THE GATEWAY

Friendship is born at that moment when one person says to another, "What! You, too? I thought I was the only one." --C.S. Lewis

VOLUME 2, NUMBER 11 MAY 1980

SAN FRANCISCO CHAPTER

Wednesday, May 14, 8 p.m.
MCC, 150 Eureka St, San Francisco
(on first floor at the end of the hall, door to right of restrooms)

Wednesday, May 28, 8 p.m.
MCC, 4986 Fairfax St, Oakland

SAN JOSE CHAPTER

Friday, May 2, 8 p.m.

Friday, May 16, 8 p.m.

MCC, 160 N. 3rd St, San Jose
(around side, upstairs, ring bell)

Partners Auxiliary meets both night

FINALLY, MEMBERSHIP CARDS!

At last we are able to furnish you with a membership card! Dianne (CA-26) designed the card--and we thank her for her fine work.

There is a space on the back for the name and telephone number of an attorney and a therapist. If you have one or both, it would be a good idea to put the information on the card. Of course carry the card when you are "out on the town" just in case--you never know, it might help keep you out of the slammer some night.

About halfway down the front, there's a line for your name. It would probably be most appropriate to use your legal name but your fictitious name may be just as acceptable.

We have purposely made the card wallet-sized for convenience.

DIRECTORY OF INFORMATION & SERVICES

Although we started out as a humble little organization founded to help the gender dysphoric community here in the Bay Area, our sphere of influence and contact has spread to many areas of the U.S. and Canada. We now have members in British Columbia, New York, Vermont and Florida. People are hearing of us in such remote places as Nevada and New Mexico.

With our new Directory of Information & Services, we shall certainly continue our growth--so long as we continue to provide the same high quality help. But we can only offer what the membership makes known to us as a need.

In order for the Directory of Information & Services and our Yellow Pages to expand and supply the information sought by others, we must have input from the membership at large. The Editors of the Directory cannot locate each and every entry in it, nor "check them out." As the officers of Golden Gate Girls/Guys have a responsibility to the membership, so the membership has a similar responsibility to the organization. One cannot exist without the other.

Lend a hand! Let us know what YOU are looking for, and what you have found that OTHERS might be looking for. Drop us a note, or call the hot line now!

* Call or write us for your free copy of The Directory of Information and Services *

A WEEKEND OUT, ANYONE?

At a recent meeting the various "weekends" held by some organizations around the country came under discussion. There's the Fantasia Fair sponsored by the Outreach Institute held semi-annually in Provincetown out on the tip of Cape Cod; the Shangri-La held in Biloxi, Mississippi; DREAM held on the Oregon coast in September. The cost of these weekends (some are 9 days long) vary with location and offerings--the minimum about $50 per day, not including transportation there and back. Feelings of attendees are mixed--some swear by them and return year after year, while some swear at them and never return.

The suggestion that we sponsor a weekend came up and was put to the motion that a poll of the membership be taken to ascertain the possible attendance.

We haven't done any of the spade work in determining the potential cost per attendee. There are several nice places within 100 miles of The City where symposiums/ professional training classes/ courses are held and we would be free to "do our thing" without interference (a prerequisite!). The locations are not isolated, but rather insulated. Some are in or near the mountains, while others are near sheltered private beaches.

The weekend could be spent partially in workshops (such as make-up workshops, or an attorney with a background in "crossdressing Law", etc).

The total "per individual" cost would be determined by dividing the number of attendees into the total cost of the weekend (the rental of the site, meals served, possibly transportation to the site, speaker fees, etc).

Here are some questions to mull over and answer:

1. Would you spend $50-100 for a weekend out "doing your thing"?
2. What workshops should we attempt to schedule?
3. Should attendance be restricted to Golden Gate Girls/Guys, or should we invite individuals who may or may not be affiliated with other organizations?

Jot down other questions you might come up with, and answer those we have asked. Bring them to a meeting, or send them to us. If you have attended a "weekend" let us know how you felt about it.

There isn't any point in having a weekend just to have it. We think attendees should walk away with a good feeling and the wish to return "next year." With sufficient participation and good vibes, there isn't any reason not to have a weekend a couple times during the year--say once in early summer and once in early fall. Come on! We need to hear from you. Remember--the organization is YOU.

