

June 8, 2011

Secretary Janet Napolitano  
U.S. Department of Homeland Security  
Washington, D.C. 20528

John Morton  
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Review and Compliance  
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**Re: Civil Rights Complaints Filed by the National Immigrant Justice Center**

Dear Secretary Napolitano, Director Morton, and Officer Schlanger:

On behalf of the signatories below, Lambda Legal writes to support the civil rights complaints filed by the National Immigrant Justice Center (“NIJC”) on April 13, 2011, and to express serious concerns about the systemic mistreatment and abuse of lesbian, gay, bisexual and transgender (“LGBT”) individuals and people with HIV in immigration detention facilities. The treatment and conditions of confinement of LGBT immigrants and those with HIV are a matter of great public concern. Accordingly, this letter is joined by a broad coalition of national LGBT civil rights and immigrants’ rights organizations whose signatures appear at the end of this letter. A description of each organization’s expertise and activities is attached at Appendix A. We urge the U.S. Department of Homeland Security’s (“DHS”) Office for Civil Rights and Civil Liberties to conduct a careful and expedited review of NIJC’s civil rights complaints, and the systemic problems confronted by LGBT detainees on a regular basis. We also respectfully request that DHS work closely with stakeholders and Immigration and Customs Enforcement (“ICE”) field offices to adopt and implement reforms that will protect and preserve the civil rights of LGBT individuals and people with HIV.

## *Systemic LGBT Civil Rights Deprivations in Immigration Detention Facilities*

As a threshold matter, it is important to recognize that the instances of abuse identified by NIJC are not isolated incidents. NIJC's complaints outline egregious civil rights violations in immigration facilities in nine states across the country, but these instances are only a few examples of a widespread problem. *See Detention and Removal: Immigration Detainee Medical Care, Hearing Before the Subcomm. on Immigration, Citizenship, Refugees, Border Sec. and Int'l Law of the H. Comm. on the Judiciary*, 110th Cong. 1 (2007) (discussing reports of unsafe and inhumane medical treatment in immigration detention facilities); *see also* Dana Priest & Amy Goldstein, *System of Neglect*, WASHINGTON POST, May 11, 2008 (providing an extensive overview of medical neglect in immigration detention centers). Recent discussions with community groups have revealed a shocking number of instances where LGBT individuals and people with HIV have been subjected to serious mistreatment and civil rights deprivations. The pattern of abuse strongly indicates that the problems confronted by these populations in immigration detention facilities are pervasive, and that a large number of individuals are mistreated and abused across the country. *See, e.g.*, Nina Bernstein, *New Scrutiny as Immigrants Die in Custody*, NEW YORK TIMES, June 26, 2007 (noting that 62 immigrants died in immigration detention centers between 2004 and 2007); *see also* Darryl Fears, *Illegal Immigrants Received Poor Care in Jail, Lawyers Say*, WASHINGTON POST, June 13, 2007 ("scores of detainees have not received proper care, leading to disfigurement and even death"). Such a systemic problem must be addressed from an institutional perspective.

Specifically, there are four systemic problems that require the immediate adoption and implementation of measures to protect LGBT individuals and those with HIV in immigration detention facilities: 1) improperly housing LGBT individuals, including failing to assign transgender people to housing in accordance with their gender identity, deliberately segregating LGBT individuals, and unnecessarily placing LGBT inmates into solitary confinement; 2) denying medically necessary treatments for gender identity disorder, including access to hormone treatment for transgender individuals; 3) failing to meet minimum national standards for the treatment of HIV in a correctional setting; and 4) allowing the rampant sexual, physical and mental abuse of LGBT detainees. These serious civil rights deprivations are discussed in greater detail below.

### *1. Assignment and Confinement of LGBT Individuals in Detention Facilities*

DHS must develop written policies to guide detention facilities on where and how to house LGBT detainees. These determinations cannot be left to the whim of detention facilities, because they do not have the training, expertise, cultural competency and sensitivity to address the housing needs of LGBT detainees.

