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Description of document: Memoranda located at the Federal Bureau of Prisons (BOP) Headquarters relating to Gender Identification Disorder (GID), 2010-2011

Requested date: 2013

Released date: 12-June-2013

Posted date: 29-July-2013

Source of document: FOIA/Privacy Office
Federal Bureau of Prisons
320 First Street. NW
Room 936, HOLC Building
Washington, D.C. 20534

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**U.S. Department of Justice
Federal Bureau of Prisons**

June 12, 2013

For Further Inquiry Contact:
U.S. Department of Justice
Federal Bureau of Prisons
Office of the General Counsel
FOIA West Satellite Office
Attn: Alex White, FOIA Specialist
1300 Metropolitan Ave.
Leavenworth, KS 66048

Re: BOP Information Request No. 2013-08111

This is in response to your Freedom of Information Act (FOIA) request you submitted to the Bureau of Prisons (BOP). Specifically, you requested a copy of all directives, procedures, policies and memos located at the BOP Headquarters relating to Gender Identification Disorder (GID).

In response to your request, BOP staff located and forwarded seven (7) pages responsive to your request to this office for a release determination. After careful review, we have determined that all seven (7) pages can be released to you in full with no redactions.

I trust that this letter has been responsive to your request. Please refer questions or concerns to Alex White, FOIA Specialist at the above listed contact information.

Sincerely,

A handwritten signature in cursive script that reads "A. White".

Alex White, for
Wanda M. Hunt
Chief, FOIA/PA Section

Enclosure(s): 7 pages

cc: File



U.S. Department of Justice

Federal Bureau of Prisons

Washington, D.C. 20534

AUG 5 - 2011

MEMORANDUM FOR REGIONAL DIRECTORS

FROM:

for Kimberly
Charles E. Samuels, Jr., Assistant Director
Correctional Programs Division

SUBJECT: Nominees to Participate in Training Opportunity

The Psychology Services Branch is offering a training opportunity to enhance psychologists' expertise in the assessment and treatment of Gender Identity Disorder (GID). This training opportunity will include attending the World Professional Association for Transgender Health (WPATH) Biennial International Symposium, September 26-27, 2011, in Atlanta, Georgia. Participants will also attend a meeting on September 28, 2011 to discuss the management of GID individuals in a correctional setting. Travel days will be September 25 and 28, 2011.

The Psychology Services Branch is seeking 1-2 nominees per region to participate in this training opportunity. Nominees should be psychologists working in institutions which currently house inmates with GID (see attached list) or Regional Psychology Services Administrators.

The Central Office will fund travel expenses and registration for the participants. Once nominees are received, an e-mail will be sent to the participants regarding registration and travel procedures.

If you have any questions, please contact me.

Attachment

Institutions Housing Inmates with Gender Identity Disorder

MXR: FCC Butner, FCI Cumberland, FCI Gilmer, USP Hazelton,
USP McCreary, FCC Petersburg

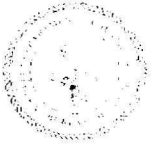
NCR: USP Marion, USMCFP Springfield

NER: FCI Danbury, FCI Fort Dix, FCI Loretto, FCI Raybrook

SCR: FMC Carswell, FCC Forrest City, FCI Fort Worth, FCI La Tuna,
FCI Oakdale

SER: USP Atlanta, FCC Coleman, FCI Edgefield, FDC Miami,
FCI Marianna, FCI Talladega

WXR: USP Atwater, FCI Dublin, FCI Herlong, FDC Honolulu,
FDC Seatac, FCC Tucson, FCC Victorville



U.S. Department of Justice


Federal Bureau of Prisons

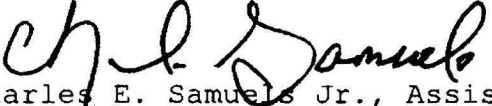
Washington, DC 20534

May 31, 2011

MEMORANDUM FOR CHIEF EXECUTIVE OFFICERS

FROM:


RADM Newton E. Kendig, Assistant Director
Health Services Division


Charles E. Samuels Jr., Assistant Director
Correctional Programs Division

SUBJECT: Gender Identity Disorder Evaluation and Treatment

This memorandum provides additional clarification for the evaluation and treatment of inmates with Gender Identity Disorder (GID), and should be read in conjunction with guidance provided in June, 2010 (attached). This memorandum should be distributed and implemented immediately, and applies to inmates currently in Bureau of Prisons (Bureau) custody. This memorandum will be incorporated into the national program statement as soon as possible.

Inmates with a possible diagnosis of GID, including inmates who assert they have GID, will receive thorough medical and mental health evaluations from medical professionals with basic competence in the assessment of the DSM-IV/ICD-10 sexual disorders and who have participated in BOP's GID training, including the review of all available community health records. The evaluation will include an assessment of the inmate's treatment and life experiences prior to incarceration as well as experiences during incarceration (including hormone therapy, completed or in-process surgical interventions, real life experience consistent with the inmate's gender identity, private expressions that conform to the preferred gender, and

counseling). If a diagnosis of GID is reached, a proposed treatment plan will be developed which promotes the physical and mental stability of the patient. The development of the treatment plan is not solely dependent on services provided or the inmate's life experiences prior to incarceration. The treatment plan may include elements or services that were, or were not, provided prior to incarceration, including, but not limited to: those elements of the real life experience consistent with the prison environment, hormone therapy and counseling. Treatment plans will be reviewed regularly and updated as necessary.