The Gateway

Published by
The Golden Gate Girls/Guys
495 Ellis St, Suite 2507
San Francisco CA 94102

A Social/Educational
Organization
for Male-to-Female
and Female-to-Male
Crossdressers and
Crossgenderists

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F E E D B A C K

To the Editor of The Gateway:

In reference to the opinion column in your March 1980 issue, I would like to offer the following information which may clarify the activity or inactivity (you be the judge) of the Harry Benjamin International Gender Dysphoria Association. The need for a professional association for persons interested in the study and treatment of gender dysphoria was discussed at the biannual international meetings going back to 1973. In 1977 in Norfolk, Virginia, a committee was appointed to write a set of standards of care and to found an organization. That committee, which I chaired, and which included Drs. Richard Green, Donald Laub, Leo Wollman, Jack Berger and Charles Reynolds, made their report at the 1979 meeting in San Diego. Persons attending that meeting voted approval of the standards-of-care and voted approval of the founding of the Harry Benjamin International Gender Dysphoria Association (HBIGDA). They also elected Mr. Jude Patton to the Board of Directors, in part, to be sure that consumer interests were represented. Since February, 1977, we have had a membership drive and our membership now includes approximately 150 professionals. In January 1980, the membership was presented with a set of proposed modifications to the guidelines. Some of the proposed modifications were accepted and some were rejected and a revised set of standards now exist. Every comment received from anyone regarding the standards was presented to the Board of Directors for their consideration and nearly all of these suggestions were forwarded to the membership for a vote. While I personally would like to see further modifications of the standards, I am proud that they were devised, modified and distributed in a very democratic manner as opposed to the "back room politics" that perhaps some consumers feared would happen.

I have given several interviews to the press regarding Ms. Raymond's book (The Transsexual Empire) but I have not seen any of these interviews quoted. I am sure that my colleagues on the HBIGDA have also given comments which the press has chosen not to publicize.

Regarding Dr. Meyer, Dr. Restak, The Johns Hopkins Hospital, Psychology Today and Penthouse, I cannot begin to tell you how much time has been spent by me personally, and by other members of our Board of Directors, in trying to educate the professionals and the public to put this controversy in perspective. I have literally given hundreds of interviews in person or by phone and have written as many letters in response to inquiries. I travelled cross-country twice and have appeared on several television and radio shows trying to clarify the non-science of the critics of sex-reassignment surgery. To the best of my knowledge the many hundreds of hours spent in these efforts have led to very little press coverage. Apparently the press has decided that the entire issue is so controversial and so complex that they can't be bothered.

As your opinion column accurately pointed out, progress in sexual civil rights is easily eroded over time. The anti-sex people are strong and vehement and will not give up. Apparently the press feels that defenders of such things as sex change

Take a look at the label used to get your Gateway to you. If ANY of the information is incorrect, remove the label from the envelope, attach it to a piece of paper, make the necessary corrections and send it back to us.

The last line on the label is your membership number and membership expiration date. For Subscribers/Advertisers, this line contains the letter S(ubscriber) or A(dvertiser) and the expiration date of your subscription or advertisement.

Your membership number and expiration date should be the same as listed in The Membership Directory. We have included the membership number on the label so you'll know who you are in The Directory.

surgery deserve less attention than their attackers. Every time the phone rings from another reporter asking me about Johns Hopkins, I literally cringe. I am sure that the time spent talking will probably be wasted as nothing will be printed or broadcasted.

The Sixty Minutes television show was scheduled to cover this issue but they dropped the topic, apparently. Tomorrow a camera crew from Prime Time Saturday will interview me and several of my patients and I hope that they broadcast the show as it will be the first widely-viewed national video presentation of this controversy (Broadcast scheduled for May 10).

Most of the members of the Board of Directors and Officers of the HBIDGA are busily at work gathering together their research data to be presented at academic symposia and published in academic journals which, most probably, will refute the findings of Dr. Meyer. For better or worse, the medical and scientific community, and eventually the press, will only pay attention to this kind of careful scientific documentation. They do not pay attention to consumers making testimonials. The scientific approach is slow and tedious and I certainly understand the impatience and exasperation felt by consumers when they see the press attacking transsexualism and, seemingly, few professional defenders have spoken out. I assure you that we are all trying very hard to keep the matter in proper perspective and we have not buried our heads in the sand (besides, the sand on Galveston Beach still has oil drops on it).