For most persons being assigned to sex-segregated housing based on their assigned birth sex is unproblematic. However, for transgender people, that is a dangerous policy. Transgender people should be placed in sex-segregated housing that takes into account their gender identity or lived gender. For most transgender persons, determining their gender identity or lived gender may be determined by taking into account any steps the person has taken towards gender transition, including living in the social role consistent with the person's gender identity,

hormone therapy, or surgical sex reassignment. See Harry Benjamin Int'l Gender Dysphoria Ass'n (renamed World Prof'l Ass'n for Transgender Health), *Standards of Care for Gender Identity Disorders* (6th version 2001) (hereinafter "*WPATH Standards of Care*"), available at <http://wpath.org/Documents2/socv6.pdf>. Any one of these steps or combination of steps would be sufficient to confirm a transgender detainee's gender identity or lived gender.

Under the current policy, most transgender individuals are housed according to their external sex organs. See, e.g., Sylvia Rivera Law Project, *It's War in Here: A Report of the Treatment of Transgender and Intersex People in New York State Men's Prisons* at 17 (2007), available at <http://srlp.org/files/warinhere.pdf> ("correction facilities are sex-segregated, and house prisoners according to their birth-assigned sex and/or genitalia"); The Equity Project, *Hidden Injustice: Lesbian, Gay, Bisexual, and Transgender Youth in Juvenile Courts* at 108 (2009) (hereinafter "*Hidden Injustice*"), available at [http://equalproject.org/pdfs/hidden\\_injustice.pdf](http://equalproject.org/pdfs/hidden_injustice.pdf) ("most secure facilities are segregated by sex"). The failure to assign transgender individuals to appropriate housing creates a serious risk that these individuals will be targeted for violence and mistreatment. See *Farmer v. Brennan*, 511 U.S. 825, 830-31 (1994) (correctional facility may be liable under the Eighth Amendment for improperly housing transgender person); see also *Crosby v. Reynolds*, 763 F. Supp. 666, 670 (D. Me. 1991) (approving detention facility's successful integration of a transgender woman with the general female inmate population).

Improper placement also causes significant mental and emotional harm to transgender people who are denied clothing and personal hygiene products in accordance with their gender identity. See *Hidden Injustice* at 109. Respecting a person's gender identity is a fundamental premise for the successful integration of transgender individuals in detention facilities. Therefore, it is critical that DHS develop policies that address the housing needs of transgender detainees, and ensure that they are assigned to housing that will provide them with the greatest degree of safety, which for many transgender people will mean housing that is in accordance with their gender identity keeping in mind that an individual assessment is necessary.

Additionally, LGBT people are often unnecessarily segregated<sup>1</sup> or isolated within immigration detention facilities. See NIJC's Complaint No. 2 at 1 (Alexis was held on 22-hour lockdown and segregated from other detainees); see also Alisa Solomon, *Nightmare in Miami*, VILLAGE VOICE, Mar. 19, 2002 (hereinafter "*Nightmare in Miami*"), available at <http://www.villagevoice.com/content/printVersion/168959> (transgender woman was placed in solitary confinement because immigration detention officials were unsure whether to house her with men or women). The practice of separating LGBT inmates from the general population purportedly protects LGBT individuals, but it does not serve any legitimate safety or security objectives. See The Commission on Safety and Abuse in America's Prisons, *Confronting Confinement* at 53, 57 (2006), available at [www.prisoncommission.org/pdfs/Confronting\\_Confinement.pdf](http://www.prisoncommission.org/pdfs/Confronting_Confinement.pdf) ("The overreliance on and inappropriate use of segregation hurts individual prisoners and officers;" and correctional systems must "ensure that segregated prisoners have regular and meaningful human contact and are free from extreme physical conditions that cause

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<sup>1</sup> Segregation is particularly problematic insofar as LGBT detainees may be placed in facilities with inferior support services and programs.

lasting harm.”); *see also* Atul Gawande, *Hellhole*, NEW YORKER, March 30, 2009, at 36 (“all human beings experience isolation as torture”).

