

# Transsexuals need medical coverage—surgeon

CHARLOTTESVILLE, VA—A pioneer in transsexual surgery has called for health insurance coverage of sex-change operations.

Dr. Milton T. Edgerton, chairman of the plastic surgery department at the University of Virginia and a nationally known specialist in transsexual surgery, told a group of medical students and faculty members here that transsexual surgery in the United States "is written off as a form of cosmetic surgery...and patients have to scrape up ever penny" to pay for the surgery.

Surgical fees alone are an estimated \$6,000, a university spokesman said. Hospitalization lasting several weeks and other accompanying costs raise the price of a sex-change operation to about \$10,000. Extensive psychiatric counseling and other medical treatment precede the costly surgery.

Doctors believe an estimated 10,000 to 20,000 Americans are transsexuals, persons whose natural anatomical gender is in conflict with their psychological

gender. In the United States, male transsexuals, persons born with male anatomy who identify with females, are believed to outnumber by 4 to 1 females who feel trapped in female bodies.

Current notions that transsexual surgery is merely cosmetic place "a very great burden" on patients financially, Edgerton said. "And I hope that will change. In most European countries and in Canada, transsexual surgery is covered by national health insurance."

Edgerton, Dr. William M. Sheppe, a psychiatrist, and Dr. U. G. Turner, III, a gynecologist, members of the "gender identity team" that treats transsexuals at U. VA, participated in a panel discussion on transsexualism at

the medical school. Dr. Oscar A Thorup, Jr. was moderator.

"Surgical treatment is the only successful treatment" of transsexuals, Edgerton said. For a treatment to be valid, he said, it must be economically feasible.

He reported on follow-up studies of 46 patients who have undergone transsexual surgery. Of the 39 male transsexuals and seven females, none had regrets and none suffered psychotic breakdowns or had committed suicide. Half were married and six had adopted children. Also, there were no known malignancies of the breast or prostate, despite long-term use of hormones.

Further, there were no threats of malpractice suits, Edgerton said, adding that surgeons who

perform transsexual surgery are not protected under the usual malpractice insurance policies.

More than 60 per cent of transsexual patients report satisfactory orgasms after surgery, he said.

The irreversible transsexual surgery is seen as the last step in treatment, which includes extensive psychological counseling and drug or hormonal therapy. Patients are required to live at least one year in the role of the chosen gender.

Surgery from male to female anatomy has been more successful and become more sophisticated than the opposite, Turner said. Even examining physicians have been unable to detect the patient who was born with male anatomy after surgery, Turner said.

Transsexual patients "are not just interested in genital surgery, but to be completely acceptable to themselves," Edgerton said.

In this pursuit, patients request a more flattering nose, perhaps, or the slimming of an adam's apple or legs. Electrolysis and hair transplants are employed.

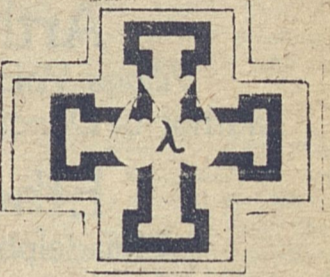
"I've often wondered how they've managed to keep a job, save money...and keep their sanity" through the long process, Edgerton said.

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