I hope that you and your readership will give us your understanding and support as we try to battle through the fog in spite of the failure of the press to provide a fog light which might clarify the situation.

Sincerely,
Paul A. Walker, Ph.D.
Director, The Gender Clinic
Director, The Janus Information Facility
President, The Harry Benjamin International Gender Dysphoria Association
The University of Texas Medical Branch,
Galveston, Texas

YOU BE THE JUDGE

By Paul Levine

Police arrest Thomas on a city street because he's dressed in women's clothing, including a short skirt, stockings and high heels.

They charge him with a crime for "impersonating a female," but Thomas claims he's a transsexual and will soon have surgery to become a woman.

A psychiatrist says that Thomas is wearing women's clothes in preparation for the operation.

You're the judge and jury. What's your verdict?

(a) Guilty, because Thomas has committed a crime, regardless of his personal problems.

(b) Thomas goes free because persons are always free to dress as they wish.

(c) Thomas has special reasons for wearing women's clothing, so the law cannot be applied to him.

If you selected (c), your judgment is affirmed. As applied to Thomas, the law would be an unconstitutional invasion of his right of privacy.

(Based on a 1979 Illinois Supreme Court case.)

TELL US YOUR STORIES, IN:

"The Adventures of Courtney Davis"

"The Adventures of Courtney Davis" is a platform in which readers of The Gateway can submit their own humorous, dramatic, unusual or just plain embarrassing stories. We have selected a neuter-gender fictitious name so our readers will be more willing to tell us their adventures under a cloak of anonymity. You need not identify yourself when sending us your story. So come on! We've all had our moments. Let's hear yours.

"A Real Halloween Scare" should really be the title of this "Adventure." It happened in the State of Georgia.

For several days prior to the Halloween Party, I debated as to whether or not to attend. It was to be in-costume and appearing as Courtney was not exactly a 'disguise,' but after much thought and soul-searching, I decided to attend as Courtney. Since the party was hosted by a business acquaintance with whom I occasionally do business as my male-self, there were many people with whom I was slightly acquainted and whom I see occasionally in "business-life." There were also some people attending whom I have known slightly off-and-on over the years, but whom I do not see on a regular basis.

Courtney arrived at the party in a beautiful new party gown and was promptly and happily welcomed by the host and many of the guests. She spent much of the evening chatting with generic females, most of whom were very interested in the "costume." One woman asked where I "got the outfit," and when I started to explain where the dress, shoes, gloves, etc. had been purchased, she responded with, "Oh, then they are yours. I mean, you didn't borrow them just for the evening. How interesting."

Courtney was taken for a "real female" by many--until she opened her mouth and the unmistakable male voice boomed forth. During the course of the evening she sampled all the foods, but consumed only a glass or so of wine, which turned out to be a very fortunate thing.

At 1 a.m., it became obvious that departure time was at hand, so Courtney bade good night to one and all and got into her little foreign car, heading home from a glorious evening out. A mile or so from the party site, there was a curve with a posted speed limit of 45. She drove into the curve at 45 and about halfway through it, she lost control and rolled the car three times. It came to rest on the top, with Courtney hanging from the safety belts.

I heard someone stop to help, so I called out that I was alright, just needing help to get out of the car. The passerby helped me out and took me back to the party, where the host called the police and took me back to the scene of the accident. I stayed in the host's van while the police looked things over and dis-bursed the crowd that gathered--as

they do at most accidents. One of the officers, a quite young man, approached the van once and asked if I would please get out, but accepted the reply, "I'd rather not just now."

After the crowd disbursed, the officers insisted I get out of the van to take the "drunk test" which should have included walking the straight line. Seeing my 3-inch heels, they smiled and "reckoned the walking test wouldn't really be necessary, since it wouldn't be fair in those heels." I think I could have walked the line better in heels than in flats!

My host took me home, where I showered and fell exhausted into bed. The next day I contacted the insurance agency and was heartened to hear there would be no complications on the claim because "a woman" had been driving the car.