Through deliberate segregation and isolation, detention facilities are prohibiting and eliminating LGBT individuals’ contact with other detainees, and confining individuals in locked cells for extended time periods. This seriously restricts LGBT detainees’ access to facilities and resources within detention centers, including religious services, telephones, bathrooms, showers, and other support programs. Since detention centers generally fail to provide educational, rehabilitative, and vocational programs to segregated and isolated detainees, LGBT individuals are excluded from these services solely on the basis of their sexual orientation. *See* *Tates v. Blanas*, No. 00-CIV-2539, 2003 U.S. Dist. LEXIS 26029, at \*12 (E.D. Cal. Mar. 11, 2003) (requiring that detention facility adopt and implement new procedures after finding that a transgender woman was strictly prohibited from talking to any other inmate, attending religious services, participating in outdoor activities or exercise, and only allowed to use the telephone or showers in the middle of night severely restricting her showers to one a week). Segregation and isolation are additional punitive measures imposed upon people – solely on the basis of their sexual orientation or gender identity – who have done nothing to warrant the punishments.

Ultimately, segregation and isolation render LGBT individuals more vulnerable to violence because they drastically reduce the number of potential witnesses who can report or help resolve instances of abuse. *See* *Nightmare in Miami* at 1 (transgender woman placed in solitary confinement was raped on two separate occasions by guards); *see also* *Meriwether v. Faulkner*, 821 F.2d 408, 415-17 (7th Cir. 1987) (finding that confinement of transgender woman in administrative segregation in the protective custody unit without access to recreational, educational, and rehabilitative resources could constitute cruel and unusual punishment). The deliberate segregation of LGBT individuals in immigration detention facilities solely on the basis of sexual orientation cannot be tolerated. *See* *Medina-Tejada v. Sacramento Cnty*, No. 04-CIV-138, 2006 U.S. Dist. LEXIS 7331, at \*1-2 (E.D. Cal. Feb. 27, 2006) (denying detention facility’s motion for summary judgment because transgender woman properly alleged that her classification for “total separation” and isolation violated the Fourteenth Amendment). DHS should create and implement written guidelines and protocols to ensure that LGBT people are not subjected to unnecessary and prolonged segregation or isolation.

## 2. *Access to Medically Necessary Treatments for Gender Identity Disorder*

Transgender people overwhelmingly report that they do not have access to medically necessary treatments for gender identity disorder, including hormone therapy in immigration detention facilities. *See* NIJC’s Complaint No. 2 at 5 (Alexis was denied access to hormone therapy); *see also* *Houston v. Trella*, No. 04-CIV-1393, 2006 WL 2772748, at \*5 (D.N.J. Sept. 22, 2006) (transgender woman was denied hormone therapy in immigration detention center, and noting that immigration officials oppose hormone therapy). In correctional settings, access to medical care should be based on an individualized assessment of what a person with gender identity disorder might require as a medically necessary treatment. *See* *Fields v. Smith*, 712 F. Supp. 2d 830, 862-63 (E.D. Wis. 2010) (finding that doctors in detention facilities must be allowed to “provid[e] the treatment that they have determined is medically necessary to treat” transgender inmates).

Notably, for many transgender individuals, hormones are a standard part of a healthcare regimen, and necessary for maintaining health. Yet, immigration detention centers confiscate hormones, and transgender individuals are denied hormone treatment even if they have been on hormones for an extended period of time before entering detention. Interrupting hormone therapy can cause serious physical and emotional harm. *See WPATH Standards of Care* at 14 (interruption of hormone therapy produces “undesired regression of hormonally-induced physical effects and the sense of desperation that may lead to depression, anxiety and suicidality”).

