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# YOUR HEALTH PROJECT REPORT

Saturday, August 20, 1994

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## Third Annual International Conference on Transgender Law and Employment Policy

*Moderator:*

○ Martine Aliana Rothblatt, Attorney

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### INSURANCE, THE DSM, A NEW TORT, GATEKEEPERS, NO DIVORCE, APARTHEID OF SEX, VIOLENCE, AND THE NON-OP OPTION

by Martine Aliana Rothblatt:

I'd like to give the report on the health law workshops. I was the moderator of that workshop. I'm going into the four main areas that the workshops covered. If anybody would like to input, please feel free, but let's keep it short because we never were able to contain our discussions even in all of our workshop sessions. I really apologize to all of those who I did not call upon. I know there are many who wanted to input and didn't get called upon. I do apologize, but we really only scratched the surface in the hours that we had.

The health law workshop started out with insurance as does nearly every health related topic nowadays as we know. There were several interesting observations made on this subject that I think summarize it fairly well. Jessie Xavier, pointed out that society should pay for SRS because it's "society's dis-ease," to use Gordene MacKenzie's phrase, with us that creates the problem in the first place. The reason that there are people incurring these medical expenses is because of the lack of acceptance of people as they are and for who they are. Since insurance is really a question of who pays for health services, I think we really felt that society should pay for this, and Jessie highlighted the logic for that quite nicely.

Lisa Middleton spoke on her experience in the field of insurance—a lot of experience in the field of insurance, she's involved in that industry in a very responsible fashion—and the research she did at University of California library system. She pointed out that neither of the two main reasons given for insurance non-coverage—in other words, for exclusion of us from insurance coverage—neither of those two reasons are valid. That the first reason most frequently given is that this is cosmetic surgery. Lisa asked how could this be cosmetic where it occurs basically where the sun don't shine most of the time. Cosmetic surgery has to be something which is observable in some sort of cosmetic sense, and since this isn't it really is not cosmetic surgery.

The second reason, she also pointed out, it hardly could be considered experimental surgery either. That is the next most frequent ground of exclusion in policies that say we exclude transsexuals. People get excluded because it said, "Well, this is experimental surgery and most insurance doesn't cover experimental therapies." She pointed out that this too is absurd because we have documented evidence of many, many thousands of transgender surgeries, and at least tens or hundreds of thousands of hormonal therapies, and millions of people just changing their gender throughout history. None of this

could in any way really be construed as experimental.

Lisa also pointed out, very much to our benefit, that there is an organization in the U.S. that is responsible for defining for the government Medicare system—really a de facto standard virtually in the medical industry—in terms of is SRS treatment for a medical condition or does it not work? Is it an experiment? Is it something that half the times it's good and half the times people just blow their heads off. This organization is called HCFA, the Health Care Financing Administration. This has been a really big advancement in the health law track in this conference because we had never before focused on HCFA at all. Lisa is pointed out that HCFA has issued the only real objective, governmental report that there is on the effectiveness of transgendered medical therapies. It found them to be effective, to be the normal sensible Medicare approved treatment, that it was not an experiment. There are instances of cases of people successfully suing the Medicare system for insurance coverage. This was the first time it was pointed out that there's a document. [A person in the audience pointed out the report distinguished hormones from surgery.] That's an important clarification. For the record that the hormone therapy was effective and therefore Medicare should be able to cover it as medically necessary, but that surgery was not—they couldn't reach that conclusion on surgery.

by Jessica Xavier:

HCFA uses a coding scheme of numbers and letters to signify reimbursable charges or procedures. Is there a existing HCFA code, Lisa, that for SRS or was there just hormonal therapy?

by Lisa Middleton:

I'm not aware of any code. I'm also not aware that there has been any case that has challenged them on the hormone issue. It was a distinction of this report between more hormones and between SRS. I think that creates a very legitimate avenue for us to challenge any denial of hormone therapy. To my knowledge no one has taken and used that particular report to challenge being turned down for hormonal therapy. That particular report was written by two pharmacologists who are in no way qualified to comment on SRS, but well may be qualified to comment on hormone therapy.

by Martine Aliana Rothblatt:

In summary on the insurance point, I think there really was a consensus in the direction that there should be insurance coverage for transgender therapies for both of the reasons that Jessie and Lisa have pointed out.