So it all worked out quite well, even though in retrospect, I see where things could have been quite different. I was very fortunate that it happened on Halloween, and that the police were such understanding Southern gentlemen.

Wedding of Mr. and Mrs. H.E. Kennedy, City Hall, New York City, 1961.

Photography: Richard Avedon

Dilemmas for Dianna

In traditional reckoning, curving, full lines represented femininity and straight, angular lines were synonymous with masculinity. Contemporary taste now favors the lean, athletic body which is wider in the shoulder than the hip, angular in shape with long legs and greater height. And in fact, our national lifestyle is producing with each generation more people who are actually personifying fashion's beloved ideal, an image to which all strive (though many would decline to admit to this wish).

It follows then that, to the observer, a woman who is tailored in style and angular of form is seen to be equally "feminine" as the romantically dressed, curvaceous lady.

However, whether you wish to project an image of dynamic modernism or soft romanticism, there are certain principles which are unchanging guides. This month's article will discuss ideas of form.

PROPORTION: Standing in bare feet before the mirror, the standard natural body proportions are judged as eight "heads" down the length of the body to the feet, using the length of the head as your average guide: head to chin; to fullest point of the bosom or chest; to waist; to hip; to mid-thigh; to knees; to calves; to feet.

Fashion proportions which are idealized and more aesthetically pleasing to the eye, run from $8\frac{1}{2}$ to 10 heads (or more, depending on height) which explains why everything looks more visually appealing when wearing "heels" and why only tall people and those with "high knees" or long legs look well in "flats" (just making a come-back now).

Cheekbones are wider than neck; shoulders same or wider than hips; fingertips just above mid-thigh; hands approximately 2/3 of forearm; feet approximately length of leg from heel to end of calf.

Individual differences from these aesthetic principles are corrected by an understanding of line and balance. Knowing these concepts gives one the tools with which to adjust to any of fashion's trends and the unique peculiarities of the individual figure successfully.

BALANCE: The classic visual harmony is exemplified by the Greek column: the bottom is a bit wider than the top, and the progression of segments becomes shorter than the lower marble block. This artistic principle creates an illusion of height, lightness and symmetry. Think of the capital of the column as your hair or hat, or if you prefer, your shoulders.

The modern physique is developing toward taller people who have longer extremities, narrower feet and hands, wider shoulders and smaller hips--in both women and men.

Current trends in fashion show designs emphasizing broadened shoulders, straight lines, shorter hems and lower, slightly heavier shoes. Greater "weight" above demands a more substantial base, which demands a shorter skirt length to maintain the need for an "airy" feeling. The use of diagonals--another comeback and current trend--counteracts the squareness of the shoulder and skirt lines, and "lightens" the heaviness of the newer shoes. Hairstyles and hats are very contained to balance the width of the shoulders or they slant and stress the diagonal asymmetry. Accordingly, this is why waists are again in focus.

Wherever a facial or figure feature is problematic, remember never to repeat that particular idiosyncracy. For example, don't repeat a square jaw with a square neckline or collar, and do wear pillbox hats at an angle. Rounded shoulders will look better in a tailored shoulder line, perhaps with a bit of padding to give the shoulder more angularity. Heavy, thick legs would appear more exaggerated with chunky, heavy, sturdily-constructed shoes.

By the other-side-of-the-coin, the extreme opposite should be avoided because it would be also a

poor balance. The square jaw would appear massive in a very narrow V-neckline. The rounded shoulder would look pudgy in a shoulder line so severely constructed, architecturally, that the upper arm bulges against the sleeve. The thickness of the leg would assume grotesque proportion in extremely fragile-looking shoes.

LINE: How a garment falls or hangs is created by the "cut" in the individual parts of the pattern for the garment. It is the most subtle of distinctions which determines why a garment does/does not enhance the body--with its unique problems and assets.

Regardless whether the garment is cut for a tailored fit or a softened fit, the line would still create a rounded, fuller silhouette or an angular, leaner shape. Tailored suit or flowing dress (or tailored dress and flowing suit...), the concept of line applies: some suits can give a roundish, heavy look to the figure while certain dresses can make the body appear very spare and architectural (and vice versa). It's all in the line.

It is possible to make significant changes in the line of a garment by the slightest adjustments in seaming, thereby, "altering" the cut, so to speak.