Incarcerated people, including transgender detainees, are entitled to have necessary medical care, whether they come in with a prescription for hormones or have a need for hormones while incarcerated. Notably, even the Federal Bureau of Prisons (“BOP”) is now adopting this approach to medically necessary treatments for gender identity disorder. *See Adams v. Federal Bureau of Prisons*, 716 F. Supp. 2d 107, 110-12 (D. Mass. 2010) (after refusing medical treatment for gender identity disorder to transgender woman who succeeded “in severing her penis with a razor,” BOP took “the position that [its] policy *does* allow the Medical Director to implement hormone treatment to those inmates who have not undergone such treatment prior to incarceration”) (emphasis in original); *see also Battista v. Clarke*, No. 10-1965, 2011 WL 1902165 (1st Cir. May 20, 2011) (requiring officials to provide hormone therapy and gender-appropriate clothing to a transgender woman in civil detention because refusal to provide medically necessary hormone therapy was unconstitutional under the Eighth and Fourteenth Amendments); *Brooks v. Berg*, 289 F. Supp. 2d 286, 289 (N.D.N.Y. 2003) (unreasonable to deny hormone treatment and other transgender medical care to inmate who manifests gender identity disorder for the first time while incarcerated).

DHS should adopt and implement a policy that allows for an individualized assessment of what a person with gender identity disorder might require as a medically necessary treatment, including providing access to hormone therapy in detention facilities.

### 3. *Access to HIV Medical Treatment*

People living with HIV, particularly those who are LGBT, continue to unnecessarily suffer – and even die – while in immigration detention facilities. There is widespread recognition that facilities are delaying access to HIV medication, and refusing medical care for known HIV infections. *See* NIJC’s Complaint No. 1 at 2-4 (Steve was not permitted to collect his HIV medication); *see also* Human Rights Watch, *Chronic Indifference: HIV/AIDS Services for Immigrants Detained by the United States*, Vol. 19, No. 5(G) at 19-45 (Dec. 2007) (hereinafter “*Chronic Indifference*”), available at <http://www.hrw.org/en/reports/2007/12/05/chronic-indifference> (identifying many instances across the country where immigration detention centers failed to deliver and distribute HIV medications). Many individuals are not diagnosed and treated until it is too late. *See* Sandra Hernandez, *A Lethal Limbo for Migrants*, LOS ANGELES TIMES, June 1, 2008 (reporting that Victoria Arellano died in an immigration detention facility after being denied HIV medication and treatment); Nina Bernstein, *Few Details on Immigrants Who Died in Custody*, NEW YORK TIMES, MAY 5, 2008 (reporting that immigration detainee died of undiagnosed meningitis and HIV); *see also Baires v. United States*,

No. 09-CIV-5171, 2011 U.S. Dist. LEXIS 48827, at \*1-2 (N.D. Cal. May 6, 2011) (alleging that immigration detainees living with HIV died while in custody because they received inadequate medical care and were deprived of HIV medications). These harrowing stories clearly show that people with HIV are being systematically denied proper medical care and treatment.

Continuity of care is particularly important for people living with HIV because the effectiveness of antiretroviral therapy (“ART”) depends on consistent viral suppression, which is compromised by “suboptimal adherence” to therapies. Judith A. Aberg, *et al.*, *Primary Care Guidelines for the Management of Persons Infected with Human Immunodeficiency Virus: 2009 Update by the HIV Medicine Association of the Infectious Diseases Society of America*, 49 *CLINICAL INFECTIOUS DISEASES* 651, 678 (2009). The U.S. Department of Health and Human Services (“HHS”) states in its antiretroviral guidelines that “[a]dherence to [ART] has been strongly correlated with HIV viral suppression, reduced rates of resistance, an increase in survival, and improved quality of life.” HHS Panel on Antiretroviral Guidelines for Adults and Adolescents, *Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents* at 121 (2011), available at <http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf> (emphasis in original). Inaction and deliberate indifference to the fate of people living with HIV constitute cruel and unusual punishment. *Estelle v. Gamble*, 429 U.S. 97 (1976) (individuals in correctional settings are entitled to reasonable medical care under the Eighth Amendment); see also *Montgomery v. Pinchak*, 294 F.3d 492 (3d Cir. 2002) (prison’s failure to provide medical treatment for inmate living with HIV can violate the Eighth Amendment).