We began to talk about what triggers insurance and being a diagnosis. We had a lot of discussion about words and terms. And I think Laura Skaer really summarized it best when she pointed out that gender dysphoria is an entirely a neutral term that says a person is uncomfortable with their gender. Do not to get hung up on the debate about words, a sort of mental masturbation, but focus on the issues in front of us.

We spent a long time talking about psychology. The second main topic covered in the workshops was psychology. I'd like to point out that the biggest financial beneficiary of transgendered people is psychology in total. I think this really adds up to most money if you count the number of years of therapy and multiple the opinions that are required. So I think that we have to really look at

everything they say about us with that grain of sand.

There wasn't a consensus either to improve us or to remove us from the DSM [Diagnostic and Statistics Manual of the American Psychiatric Association]. In other words, some people felt that we need to be improved in our description in the DSM while other people felt we needed to be removed from the DSM all together. Nobody was happy with the status quo, and everybody felt that either improvement or removal action should be taken.

It was at this point with the DSM that I think the workshop came to its most important point of all in the two days. That point was the issue of the DSM treatment of children. There really was somewhat of a consensus in the group that there's really, actually, probably some kind of child abuse that has not yet been fully identified. I think we can even say that in this workshop that there has been an identification of a new tort, which is basically a basis for suing. This new tort, I would suggest, is something called child gender abuse. It is the most significant outcome of our workshop, I think, because it focuses the attention on the ultimate issue. That is whether or not somebody who wants to be born expressing some sort of gender identity should be forced to express another one. Given what's accepted nowadays as psychological abuse, I think what the psychologists have done in their DSM really fits in that category.

It's now time for us to litigate this matter to get it resolved. It may be that the courts say, "No, this is not a tort, and we don't accept you to sue on this basis. This is just the appearance of trying to get medical treatment, and this is what the medical community thinks is the appropriate treatment for people whose penises or vaginas don't match their mental image of what they want to have to a greater or lesser extent." That issue has to go before a court of law. That issue has never gone before a court of law. There has to be discussion by psychologists, by educators, by human development experts, by attorneys. All sorts of professionals have to opine on this subject in a court of law before it could be resolved. If this ends up being resolved that it's abusive to force somebody with one genital into the other direction, then the conclusion of that really is all of us are free to express our gender identities however we want. So, I think that discussion was really very trendent in the issues it reached.

The third subject that we talked about at fairly great length was the gate keepers subject. The workshop spent quite a bit of time discussing gate keepers relative to almost everything else. It should be because the whole health law aspects are really gate keeping aspects. Fundamentally, that's the main issue aside from insurance. So, some of our conclusions were that doctors and surgeons rely on the gatekeepers to avoid lawsuits because these doctors aren't trained to diagnose "psychological" conditions. And I put quotes around psychological. They'll say they don't really know if they're following the Hippocratic Oath of not harming somebody or if they're helping someone unless somebody who is trained to talk about psychological feelings can express an opinion. They say that's all that they're doing. But it was pointed out in the workshop by Phyllis really well that the only reason it's psychological in this case is because it involves the quote, unquote, drum roll, red velvet carpet, holy penis. For no other similar surgery of any sort—whether it's a multiple augmentations, face lifts, liposuctions, piercing, tattooing, other alterations—does it become a big psychosexual issue involving psychological diagnosis. When you start messing with the penis, you're messing with the heart of the patriarchal structure which underlies our entire rule of law [and medicine] in this country. None of us should forget that. The law on this issue didn't come up from the grassroots, from us. No, it came down from this patriarchal structure of which we are outcasts and not really wanted.

Diane Cicotello gave us several good observations with her paper on endocrinological and

behavioral aspects. She pointed out that due to hormonal ups and downs, which anybody can have—including binge/purge patterns which most all of us have seen people including ourselves going through—that it was essential for patients to get some kind of a sanity check before going under the scalpel. I think that was a very thought provoking observation. There are people who are in a binge/purge pattern and when they binge their way to the operating table, they're surgered upon. Leaving aside the question of what the new outcome is, they might be more happy with it but they went through the risks of surgery and whatnot without maybe being ready for it.