This is especially important in respect to shoe choices. Pumps, which are very stylish again, are deliberately cut in the current styles to effect a somewhat heavier look than the pumps of the '60's. The shoe designers have done this to balance the look of exaggerated shoulders--for if the 60's pump were revived with its sleeker, more elongated lines, the shoes would not provide a strong enough "base" for the current styles.

Here is another example of how "line" effects a look: the flats in fashion again differ from the new pumps in that they are more "light" in line. This is because the foot in its natural position is sufficient as a base and can take airy lines to balance whatever is going on above the feet; whereas the foot flexed and on tiptoe is a very tenuous base, visually as well as physically. In fact, if flats were designed with a heavier look, the feet would appear awkward and clumsy--too "much" of a base.

To refine the silhouette then, it is important to keep in mind the structuring of your body and use the concepts above to either emphasize or to play down, compensating toward your personal ideal. Where there are fashion deviations from the classic principles of the Greek column, from timeless aesthetic concepts, it becomes even more necessary to make the fine distinctions of judgment in line, balance and proportion in order to achieve visual harmony and, therefore, personal attractiveness.

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Dianna: I wear a size 13 shoe. Although I have had good luck finding shoes to fit me, why is it my big feet look so nice in some shoes and look SO BIG in others? I even had a pair of really high heels which I thought might make my feet look dainty, but in fact they made my feet look really awful!

What is most important in finding shoes to flatter your feet is to look constantly at the "line" of the shoe's design, the "cut." (See this month's article) Style and color is of little importance, for these are features which are easily changed by a quick trip to your local shoe repair shop for alterations, the nearest five-and-dime for color, and any retail shoe store for trims and details. Train yourself to look for the proper lines in the shoe body as well as the profiled shape of the vamp and heel cup.

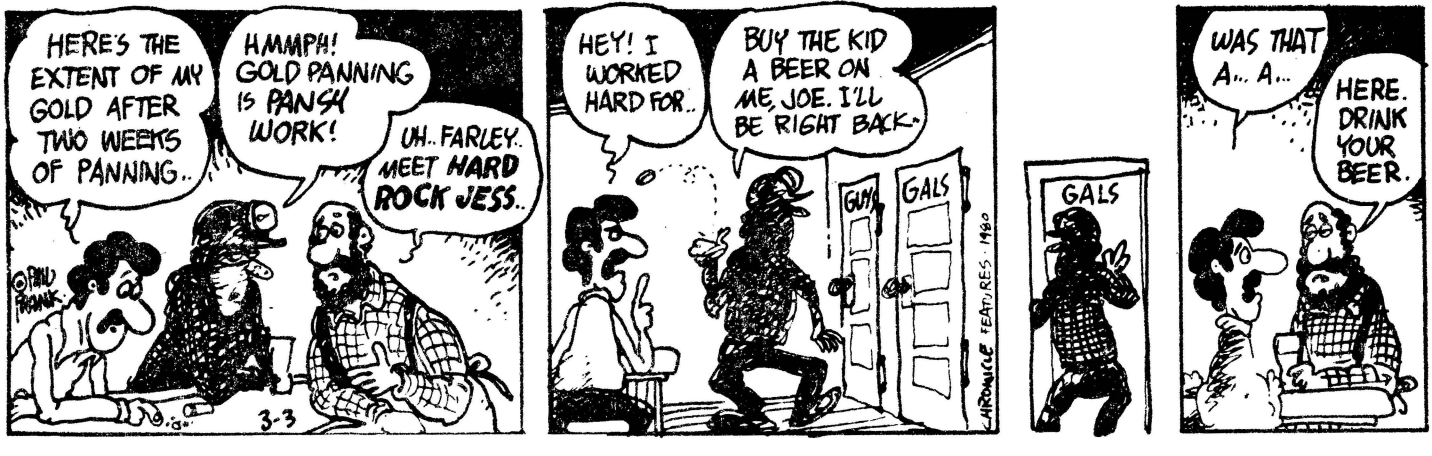
? ? ?

Dianna: When higher heels and bump-toes were in for men's shoes, it was great for me. I'm 5'5" and need all the help I can get. I hate brogues and with the more natural footwear back for men, I feel like a twirp again. And I refuse to wear elevator shoes. Help!!!