Not surprisingly, studies have found that HIV medical treatment in immigration detention facilities fails to meet national recommended standards for the treatment of HIV in correctional settings. See *Chronic Indifference* at 49. To ensure that people living with HIV have access to appropriate medical treatment, DHS should, at a minimum, immediately implement and comply with clinical guidelines established by the Centers for Disease Control and Prevention (“CDC”) for the treatment of HIV. See CDC, *HIV Testing Implementation Guidance for Correctional Settings* (2009), available at [http://www.cdc.gov/hiv/topics/testing/resources/guidelines/correctional-settings/pdf/Correctional\\_Settings\\_Guidelines.pdf](http://www.cdc.gov/hiv/topics/testing/resources/guidelines/correctional-settings/pdf/Correctional_Settings_Guidelines.pdf).

Notably, immigration detention centers have displayed a lack of respect for the confidentiality of people with HIV. Unauthorized disclosure of a person’s HIV status to third parties is a serious problem in detention facilities. See NIJC’s Complaint No. 1 at 5 (officers publicly commented on Steve’s medical history and HIV status); see also *Chronic Indifference* at 20, 27-28 (finding that individual medical files are often visible to other detainees). Breaches of confidentiality expose people living with HIV to stigmatization, discrimination and harassment, all of which exacerbate health deterioration. *Id.* at 2, 20-21.

People living with HIV who are housed in facilities operated by BOP already have access to better medical care. *Id.* at 50 (finding that individuals who are placed in facilities operated by BOP “are subject to a different, and higher, standard of medical care”). BOP has implemented clinical guidelines. See *Management of HIV: Federal Bureau of Prisons Clinical Practices Guidelines* at 19 (2006), available at <http://www.bop.gov/news/PDFs/hiv.pdf> (noting that the

decision to discontinue antiretroviral medications should be weighed carefully by the inmate and his physician and that inmates taken off medications should be closely monitored for worsening immunosuppression). BOP's policy indicates that "decisions about initiating antiretroviral therapy should be made in conjunction with inmates, in accordance with [HHS] recommendations." *Id.* at 14.

Since many immigration detention centers have not implemented or enforced protocols for the treatment of HIV, there is a severe disparity in access to medical care for immigration detainees living with HIV who are housed in federal facilities subject to BOP regulations, and similarly situated immigration detainees who are housed in other detention facilities. A lack of uniformity and consistency in medical care among immigration detention centers creates distinct populations of immigration detainees living with HIV who are subject to a different level of medical treatment. To remedy this inequity, DHS should adhere to and enforce nationally accepted clinical protocols for the treatment of HIV in all its detention facilities. It is also crucial that all immigration detention centers immediately institute programs for HIV testing, education, and counseling. In the process of detaining and treating people living with HIV, DHS should also ensure that each individual's HIV status remains confidential to reduce the risk of discrimination and harassment.

#### 4. *Sexual, Physical and Mental Abuse*

LGBT detainees in immigration detention facilities experience pervasive sexual, physical, and mental abuse. *See* NIJC's Cover Letter to Complaints at 3 (Juan was sexually assaulted); NIJC's Complaint No. 1 at 2 (Steve was called a "faggot" and subjected to serious humiliation and abuse); Stop Prisoner Rape, *No Refuge Here: A First Look at Sexual Abuse in Immigration Detention* at 7 (2004), available at <http://www.justdetention.org/pdf/norefugehere.pdf> (identifying many instances of sexual abuse in immigration detention centers across the country). Detention officials are often complicit in this abuse and perpetrate the abuse. *See Nightmare in Miami* at 1 (transgender individual raped on two separate occasions by a guard while in solitary confinement). The risk of violence is amplified for transgender detainees. *See* Lori Sexton, et. al., *Where the Margins Meet: A Demographic Assessment of Transgender Inmates in Men's Prisons* at 3-4, June 10, 2009, available at <http://nicic.gov/Library/023837> (transgender persons are greater risk of violence and mistreatment).

