EXISTING STATUTORY PROTECTION FOR TRANSSEXUALS AND TRANSVESTITES

with Recommended Language Amending City of Portland Title 23

by

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EXISTING STATUTORY PROTECTION FOR TRANSSEXUALS AND TRANSVESTITES

Language prohibiting discrimination on the basis of an individual's transsexualism or transvestism was first adopted in the United States in 1974, when the Minneapolis Civil Rights Ordinance was amended to include individuals "having or projecting a self-image not associated with one's biological maleness or one's biological femaleness." (Title 7, Ch. 139).

Several other cities have followed the example set by Minneapolis in prohibiting discrimination against trans people.

In the 1980s the City of Seattle specifically included transsexuals and transvestites per se, in Chapter 14.08.020(EE)'s definition of "sexual orientation". "Sexual orientation means actual or perceived male or female heterosexuality, bisexuality, homosexuality, transsexuality, or transvestism and includes a person's attitudes, preferences, beliefs and practices pertaining thereto."

On December 30, 1994, San Francisco Mayor Frank Jordan approved Ordinance 433-94 amending the City and County of San Francisco Administrative Code to "prohibit discrimination based on gender identity in employment, public accommodations, and housing." "Gender identity" was defined to mean "a person's various individual attributes as they are understood to be masculine and/or feminine."

And in 1992 the Minnesota Civil Rights Act was amended to prohibit discrimination on the basis of sexual orientation, which was defined to mean "having or being perceived as having an emotional, physical, or sexual attachment to another person without regard to the sex of that person or having or being

perceived as having a self-image or identity not traditional associated with one's biological maleness or femaleness." (Section 363.01, Subdivision 23.

ANALYSIS OF EXISTING STATUTORY PROTECTION FOR TRANS PEOPLE

As John Money, Ph.D., Professor of Medical Psychology and Pediatrics Emeritus, Johns Hopkins University and Hospital wrote in the Foreward to Dr. Gerald Ramsey's book, Transsexuals: "The term 'transsexualism,'...signifies both a diagnosis and, even more importantly, a method of rehabilitation for an otherwise untreatable condition." Seattle city ordinance inclusion of "transsexuality" and "transvestism" clearly prohibits discrimination against individuals diagnosed or perceived to be transsexual, as well as prohibits discrimination against individuals wearing clothing of the "opposite sex", or cross-dressing ("tranvestism" is simply Latin for "cross-dressing"). As the ordinance pertains to transsexuals, legal protection is extended to both pre-operative and post-operative transsexuals, that is, transsexuals awaiting sex-reassignment surgery as well as transsexuals who have undergone a "sex-change".

The Minnesota state statute, and the Minneapolis city ordinance upon which it is based, is less concise. While "having or projecting a self-image not associated with one's biological maleness or one's biological femaleness" clearly pertains to both transvestites and pre-operative transsexuals in that both categories of individuals wear clothing not associated with biological sex, the situation of post-operative transsexuals is less clear. An individual who has undergone sex-reassignment and subsequently wears clothing consistent

with the reassigned sex cannot not be said to project "a self-image not associated with one's biological" sex. It is only the legislative intent and legislative history of House of Representatives File No. 585 which provides legal protection to post-operative transsexuals under Minnesota Title 7, Chapter 139.

San Francisco's Administrative Code Section 12 prohibition of discrimination on the basis of "gender identity" is even more problematical, in that every human being has a gender identity, that is, a self-perception of the self as, for example, male or female. "Gender identity disorder", as defined by the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, is "a strong and persistent cross-gender identification, which is the desire to be, or the insistence that one is, of the other sex". Thus, a transvestite who knows himself to be a male and does not desire or insist he is the other sex, does not suffer from gender identity disorder. Likewise, a post-operative transsexual, having attained conformity between gender identity and biological sex, is similarly not gender dysphoric. No court decision has yet been held under San Francisco's prohibition of discrimination on the basis of gender identity in a case involving a post-operative transsexual, so it remains to be seen whether a court will interpret this relatively recent amendment to that city's administrative code to provide protection in such an instance. Nevertheless, the history and intent of the San Francisco Board of Supervisors should provide adequate documentation that protection was the express goal.

EXISTING CITY OF PORTLAND TITLE 23 IN COMPARISON TO OTHER CITIES

The City of Portland added a new title, Chapter 23, by Ordinance No. 164709, on October 3, 1991, pertaining to civil rights. With the exception of "Sexual Orientation" and "Source of Income", "(a)ll other terms used in this chapter are to be defined as in Oregon Revised Statutes Chapter 659.

"Sexual Orientation" is defined by Portland Chapter 23.01.030(A) to mean "actual or supposed male or female homosexuality, heterosexuality or bisexuality."

San Francisco Administrative Code defines "sexual orientation" to mean "the choice of human adult sexual partner according to gender", while Minneapolis' Title 7 defines "affectional preference" as "an emotional or physical attachment". Neither San Francisco nor Minneapolis specifically cite "homosexuality", "heterosexuality" or "bisexuality" per se. In this regard, Portland's Chapter 23 most closely resembles Seattle Chapter 14.08.020(EE) in that both cities specify "male or female" "heterosexuality", "bisexuality" or "homosexuality" in prohibiting discrimination on the basis of sexual orientation.

RECOMMENDATION

Amending Chapter 23 to prohibit discrimination on the basis of an individual's transsexualism or transvestism should be done through the provision of language best suited to effect that stated goal as well as to withstand interpretation subsequent to court challenge. Therefore, it is recommended that Portland Title 23.01.030(A) be amended to include within the definition of "Sexual Orientation": "actual or supposed male or female homosexuality, heterosexuality, ~~or~~ bisexuality, transsexuality or transvestism."

Drag Racism

TRANSSEXUALS AND TRANSVESTITES WILL ASK THE CITY FOR ANTI-DISCRIMINATION PROTECTION

With its stand on gay rights, its dedication to mass transit and its pioneering efforts at community policing, Portland has a reputation for being a progressive city. But we're in the "dark ages," according to one local activist, when it comes to our attitude toward transsexuals and transvestites.

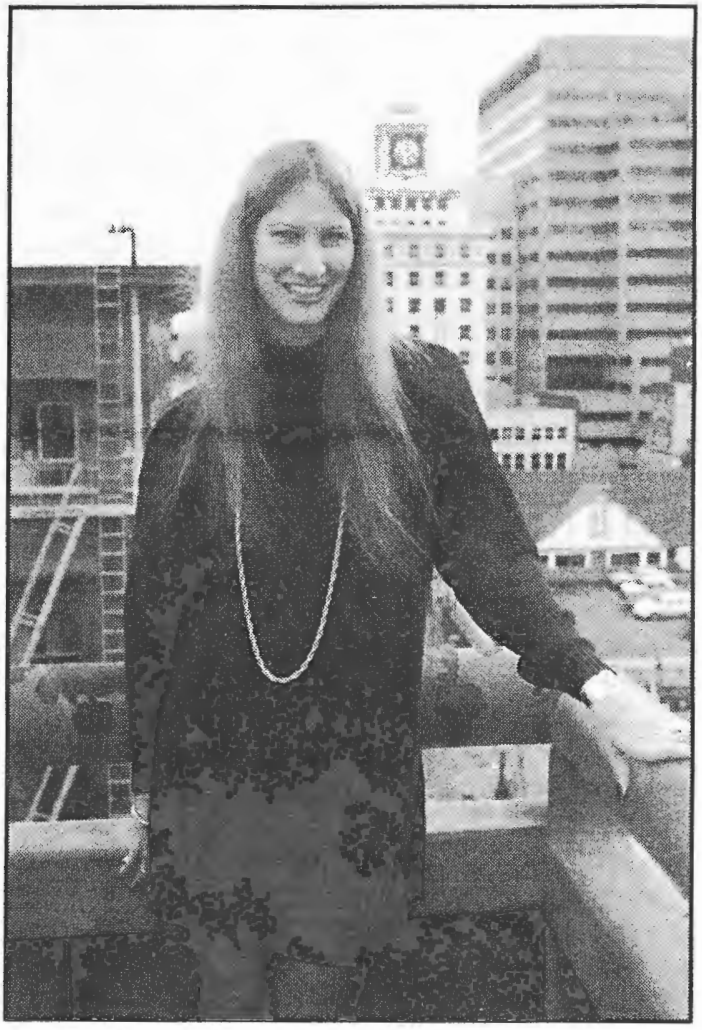
Transvestites, or cross-dressers, are people who enjoy dressing like the opposite sex. Transsexuals are people who have a persistent desire to change their sex and may be undergoing drug therapy or surgery to do so.

Margaret Deirdre O'Hartigan, who underwent a male-to-female sex-change operation in the 1970s, has promised the City Council a wake-up call Wednesday morning when she and several others ask to be included in the city's anti-discrimination ordinance.

O'Hartigan told *Willamette Week* she expects a fight. She says she was told by Ben Merrill, an aide to Commissioner Gretchen Kafoury, that city commissioners would be reluctant to tinker with the city's 1991 human rights ordinance. Merrill told *WW* he informally polled the executive aides to the commissioners and found that "nobody is unsympathetic to this [transsexual] community."

"This issue is political timing," he said. "Most of them said this is a political year. The [Oregon Citizens Alliance] is at it again. Would it be politically wise to consider it now?"

Further, Merrill says, the current ordinance may already be on shaky ground because of a court ruling that could make it difficult to enforce. A federal judge in May said the ordinance is probably not enforceable in state or federal court. The city attorney's office disagrees with that ruling and says it will fight for the ordinance's enforcement when an appropriate case surfaces.



MICHAEL PARRISH

Transsexual activist Margaret Deirdre O'Hartigan wants to give Portland a wake-up call.

"It's rather dehumanizing to realize that my gay and lesbian friends have legal recourse that I can't enjoy."

—Margaret Deirdre O'Hartigan, transsexual

O'Hartigan, who was active in transsexual issues in Minneapolis before moving to Portland 2[illegible] years ago, says those arguments perpetuate the discrimination she and others feel every day. She bases much of her argument on scientific evidence showing that transsexualism, like race, is biologically determined.

A Dutch study published in *Nature* showed that certain sections of the brain are different in transsexuals. The condition also is included in the most recent psy-

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"I remember a small group lobbying to include [protection from discrimination on the basis of] political affiliation," Wessel says. Although that seemed somewhat ridiculous to Wessel, she notes that the group had come up with what it thought were compelling arguments.

"The OCA is at it again. Would it be politically wise to consider it now?"

—Ben Merrill, aide to City Commissioner Gretchen Kafoury

But the political group didn't make the cut, and it's unclear whether O'Hartigan's group will, either. Wessel says that in order to make their decision, city commissioners should examine the level of discrimination transsexual people face in the community, as well as whether the community is "ready for" this type of ordinance.

O'Hartigan concedes that there are relatively few transsexuals in the area. Portland Police Detective Jim Bella says the bureau's bias crimes unit has recorded few recent bias crimes committed against transsexuals. "I might have had one or two in the last 18 months," he says. "As far as I remember, these were name-calling."

Nonetheless, Bella says that on a personal level, he is not opposed to the inclusion of transsexuals in the ordinance and suspects they are often victims of discrimination in housing and employment. O'Hartigan says she herself was denied housing because she is a transsexual.

But numbers aren't really the point, she says. "Portland," she argues, "can give no stronger message to [OCA leader] Lon Mabon."

Mabon told *WW* his group probably wouldn't bother fighting to keep transsexuals out of the city human rights ordinance, even though he believes they should not be a protected class.