Put your "real" clothes on for a private fashion show for yourself, with a full-length mirror. Take a good look at your clothes in terms of their being American cut or European cut. (Refer to article in March Gateway) The European cut gives the feeling of more height to the form. Then read this article and try to digest the information. Wear only high-rise in your slacks; be sure you have high armholes and inseams in the crotch of slacks; strive for suppression and body-conscious fit in shirts and jackets, as well as coats; wear vests in same color as pants or lighter color; always keep darker colors in lower part of body; avoid sharp contrast in tones between shoes and pants; choose peaked or roped shoulders rather than natural shoulders in jackets and coats. Consider having over-tops shortened a bit so they are not too long for your proportions in the hip area. The length is best just covering the fullest part of the seat, but NOT longer.

Send your questions on Image Improvement to The Gateway, Attention: Dianna

TRAVELS WITH FARLEY / Phil Frank



WHAT'S GOIN' ON!?

The First World Symposium on Androgyny will take place in San Diego June 27-29. Organizations or individuals are invited to present their work. For more information, write The National Androgyny Center, 246 W. Washington St, San Diego CA 92103 or call (714) 297-4733.

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Female-to-male transsexuals are urged to take zinc supplements, as testosterone creates a zinc deficiency. Adelle Davis reports, "Where zinc deficiencies are severe, as in Egypt and Iran, growth and sexual development is so interfered with that the testicles and penis remain abnormally small and pubic and facial hair does not grow; yet zinc sulfate given as a daily supplement has brought development of the external genitalia and normal growth even in older boys." Take note!!

♀ ♂ ♀ ♂ ♀

The April 1980 issue of The Journal of Current Adolescent Medicine contains an article entitled "The Adolescent Transsexual: An Approach to Treatment and Management" which was presented at the Second International Symposium on Adolescent Medicine in Washington D.C. "Although adolescent gender-identity disturbances are given direction by social factors," the article reports, "the onset of the transsexual wishes was usually traceable to psychologic stressors including but not limited to (1) a recent loss or change in a relationship which reactivated separation anxiety; (2) physical maturation of the body which threatened the self system; (3) stigmatized homosexuality; or (4) a flight from masturbatory activity... Hospitalization, psychotropic medication, collaborative work with the family and occasional medical supervision in addition to intense psychotherapy are the preferred treatments. In the course of treatment, there will be some patients who eventually require hormones and surgery. However, surgery should never be contemplated until after age 21, or just about the time when the diagnosis of transsexualism may be made."

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Bruce Barton, Ph.D., a marital, family and individual counselor, has begun a study of crossdressing in the belief that the time has come for professionals and lay people to have the facts rather than the myths. He will use tape-recorded personal interviews with crossdressers when possible, written questionnaires when personal contact isn't feasible. The final report will highlight the historical and current sociological and psychological context of transvestism; factual data from crossdressers themselves; and recommendations and implications for the counseling of crossdressers and sex role attitudes in the American culture. Anyone interested in Dr. Barton's work may write to his office at 81 South Main St, West Hartford, Connecticut 06107 or call him at (203) 233-1908.

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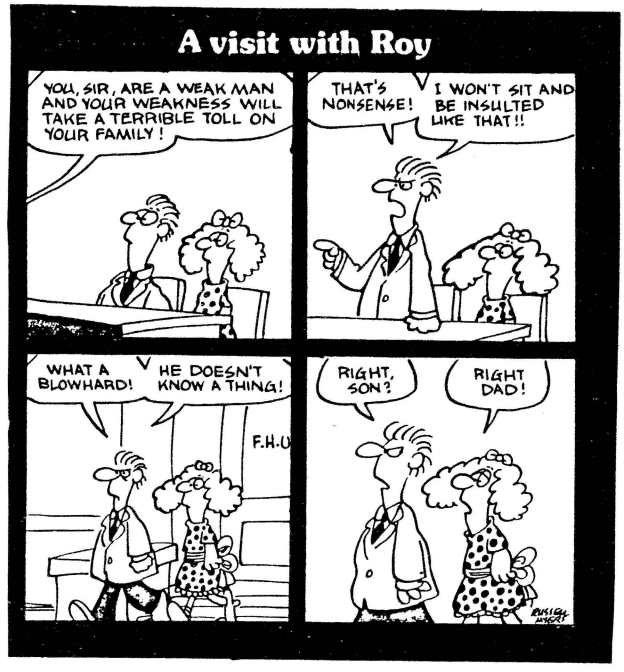

THE BOOKWORM

A Handbook for Transsexuals, by Paula Grossman. Broadway Enterprises, 76 Norwood Ave, Plainfield NJ. 1979. 67 pages, $4.95.