Notably, the rampant sexual, physical and mental abuse in immigration detention centers exacerbates the physical and emotional problems of asylum seekers and refugees who are survivors of persecution and violence in their home countries, and who often suffer from post-traumatic stress and other disorders. Human Rights First, *U.S. Detention of Asylum Seekers: Seeking Protection, Finding Prisons* at 7 (2009), available at <http://www.humanrightsfirst.org/wp-content/uploads/pdf/090429-RP-hrf-asylum-detention-report.pdf>. It is critical that DHS develop policies to protect LGBT inmates and those with HIV, and to facilitate their successful integration in detention centers.

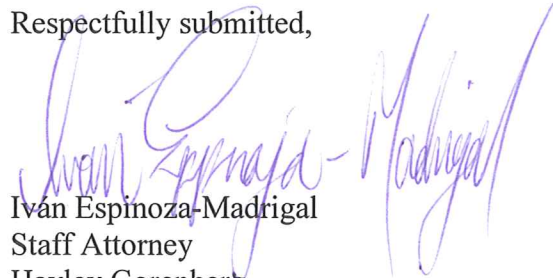
*Summary of Civil Rights Issues and Ameliorative Measures*

In light of the extensive and systemic civil rights deprivations affecting LGBT people and those with HIV discussed above, we urge DHS to create and implement written guidelines and protocols that 1) guide detention facilities on where and how to house LGBT detainees, including the use of segregation and solitary confinement; 2) ensure medically necessary treatment for gender identity disorder; 3) adhere to national clinical protocols for the treatment of HIV, including HIV testing, education, counseling and confidentiality; and 4) protect LGBT individuals and people living with HIV from sexual, physical and mental abuse.

We urge DHS to conduct an expedited review of NIJC's complaints, and to work closely with stakeholders and ICE field offices to adopt and implement reforms. We welcome an opportunity to serve as a resource for DHS as it creates and implements guidelines and protocols to ensure that the civil rights of LGBT individuals and those with HIV are protected and respected.

Please contact Iván Espinoza-Madrugal at Lambda Legal by telephone (212-809-8585) or email ([iespinoza@lambdalegal.org](mailto:iespinoza@lambdalegal.org)) if you have any questions.

Respectfully submitted,



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## **Appendix A**

### **Lambda Legal**

Founded in 1973, Lambda Legal is the oldest and largest legal organization dedicated to achieving full recognition of the civil rights of LGBT people and people living with HIV in the United States. For over 37 years, its attorneys have pioneered a groundbreaking strategy to secure civil rights for LGBT and HIV-affected people, and Lambda Legal has established itself as a leading force in the modern day fight for full equality. Through its historic work, Lambda Legal has become an expert on nearly all issues impacting LGBT and HIV-affected community members. Lambda Legal launched a project, Proyecto Igualdad, dedicated to outreach and education in the Latino community concerning LGBT and HIV issues.

### **AIDS Foundation of Chicago**

The AIDS Foundation of Chicago (AFC) is the largest HIV/AIDS service organization in the Midwest. Founded in 1985, AFC continues to lead the fight against HIV/AIDS locally and nationally. AFC grants funding for local HIV/AIDS care and prevention programs, advocates for sound AIDS policy and increased public support for AIDS services, and develops and implements strategies for coordinating AIDS care and prevention services.