"We have maintained for eight years that behind the homosexuals would be what the homosexual community calls transgendered people, and they would want the same status," Mabon said. "I think the City Council of Portland is fully in line with recognition of these types of behaviors as acceptable."

—MAUREEN O'HAGAN
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Watch your language!

Tips for the media regarding transgendered persons

Who's Who?

Transsexuals are extremely unhappy in the gender to which they are assigned and change their gender roles and bodies in order to live as members of the "other" sex. Modern medical technology (synthesized sex hormones, electrolysis, plastic surgery) make this much easier than it was in the past. About 50% of transsexuals are male-to-female and 50% are female-to-male (FTM). Many have sex reassignment surgery, in which their genitals are modified. Transsexuals identify completely as members of their new gender.

Transgenderists live as members of the other sex, but without the extreme need or desire to modify their bodies shown by transsexuals. Some live as members of the other sex, while others stake out "third gender" status. Transgenderists may take hormones, but do not have genital sex reassignment surgery.

Crossdressers wear the clothing of the other sex on occasion, but do not desire to change their sex. They dress for personal reasons, which can range from a need to express their feminine or masculine side to a way to express themselves erotically.

Drag Kings and Drag Queens present larger than life images of men and women, exaggerating sexual stereotypes for entertainment or self-gratification.

Androgynes, Gender Blenders, and **Gender Benders** merge the characteristics of both sexes in ways subtle or shocking.

Gender Fuck is the deliberate flaunting of gender norms with a goal of shocking others.

Intersexed (hermaphroditic) persons are born with genitals which show characteristics of both sexes. Many have surgery in infancy, and many of those who do grow up feeling they have been robbed of an essential part of themselves.

Transpeople/Transgendered People are group nouns used to describe transgendered and transsexual people.

The Transgender Community is the term for the organized community of transpeople.

Names and Pronoun Usage

Appropriate usage of names and pronouns is very important in media coverage of transgendered people. Unfortunately, it often becomes a power struggle, with pronouns linked to the gender of birth in disregard of the appearance and life situation of the individual.

Regardless of whether there has been a court-ordered name change, the preferred name of an individual should be used.

In general, the appropriate pronoun is the one which best describes the way the individual is living his or her life. A cross-living male-to-female transsexual or transgenderist, for instance, should be referred to with feminine pronouns (she, her, hers), regardless of surgical status; masculine pronouns should be used for FTM transsexuals.

Crossdressers and drag queens/kings should be referred to with pronouns appropriate to the way they are dressed, with the fact of their actual gender status made clear in context: "Although a man, Christopher, five days a week, weekends are for Christine, who spends her time shopping and visiting friends."

When describing the past of a transsexual or transgenderist, it is appropriate to give the original name and use pronouns which describe the way he or she was living at that time; thus, "Brad moved to Atlanta and found a job as a woman. In her new job, Brenda flourished."

Quotation marks should *never* be used around names or pronouns.

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PRIDE SPECIAL

Transgender: What is it?

Transgender is a term used to describe anyone who bends or challenges "traditional" gender roles: gay crossdressers, straight crossdressers, transsexuals, drag queens and kings, transgenderists, androgynes, and gender benders of all sorts. As gay men and lesbians transgress heterosexual norms by loving members of the same sex, transpeople transgress norms by wearing clothing not generally associated with their own sex and in some cases by modifying their bodies to be more like those of the "other" sex.

Transpeople have always been a part of the queer community— sometimes in fashion, and sometimes not, but always fabulous.

Who's Who? What's What?

Transsexuals are extremely unhappy in the gender to which they are assigned and change their gender roles and bodies in order to live as members of the "other" sex. Modern medical technology (synthesized sex hormones, electrolysis, plastic surgery) make this much easier than it was in the past. About 50% of transsexuals are male-to-female and 50% are female-to-male (FTM). Many have sex reassignment surgery, in which their genitals are modified. MTF transsexuals have been accused of being "froo-froo" (characitures of femininity), but in actuality their presentations range (as do those of nontranssexual women) from extreme butch to extreme femme.

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Transpeople Can be Straight, Gay, Asexual, or Bisexual

Terms such as gay and straight make little sense when applied to transpeople. Is a post-op male-to-female transsexual paired with another woman a lesbian? What about a pre-op male-to-female paired with a man? Or an FTM transsexual paired with another FTM? Although not all transpeople identify as part of a larger queer community, many do, and certainly the general public and gay-negative politicians do not consider us heterosexual, no matter *who* we love.

(COVER)

Our Queer Issues

Almost all transpersons and intersexed persons grow up with a deep sense of internalized shame. We do not choose to be who we are any more than do gay men, lesbians, or bisexuals; in fact, many of us actively fight our true natures, desperately seeking to fit in gay and straight cultures. Our "coming out" process is parallel to that of gay men, lesbians, and bisexuals, and can result in loss of support of family, friends, and employment.

Discrimination against transpeople is extreme— even greater than for gay men and lesbians. We must fight to keep our jobs, whether as physicians, teachers, airline pilots, truck drivers, or cooks in restaurants. A disproportionate number of "gay bashings" are directed at transpeople, who by our very nature are the most visible members of the queer culture.

Laws which negatively impact gay men, lesbian, and bisexuals affect transpeople in the same manner. Our rights to marry, to hold jobs, and otherwise fully participate as citizens in American culture are as jeopardized as those of gay men, lesbians, and bisexuals. And yet without specific trans-inclusive language in bills like ENDA (The Employment Nondiscrimination Act), transpeople can be excluded from protection. For this reason, transpeople have become politically active in past years; after centuries of marginalization, we are fighting for our rights.

Inclusion

Throughout history, transpeople have been on the cutting edge of queerness. The Stonewall Rebellion, the 1969 event that led to the birth of the gay liberation movement, was all about queens and butches. Transpeople provide entertainment in the bars, raise a great deal of money at benefits, and provide the bulk of the fashion sense for the larger queer community.

Many gay, lesbian, and bisexual persons have significant transgender issues. Others, while not considering themselves transgendered in any sense, experiment with styles of dress, hairstyles, and clothing which seriously bend gender— sometimes to the point of being mistaken for members of the other sex, or to the point of experiencing the same discrimination faced by transpersons. And of course, many transpersons proudly identify as gay, lesbian, or bisexual.

Many G/L/B organizations— including various Pride organizations — have opened their ranks to transpeople by signifying inclusiveness in their names. Others have been reluctant to modify their names but are nonetheless accepting of transpeople. More and more gay men, lesbians, and bisexuals are coming to realize that transpeople are not strange "others," but just human beings struggling to live with dignity.

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AEGIS NEWS

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The Paradigm Shift Is Here!

In the nineteen fifties, science historian Thomas Kuhn realized that the history of science, which had theretofore been thought to progress smoothly, instead moved ahead with a series of fits and starts as old models of looking at the world gave way to new ones. What happens is a revolution of sorts, as the new model brings with it new methods and techniques, and results in a general overhaul of the science. This is called a paradigm change, or shift.

A prime example of paradigm shift is the Copernican revolution, in which the realization that the earth revolves around the sun, rather than vice-versa, caused a general reappraisal of the importance of humankind in the universe.

Something very similar seems to be happening in the field of gender. The idea that there are only two genders is being questioned, both on the medical front by people like Anne Fausto-Sterling, in the anthropological literature by Anne Bolin, Gil Herdt, Will Roscoe, Walter Williams, and others, and in the popular literature by authors like Kate Bornstein, Leslie Feinberg, and Martine Rothblatt.

Certainly, the two-gender system is alive and well, but now there is an alternative which makes a great deal of sense to those who are uncomfortable in the tightly constraining boxes marked "Male" and "Female."

One effect of this revolution is that it provides a new platform from which to view gender-transgressive people— crossdressers, transgenderists, and transsexual people. Suddenly, it is not they who are aberrant, but a society which is unable to deal with them.

This has tremendous relevance for the interactions between transgendered and transsexual persons and the health care professionals upon whom they depend for medical and psychological care. Previously, this care was provided from within a psychopathological framework. Transsexual people were viewed as having a mental disorder. Surgical and hormonal sex reassignment did not cure this disorder, but could make life more bearable for the individual.

Because of this "man trapped in the body of a woman / woman trapped in the body of a man" view, treatment options tended to be limited to two: sex reassignment, or no sex reassignment. Intermediate solutions were not even considered.

We would like to make it clear that this was not the fault of medical and psychological professionals, or of transsexual and transgendered persons. This was just the way *everyone* in this culture viewed gender. The paradigm shift had not yet occurred.

With the new way of looking at things, suddenly all sorts of options have opened up for transgendered people: living full-time without genital surgery, recreating in one gender role while working in another, identifying as neither gender, or both, blending characteristics of different genders in new and creative ways, identifying as genders and sexes heretofore undreamed of— even designer genitals do not seem beyond reason.

The literature which was published under the old paradigm suddenly seems quaint, its flaws and biases plainly visible. The research questions seem to a large degree irrelevant, and the attitudes of the researchers plainly show through.

This is not to say that this literature is useless, or that those who did it were foolish— it was because of the hard work and compassion of those who wrote it that we are now able to see its limitations.

This is the very nature of science.

The paradigm shift is a clear sign that not only have the inquiries into the nature of transgendered and transsexual people finally yielded fruit— even if it is unexpected fruit— but that they have helped society, or at least the most forward thinkers in society, come to a more mature understanding of what sex and gender are— an understanding, I might add, that much more accurately mirrors nature than the binary system which it is replacing.

So hooray for the paradigm shift. Let us celebrate that it is occurring, and work together, caregivers and transgendered persons alike, as new vistas and opportunities arise.

although it is possible that some hormonal "wash" occurred at a critical time of embryonic development, which sensitized the brain cells in an as-yet immeasurable way. Recent research has concentrated on some extremely small preoptic nuclei in the hypothalamus (Gorski, 1995), but the results have been hard to replicate and harder to interpret. One interesting finding is that a high proportion of individuals who are male-to-female transsexuals (MTFs) are left-handed (Watson, 1991). The significance of this finding with regards to gender role, gender identity, sexual orientation, and brain hemispheric dominance, however, is not understood.

Sexual orientation is another source from which people habitually derive their identity. Superficially, it would seem simple enough: Because heterosexual mating leads to procreation, it is not a huge logical jump to contend that the purpose of mating is procreation — thus defining heterosexual unions as the norm. But, just as people do not eat simply to satisfy their hunger, or talk only convey information, people do not engage in sex just to reproduce.

People can be heterosexual, homosexual, bisexual, or asexual — and all this irrespective of what anatomical equipment they possess, what gender role they live, or what gender they feel like on the inside.

Society has a strong investment in seeing gender within rigid categories, rather than as a continuum, despite the phenomenon, stretching back to the beginning of time, of biological intersex conditions. While people may be males or females, they can also be true hermaphrodites (an ovary, a testis, and both genders' genitalia), "merms" (male pseudohermaphrodites), or "ferms" (female pseudohermaphrodites). Based on this reality, geneticist Anne Fausto-Sterling (1993) argues that "sex is a vast, infinitely malleable continuum that defies the constraints of even five categories." Yet this mundane reality is almost unspoken of in our culture (and surgically "corrected" right after birth if discovered).

At least two social consequences flow from this strategy that prevent general awareness of intersex conditions. First, society develops an inaccurate, binary conception of gender. Second, the recognition of the coexistence of male and female in the same individual is split off from mainstream culture, and relegated to the realm of poetic symbolism or pornography.

