

## TRANSGENDER POLICY OF DENIAL

As you very well know, CDCR has created a wall when it comes to its prisoner's medical care; they no longer treat prisoners as patients when there is a legitimate medical need, instead, CDCR has a custom or policy of denial which follows the real mantra of correctional goals, profit, not costly medical care.

Regardless of the motivations for these denial policies, the facts are unmistakable in that we, as transgender prisoner/patients, have been denied certain viable treatments for GID as a whole group.

GID patients are treated according to the Standards of Care as described by WPATH.org, which describes a triadic sequence of options in treating GID patients worldwide.

CDCR doctors routinely reject the recommendations from specialist who perform consultative examinations. More distressing is the fact that recommendations from a specialist are rare to nonexistent, even though the need to see a specialist is clearly evidenced by the GID patient's continued suffering. The current policy of treatment is HRT, or Hormone Replacement Therapy, and it's used as a silver bullet approach despite the individual needs assessment criteria established by convention.

One of the treatment options for GID patients include "Real life experience," (RLE). CDCR policy for male institutions will not allow for this option, citing institutional security as grounds for denial.

Another approach in the more severe cases of GID is sexual surgery to conform the patient to his or her identified gender. This option is off the table for prisoners within CDCR as it is not covered by California Correctional Health Care Services (CCHCS).

Some prisoners with this crippling dysphoria suffer for years before ultimately cutting themselves in an attempt to self-castrate. However, this action, as it is becoming more and more a common occurrence inside the state's prisons, still does not get the attention it deserves.

Copping with the condition sometimes entails fighting the system that refuses to treat it. I have seen many federal cases file by prisoners in several states in the country, but few have received relief from their suffering because of the legal standards that must

be met by the plaintiff of a civil suit. Moreover, these cases are brought to the courts by the prisoner, in pro se, which means that the odds are forever stacked against them.

The California cases I've seen all share a common argument against the plaintiff, that is the patient can't expect to get the preferred treatment of his or her choice, and insisting upon it, with nothing else in the way of proof, will warrant a swift dismissal of the claim.

Case after case, CDCR has won a dismissal of an action because the claim of the plaintiff/patient lacked articulation of facts indicative of medical necessity, and absent a showing of damage, (or potential for damage) courts will continue to support the prison's motion to dismiss.

Even when there is clear evidence that CDCR is blocking access to a specialist, or is refusing a certain type of treatment in deference to an unspoken practice or policy, GID plaintiffs stand a better chance if they can show that injury will result if their medical needs are not met.

Courts still do recognize that GID is a serious medical condition which can lead to injury or death if not treated adequately. However, we must prove the injury is very likely to occur as a result of CDCR's policy of denial. It is not enough to rely on the Standards of Care for transgender medical treatment within the correctional setting, even though WPATH sets the standards for worldwide transgender policy, both outside and inside the institutional setting. California prisons are allowed to set the bar on the type of treatment they will administer, regardless of the guidelines and community standards in conventional practice throughout the world. I struggle to see how this has been a reality for so long; that CDCR could defeat civil complaints based on federal constitutional standards, without conceding that they have violated the civil rights of GID patients by denying them the right to consult with specialist in the GID field. Even the foot doctor is consulted when there is a problem with the foot, but for GID's, the doctor who is practically ignorant of transgender issues and treatments is allowed to deny/reject/cancel treatment, without so much as a peep from a qualified medical professional.