### **American Immigration Council**

The American Immigration Council was established in 1987, and its mission is to strengthen America by honoring our immigrant history and shaping how Americans think about and act towards immigration now and in the future. The American Immigration Council promotes the prosperity and cultural richness of our diverse nation by: educating citizens about the enduring contributions of America's immigrants; standing up for sensible and humane immigration policies that reflect American values; insisting that our immigration laws be enacted and implemented in a way that honors fundamental constitutional and human rights; and working to achieve justice and fairness for immigrants under the law.

### **BIENESTAR**

BIENESTAR is a grassroots, non-profit, community-based service organization established in 1989. The organization uses an innovative and compassionate peer-to-peer model that is 100% culturally relevant to its constituents. There are nine community centers strategically located to reach the Latino population and link them to health and social services agencies. BIENESTAR provides HIV testing, mental health, housing assistance, food bank, syringe exchange, substance abuse, case management, treatment education, support groups, counseling and peer support. The organization's outreach teams are deployed to locales where the target population congregates within the community. BIENESTAR is an expert voice on emerging health issue, health education and awareness regarding HIV/AIDS, substance abuse and drug prevention. It primarily targets the Latino gay, lesbian, bisexual and transgender segments of the community.

## **Center for Constitutional Rights**

The Center for Constitutional Rights (CCR) is dedicated to advancing and protecting the rights guaranteed by the United States Constitution and the Universal Declaration of Human Rights. Founded in 1966 by attorneys who represented civil rights movements in the South, CCR is a non-profit legal and educational organization committed to the creative use of law as a positive force for social change. CCR has litigated numerous landmark civil and human rights cases, many of which have focused on ensuring the fair and humane treatment for all persons in detention and involved in the United States criminal justice system.

## **Center for HIV Law and Policy**

The Center for HIV Law and Policy (CHLP) is a national legal and policy resource and strategy center for people with HIV and their advocates. CHLP works to reduce the impact of HIV on vulnerable and marginalized communities and to secure the human rights of people affected by HIV. CHLP supports and increases the advocacy power and HIV expertise of attorneys, community members, and service providers, and advance policy initiatives that are grounded in and uphold social justice, science, and the public health. CHLP does this by providing high-quality legal and policy materials through an accessible web-based resource bank; cultivating interdisciplinary support networks of experts, activists, and professionals; and coordinating a strategic leadership hub to track and advance advocacy on critical HIV legal, health, and human rights issues.

## **Equality Illinois**

Founded in 1991, Equality Illinois' mission is to secure, defend and protect the civil rights of gay, lesbian, bisexual, and transgender people in Illinois. Equality Illinois is the state's largest LGBT advocacy organization.

## **Gay & Lesbian Advocates and Defenders**

Founded in 1978, Gay & Lesbian Advocates and Defenders (GLAD) is New England's leading legal rights organization dedicated to ending discrimination based on sexual orientation, HIV status and gender identity and expression. GLAD's bold and effective advocacy has achieved scores of precedent-setting legal victories to end discrimination based on sexual orientation, HIV status and gender identity and expression, benefiting individuals, couples and families across New England and throughout the United States.

## **HIV Law Project**

HIV Law Project was founded in 1989 to meet the legal needs of those who found themselves on the margins of the AIDS epidemic because of their race, ethnicity, gender, or economic status. HIV Law Project was the first and, today, remains the only legal agency providing comprehensive legal services exclusively to low income people living with HIV/AIDS in New York City, particularly women and their families; people of color; undocumented and recent

immigrants; members of the LGBT community; and the homeless. Our mission conveys the values that drive our vision of community and service: HIV Law Project believes that all people deserve the same rights, including the right to live with dignity and respect, the right to be treated as equal members of society, and the right to have their basic human needs fulfilled. These fundamental rights are elusive for many people living with HIV/AIDS. Through innovative legal services, policy initiatives, and advocacy programs, HIV Law Project fights for the rights of the most underserved people living with HIV/AIDS.