Medical Definition of Gender Identity Disorder

It is little surprise, then, that a tumult is created when an individual, apparently unambiguously one gender, comes to the conclusion that he or she is "trapped in a body of the wrong sex." In medical terms this distress is called "gender dysphoria," or a "gender identity disorder," which the Diagnostic and Statistical Manual of Mental Disorders, 4th. Ed. (American Psychiatric Association, 1994) describes as:

A. A strong and persistent cross-gender identification (not merely a desire for any perceived cultural advantage of being the other sex).

B. Persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex.

C. The disturbance is not concurrent with a physical intersex condition.

D. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

The most intense of the gender identity disorders is known as transsexualism, and like gender role and sexual identity, represents a continuum of experience. Although they are genetically and hormonally unremarkable males or females, high-intensity transsexuals generally show a life-long identification with the opposite gender.

An anatomically female transsexual, for instance, typically shuns frilly girl accoutrements for boys' wear; prefers GI Joe to Barbie; prefers playing baseball with the boys to baking with Mom; and will only play house if she can be the dad, or the husband or brother. Many transsexuals actually assumed in childhood, that they are the opposite sex, and that puberty will magically lead to the secondary sexual characteristics they so admire in the preferred gender. For the anatomical females, the onset of menstruation and breast growth comes as a huge disappointment and cruel confirmation of the biological truth.

For males, the situation is similar but the markers are opposite. Young transsexual males shun rough-and-tumble play, dress up in their mother's or sister's clothes, and may obsessively fantasize that they are a princess or mermaid. They gravitate to girls' games, such as skipping rope and playing house, insisting on taking a female role. Somehow, they decide that it is more proper to sit rather than stand to urinate. They prefer the company of females, and become distraught when beard growth and a deeper voice destroy the fragile image they hold of themselves as a girl.

Society usually applies some ready-made social identities to young transsexuals, but these labels rarely fit with comfort, and usually are at variance with the transsexual's self-concept. Young transsexual females may enjoy being called "tomboy," but males frequently are called "sissy" (or at best, "sensitive"). Both groups take it as a compliment when other people mistake them for the preferred gender.

In an interesting corollary, transsexuals who are attracted erotically to members of their own biological sex do not consider themselves homosexual; therefore, the term "gay" or "lesbian" can be perceived as an insult. Nor are transsexuals comfortable with being labeled as transvestites, as their motivation in dressing as the other gender is role-identity congruency, not eroticism.

Although there is some discussion as to whether transsexualism should be considered a disorder at all (rather than an alternate lifestyle, like homosexuality), there is little disagreement that the condition causes profound suffering. Transsexuals routinely experience violent assaults on the streets. Substance abuse is a frequent consequence of this condition. Interpersonal relationships often are problematic, and a romantic life may be almost impossible. Family alienation is commonplace. Young males especially experience severe peer isolation and bullying as a result of their feminine ways and lack of appetite for customary male pursuits.

The severe social and psychological consequences of gender dysphoria have led to attempts to "treat" effeminate behavior in young boys, largely through behavior modification techniques. In these behavior change programs, adult family members reward typically "masculine" pursuits with praise and gifts, and criticize typically "feminine" behavior. However, effects have been very mixed, and no long-term studies exist to confirm the success of these programs, irrespective of their ethical basis. Regardless of how these feminine boys act initially, almost all will spontaneously grow up to be typically heterosexual adults (Blanchard & Steiner, 1990).

Incidence

Some cultures, notably some aboriginal and Eastern European societies, accommodate gender role and gender identity variations without considering them pathological; therefore, comparing incidence across cultures is not reliable. In those societies that developed a contemporary postindustrial world view, male-to-female (MTF) transsexuals were once thought to outnumber their female-to-male (FTM) counterparts by a vast margin. Clinicians now speculate that incidence may be equal, with case finding responsible for the statistical differences. Fewer anatomical females show up for treatment at gender clinics, but this may suggest that it is easier for women to be immersed in a masculine lifestyle and self-image than it is for anatomical males to live as women. Generally, FTMs seek counseling less often, and suffer fewer other psychiatric disorders than their male counterparts, so their condition likely is identified less frequently.

Course of Gender Dysphoria

It is common for transsexuals, especially males, to fight their discordant internal voice by diving headlong into pursuits typical of their birth gender. Frequently, males will join the military or other high-risk profession, and one study (Hoenig, Kenna, & Youd, 1970) observed that transsexuals likely enlist at a higher than average rate than the general population. It is not uncommon for male-to-female transsexuals to marry, either through parental or self-imposed pressures. Males are more likely than females to have children, and may delay their reassignment to the female role until the children are grown.

One immensely problematic area for many transsexuals is employment. Despite higher than average educational levels, transsexuals have difficulty finding and holding jobs (Burnham & Diewold, 1993). Again, an MTF who retrains for a more typically "female" occupation usually experiences a significant drop in income in the new career, and the resulting dissatisfaction is a persistent factor in those expressing post-surgical regret (Blanchard & Steiner, 1990). FTMs seem to be in a better position, as they often move into more masculine occupations if they have not found them already. Many report that the testosterone injections give them more energy and increased assertiveness, which is beneficial for working in more responsible positions and asking for promotions and raises.

Social Experimentation

Significant social problems are encountered during actual gender transition, when masculine and feminine features may compete for attention, and patients, sometimes clumsily, experiment with a broader range of cross-gender role behaviors. Added to this is the psychic effect of cross-gender hormones. Patients sometimes exaggerate the preferred gender's behavior. For instance, MTFs may become quite moody or histrionic, and ultrafeminine in their dress and deportment.

FTMs may begin to date females aggressively for the first time, and sometimes have some rather politically incorrect opinions about how to conduct themselves in this regard. (The author asked an FTM patient what it meant to be "the man" in a heterosexual relationship. The answer seemed self-evident to the patient, who replied, "You know, make all the decisions for them [his girlfriends]. When they do anything they have to ask me first. And pay for dinner all the time. I don't like *that* part but that's what you do.")

Traumatic Transition for Family

The transition period tends to be just as traumatic for family members, particularly parents and spouses. Parents develop expectations about having grandchildren that frequently are dashed by their adult child's declaration of transsexual status. Spouses often make incredible psychological and lifestyle accommodations to their mate's gender dysphoria (referring to their mate with a different name, accepting cross-dressing in sexual relations, etc.), but the gross changes brought about by hormones can be a signal of the end of their relationship.

Both parents and spouses of gender dysphoric patients may express hostility toward the medical profession for legitimizing their loved one's behavior, and for aiding and abetting the physical changes that may prove impossible for the family constellation to bear.

Hormonal Treatment

Once hormonal treatment begins, changes can occur within a few weeks. The most common first signs are amenorrhea and lowering of voice pitch in FTMs, and development of tender breasts in MTFs. Some changes, such as beard growth (or its cessation) can take more than half a decade to manifest fully (Gooren & Asscheman, 1992). Patients frequently are impatient to experience faster and more profound changes, and believe increased hormone doses are the answer. However, individuals differ in their target tissue sensitivity to hormones, and also are constrained by genetic inheritance.

Vancouver Hospital's Centre for Sexuality, Gender Identity, and Reproductive Health employs a relatively consistent drug protocol for treating transsexualism. MTFs usually are started on an androgen blocker, customarily

the diuretic spironolactone, 200 mg to 400 mg per day. Spironolactone (or, less commonly, cyproterone) can bring about some feminization: reduction in facial and body hair, redistribution of body weight (many MTFs *want* their thighs to fill out), and some breast growth, without the major side effects of estrogen (Prior, 1989).

Many patients report a calming effect and reduction of gender dysphoria just on spironolactone; this could be due to a combination of a flattening of libido as well as the psychologically soothing effect of tangibly beginning the process of gender transition. Antiandrogens also reduce morning and spontaneous erections, which patients welcome, because the erections remind them of their maleness.

For those appropriate for continuing feminization, the Centre prescribes conjugated estrogens such as Premarin 0.625 mg daily, with a 3- to 6-day break each month. In some patients at high risk for coagulopathies and migraines, estrogen patches have been prescribed successfully.

In addition, clients routinely receive the progestin medroxyprogesterone acetate (Provera), 10 mg to 50 mg. daily. Apart from its effect as an antiandrogen, medroxyprogesterone has been shown to promote bone formation, and may counter the bone loss that might occur with the blockade of male hormones (Prior et al., 1994). It also seems to aid in nipple maturation. Postsurgical regimes are similar, but there is sometimes less need for an androgen blocker in the absence of testicular testosterone (the adrenals continue to produce some testosterone).

The standard treatment for the FTM group is testosterone cypionate, 150 mg to 300 mg IM, every 2 to 4 weeks. This generally produces all of the masculinization required, and the effects are profound. Over the course of a few months and years, patients experience to various degrees a permanent deepening of the voice and thickening of the jaw, plus hormonally sustained increases in muscle mass, and growth of body and facial hair. Male pattern baldness is common. Most report an increase in libido as a result of the higher serum testosterone (which sometimes places quite a strain on their love relationships). Within one to two years, most FTMs pass unobtrusively as males in everyday sociery.

The Surgical "Sex Change"

Sexual reassignment surgery (SRS) has had a variable reputation in North American medical circles. Facilities performing this surgery increased in the 1960s and 1970s until the publication of Meyer & Reter's report in 1979, which concluded that SRS "confers no objective advantage in terms of social rehabilitation." Although this paper was vigorously criticized, Johns Hopkins Hospital in Baltimore phased out their transsexual surgery service shortly after, and the whole specialty was viewed with great reservation for some time, especially by the public. A flurry of studies were subsequently published on postsurgical outcomes that reaffirmed the value of surgery in carefully selected cases; surveys continue to confirm the improved social adjustment of transsexuals after surgery (Mate-Cole, Freshci, & Robin, 1990).

Sex Reassignment Surgery (MTF)

Despite the popular misconception that genital "sex change" surgery is available almost on demand, most clinics involved in approving individuals for surgery in North America and Europe adhere to the Harry Benjamin International Gender Dysphoria Association's "Standards of Care," first published in 1979 and last revised in 1990. These standards stipulate that two clinicians, at lease one of whom is educated to the doctoral level and the other at least to a master's level, and both with experience and specialized ongoing training in assessment and treatment of a broad range of sexual disorders, must recommend hormonal treatment and surgery. The endorsement for SRS must follow at least two years of documented gender dysphoria, and at least one year during which the patient lives immersed in the role of the preferred gender. The Standards of Care also specify the use of certain laboratory tests prior to surgery and provision of access to after-care as well.

For MTFs, there are two slightly different surgical options, although both involve bilateral orchidectomy. The first method, known as the penile inversion technique, consists of resecting the penis to create a hollow tube separate from the urethra; creating a perineal cavity; inserting the inside-out penile skin into the cavity to create a neovagina; and using the scrotal skin to create the labial folds.

The second method requires the use of part of the rectosigmoid colon to create a neovagina. The later method has the advantage of creating a vaginal surface with secreting mucosa, but the surgery involves entry into the abdomen, so is significantly more radical. Both methods usually produce an excellent cosmetic result (some SRS surgeons claim to be able to fool a gynecologist, although the author could not locate such a gynecologist). Both methods, especially the former, usually require insertion of a temporary postsurgical stent, and then several months of twice-daily progressive dilatation at home by the patient.

A range of cosmetic surgical and nonsurgical techniques are sometimes employed. These include breast augmentation, rhinoplasty, tracheal "shaving" (surgical cartilage reduction to reduce the size of the Adam's apple), and rarely, "laryngeal web" surgery to increase the habitual pitch of the voice. Frequently, hundreds of hours of uncomfortable and expensive electrolysis must be endured to remove unwanted facial and body hair permanently.