Current, accepted standards of care will be used as a reference for developing the treatment plan. All appropriate treatment options prescribed for inmates with GID in currently accepted standards of care will be taken into consideration during evaluation by the appropriate medical and mental health care staff. Each treatment plan or denial of treatment must be reviewed by the Medical Director or BOP Chief Psychiatrist. Hormone therapy must be requested through the non-formulary review process, and approved by the Medical Director and/or BOP Chief Psychiatrist. Consultation with the Chief of Psychology prior to such approval may be appropriate in some cases.

In summary, inmates in the custody of the Bureau with a possible diagnosis of GID will receive a current individualized assessment and evaluation. Treatment options will not be precluded solely due to level of services received, or lack of services, prior to incarceration.

cc: Regional Health Service Administrators
Regional Psychology Services Administrators
Chief of Pharmacy



U.S. Department of Justice


Federal Bureau of Prisons

Washington, D.C. 20534

June 15, 2010

MEMORANDUM FOR CHIEF EXECUTIVE OFFICERS

FROM:


RADM Newton E. Kendig
Assistant Director/Medical Director


D. Scott Dodrill
Assistant Director
Correctional Programs Division

SUBJECT: Gender Identity Disorder Evaluation and Treatment

This memorandum provides clarification for the evaluation and treatment of inmates with Gender Identity Disorder (GID). This memorandum should be distributed and implemented immediately, and applies to inmates currently in Bureau of Prisons (Bureau) custody. This memorandum will be incorporated into the national program statement as soon as possible.

Current Bureau policy regarding inmates with GID is located at Program Statement 6031.01 (1/15/05), Patient Care, section 30, and states, in relevant part:

Inmates with Gender Identity Disorder.

Inmates who have undergone treatment for gender identity disorder will be maintained only at the level of change which existed when they were incarcerated in the Bureau. Such inmates will receive thorough medical and mental health evaluations, including the review of all available outside records.

- *The Medical Director will be consulted prior to continuing or implementing such treatment.*
- *The Medical Director must approve, in writing, hormone use for the maintenance of secondary sexual characteristics in writing.*

Effective immediately, the following guidance applies with regard to evaluation and treatment of inmates with GID:

- An inmate reporting a diagnosis of GID will be evaluated by Psychology and Health Services staff at their parent institution. Staff may also make a referral should an inmate appear to present secondary sexual characteristics of the opposite gender.
- Evaluating staff should make concerted effort to obtain the inmate's past medical and psychological records should the inmate consent.
- The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) should be consulted to assist in diagnosis.
- Should a GID diagnosis be made, continued psychological counseling will be offered if warranted, and requested by the inmate.
- Typically, an inmate will be maintained at the level of change existing upon admission to the Bureau of Prisons. Hormone therapy will be provided to maintain that level, and such therapy will continue should the inmate be transferred to another facility.
- The Chief of Psychiatry will consult with the Medical Director and Chief of Psychology to determine if advancement of therapy, such as beginning a hormone regimen or increasing a hormone dosage, or decreasing such therapy, is medically indicated. Each inmate will be individually evaluated on a case-by-case basis. Medication administration will be documented through the nonformulary review process. The approval of the Chief of Psychiatry is required.

cc: Regional Health Service Administrators
Regional Psychology Services Administrators
Chief of Pharmacy

If an inmate brings a personal hearing aid into the institution, after verification, he/she will be allowed to keep it. However, the inmate may not purchase a personal hearing aid once committed to an institution.

30. INMATES WITH GENDER IDENTITY DISORDER

Inmates with a possible diagnosis of Gender Identity Disorder (GID), including inmates who assert they have GID, will receive thorough medical and mental health evaluations from medical professionals with basic competence in the assessment of the DSM-IV/ICD-10 sexual disorders and who have participated in BOP's GID training, including the review of all available community health records. The evaluation will include an assessment of the inmate's treatment and life experiences prior to incarceration as well as experiences during incarceration (including hormone therapy, completed or in-process surgical interventions, real life experience consistent with the inmate's gender identity, private expressions that conform to the preferred gender, and counseling).

If a diagnosis of GID is reached, a proposed treatment plan will be developed which promotes the physical and mental stability of the patient. The development of the treatment plan is not solely dependent on services provided or the inmate's life experiences prior to incarceration. The treatment plan may include elements or services that were, or were not, provided prior to incarceration, including, but not limited to: those elements of the real life experience consistent with the prison environment, hormone therapy, and counseling. Treatment plans will be reviewed regularly and updated as necessary.

Current, accepted standards of care will be used as a reference for developing the treatment plan. All appropriate treatment options prescribed for inmates with GID in currently accepted standards of care will be taken into consideration during evaluation by the appropriate medical and mental health care staff. Each treatment plan or denial of treatment must be reviewed by the Medical Director or BOP Chief Psychiatrist. Hormone therapy must be requested through the non-formulary review process, and approved by the Medical Director and /or Chief Psychiatrist. Consultation with the Chief of Psychology prior to such approval may be appropriate in some cases.

In summary, inmates in the custody of the Bureau with a possible diagnosis of GID will receive a current individualized assessment and evaluation. Treatment options will not be precluded solely due to level of services received, or lack of services, prior to incarceration.

31. STERILIZATION

Inmates will not be sterilized, except for bona fide medical indications (e.g. as the result of surgical treatment for cancer of the reproductive organs).

32. DIALYSIS

Inmates with renal disease requiring dialysis (including peritoneal dialysis) will be referred to the Medical Designator for transfer to an MRC or other institution capable of providing dialysis.