The problem with asking everybody to get a sanity check was pointed out by Star. I'm not really sure from my notes who said "why should I prove my sanity to somebody before they prove their sanity to me?" I think that's what underlies the entire issue. Nobody wants somebody who is bingeing to go under the scalpel. But nobody wants somebody who is drinking too much to get behind a wheel, and nobody who loves the earth wants somebody to go out with guns and hunt and stuff like that. The problem is that only in this one area of the penis-centric issue do we get into the psychological arena. Then comes the question of by what standard is one of us going to be judged to be making a healthy choice or not healthy choice? The standards are things like, "we're aware of what we're doing and we have deep felt personal reasons for what we're doing." It seems that should be a very reasonable sort of conclusion to reach without getting into the area of quote, unquote, gender. What does gender really have to do with it? Once you start asking somebody, "have you worn high heels five times this week? Are you cross living?" Even the concept of cross living has no meaning if you don't believe in two sexes. So, the psychologists can't make these kind of judgments, and as the individual said, "whose going to prove their sanity to me before I prove my sanity to them?"

All in all there really was no consensus on gatekeepers per se. The workshop people felt that both the ICTLEP standards of care and that the Harry Benjamin standards of care serve good purposes and should both be integrated somehow. But we couldn't really begin in this time period to be able to figure out exactly how to integrate these two sets of standards.

On one point, everybody was in complete agreement. Even the surgeons said that divorce is not required for SRS. So, I think that's another good point.

From the medical perspective, we had two different presentations. One was from the doctor that was very bipolar in the presentation, and emphasized shifting one sex to the other. And it was Gordene who really pointed out that this is, in a sense, beneath us to be having a bearded person and an unbearded woman. It's back to like the circus, as a humiliation to the community. So I was glad that she pointed that out.

We also had my presentation that science is really coming to the conclusion that there is no natural dividing line between the sexes. Any line that there is between male and female is very vague, very ambiguous and not a line at all, but just a continuum of different possibilities of ways that people can express themselves. As a result there's really no logical, no objective—nothing that the law is supposed to follow—reason for labeling people as either male or female. As far as we can tell from reading what psychology is saying about the brain being the seed of our identity and about no two brain nerve patterns being the same, is that our sexual identities are really as unique as our persons and our personalities.

We pointed out that it was only social pressure maintained by government regulation that separates people so strictly into male and female. That's what we're trying to come to grips with. We don't fit

in, and we're forced to be the pioneers. We're forced—to like the cat thrown up in the air—scramble and figure out which way do I point my feet so that my head doesn't splatter on the ground and I die. And that happens to a lot of us. But the social fact that keeps getting thrown in our face, and this came up in the health law session, is that we're a small minority of the community. If we don't join with the current gay, lesbian, and other queer rights issues being proposed, then we might have to wait another twenty years for our own liberation. We have to make sure that the queer movement includes us. That's something we've got to work through every way possible. The health law program completely endorsed the direct action group which is going to be meeting tonight at 9:30 under Jessie and Karen's able leadership.

More practically speaking, we also have to ask ourselves if this kind of apartheid of sex, which is how I like to look at it, is harmful to us, then why is this apartheid going to make a change when we're not the majority of the people. At least in South Africa the majority of the people are being suppressed. The answer is that people have to realize that the apartheid of sex does oppress the majority of the people. In fact, it oppresses a hundred percent of the people. The apartheid of sex is something that oppresses more than just transgendered people. All women and men in the world suffer from being forced to act in one set of ways or in another set of ways, when they have unlimited creative energy which could be released if people were free to express their gender—a part of their personality—however they wanted. It was pointed out that the apartheid of sex really oppresses one of our most important freedoms—not like the freedom from certain kind of taxation or whatnot, but the most key freedom, which is the freedom of expression. It's the first amendment to the Constitution. It's the foundation supposedly of western freedom. The freedom of expression is all that these rules oppress. Like the freedom of religion and the freedom of speech, it's time to recognize a freedom of gender.