### **Human Rights Campaign**

Founded in 1980, the Human Rights Campaign (HRC) has led the way in promoting fairness for LGBT Americans. HRC represents a force of more than one million members and supporters nationwide. As the largest national lesbian, gay, bisexual and transgender civil rights organization, HRC envisions an America where LGBT people are ensured of their basic equal rights, and can be open, honest and safe at home, at work and in the community.

### **Latin American Legal Defense & Education Fund**

The Latin American Legal Defense & Education Fund (LALDEF) advocates for a more rational and humane immigration system at the federal level and for more pro-immigrant initiatives at the state and local level. LALDEF provides referral and support services to the Latino immigrant community in New Jersey; educates the community at-large about the obstacles faced by immigrants as they struggle to integrate, contribute and be accepted into American society; and helps and informs recent immigrants on how to protect their rights and fulfill their responsibilities as members of the community.

### **National Center for Lesbian Rights**

The National Center for Lesbian Rights (NCLR) is a national legal organization committed to advancing the civil and human rights of lesbian, gay, bisexual, and transgender (LGBT) people and their families through litigation, public policy advocacy, and public education. Founded in 1977, NCLR litigates precedent-setting cases at the trial and appellate court levels, advocates for equitable public policies affecting the LGBT community, provides free legal assistance to LGBT people and their legal advocates, and conducts community education on LGBT legal issues.

### **National Center for Transgender Equality**

The National Center for Transgender Equality is a social justice organization dedicated to advancing the equality of transgender people through advocacy, collaboration and empowerment.

### **National Immigration Project of the National Lawyers Guild**

The National Immigration Project of the National Lawyers Guild (National Immigration Project) is a national non-profit that provides legal and technical support to immigrant communities, legal

practitioners, and all advocates seeking to advance the rights of noncitizens. For forty years, the National Immigration Project has been promoting justice and equality of treatment in all areas of immigration law, the criminal justice system, and social policies related to immigration. The National Immigration Project is especially committed to working together with people who are marginalized to protect rights and to promote fairness, including battered women, people with HIV/AIDS, children, and noncitizen criminal offenders. The Project's success is built upon a foundation of nationwide members, including attorneys, law students, judges, jailhouse lawyers, advocates, community organizations, and other individuals seeking to defend and expand the rights of immigrants in the United States.

### **Northwest Immigrant Rights Project**

Founded in 1984, Northwest Immigrant Rights Project ("NWIRP") promotes justice for low-income immigrants by pursuing and defending their legal status. NWIRP focuses on providing direct legal services, and engages in education and public policy work. NWIRP's roots were in addressing the legal needs of Central American refugees and others who were able to legalize their status under Amnesty programs. NWIRP has grown significantly in scope and currently serves low-income immigrants and refugees from more than 100 countries across Latin America, Asia, the Middle East, Eastern and Western Europe and Africa.

### **Sylvia Rivera Law Project**

The Sylvia Rivera Law Project (SRLP) works to guarantee that all people are free to self-determine their gender identity and expression, regardless of income or race, and without facing harassment, discrimination, or violence. SRLP's goals: To provide access to free, quality, respectful, affirming legal services for low-income transgender, intersex, and gender non-conforming people; to use training, public education, policy reform, and precedent-setting lawsuits to end state sanctioned and institutional discrimination, violence, and coercion on the basis of gender identity and expression, which we understand as inextricably related to race and class; to build a non-hierarchical collective organization that internally practices what we're struggling for by developing the leadership of low-income transgender, intersex, and gender non-conforming people of color; and to participate in the larger movement for racial, social, and economic justice that includes gender liberation and prioritizes the issues of those most affected by the systems of oppression under which we live.

### **Transgender Legal Defense and Education Fund**

Transgender Legal Defense and Education Fund is committed to ending discrimination based upon gender identity and expression and to achieving equality for transgender people through public education, test-case litigation, direct legal services, community organizing and public policy efforts.