Even in large tertiary care hospitals, the admission of a transsexual patient often is a catalyst for a huge amount of discussion — most of it peripheral to the care of the patient. Transsexuals almost invariably generate an intense curiosity in staff that borders on the voyeuristic. Animated discussions ensue as staff struggle with the question of whether the patient is "really" male or "really" female. This morbid curiosity and resultant gossip frequently involves all members of the hospital staff: direct caregivers, support staff, building trades, security.

All of these surgical interventions can produce complications. Although the MTF's motivation for creation of a neovagina is almost always more role-related than erotic, most hope for a patent vagina. One of the most common problems is strictures of the vaginal orifice, or loss of length of the neovagina. This complication is not uncommonly due to lack of regular dilatation (pain while dilating can be sharp, and patients are understandably tentative in testing the new organ). Rectovaginal fistulae, devastating to the patient, are often extremely difficult to remedy. Problems with vaginal and urinary tract infections, and misdirection of the urinary stream due to granulation tissue, are an all-too-frequent reality for these patients as well.

Sex Reassignment Surgery (FTM)

Female-to-male surgery can be even more involved. Bilateral mastectomy and bilateral oophorectomy are standard surgical interventions, and many patients stop there. A few wish to go through with construction of a neophallus. This is a complicated procedure involving many stages (and there are several variations in surgical technique). Usually, construction of a neophallus involves the harvesting of a full-thickness skin graft, either from the upper forearm, thigh, or abdomen, or from the lower forearm after several months' insertion of a tissue expander. The urethra is lengthened, sometimes through the use of endothelial tissue from other parts of the body; the skin graft then is wrapped several times around this neourethra. The scrotum often is fashioned from labial tissue, and testicles simulated by synthetic implants.

Generally, the result is adequate cosmetically, and allows the patient to urinate standing up, a central desire for almost all FTMs. Since the neopenis does not contain erectile tissue, intercourse remains problematic: rigidity has been created by autologous transplants of cartilage, implants of bone or a permanent prosthesis, or use of removable external devices. All of these methods have shown mixed results (Hage, Bloem, & Bouman, 1993). As in any grafting procedure, graft failure and necrosis are a definite possibility; even the tissue expander can cause complications. Phalloplasty still remains a complicated, expensive, and largely experimental procedure. Nonetheless, many patients maintain that braving the many complications was worthwhile, for the social confidence, for the ability to urinate while standing, and for the capacity to engage in intercourse.

Care of the Transsexual Patient

Several issues arise when treating transsexual patients. Some of these are specifically medical, some are administrative, and some are psychosocial. If clinicians take it as a commitment to provide holistic care, it is important to be sensitive to all of the impediments to that care, whether they arise from the medical condition, the prevailing social milieu, the temporary state of the patient, or the clinician's own assumptions about sexuality.

Transsexual patients are true medical patients receiving treatment for transsexualism, and as such may experience various complications of their treatment that can have an impact on concurrent care. "Baseline" laboratory results for hormonally treated transsexuals will likely be somewhat awry, with MTFs on hormones usually experiencing a slight drop in hemoglobin and a rise in glycosylated hemoglobin and prolactin. There is often an undesirable HDL/LDL ratio and a rise in total cholesterol in FTMs; lipid changes in MTFs generally are positive, but conjugated estrogens occasionally produce high total triglycerides. Also, care must be taken to consider whether female or male norms were employed by the laboratory, and if those norms are applicable to the patient at that particular time.

Accompanying Medical Conditions

MTFs are on significant doses of medications, sometimes augmented by unprescribed supplies. This puts them at increased risk for breast cancer, coagulopathies such as deep vein thrombosis or pulmonary embolism, and osteoporosis. Thus, it may be desirable to hold the estrogens for 3 to 4 weeks prior to any serious surgery and take special precautions when this has not been done. Extra care should be taken when lifting, transferring, and ambulating transsexual patients, particularly the more aged, due to their potential for low bone density.

MTFs frequently take spironolactone, which is potassium sparing; these patients must be warned against unprescribed potassium supplementation. FTMs can experience obesity and severe acne, so these problems may need to be addressed. Male pattern baldness, although endured by this group with remarkable cheerfulness, is a frequent occurrence that may distress the patient. Also, as substance abuse is not an uncommon problem for either patient group, thorough substance-abuse history-taking and reasonable monitoring for withdrawal symptoms makes sense.

Staff-Transsexual Patient Interaction

Even in large tertiary care hospitals, the admission of a transsexual patient often is a catalyst for a huge amount of discussion — most of it peripheral to the care of the patient. Transsexuals almost invariably generate an intense curiosity in staff that borders on the voyeuristic. Animated discussions ensue as staff struggle with the question of whether the patient is "really" male or "really" female. This morbid curiosity and resultant gossip frequently involves all members of the hospital staff: direct caregivers, support staff, building trades, security.

Staff sometimes ask incredibly personal questions of these patients, often in a well-meaning but misguided attempt to educate themselves. The patient, sometimes with good cause, can experience these questions as a criticism, or as an attempt to repudiate their identity. Neither motivation is in the interest of the patient. All staff must be vigilant to prevent personal curiosity from overstepping clinical information gathering.

Moreover, many transsexual patients have no desire to act as a spokesperson or educational resource. They want to get fixed up and resume their lives, just like most other patients. A genuinely curious caregiver might do better to contact a specialized clinic with a gender program, and survey the literature on transsexualism rather than engage the patient at length on the subject.

One of the greatest sources of friction between caregivers and transsexual patients is the use of names and personal pronouns. Power struggles develop over whether staff should or will use the patient's chosen name and chosen pronoun of "he" or "she." This can be avoided by simply asking the patient what is preferred. Except in cases of psychosis, caregivers have a responsibility to acknowledge the self-chosen identity of their clients. Not to do so is, at the least, *very* bad manners.

Transsexual patients are involved in a developmental process in fully adapting to their new gender identity and as such experience the same travails and rough spots other people do when growing up. However, the urge to speed through gender transition often produces impatience that strains the emotional resources of the patient. As in the life of anyone experiencing adolescence, there will be times when boundaries are mutable and behavior is inconsistent. Add to this the effect of high-dose hormones, and it is obvious that to expect nothing but emotional equanimity from the patient is unrealistic.

Caregivers need to empathize with the growing pains of their patient. Consistent, nonjudgmental behavior on the part of the caregiver helps sustain a milieu that is comfortable for the transsexual patient and others temporarily sharing his or her environment.

Proactive Interventions

A number of proactive interventions are very desirable on the part of the caregiver. Counseling on a wide variety of subjects can be appreciated by the patient. Exercise and nutritional counseling is invaluable for both patient groups: for MTFs to counteract the weight gain, hyperlipidemia, and osteoporosis associated with their treatment; for FTMs to develop muscle mass and thus better fit into their gender role, and to respond positively to the extra energy often experienced from the testosterone.

Supporting the patients through a stop-smoking program may be a health-saving intervention, in light of the well-established link between smoking, high doses of estrogen, and disease. Though sexual activity often is nil for transsexuals, safe sex information is still a must. Monitoring and appropriate specialist referral for concurrent psychological problems such as anxiety disorders and depression (especially postsurgical depression) is an important aspect of patient care.

Encouraging contact with an experienced social worker to help brave the administrative obstacles to official name change and gender change, and to provide some counseling on family and spousal issues, is another effective intervention. Employment counseling, either to help maintain the patient in their current situation during transition or to prepare them for entry into a more gender-congruent career likely will be beneficial. Putting the patient in touch with reputable self-help and peer counseling groups may be appreciated. Providing a referral to an alcohol- or drug-abuse treatment agency could turn out to be one of the most important interventions of all.

Conclusions

Patients with gender identity disorder, especially in its extreme form of transsexualism, are faced with a variety of impediments to living in a healthy, integrated manner. Some of these arise from the disorder itself. Many arise from our society's simplistic and conflicted attitudes toward gender role, gender identity, and sexual orientation. Working with these patients poses a challenge for health care providers from any discipline. This challenge can be overcome with knowledge and a sophisticated, mature approach to care that provides practical information, avoids power struggles, and emphasizes letting the patient take the lead in care decisions.

References

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders,* 4th. ed. Washington, D.C.: American Psychiatric Association.

Blanchard, R., & Sheridan, P.M. (1990). Gender reorientation and psychosocial adjustment. In R. Blanchard & B.W. Steiner (Eds.), *Clinical management of gender identity disorders in children and adults,* 159-189. Washington, D.C.: American Psychiatric Press.

Burnhan, C.W.G., with Diewold, P. (1994). *Gender change: Employability Issues. Including Transitional Employment Survey Results.* Vancouver: Perceptions Press.

Fausto-Sterling, A. (1993, March/April). The five sexes: Why male and female are not enough. *The Sciences,* 20-25.

Friend, R.A. (1987). Sexual identity and human diversity: Implications for nursing practice. *Holistic Nursing Practice, 1*(4), 21-41.

Gorski, R.A. (1995). Recent breakthroughs in the biology of gender behavior. Plenary session at the First International Congress on Gender, Cross Dressing, and Sex Issues, Van Nuys, CA, 23-26 February, 1995.

Hage, J.J., Bloem, J.J., & Bouman, F.G. (1993). Obtaining rigidity in the neophallus of female-to-male transsexuals: A review of the literature. *Annals of Plastic Surgery, 30*(4), 327-333.

Harry Benjamin International Gender Dysphoria Association. (1990). *Standards of care: The hormonal and surgical sex reassignment of gender dysphoric persons* (revised). HBIGDA: Palo Alto, CA. Distributed by American Educational Gender Information Service, Inc., Decatur, GA.

Hoenig, J., Kenna, J.C., & Youd, A. (1970b). Social and economic aspects of transsexualism. *British Journal of Psychiatry, 117*(537), 163-172.

Mate-Kole, C., Freschi, M., & Robin, A. (1990). A controlled study of psychological and social change after surgical gender reassignment in selected male transsexuals. *British Journal of Psychiatry, 157,* 261-264.

Moir, A., & Jessel, D. (1991). *Brain sex: The real difference between men and women.* Secaucus, NJ: Lyle Stuart, Inc.

Prior, J.C., Vigna, Y.M., Barr, S.I., Rexworthy, C., & Lentle, B.C. (1994). Cyclic medroxyprogesterone treatment increases bone density: A controlled trial in active women with menstrual cycle disturbances. *American Journal of Medicine, 96,* 521-530.

Prior, J.C., Vigna, Y.M., & Watson, D. (1989). Spironolactone with physiological female steroids for presurgical therapy of male-to-female transsexualism. *Archives of Sexual Behavior, 18*(1), 49-57.

Tannen, D. (1989). You just don't understand: Women and men in conversation. New York: William Morrow & Co.

Gender Dysphoria

Keypoints

Gender Dysphoria Update. Beemer, B.R. *Journal of Psychosocial Nursing and Mental Health Services*, 1996; *34*(4), 12-19.

1 Concepts of sexuality and gender identity are undergoing re-examination in society. Recent media attention has intensified interest in the area, although reliable information is sometimes lacking.

2 Gender dysphoria and its extreme form, transsexualism, frequently brings sufferers into contact with psychiatric, social, and mental health professionals, and surgical caregivers.