I think that we are all going to be really proud of ourselves. I really think that thirty or forty years from now, things are going to be a whole lot better for us because of the activities that we're doing right now. As long as we keep on these activities, revolutions grow, and it's really great. I think that the rest of society needs to wake up and realize that the whole world is facing some very serious problems. We have a lot of the world which is being poisoned. We are going to face catastrophes of large numbers of people in even worse pain and suffering than now. Already there's a big portion of our brothers and sisters around the world who are suffering, hurting, hungry. Solving these problems is going to call for release of a lot of energies that have been repressed and oppressed up to now. I think our gender energies have been the ones that have been locked away and can really allow us to connect to each other. Those are the ones that need to be released. It's not just for us transgendered people to have a little more breathing space. It's because this idea has to catch on for all of society.

It's bad enough that the energies of the half of the population that happens to be born with a vagina have been cruelly repressed for throughout all of history. If we had twice as much mental energy, then we might be able to solve some problems. But we're living today on a history that's been thousands and thousands of years of patriarchal oppression. Women have been told their job is to get fucked, make babies and die. That's been the biggest holocaust that has occurred throughout the history of life. People just have to wake up and realize that. If there was a guilt trip on the holocaust of Hitler's Germany, which there should be, then there should be a very mega-guilt trip on the holocaust of sex that we've experienced over the past several millennia.

It should be also be realized that the repression of sex hurts men a lot, and the transgender movement has been the forefront of really pointing that out by braving all the people saying you're

sissies, you're pansies, you're this and that. I have a few heroes. I'm not going to run through them all. Leslie Feinberg, is one of them. Another one of my heroes is Luke Sissyfag from Washington, D.C., an AIDS activist. I don't have time to go into his story, but he's running for Mayor, and that is his real name. He says the only issue is AIDS. He's somebody who really is believing in something and is standing up with direct action in trying to change it and save a lot of people. The fact of the matter is that for most people born with penises, the apartheid of sex forces ninety percent or more of them into a life of maximum stress, if not aggression, and of ending up being labeled a failure in some way toward the end of their life. They would like to be looking back it and feel warm and glowing. Instead they are looking back at life, being told they're a failure because they didn't make enough money or because they didn't own enough land or because they didn't have enough promotions or they never made vice president or what have you. That's a cruel oppression to fuck with people's mind and fuck with their lives at the end of their life. That's the kind of oppression that it means for men as well.

I think that at this crucial point in history we must face all of these problems. We have the ability through the media and whatnot to make us all aware of all the pain we're inflicting upon ourselves. I think we need the maximum creative and beneficial energies of all us to stand up and say that time has come to bring down the apartheid of sex. The time has come for freedom of gender to be recognized as a basic human right.

It helps us a lot that the latest scientific evidence, the stuff that health law is based upon, is finally, for the first time, in the late 1980's and early 1990's proving our points. Science people are now finally beginning to say—part I might add through the work of a feminist ideologist, Donna Harroway, who recognized that theories and what they describe can be very artificial—that this distinction between the brain and the mind is very artificial. All of your brain is part of what you think, and what you think changes the shape of your brain. It changes your nerve cell patterns and whatnot.

A few scientists have come out with sex being in the brain. A lot of people understand that. What that means is that each of us is sex unique. There's nothing in the brain that looks like a penis or a vagina—those two things most of the time you think you can tell them apart. We really don't look at everybody's genitals, so we really don't know. Whenever I go and lock the rooms either as a man or a woman, I'm always amazed at the diversity. Dr. Money says that in his estimation, ten percent of all people are physically intersexed within the reproduction system somewhere. If brains are part of our sexual identity, and psychology now says it is, it means that we're also intersexed. In fact, all human beings are intersexed because for everybody they have male and female aspects built into their brain cell patterns and even into their bodies. We all produce estrogen and testosterone. Everybody in a different amount. No two people exactly the same.