Worth reading, if only to get the sense of positiveness imparted by the author (a post-operative male-to-female). No matter the trials and tribulations, and there are many in the transitional route from the outward male being to the female being (or vice versa), Paula kept her determination for "the change" through thick and thin, and seemingly her spirits were maintained at a high level, both by her determination and her positiveness of attitude. Paula did not follow the "approved path" to "the table"; rather she took an unorthodox one, simply by deciding what needed to be done and then doing it. She got all her affairs in order, located a willing surgeon (she fails to state whether or not the surgery was performed here in the U.S. or abroad), completed the surgical procedures and then returned to her family and job as "Paula." Since she was a tenured school teacher in her male life, she fully expected to continue this vocation subsequent to the change. Because the School Board did't agree, she was dismissed (as was the case with Steve Dain in Emeryville). After a court battle she was awarded an appropriate retirement. She now lectures throughout the country on the subject of transsexualism, has appeared on several television talk shows, and is currently working on an autobiography.

This booklet covers only part of Paula's life and is directed primarily at "showing others that it can be done." While there may be some areas of disagreement with the transitional action taken by Paula, one cannot but consider "if it works, it must be OK." The information is relevant and makes interesting reading. We can recommend it to all for reading, if not for following as a "battle plan."

HBIGDA STANDARDS OF CARE

So that all readers of The Gateway may be factually informed as to the specific working and intent of the Standards of Care promulgated by the Harry Benjamin International Gender Dysphoria Association (HBIGDA), we are publishing the Standards. Because of their length, we will print them in two parts (second installment in June's Gateway).

As many members in the provider community are using the Standards as guidelines in treating the crossgenderist, we feel it important that you are aware of them, to prevent any misconceptions and misinterpretations stemming from the word-of-mouth explanation and discussion of the Standards.

We do not necessarily endorse the Standards wholly, nor do we feel that our readers should blindly accept them. There is always room for improvement and Dr. Paul Walker's letter (see 'Feedback' this issue) indicates there may be improvement in the future. It is probable that changes will be presented to the HBIGDA membership at the Seventh International Gender Dysphoria Symposium scheduled in February 1981, since most of the HBIGDA will be in attendance.

It should be borne in mind that the Standards are only a first effort in establishing a set of guidelines for the treatment of the transsexual and, like any first step, may have faults, but a start has to be made somewhere. If Standards are not established, whether perfect or not, there is no rule to be followed or applied. Certainly the revised Standards have eliminated some of the harsh provisions of the original drafted Standards, and the providers are willing to listen and accept changes where justified to make them more humane and realistic. All members of the HBIGDA have accepted the Standards and are supposed to apply them in the treatment of transsexual clients.

STANDARDS OF CARE:
The Hormonal and Surgical Sex Reassignment of Gender Dysphoric Persons

Revised draft (1/80) approved by vote of the majority of the membership of the Harry Benjamin International Gender Dysphoria Association, Inc.

1. Introduction

As of the beginning of 1979, an undocumentable estimate of the number of adult Americans hormonally and surgically sex-reassigned ranged from 3,000 to 6,000. Also undocumentable is the estimate that between 30,000 and 60,000 U.S.A. citizens consider themselves to be valid candidates for sex reassignment. World estimates are not available. As of mid-1978, approximately 40 centers in the Western hemisphere offered surgical sex reassignment to persons having a multiplicity of behavioral diagnoses applied under a multiplicity of criteria.

In recent decades, the demand for sex reassignment has increased as have the number and variety of possible psychologic, hormonal and surgical treatments. The rationale upon which such treatments are offered have become more and more complex. Varied philosophies of appropriate care have been suggested by various professionals identified as experts on the topic of gender identity. However, until the present, no statement of the standard of care to be offered to gender dysphoric patients (sex reassignment applicants) has received official sanction by any identifiable professional group. The present document is designed to fill that void.