3 Treatment of these patients often represents a challenge on many levels. Some guidelines for this care are outlined.

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Gender Dysphoria Update

Blaine R. Beemer, BSc, RN

Gender identity is almost inseparable from basic identity, and a simple exercise proves this: Think about someone you knew a long time ago. You may not remember the color of his hair, or the sound of his voice, or his opinion. You quite understandably may not remember her name, and you may have trouble remembering her face, but you will never forget whether that person was male or female. It is no wonder, then, that variations in gender identity and role are such a source of fascination and conflict.

Social Constructions of Sexuality and Gender Identity

Perceptions of transsexualism in the public consciousness have been heightened during the past few decades. Prominent cases such as that of Christine Jorgensen's 1953 "sex change" surgery remain salient to the public (some of our clinic clients state that hearing her story was one of the most significant events in their lives). Daytime talk shows (arguably one of the most significant new public education sources of the past two decades) demonstrate an almost inexhaustible appetite for portraying and discussing the sexually ambiguous. A spate of movies, articles in mainstream magazines, and the popularity of sexually ambiguous entertainers and fashion models confirm a societal fascination with the subject.

Transsexualism is by no means a new phenomenon, even if the opportunity for surgical and hormonal intervention is. In fact, the concept of a male-female identity within the same individual is one of the persistent themes of human culture. Carl Jung's concept of the *anima* and the *animus* is just one of the most recent manifestations of an idea stretching back to the ancient Greeks and their notion of a half-male, half-female god (goddess?), Hermaphroditus.

Our understanding of transsexualism is complicated by a certain degree of confusion and ambivalence about sexuality. In broad terms, sexuality can be seen as having four essential components:

Genetic identity is the chromosomal gender of the individual.

Gender identity is the self-perception of one's core as being male, female, or in-between — "I am male/female."

Gender role is the whole list of expectations about behaviors, occupations, interests, values, emotional reactions, and cognitive approach that each culture customarily expects of individuals on the basis of what gender they seem to be.

Sexual orientation has to do with the gender of those toward whom one is romantically or sexually attracted.

Life might be simpler if people adopted one equation, such as, "I am genetically female; I feel female inside; I do female things; I am attracted to males." But, because all of these components of sexuality can be independent, the result is a 4x4 interaction that generates 16 distinct possibilities of sexual identity (Friend, 1987).

Gender role in North American society is in a state of incredible flux, and the resultant uncertainty has spawned an intense effort to get to the root of the differences between the sexes. Books such as Deborah Tannen's *You Just Don't Understand* (1990) contrast typical "male and female" styles of communications. Moir and Jessel's *Brain Sex* speculates on anatomical differences that lead to gender-specific styles. Both of these works, and others like them, have found eager audiences. Yet, there is a huge crossover in human behavior.

As women take up masculine sports like boxing and (albeit very slowly) take over leadership positions in major corporations and in national politics, and as increasing numbers of men gravitate toward the role of housekeeper and child-rearer, demanding a balance between career and relationships, it becomes clear that biology is only one factor determining a person's gender role. Despite this immense plasticity in human behavior, most people hunger for a world that provides them with a simple dichotomy. "Given that our social context is based on clear differences between the sexes, any person who challenges this dichotomy is seen as problematic" (Friend, 1987).

The Biology of Sexual Identity

The biological causes of gender dysphoria and transsexualism remain elusive. Adult endocrine levels are almost always normal in transsexuals,

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AEGIS, the American Educational Gender Information Service, Inc., is a 501(c)(3) nonprofit clearinghouse for information about transgender and transexual issues. We are a membership organization with general, professional, student, and other membership categories. We publish this newsletter, *Chrysalis: The Journal of Transgressive Gender Identities* and other materials, provide information and referrals via telephone, U.S. mail, FAX, and e-mail, and house the National Transgender Library & Archive and its caretaker organization, the Transgender Historical Society. We maintain an extensive bibliography of articles and books on transgender and transexual topics which was published in 1994 by Garland, and a large database of support groups and caregiving professionals.

Our Board of Directors is chaired by of JoAnn Roberts, Ph.D., and consists of Jason Cromwell, Ph.D.(c), Gianna Eveling Israel, Alison Laing, Carol Miller, M.S., Marisa Richmond, Ph.D., and Delia van Maris, M.D. Dallas Denny, M.A. is our Executive Director. We also maintain a 30+ member Advisory Board, which we consult on important issues.

In its five-year history, AEGIS has taken the forefront in advocating transgender and transexual rights and nondiscriminatory treatment, both in and out of medical settings. We periodically release advisories about health-related matters. We have played and will continue to play an important role in health care issues about transexualism and transgenderism . We have also played a major role in starting support groups (including Atlanta Gender Explorations and Aurora, in Jackson, Mississippi), and gender conferences, including Southern Comfort, the International Congress on Cross-Dressing, Gender, and Sex Issues, and the FTM Conference of the Americas.

Late this year, AEGIS' new publishing division, Sullivan Press, will proudly release *Recommended Guidelines for Transgender Care* by Gianna Eveling Israel and Donald Tarver, M.D. This groundbreaking book will redefine medical and psychological treatment for transgendered persons. Our 6000+ item annotated bibliography, *Gender Dysphoria: A Guide to Research* was released last year by Garland Publishers. Next year, Dallas Denny's edited text, *Current Concepts in Transgender Identity: Towards a New Synthesis*, also from Garland, will introduce cutting edge concepts to the professional community.

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The Paradigm Shifts Changed

Then

Nine FTMs (some just beginning their transition and several old-timers and two friends) came to Get-Together #3, held in September.

– FTM Newsletter, December, 1987

Number of Pages in Directory of Organizations and Services in TV-TS Tapestry, issue #46, 1985:

8

Ten transvestites with no other major deviant behavior and five transvestites with pronounced transsexualism were treated. Nine of the uncomplicated transvestites were rated much improved at the end of treatment and the tenth was improved. . . . Other deviant patterns of sexual behavior did not replace the deviant behavior eliminated by aversion treatment. (p. 403)

–Gelder, M.G., & Marks, M., (1969). Aversion Treatment. In Transvestism and Transsexualism. In R. Green & J. Money (Eds.), Transsexualism & Sex Reassignment, pp. 383-403. Baltimore: The Johns Hopkins University Press.

In the simplest form transvestism may be said to be a form of compulsion neurosis in which the individual's desire for the genitals of the opposite sex is displaced to the clothing of the opposite sex. In every case of transvestism there is a definite exhibitionistic element. There is good reason to believe that cross-dressing is a desire to be identified with the opposite sex, and to seek love and affection of both sexes. In such a transformation the transvestite feels himself to be bi-sexual.

– From Podolsky, E., & Wade, C. (1960). Transvestism Today, pp. 17-18. New York: Epic Publishing Co.

("Can We Play, Too?")

New World Body to Set Standards of Care for Transsexuals

by Garrett Oppenheim

Formation of a world association to improve the quality of care for sex-change candidates was announced on Feb. 24 [1979] . . . In addition to setting standards of care, the new association will act as a center for gathering and distributing information of help to sex-change candidates and the professionals who treat them.

The question of laymen was raised as to whether the new association should open its membership to laymen . . . It was decided that laymen will be admitted, and our application for membership has already been filed.

— *Transition*, #9, 1979

Transgender is here, and it has changed everything. The categories "crossdresser" and "transexual," once considered mutually exclusive, are now seen by many as sub-categories within the larger constellation of behaviors. And the pathology which was once visited upon the categories is now seen to lie within a society which cannot accept diversity, rather than within the individual who dares to be or cannot help being different. Not everyone, of course, accepts this sense of things. However, if not universal, it is certainly pervasive, and is affecting the way transgendered and transexual people see themselves, and they way they are viewed by society. Here are a few examples of how things have changed— *Ed.*

The Paradigm Shifts Changed

Now

Major Frank Jordan proclaimed this past weekend, August 18, 19, and 20, 1995 "FTM Conference Weekend in San Francisco" as over 360 female-to-male (FTM) transgendered people, transsexual men, their families and friends, along with medical practitioners and psychologists, convened here for the first international all-FTM gender conference ever held in North America.

– FTM International Press Release, 21 August, 1995

Number of Pages in Directory of Organizations and Services in TV-TS Tapestry, issue #72, 1995:

21

The development of SRS did not, however, empower the client; it simply shifted the power to the team made up of surgeons, psychiatrists and psychologists. This raises the question as to who should make the decision as to whether an individual should have SRS. Is it the highly trained medical and psychological team, or is it the individual? A few years ago, the question would not have have been asked, but the consumer movement puts a new light on the question. SRS is plastic surgery, yet in the major centers, the requirements make it seem to be much more. Is it the mystical powers of the sex organs, with all of their magical and religious connotations, that make the decision so fraught with meaning that plastic surgery for a nose does not have?

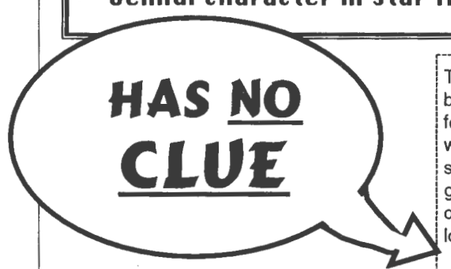
– Bullough B., & Bullough, V.L.. Transsexualism: Historical Perspectives, 1952 to Present. In press, D. Denny (Ed.), Current concepts in transgender identity: Towards a new synthesis. New York: Garland Publishers.

I am tired of lying. I was born that way. I have had those feelings, those longings all my life. It is not unnatural. I am not sick because I feel this way. I do not need to be helped. I do not need to be cured.

-- Jennai character in Star Trek: The Next Generation

Transgendered persons often feel that they're being indulged, and frankly treated like children by some providers and members of the academic community. There has been an us-versus-them climate established that is very patronizing ... The transgendered community has professional people in all walks of life. I think there needs to be an atmosphere formulated with a little less of them in it and a lot more of us in the mixture, and then maybe we'll all be able to breathe a little bit easier. If other professionals want to ride on this carousel with us, that's great– I'm all for it– but I don't think they should be telling us to just watch. Because it's our god damn merry-go-round.

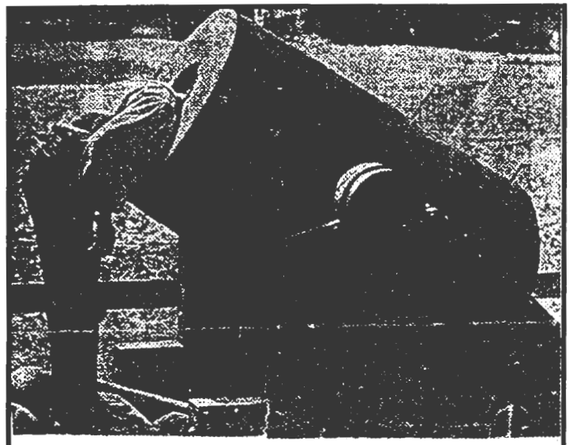
– Excerpt from a talk given by Kim Elizabeth Stuart, International Congress on Cross-Dressing, Sex, & Gender Issues, Northridge, CA, February, 1995



The consumers consisted of two subgroups within the gender dysphoria landscape; biological females (of the type who have sexual relations with other biological females)– in the DSM III-R, known as "homosexual transsexuals." Biological females with gender dysphoria of the "nonhomosexual" type are exceedingly rare, although some case reports have been appearing in the literature. . . The most common subgroup of gender dysphorics attending the meeting consisted of biological males and of the type who have a history of transvestic fetishism and sexual attraction to biological females.

– From a posting on the Sexnet mailing list (a part of the Internet) by Dr. Ken Zucker, talking not about his patients, but about his peers at the Northridge Conference.