One good thing about recognizing the future is that saying all us are just either male or female is really going to seem pretty dumb. This future is going to be driven by people who are looking for something to do in this area and have something to contribute. In particular, I think that looking at sex as a continuum instead of as an either/or, apartheid proposition is going to mean a lot of any work in law, in psychology, in arts, in the information industries. I think you're going to see entire new industries in a sense grow from what might be called the gender revolution. For example, in the areas of law alone, in every state all of the marriage and inheritance laws and family laws are going to all have to be completely changed. Once somebody says that I refuse to buy into the apartheid of male or female, suddenly, they do not fit into the entire legal structure that's been laid out for marriages between two people, male, and female. What if the person is neither and doesn't want to be? That's

something that's going to begin happening. That's going to lead to a need to change family law in every jurisdiction in this country and in fact eventually throughout the world.

There's going to be tremendous amount of work in this area for the people like psychologists and psychiatrists and neuroanatomists and bioculturalists and all of these kind of people who like to study gender and the mind and behavior. Up to now, they have been working on the most boring, stupid theory and paradigm you could imagine. They've been working on the theory that for everything that happened, you had to either put in a male box or a female box. That's really a lame thing to be doing with a Ph.D. at a major university. Instead, there are all kind of levels of sexual identity elements. There are things like assertiveness, like in nurturance, like eroticism, and others that we don't know. If a person just went ahead and categorized all these different elements of sexual identity and gave it different levels of intensity, we would have hundreds of genders that were possible, thousands of genders. If somebody wanted to go and categorize people along those much finer continuum, they could. It would look a lot more interesting than saying people were either male or female instead to say there are nine fundamentals in a gender grouping. Someone else would say there's eighteen and twenty-four. That's what science is all about.

There is also going to be a tremendous amount of work in the area of arts and of people who make messages and create messages. We are going to have an entire new lexicon, and, in fact, a new story board of life. Right now there's kind of a view that I grow up, and I'm going to be either a daddy or a mommy or a male or female. Instead, people may begin to pad new sorts of career paths where they experience more than one gender during their lifetime. I think almost everybody in this room are on their second gender. It's a wonderful rebirthing experience. I don't think any of us would trade anything for it. It's like the best ride to take. There could be other genders. The next generation, building on what we've done, would see that there are other genders and begin passing through these in a lifetime, and not being so rigid and adhering to particular codes as we might be.

I'd like to point out even concepts like gay and straight are going to lose much meaning when, to use Kate Bernstein's phrase, "the opposite sex is neither, and the same sex is unique." When you get to this situation, what does it mean to say you're gay or straight? It means nothing at all. Homosexual, and even bisexual, lose all meaning because there aren't just two choices and there are no opposites.

I think it's fortunate for all of us that we have multimedia technologies and information highways to help create this post apartheid gender world. I don't know how we do it without these. Things like America-On-Line are really just a lifeline for people who are out there and want to talk about gender issues. Even though it's very primitive right now, it's just textual, you can be any screen name that you want to be. It's like you can be any gender that you want to be and many, many are available. People are right now trying out new gender space, liberated gender space is being practiced right now in cyberspace. The only problem is the bound with is too limited. We will get things like interactive video. There's going to be some with paint boxes that you can have on your telephone computer where you can change your digital image as it's being transmitted on interactive video image. This is only like ten years away. People are going to think gender space is just going to be so fundamental to living. People will wonder how they didn't do it.

I do think that replacements for things like Mr. and Mrs, and gay and straight, are going to evolve from cyberspace and telecommuting workplaces. More and more people are going to have to start being telecommuted in because companies won't want to pay for full people and won't want to pay for them to drive in and be there eight hours. So people will be told to telecommute in. And then it will

be much easier for people to start breaking down more and more gender boundaries and trying out more and more things.

Sometimes people tell me that they really savor going from strictly male to strictly female, but they're scared of all these other genders and possibilities. Really it's no need to be scared of a lot of these changes. Consider that it was a very short time ago, the 1920s when there was no radio much less television. People have adapted to having a national culture and even a global culture over what people commonly communicate with each other. Even though a lot of things are treated in bytes, it's just like walking down the street. Everybody's face, every store that you see is a byte. What's happening now is there's going to be more and more information highways which is just great for everybody who's a gender explorer.

