instead of just [me] serving time."

United Nations
1st Avenue & 42nd Street
New York, NY 10004

(Ask for Human Rights pamphlets 1 through 2d and information pertinent to the World Court. Allow a little over one month for a response.)

ACLU
125 Broad Street
New York, NY 10004
(Ask for ACLU Position – Prisoner's

(Continued on page 12)

(Continued from page 11) Sarah J. Babcock Rights. It is free to prisoners and costs \$1 for others. Allow about a month for delivery.)

TAO (Transformational Assistance for Offenders)

11 Irving Street
Revere, MA 02151 -5232

(Send a \$.37 stamp along with name and address for their newsletter on spirituality issues and healing meditation. Allow about three weeks for delivery. They also send books on these subjects too.)

Human Kindness Foundation
PO Box 61619
Durham, NC 27715

www.humankindness.org

(They will send 2 free books or catalogue of other hard to find spiritual books. Allow one month for delivery.)

Lewisburg Prison Project
PO Box 198
Lewisburg, PA 17837

(They distribute a variety of legal bulletins and legal publications at a minimal cost. Accepts stamps as payment. Write for a free list of materials offered. Responds very quickly. This is good stuff, especially if you cannot afford the more expensive self-help manuals. It will come legal mail.)

Siddha Yoga Meditation Prison Project
STDA Foundation
PO Box 99140

Emeryville, CA 94662

E-Mail: prison@oaklandsyda.org

www.oaklandsyda.org.mycommunitv/prisonproject

(Receive free 12 year Siddha Yoga correspondent course and additional materials and assistance. This is one of my favorites. Allow about one month for delivery.)

Epimethian Press
PO Box 2143

Colorado Springs, CO 80901

E-Mail: info@epimethian.org

www.epimethian.org

Kim @ Prison Pals

PO Box 72823

Las Vegas, Nevada 89107-2823

(Kim @ Prison Pen Pals: Send self-addressed stamped envelope and ask for information. They will send a catalogue. It will cost you four postage stamps or four pre-franked envelopes to be listed

on the internet through this outfit. Send for information first.)

In Sisterhood—Best wishes to all and blessed be—Sarah J. Babcock

YOU ARE A WANTED PERSON: PEN PAL SECTION

The following are the names and addresses of prisoners and friends of prisoners who are looking for pen pals. Some are not transgendered and, in addition to the correspondence, are interested in forming a relationship with transgendered or inter-sexed persons, which I have tired to indicate by an asterisk.*

Caution: *Our assumption is that those included in this section, as well as those who might respond to them, have good intentions. However, should you decide to accept their offer, you do so entirely at your own risk. With no disrespect intended, our first concern is for your safety and privacy.*

Also, please note that there was not enough room to include everyone. Some,

**Jamahl Bird "Tamyca" #W-68230
SBCC PO Box 8000
Shirley, MA 01464-8000**

***James Fisher H-54073
PO Box 7500
Crescent City, CA 95532-7500**

***Jean Gann
E-23852 D2-222
PO Box 7500
Crescent City, CA 95531
[No inmate correspondence]**

**D. Gann #E-23852
D2-222
PO Box 7500
Crescent City, CA 95532**

**Francis Gerry #227497-E1204
Mayo Correctional Institution
POP Box 448
Mayo, FL 32066**

**Jerry D. Green "Kerri" #782210
PO Box 9200
New Boston, TX 75570**

**Kim @ Prison Pals
PO Box 72823
Las Vegas, Nevada 89107-2823**
[Pen Pals: Send self-addressed stamped envelope and ask for information. They will send a catalogue. It will cost you four postage stamps of pre-franked envelopes to be listed on the internet through this outfit. Send for information first.]

***Edwin Pineda
ADC # 143801 B-1-D-35
SMIU
PO Box 4000
Florence, AZ 85232**

**J. Sandefur
PO Box 3242
Camp Verde, AZ 86322**

***Stafford Creek Corrections Center
Michael L. Weatherman #749768,
H2-B-046L
191 Constantine way
Aberdeen, WA 9852**

**J. "Jina" Scriptor #131091
KMCC-PO Box 710
Keen Mountain, VA 24624**

***Keith Tiemeyer #637699
3060 FM 3514
Beaumont, TX 77705**

***Gary Williams #CW-6473
PO Box 200
Camp Hill, PA 17001-0200**

**Ms. Shelli Wright #102077
Kentucky Reformatory
300 West Hwy. 146
La Grange, KY 40032**

**C.J. "Bunny" Yelle #W-68826
SBCC PO Box 8000
Shirley, MA 01464-8000**