Analysis of a Transexual Menace



Excerpts From the Menace Quiz Handed Out At the Annual Conference of IFGE, March, 1995

1) Two years ago, New York drag queen and longtime transgender activist Marcia Johnson was killed and drowned in the East River. Over the ensuing years, how have IFGE & The Tapestry responded to this outrage?

a) Nothing b) I don't know c) They don't know d) It's not in Vision 2000

2) Nebraska female-to-male Brandon Teena was outed, beaten, raped, and murdered last year. Over the ensuring year, how have IFGE & *The Tapestry* responded to this outrage?

a) Nothing ___ b) I don't know ___ c) They don't know ___ d) It's not in Vision 2000 ___ e) He doesn't live in the suburbs or buy *Tapestry* ___

3) Brandon's family lives in such poverty, his mother has not even been able to pay for his funeral expenses nor even a headstone for his grave. What has IFGE's response or *Tapestry's* response been?

a) Nothing ___ b) I don't know ___ c) They don't know ___ d) No one knows ___

4) Many people in the transgender, transexual, crossdressing community are sexually active, sometimes in concert with their gender issues or gender play. 10 years into the AIDS epidemic... IFGE'S and the Tapestry's response to the necessities of educating transpeople about safe sex and safe play has been:

a) Transpeople don't have sex ___
b) Transpeople are immune ___
c) AIDS doesn't get to the suburbs ___
d) It's too depressing to discuss ___

Threat or MENACE ?

In March, at the Coming-Together/Working Together conference of the International Foundation for Gender Education (IFGE), members of the activist organization Transexual Menace handed out leaflets questioning Vision 2000, IFGE's strategic planning document (see above for the flyer). Reactions of IFGE staffers, board members, and conference attendees ranged from amusement to outrage to indifference.

Many at the conference saw only black Menace t-shirts and didn't understand the motivations behind the Menace's action, or the very obvious sense of humor in the flyer (this sense of humor is evident in everything the Menace does). The real purpose of the IFGE leafletting was not to attack that organization, but rather a dramatic way of pointing out that the transgender community, as typified by IFGE, is relatively unresponsive to issues of class and race and does little to productively adress the very significant problems its own members have with violence and discrimination.

Incidentally, the Menace's IFGE leafletting had the desired response; many in the community have begun to more actively address the issues raised in The Menace Quiz.

Our commuity needs "In Your Face" activists like the Menace. While they can sometimes be hard to take (those without the Menace's sense of humor tend to be particularly obnoxious), they force social change by taking extreme positions. When all is said and done, those who were on the periphery find themselves in the mainstream.

To understand the Menace (and we think it's important to do so), one must put one's mind into high gear and start to "get" the joke. To this end, we're printing an open letter to Menace co-founder Riki Anne Wilchins, and a portion of Riki's response. Please read the letter starting on page seven with your sense of humor engaged!

An Open Letter to Riki Anne Wilchins

Dear Ms. Wilchins:

By what incredible stretch of imagination did you conceive to involve any other people in this idiotic plot of yours to distribute leaflets at the Atlanta Convention? Now, granted, three of us did in fact review the text of the "Menace Quiz" with you and in fact we said it was good, but that's just because we always agree with everything you say, and we didn't mean to imply that we thought it was a good idea to actually introduce into the community's discussion such topics as homelessness, substance abuse, AIDS/HIV, depression, hopelessness, child custody, or employment security. We didn't mean that the community as a whole should be encouraged to think about these things or maybe take some kind of action about them. We didn't mean that it would be productive rhetoric in the service of constructive dissent to raise tough questions without providing prepackaged answers, so that we might discuss the issues which afflict and beset us. What we actually meant was that we thought it would be really funny if all the people reading the quiz decided that it was just your megalomaniacal mean-spirited demagoguery and egotistical self-aggrandizement, manifesting in unconscionable terrorist tactics.

In the first place, this action is primarily just one aspect of your frequent shameless grandstanding. Everyone knows you're looking only for renown, fame, power, and glory. The fact that it was distributed unsigned just *proves* that you want the readers to assign responsibility for the document to you. So long as the discourse stays centered on personalities, and especially your personality, we can simply discuss who likes whom, and we can effectively and easily avoid discussing real issues. If you were really interested in solutions, you would provide them, instead of merely asking questions, instead of calling for dialogue. You know, it's really better for everyone just to stick with the status quo.

The second is your hypocrisy. Months ago, you co-authored and signed a letter published locally and re-printed in the *Tapestry,* on the subject of horizontal hostility and the politics of dissent, decrying personal attacks and calling for a renewed focus on issues and real problems. Now, with this leaflet, you have the temerity to actually make fun of the apparent lack of focus on issues! And what exacerbates the matter is that you dare to avoid pointing the finger at any individual or personality, but merely raise the issues as fit subjects for discussion in our community and focus attention on the IFGE as a whole. Now, everyone knows you must have been secretly pointing the finger at specific people. At least, I think you were. How dare you try so grandly to distinguish between simple dissent and horizontal hostility! Shameless, covert personal hostility masquerading as confrontation combined with humor is intolerable!

Finally, there is your absolute disregard for established order, and your crazy assertion that actually doing some things is as useful and perhaps even better than talking about doing things, or talking about each other. If you get the people talking about things, if you encourage dialogue about real issues, rather than about each other, then they might actually take action into their own hands and, heaven forbid, act independently. People with strong opinions and commitment might actually begin to act on their opinions. They might begin to provide input to the leadership. We might actually have leadership from the "grassroots" people instead of from the hierarchy.

Now admittedly, it seemed that this was our ultimate finding during the trans community town meeting on Wednesday, when we determined that the only real action to be taken would be taken by committed individuals. This, however, was no doubt just idle talk. Stir up the people too much and they might drift away from the benevolent protection and guidance of the united, if slightly inert transgender community leadership cartel, in order to take spontaneous actions on their own, or in concert with only a few others.

This is not leadership by example, but irresponsibility and counterproductiveness. Now everyone will think they're empowered and have the right to raise issues, have differences of opinion, and distribute leaflets. Lots more people in our community will be encouraged to think on their own, for heaven's sake! Next year we could have a dozen Tom Paine wannabees distributing leaflets on issues of concern to them and their friends, instead of focusing on process," sticking to the agenda and using parliamentary procedure. It's just exactly like spray painting slogans on buildings. Uncontrolled leafletting? Unthinkable! We'll have to create some kind of committee to review hostile leaflets for form, content, redundancy, timing, offensive language and political correctness. Are you really so naive? Do you really think it's possible, or good, to turn the world upside down and have leadership from the members instead of leadership from the hierarchy? Do you really think anyone at all (okay, maybe there are some, but not more than two or three) is really interested in confronting these matters?

Get with the program. There's really no room for this kind of confrontation in our community, especially in the face of the emerging power of the so-called "Christian" right. Settle down. Remember, it's like the old statement that you can't fight City Hall, and it's really not worth trying. A small, ineffectual, oppressed group like ours needs to keep quiet and work through established, traditional structures. Like Ghandi. No, that's not right. Like Mandela. Oops, no, not him either. Like Susan B. Anthony and Elizabeth Cady Stanton. No, not them. Like, um, like me. Shit, no, that's not right either. Well, anyway, you get the picture. Just sit down and shut up.

– Lynn Walker

Reply by Riki Wilchins' Evil Twin, "Skippy"

Some have claimed that Riki is "too radical." We deal here with half-truth and sleazy innuendo. It is *not* true that her ideas, when discussed at the last CTO board meeting, caused several members to be removed from the room, feet-first. Okay, it is true that several members of the Vision 2000 team did become extremely queasy, but only *six* requested airsickness bags, and only *four* of them were forced to deploy them in actual use.

And, yes, it *is* partly true that she wears that ridiculous black Transexual Menace NYC t-shirt everywhere she goes. But again, we deal with half-truth, since the cold facts are that she long ago had that made into a full body tattoo, and has actually been walking among us completely naked for the past two years.

Now, no doubt many of your readers are saying to themselves at this very moment: "Who is this person Riki Anne, who is so depraved? What are these disgusting acts? And where can I buy full-color pictures of them. As far as the last question is concerned, personally I would check with Mariette Pathy Allen, who apparently has pictures of EVERYTHING that has ever happened in this community.

Lettercol

The editorial "Vaginal Politics" in the last issue of AEGIS News has so far resulted in a much-needed $500 donation, on the condition that we distribute the article as widely as possible. and two negative letters. We are printing one. but not the second, which comes from one of the "genetic women friends" to which Cynthia showed the article, and is primarily a personal attack on the author.

I would like to note at this time that the author of the unattributed quotations in "Vaginal Politics" was Linda Phillips, Cynthia's partner. I had hoped to avoid naming her. but that is no longer possible. For those who might not know, Cynthia and Linda Phillips are the driving force behind the Texas "T" Party and San Antonio's Bolton & Park Society.

Dear Dallas:

I read your article "Vaginal Politics" in the *AEGIS News*. I want you to know that I was deeply offended by this. The first part of your article is nothing a woman would write. I consider this pure fantasy, which feeds the fires of the wannabees. I have shown this article to a number of my genetic women friends, and they also were deeply offended.

If you want to attack Linda for trying to keep fantasy about of this wonderful operation (it takes a lot of intestinal fortitude to tell people what they don't want to hear), so be it. But please cut out the disrespect for womanhood.

If you want to attack someone, go after some of the professional care givers. I could give you first-hand accounts that would make your hair curl.

Women such as myself and Linda have spent many hours, days, months, and years LISTENING to these people. We DO CARE.

— Cynthia Phillips

First, there it nothing whatsoever of fantasy in the opening paragraphs of "Vaginal Politics." It is my personal experience with having a vagina, a part of my body that gives me great delight.

In the interest of accuracy, "genetic" women like Anais Nin have certainly celebrated their own body parts in writings similar to my opening paragraphs. I don't find it disrespectful of womanhood to write in praise of sensations from one's own body.

Second, I cannot be insulted, shamed, or silenced by comparing me to "real" women. I am proud of my transexual origins and do not aspire to "genetic" status. Addressing ideological differences by implying that I should pattern myself by what "real" women say and think is a cheap trick, and one which will not work on a woman who is unashamed of her transsexualism.

What is at stake here, however, is not whether transexual women and men are "real" or not. The issue at hand is whether we as a community wish to educate people so they can make up their own minds about changing their bodies, or whether we wish to promote our own particular solutions to dealing with gender issues. I wrote "Vaginal Politics" because some in the community have taken it as their mission to "save" as many people as possible from genital surgery, and have been very vocal about it. This prosyletizing is almost invariably accompanied by insulting depictions of transexual people as being stubborn, selfish, and less than rational, and a skewed picture of what life is like after surgery. It's a defamation of an entire class of people, and it is entirely unwarranted. And it was to point out that this is being done that I wrote "Vaginal Politics." The first couple of paragraphs were meant to get everyone's attention— which they certainly seem to have succeeded in doing. But perhaps you and your "genetic" friends should re-read the article, this time concentrating on the message, and not the messenger.

When you accuse me of "attacking Linda for trying to keep fantasy out of this 'wonderful' operation," you are not only revealing your true feelings about SRS by your use of quotation marks around the word wonderful, but accusing me of something I did not do and would not wish to do— attack either you or Linda. Like both of you, and alongside you, I have long labored to make sure that those considering sex reassignment know the risks and have a realistic expecation of what they can and cannot expect from surgery. However, I am not interested in concentrating entirely on the negatives, or of dissuading anyone from having surgery, and I do not intend to sit idly by when others do it.