While we're talking about health, I'd like to also stand up and be very clear in saying that I think the biggest threat to health today is the violence in life. The biggest target of violence in life today is against people who happened to be born with vaginas or people who are socialized or living as women. Multiplied by the billions, this unfairness is something that all of us really need to stand up and fight. For the biggest crime of all of us so far is that we've allowed this sort of spousal abuse to be treated as just nothing. People have had their entire lives either physically or psychologically taken from them just because they're a woman in society. This is something everybody's got to stand up and fight. The price of bringing some peace from the violence and good health together is going to be recognizing the truth that people are really not colors or genitals, but everyone is their own individual reality. All of us have to evolve to a multicultural society where we can accept difference—whether somebody is differently abled or differently looking, maybe part computer form, part biological skin form may not be homo sapiens. We must get to a point where we can recognize that everybody is life and is deserving of equal respect, and get beyond stereotyping people and saying, "I don't like people or things will look that way."

The freedom of religion, and the freedom of speech did take centuries to win. And it's by no means won today. Look at being in Saudi Arabia. There's not a whole lot of freedom of religion there. These freedoms were always bridges to a much better society. In our society we're at least relatively free from religious or political domination of the sort that people are free to protest against. And these societies are the ones that are considered the most successful today. The western society where there's freedom of speech and freedom of religion. We beat on the other societies to allow that.

I think moving into the future, we're running up into a lot of road blocks. We need to unleash more creative energies. Freedom of gender will be a very hard fought battle, just as hard as freedom of expression and freedom of religion. It's our battle. It's our time. We have to fight this battle, and the battle is definitely going to be measured in decades, not years, but decades. It's going to always be under attack. I'm sure the two hundred and three hundred years from now, freedom of gender is going to be under attack by somebody from that time period.

Transgendered people chafe, all of us do, at being forced to express some sexual identity as in gender which doesn't fit our minds. Hence, we transgendered people try to express the only other gender allowed, which is the opposite sex. Society frowns on this, and many of us end up thinking that really we are people trapped in the wrong body. Instead, it's time to recognize is that the really problem is that society is trapped in only two genders.

Genital reassignment surgery should be something that people do, not because they need it in order to wear a dress to work but because they need it in order to be themselves. Even for cosmetic, like



breast augmentation, erotic like piercing, or spiritual like circumcision reasons, genital reassignment should not be, however, the only root to be able to safely express the gender.

The workshop strongly endorsed the non-op approach during our discussions. We thought that it was, quote, totally absurd, unquote, for the rights of people to depend on their genitals. The health law workshop wants that to be reflected in any further medical manual as it comes out of this that your genitals have nothing to do with your rights or should. The legacy of medicalization of transgendered people, such as in the DSM today, is that a person with a penis, such as in the Boeing case, can't wear a dress to work until they convert their penis into a vagina and change all of their I.D. from male to female. This truly is absurd. We must finally end the notion that sex is between our legs. Instead it is time to realize that sex is between our ears. As such, for many transgendered people, if not most, they have no illness such as gender dysphoria or gender identity disorder. They are perfectly happy with who they are and how they are. There is nothing wrong with having a sex which is not associated by most people with ones' genitals. It means that you are gender gifted. And as we've determined in last year's health law meetings, there may be at least ten to a hundred millions such persons worldwide so we all have good company [see transgender census comments in Proceedings II].

It's a wonderful thing at the same time to be able to transform one's body, whether it is from baldness to a hair transplant, from breast to a male chest, from a penis to a fully functional vagina, or from being a 98-pound weakling to becoming a muscle-laden weight lifter. There is a definite sense of renewal and rebirth from all forms of body sculpting. But body sculpting should be looked as part of the fundamental human right of anatomy just to have control over your own body. The point is that body sculpting should be done from free will and not because the medical/legal system mandates it in order to express a particular gender. Much harm has been done to our people by the false notion that sex is between your legs and gender is between your ears. This psychological fiction leads many people on a lifelong quest for genital reassignment surgery when all they really want to do is live a particular lifestyle. At the same time, the psychological fiction has forced many other people into years of begging and bribing gatekeepers for the simple right to urinate and fornicate in an alternative fashion.

We must come to be as free to claim a sexual identity as we are to claim a personality. We must claim to be as free to express a gender as we are to express an opinion. And finally, we must come to be as free to change our genitals as we are to change our religion. We done need gatekeepers just like we don't need censors. What we need is simply a clean bill of health and the recognition by the medical, psychological, and legal community that sex us not male or female and that gender expression is a human right.

As we grow to recognize that sex is as infinitely variable as other aspects of personality, the male or female paradigm will eventually fade away. It's happening before our eyes. We will come to treasure our unique sexual identity, our unisexuality. [See Appendix E for "Unisexuality: The Wave of the Future."]

All people will learn to express their sexual identity in many different ways, in different genders, as a natural part of growing up, of personal development. There will be gender expression. As this occurs across more and more people in more and more countries, all people will come to appreciate the inherently transgendered nature of the entire human race. I think there's really the ultimate direction that your health segment of this conversation is going towards is every one accepting their transgendered nature.

Now, I'd like to make one announcement that we're really happy to make. We have asked and Lisa has accepted to become your health moderator for the next conference. And we really appreciate it. I for one appreciate it because I believe in rotation. I want to have somebody else look at this. I'm really happy it's Lisa because in short period of time of time, she's taught me a lot. She lives and works in this area as I do not. So I've always had to do this on an avocational track, and I don't really have all the information I should. But Lisa's got access to a lot of this information. I'd like during the course of the year for people to be very helpful in terms of if you find any court case, any decision, regulation, anything that is somewhat of a health law determination or aspect bearing on any form of transgenderism to please forward it to Lisa.

by Lisa Middleton:

The big thing I'd really appreciate is any issues that you would like seen discussed in the newsletters that comes up quarterly or issues for us to discuss in the panel next year as we hold the workshop so that the issues that we address are the concerns that you have within this community.

My address is for those of who you don't have it already is 220 Fair Oaks Street, Apartment No. 5 in San Francisco. The ZIP code is 94110. The phone number is area code (415) 285-3763.

[See Appendix F: "Insurance and the Reimbursement of Transgender Health Care"]

by Jessica Xavier:

I just had a quick comment on some of Martine's comments on unisexuality. A lot of what she said I think is really radical in nature and God. I appreciate where this is heading, where this is taking us. As a community, we are seeking a vehicle, a means of our own empowerment. But I think this is taking back our empowerment from the definitions and from the methodologies that have gone before us and been imposed upon as the people and as transgender individuals. We've been forced to live lives, and we're in a medical grind for too long. I think where Martine is taking us with her ideology is a little radical and little difficult to comprehend immediately because it goes against just about everything else we have done in our gender education efforts. It is the right direction. I think she will be recruiting us in the future.



Lisa Middleton



by Jane Fee:

I'd like to mention to you whether it comes to filling in these blocks of either male or female, it's been my practice for the last couple of years not to put anything in the either of them. Actually I can really claim to be a female since my name is Fee and I'm a male.

Another thing which I'd like to point out that maybe is overlooked by some people in our community. That is that being a veteran, I am also entitled to certain use of VA medical centers. I know that there is a great deal of difference in equality of care that exists between different hospitals in that system. But I have found that in the ones that I have gone to that I have received excellent care with the most up to date medical equipment with specialists that were operating in the general community. And I was treated with dignity and respect as a woman. In fact I get my hormones from the VA Hospital.

by Phyllis Randolph Frye:

I want to say something about Martine. When we first started this gig, I don't know anything about health law. And being from Houston, living in Houston, there's no military base. So when I drew up this list of things that we were going to be discussing at the first law conference there were two big gaps that I didn't know where they were going to come from, military law and health law. At the Texas T-Party I made a little speech at my workshop and Sharon Ann Stuart, who you met this morning, came up and said, "I want to do, Military Law." Two weeks later I got a call from this woman [nodding to Martine]. So they filled in the two gaps right at the beginning. She has been a wonderful person. She has done this session for three consecutive years. I think she deserves a standing ovation.