Genital surgery can be a life-affirming and life-enabling procedure, or a serious mistake. But the decision lies with the individual. I do not wish to talk anyone into having the surgery any more than I wish to talk them out of having it. I wish to present them with positive and negative information so that they can make their own decision. I do try to help them separate fantasy from reality— but that does not mean I'm willing to deny the sensuality that can result from the operation.

I certainly don't wish to discredit you and Linda for worrying about people who are unrealistic in their beliefs and approaches to SRS. I share your concerns, as you well know. However, when Linda consistently writes that one cannot be well-adjusted or happy if one has surgery, or in full possession of one's faculties if one even wants it, it is bound to cause commentary.

And finally, while there have certainly been instances of caregivers being less than helpful, or even harmful, to those in our community, it has rarely been because of bad intentions. Once again, the answer is education, and not slamming people — Ed.

Editorial

Paradigm Shift

This issue of *AEGIS News* acknowledges the very significant changes in the way gender is coming to be viewed in our society, and the ways in which we view ourselves.

Forty years ago, Dr. Virginia Prince was working to popularize the message that there walked on this planet men who liked to dress in womens' clothing, and yet were sexually attracted only to women. She called these individuals heterosexual crossdressers.

At about the same time, Dr. Harry Benjamin was realizing that there were men who were much more suited to go through life as women, and women more suited for life as men; he named these people transsexuals.

Also about thirty years ago, at Johns Hopkins University, Dr. John Money separated sex and gender. Virginia Prince was an early bearer of the message that sex and gender are not the same thing, that sex is between one's legs, and gender, between one's ears.

Over a thirty year period, these various ideas took hold, slowly gaining strength. The categories of heterosexual crossdresser and transexual, if still confusing to the general public and even to some helping professionals, became firmly established.

But if these categories created spaces in which people with gender issues could feel comfortable to explore their feelings and identities, they eventually proved to be too confining for many. If one were transexual, a man in a woman's body or a woman in a man's body, then those without that identity were by default crossdressers (it was, after all, the only other available box). If one didn't fit comfortably in the crossdresser box, then one must be transexual. Those who didn't fit in either of those two boxes were confused and uncomfortable, often feeling that there was something wrong with them.

Virginia created the term "transgenderist" to describe those "in-between" people like her, who crosslived full-time without genital surgery. But in the last analysis, transgenderist was but another box with a narrow definition.

As the eighties wore on and the nineties began, people began to color outside the lines, experimenting with physical presentations and gender identities for which there were no terms, or for which new terms had to be created: genderfuck, gender transient, stone butch, she-male, drag king, Supermodel. Eventually, over Virginia's objection, transgender, a term derived from the word she had invented to describe herself, came to stand for the entire community of persons with transgressive gender identity and behaviors— crossdressers (gay straight and bisexual), transgenderists, and transexuals (gay, straight, and bisexual). There has been some opposition to this usage, primarily because of the threat it poses to established categories— Davina Anne Gabriel, for instance, has written about the "incredible shrinking transexual identity" — but transgender has entered the common parlance and is the term most widely used to describe the transgender community.

With this term has come a new way of looking at gender and sex, and the realization by many that the categories we most commonly accept— male and female— are rooted more in the particular way in which our culture views sex and gender than in any objective reality. "Man" and "woman" are labels which we afix to ourselves, but other cultures may afix other or additional labels, which are just as "real" to them, and which may reflect "reality" no less accurately than our terms.

This is a difficult concept for some people to accept, or even to understand— but look at it this way: until there was a Presbyterian Church, it was impossible to identify as Presbyterian. Presbyterianism is not a Universal Truth, but an identity that human beings in this culture and at this time can take for themselves. Similarly, homosexual and heterosexual, as Stephen Whittle demonstrated in Volume 1, No. 5 of *Chrysalis, (*our journal), are identities that are only about a century old. Before then, there were other sexual identities, and there was certainly behavior which we would, by today's standards, call homosexual, but it did not carry that label and the stigma associated with it.

Our beloved (if only decades-old) categories of crossdresser and transsexual are not immutable, are not fixed by nature, are not realities, except as we make them so. As people reject them in favor of newer (but no less "real") identities, they lose their consensual power.

This is what is happening in the mid-nineties. While some portion of the community embraces the old terms, more and more people reject them, and the community evolves.

This necessarily creates tension between those whose identities are built upon the "traditional" terms, and those whose identities are not. Since some of our communities' organizations are built upon the "old" model, they seem increasingly old-fashioned and rigid to that portion of the community which rejects the model upon which they are built.

In the next *Chrysalis,* which we call the "Transgender Gothic" issue, we will be looking in some detail at this paradigm shift, and what it means and will mean to the transgender community and its various organizations.

The following is a (8 18 95) press release from Transgender Nation— Washington, D.C.

Transgendered Accident Victim Denied Treatment by D.C. Fire Department Personnel; Later Dies from Injuries

Washington, D.C. — A male-to-female transgendered person was fatally injured in a traffic accident in Southeast Washington on Monday, August 7. *The Washington Post* identified the person as Tyrone Michael Hunter, 24 years old and a "transvestite." Her friends have stated she liked to be called Tyra, and had lived full-time as a woman since she was 14. She worked as a hairdresser and was well-liked by her neighbors.

Hunter was a passenger in a car when it was broadsided in the middle of an intersection in Southeast Washington by another car at a four-way stop. Hunter and the car's driver were both pulled from the demolished car by neighborhood residents. Ten minutes later, D.C. Fire Department personnel arrived on the scene. As a crowd of people gathered around the accident scene, a male D.C. firefighter began treating Hunter for her injuries, until he cut open her pant leg and detected her male genitalia.

At that point, according to eyewitnesses quoted in both *The Washington Post* and *The Washington Blade*, the firefighter stood up and backed away from the victim. One witness quoted him as saying "this ain't no bitch" as he began joking with the other fire department personnel at the scene. Another witness at the scene heard one of the firefighters say, "Look, it's got a cock and balls." Other witnesses also reported that as Hunter lay injured, bleeding and gasping for breath, her treatment was temporarily discontinued while the firefighters made jokes about her.

After people at the scene began complaining about the cessation of her treatment, the other firefighters resumed treatment of Hunter. She was later transported to D.C. General Hospital, where she was pronounced dead.

In response to questions raised by eyewitnesses in the press, Hunter's family and friends and the Washington, D.C., activist group GLOV (Gay Men and Lesbians Opposing Violence), Chief Otis Latin of the D.C. Fire Department held a meeting in his office on Friday, August 11, which resulted in no immediate action being taken. GLOV issued a press release demanding an independent investigation, suspension of the D.C. Fire Department personnel involved, and diversity and sensitivity training for the D.C. Fire Department. The D.C. Fire Department has announced it is continuing its investigation while refusing further comment. Due to the lack of investigation by the D.C. Fire Department, a gay, lesbian, bisexual, and transgender task force named Together In Tyra's Memory formed to take appropriate action. The group is composed of GLOV; the D.C. Coalition of Black Gay Men, Lesbians, and Bisexuals; The Gay and Lesbian Alliance Against Defamation of the National Capital Area (GLAAD-NCA); Capital City National Organization for Women (CapCity NOW); Log Cabin Club Republicans, D.C. Chapter; the Gay and Lesbian Activists Alliance (GLAA); Queer Nation; and Transgender Nation of Washington, D.C.; with the assistance of the National Gay and Lesbian Task Force, National NOW, Todd Moseley of ANC-1C(06), and GLAAD's National Field Director, Donna Red Wing. Additional transgender groups endorsing the Together in Tyra's Memory coalition include the Washington - Baltimore Alliance, Tranquility, the Transgender Support Group of Baltimore, and It's Time, Maryland!.

Fire Department Stonewalls!

Representatives of the Together in Tyra's Memory coalition met with D.C. Fire Chief Otis Latin on the afternoon of Friday, August 18. In a statement to the Press, Latin denied that emergency care had been withheld or stopped at any point during the D.C.F.D.'s response to the August 8 accident which resulted in Tyra Hunter's death. He did admit there were inappropriate remarks made by some D.C.F.D. personnel at the scene, and he apologized to Hunter's family for those remarks. He announced that the D.C.F.D. had concluded its investigation of the incident, and that no D.C.F.D. personnel would be punished for their roles in the affair.

The Together in Tyra's Memory coalition held a press conference on Tuesday morning, 22 August, on the front steps of the D.C.F.D. headquarters and produced eyewitnesses who contradicted the D.C. Fire Chief's account. Hunter's mother also spoke about her child's death. The coalition also produced a list of unresolved issues and remaining questions surrounding the death of Hunter and presented them to Chief Latin.

To express your outrage, write Mayor Marion Barry, Washington, DC 20001 and send a copy to Chief Otis Latin, D.C. Fire Dept., 1923 Vermont Avenue, NW, Washington, DC 20001.

ANTIDEFAMATION RAG

ANTIDEFAMATION RAG

Trans Community Protests Human Rights Campaign Fund

The transgender community is up in arms following the re-introduction in Congress of the Employment Non-Discrimination Act (ENDA) without transgender-inclusive language.

If adopted by Congress, ENDA will protect gay, lesbian, bisexual (but not, currently, transgendered) people from being discriminated against in the workplace. Last year, transgender lobbyists Phyllis Frye, Riki Anne Wilchins, and Jane Fee visited Capitol Hill for purposes of lobbying for transgendered people. After visiting with staff of Senator Jeffords, the sponsor of ENDA, they succeeded in having the language of the bill modified to include transgender and transexual people. After they left Capitol Hill, however, lobbyists from the Human Rights Campaign Fund (HRCF), an organization

dees; this resulted in a special planning session at which a comprehensive strategy to protest HRCF was developed.

Because of the ease and speed of communication through the Internet (for those who can afford a computer), it was possible to bring together protests against HRCF within one week. There were actions at Pride events in Atlanta, Seattle, Houston, New York, and Philadelphia; most typically, leaflets were quietly handed out, although in Houston, Phyllis Frye brought along a large sheet advising people not to give money to HRCF.

Transgender protests are continuing at HRCF events. At an HRCF black-tie fundraiser in New Orleans, the keynote speaker, Dee Mosbacker, M.D., Ph.D., co-producer of the films "Straight From the Heart" and "All God's Children," lambast-

ruled that transexual persons are not covered under title VII.

HRCF has agreed to negotiate with delegates from the transgender community, but Riki Anne Wilchins of Transexual Menace and Phyllis Frye have called for protests against HRCF to continue until the matter has been resolved to the community's satisfaction.

Those who are interested in the HRCF issue and wish to follow HRCF and other political issues in the community and have e-mail can join the Transexual Menace mailing list [send e-mail to majordomo@zoom.com with the following in the body of the message: subscribe ts menace your full e-mail address].

To show HRCF the community means business, send them e-mail at hrcf-comm@aol.com, write them at

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was temporarily discontinued while the firefighters made jokes about her.

After people at the scene began complaining about the cessation of her treatment, the other firefighters resumed treatment of Hunter She was later transported to D.C. General Hospital, where she was pronounced dead.

In response to questions raised by eyewitnesses in the press, Hunter's family and friends and the Washington, D.C.. activist group GLOV (Gay Men and Lesbians Opposing Violence), Chief Otis Latin of the D.C. Fire Department held a meeting in his office on Friday, August 11, which resulted in no immediate action being taken. GLOV issued a press release demanding an independent investigation, suspension of the D.C. Fire Department personnel involved, and diversity and sensitivity training for the D.C. Fire Department. The D.C. Fire Department

Additional transgender groups endorsing the Together in Tyra's Memory coalition include the Washington - Baltimore Alliance, Tranquility, the Transgender Support Group of Baltimore, and It's Time, Maryland!.

Fire Department Stonewalls!

Representatives of the Together in Tyra's Memory coalition met with D.C. Fire Chief Otis Latin on the afternoon of Friday, August 18. In a statement to the Press, Latin denied that emergency care had been withheld or stopped at any point during the D.C.F.D.'s response to the August 8 accident which resulted in Tyra Hunter's death. He did admit there were inappropriate remarks made by some D.C.F.D. personnel at the scene, and he apologized to Hunter's family for those remarks. He announced that the D.C.F.D. had concluded

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Trans Community Protests Human Rights Campaign Fund

The transgender community is up in arms following the re-introduction in Congress of the Employment Non-Discrimination Act (ENDA) without transgender-inclusive language.

If adopted by Congress, ENDA will protect gay, lesbian, bisexual (but not, currently, transgendered) people from being discriminated against in the workplace. Last year, transgender lobbyists Phyllis Frye, Riki Anne Wilchins, and Jane Fee visited Capitol Hill for purposes of lobbying for transgendered people. After visiting with staff of Senator Jeffords, the sponsor of ENDA, they succeeded in having the language of the bill modified to include transgender and transexual people. After they left Capitol Hill, however, lobbyists from the Human Rights Campaign Fund (HRCF), an organization which has pledged to fight for the rights of everybody, succeeded in having the transgender language removed from ENDA. The transgender lobbyists then went into educational mode with HRCF, explaining the importance of transgender-inclusive language for all feminine males and masculine women, whether or not they are transgendered.

When ENDA was re-introduced in June of this year, it happened to occur during ICTLEP, the International Conference on Transgender Law and Employment Policy, which was attended by transgender and transexual activists from across the country. When Sarah DePalma, one of the attendees, downloaded the language of the 1995 ENDA bill from the Internet and saw that transgender language was once again not included (*i.e.*, HRCF had once again made sure it was not included) she told the other attendees; this resulted in a special planning session at which a comprehensive strategy to protest HRCF was developed.

Because of the ease and speed of communication through the Internet (for those who can afford a computer), it was possible to bring together protests against HRCF within one week. There were actions at Pride events in Atlanta, Seattle, Houston, New York, and Philadelphia; most typically, leaflets were quietly handed out, although in Houston, Phyllis Frye brought along a large sheet advising people not to give money to HRCF.

Transgender protests are continuing at HRCF events. At an HRCF black-tie fundraiser in New Orleans, the keynote speaker, Dee Mosbacker, M.D., Ph.D., co-producer of the films "Straight From the Heart" and "All God's Children," lambasted HRCF about the transgender issue, asking the over 500 members and politicians in the audience, "Who do we think we are, as we go about obtaining our (Gay) rights, to exclude others from obtaining those same basic rights? Who do we think we are to exclude the Transgendered, the Drag Queens, and the Dykes? Who are we? ... These people have made valuable contributions to us and we should value them."

HRCF has steadfastly maintained that it does not "believe that changing the language of ENDA in its current form is the best way of accomplishing this goal." Chai Feldblum, Ph.D., legal consultant to HRCF, suggested that transgendered and transexual persons are covered against employment discrimination under Title VII of the Civil Rights Act of 1963; however, Phyllis Frye of ICTLEP pointed out to Feldblum that courts have consistently ruled that transexual persons are not covered under title VII.

HRCF has agreed to negotiate with delegates from the transgender community, but Riki Anne Wilchins of Transexual Menace and Phyllis Frye have called for protests against HRCF to continue until the matter has been resolved to the community's satisfaction.

Those who are interested in the HRCF issue and wish to follow HRCF and other political issues in the community and have e-mail can join the Transexual Menace mailing list [send e-mail to majordomo@zoom.com with the following in the body of the message: subscribe ts menace your full e-mail address].

To show HRCF the community means business, send them e-mail at hrcfcomm@aol.com, write them at HRCF, 1012 14th St., NW, Ste. 607, Washington, DC 20005, call them at (202) 628-4160, or send them a FAX at (202) 347-5323. Remember: HRCF is not the enemy. Be firm, but please be nice.

Transgender Lobbying Day

On 2 October, 1995, more than 50 Transgender and Transexual lobbyists will gather on Capitol Hill in Washington, DC to make lawmakers aware of the needs of the community. A prime topic, you can bet, will be transgender and transexual inclusion in ENDA. For more information, join the Transexual Menace mailing list or contact The Transexual Menace NYC, (212) 385-6023 (Voice); (212Z) 267-5084 (FAX); menace@virtualx.com (e-mail).

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Bibliography of HIV & AIDS in Transgendered Persons

The following is an exhaustive list of articles and books which address HIV issues in transgendered and transexual persons.

Alan, D., Alexander, R., & Monroe, J. (1992). Transsexuals: Don't think about them and they go away.. and die! *International Conference on AIDS*, 19-24 July, 1992, *8*(2).

Alan, D.L. Guinan, J.J., & McCallum, L. (1989). HIV seroprevalence and its implications for a transexual population. *International Conference on AIDS*, +9 June, 1989, 5, 740.

Bockting, W.O., Rosser, B.R., & Coleman, E. (1993). *Transgender HIV AIDS prevention program manual.* Minneapolis: U. MN Program in Human Sexuality.

Britton, D., & Santiago, P. (1992). Using the HBM and social action research for evaluation of programs for HIV+ youth: A preliminary report. *International Conference on AIDS*, 19-24 July, 1992, *8*(3), 157.

Carballo-Dieguez, A. (1992). Towards an emic typology of men who have sex with men. Paper presented at International Conference on AIDS, 19-24 July, 1992

Cenzig, A.T., Kendi, O., Kiyan, M., Bilge, Y., et al. (1992). [Detection of herpes simplex virus 2 (HSBV) IgC and IgM using ELISA in transsexuals and homosexuals]. *Mikrobiyol. Bul.*, *26*(1), 41-49.

Denzig, A.T., Kendi, O., Kiyan, M., Bilge, Y., et al. (1993). [Demonstration of herpes simplex virus (HSC) -2 IgC and IgM using ELISA in transsexuals and homosexuals]. *Mikrobiyol. Bul.*, *17*(1), 46-51.

Elifson, K.W. (1993). Male transvestite prostitutes and HIV risk. *American Journal of Public Health, 89*, 260-262.

Galli, M., Esposito, R., Antinori, S., Cernuschi, M., et al. (1991). Letter to the editor: HIV-1 infection, tuberculosis, and syphilis in male transexual prostitutes in Milan, Italy. *Journal of Acquired Immune Deficiency Syndrome*, *4*(1), 1006-1007.

Gattari, P., Rezza, G. Zaccarelli, M., Valenzi, C., & Tirelli, U. (1991). Letter to the editor: HIV infection in drug-using transvestites and transsexuals. *European Journal of Epidemiology, 76*(6), 711-712.

Gayet-Mengelle, C., Puel, J., Averous, S., & Bazex, J. (1989). HIV spread in prostitute population in Toulouse (France). *International Conference on AIDS*, 4-9 June, 1989, *5*, 85.

Godano, A., Massara, D., & Sinicco, A. (1990). [Transsexualism and sexually transmitted diseases]. *Archivio Italiano di Urologia, Nefrologia, Andrologia*, *62*(1), 117-119.

Griggs, L., Toomy, L., Alan, D.L., Gold, J., Turbitt, P., Anns, M., & McElwee, P.R. (1989). The development of a street based outreach programme to reach young male, female and transsexuals, street based prostitution in Sydney, Australia. International Conference on AIDS, 4-9 June. 1989, 5, 696.

Hunter, A., & Overs, C. (1989). AIDS education to male sex workers: Working at the risk interface. International Conference on AIDS, 4-9 June, 1989, *5*, 801.

Kiyan, M., Cengiz, A.T., Kendi, O., Ugurel, M.S., et al. (1993). [Demonstration of cytomegalovirus (CMV) IgG and IgM in homosexuals and transsexuals using ELISA]. *Mikrobiyol. Bul.*, *27*(2), 119-126.

Kiyan, M., Cengiz, A.T., Kendi, O., Ugurel, M.S., et al. (1993). [Demonstration of *Chlamydia trachomatis* IgG using ELISA in transsexuals and homosexuals]. *Mikrobiyol. Bul.*, *27*(3), 233-240.

Kok, L.P., Ho, M.L., Heng, B.H., & Ong, Y.W. (1990). A psychosocial study of high risk subjects for AIDS. *Singapore Journal of Medicine*, *31*(6), 573-582.

Modan, B., Goldschmidt, R., Rubinstein, E., Vonsover, A., Zinn, M., Golan R., Chetreit, A., & Gottlieb-Strematzky, T. (1992). Prevalence of HIV antibodies in transsexual and female prostitutes. *The American Journal of Public Health, 82*(4), 590-592.

Moresco, L, Gipponi, M., Vecchio, C., Catturich, A., Margarino, G., Percivale, P., & Badellno, F. (1989). Surgical management in HIV-infected patients. *Proceedings of the Annual Meeting of American Society of Clinical Oncology, 8*, A20.

Morlet, A., Darke, S., Guinan, J.J., Wolk, J., & Gold, J. (1990). Intravenous drug users who present to the Albion Street (AIDS) Center for diagnosis and management of human immunodeficiency virus infection. *Medical Journal of Australia, 152*(2), 78-80.

Morlet, A., Michelmore, T., Turbitt, P., Begley, K., & Gold, J. (1989). Evaluation of a multidisciplinary HIV diagnosis and managment center, *Sydney, Australia. International Conference on AIDS*, 4-9 June, 1989, *5*. 174.

Namaste, K. (1995). *HIV/AIDS and transgender communities in Canada: A report on the knowledge, attitudes, and behaviour of transgendered people in Canada with respect to HIV and AIDS.* Toronto: genderpress.

Perkins, R. (1994). *Transgender lifestyles and HIV/AIDS risk.* U. South Wales (Australia): Australian Govt. Publishing Service.

Ratnam, K.V. (1986). Awareness of AIDS among transsexual prostitutes in Singapore. *Singapore Medical Journal*, *27*(6), 519-521.

Ratnam, K.V. (1990). Efficacy of health education programme on awareness of AIDS among transsexuals. *Singapore Medical Journal, 31*(1), 33-37.

Rekart, M.L., Chan, S., Barnett, J., Lawrence, C., & Manzon, L. (1991). HIV and North American aboriginal peoples. Paper presented at the International Conference on AIDS, 16-21 June, 1991.

Ross, M.W., Wodak, A., Gold, J., & Miller, M.E. (1992). Differences across sexual orientation on HIV risk behaviors. *AIDS Care, 4*(2), 139-148.

Spizzichino, L., Gattar, P., Rezza, G, Zaccarelli, M., & Valenzi, C. (1991). Prevalence of HIV-1 antibody and risk behaviours among male prostitutes, drug users, in Rome. *International Conference on AIDS*, 16-21 June, 1991, 7(2), 300.

Valenta, L.J., Elias, A.N., & Domurat, E.S. (1992). Hormone pattern in pharmacologically feminized male transsexuals in the California State Prison System. *Journal of the National Medical Association, (94)*3, 241-250.

Excerpted from D. Denny (1994). *Gender Dysphoria: A Guide to Research.* New York: Garland.