2. Statement of Purpose

The Harry Benjamin International Gender Dysphoria Association, Inc., presents the following as its explicit statement on the appropriate standards of care to be offered to applicants for hormonal and surgical sex reassignment.

3. Definitions

3.1 Standard of care. The standards of care, as listed below, are minimal requirements and are not to be construed as

optimal standards of care. It is recommended that professionals involved in the management of sex reassignment cases use the following as minimal criteria for the evaluation of their work. It should be noted that some experts on gender identity recommend that the time parameters listed below should be doubled, or tripled. It is recommended that the reasons for any exceptions to these standards, in the management of any individual case, be very carefully documented. Professional opinions differ regarding the permissability of, and the circumstances warranting, any such exception.

3.2 Hormonal sex reassignment. Hormonal sex reassignment refers to the administration of androgens to genotypic and phenotypic females, and the administration of estrogens and/or progesterones to genotypic and phenotypic males, for the purpose of effecting somatic changes in order for the patient to more closely approximate the physical appearance of the genotypically other sex. Hormonal sex-reassignment does not refer to the administration of hormones for the purpose of medical care and/or research conducted for the treatment or study of non-gender dysphoric medical conditions (e.g., aplastic anemia, impotence, cancer, etc.).

3.3 Surgical sex reassignment. Genital surgical sex reassignment refers to surgery of the genitalia and/or breasts performed for the purpose of altering the morphology in order to approximate the physical appearance of the genetically-other sex in persons diagnosed as gender dysphoric. Such surgical procedures as mastectomy, reduction mammoplasty, augmentation mammoplasty, castration, orchidectomy, penectomy, vaginoplasty, hysterectomy, salpingectomy, vaginectomy, oophorectomy and phalloplasty--in the absence of any diagnosable birth defect or other medically defined pathology, except gender dysphoria, are included in this category labeled surgical sex reassignment.

Non-genital surgical sex reassignment refers to any and all other surgical procedures of non-genital or non-breast sites (nose, throat, chin, cheeks, hips, etc.) conducted for the purpose of effecting a more masculine appearance in a genetic female or for the purpose of effecting a more feminine appearance in a genetic male, in the absence of identifiable pathology which would warrant such surgery regardless of the patient's genetic sex (facial injuries, hermaphroditism, etc.).

3.4 Gender Dysphoria. Gender Dysphoria herein refers to that psychological state whereby a person demonstrates dissatisfaction with their sex of birth and the sex role, as socially defined, which applies to that sex, and who requests hormonal and surgical sex reassignment. Gender dysphoria, herein, does not refer to cases of infant sex reassignment or re-announcement. Gender dysphoria, therefore, is the primary working diagnosis applied to any and all persons requesting surgical and hormonal sex reassignment.

4. Principles and standards

Introduction

4.1.1. Principle 1. Hormonal and surgical sex reassignment is extensive in its effects, is invasive to the integrity of the human body, has effects and consequences which are not, or are not readily reversible, and may be requested by persons experiencing short-termed delusions or beliefs which may later be changed and reversed.

4.1.2. Principle 2. Hormonal and surgical sex reassignment are procedures requiring justification and are not of such minor consequence as to be performed on an elective basis.

4.1.3. Principle 3. Published and unpublished case histories are known in which the decision to undergo hormonal and surgical sex reassignment was, after the fact, regretted and the final result of such procedures proved to be psychologically dehabilitating to the patients.

4.1.4. Standard 1. Hormonal and/or surgical* sex reassignment on demand (i.e., justified simply because the patient has requested such procedures) is contraindicated. It is herein declared to be professionally improper to conduct, offer, administer or perform hormonal sex reassignment and/or surgical sex reassignment without careful evaluation of the patient's reasons for requesting such services and evaluation of the beliefs and attitudes upon which such reasons are based.

4.2.1. Principle 4. The analysis or evaluation of reasons

4.2.1. Principle 4. The analysis or evaluation of reasons, motives, attitudes, purposes, etc., requires skills not usually associated with the professional training of persons other than psychiatrists and psychologists.

4.2.2. Principle 5. Hormonal and/or surgical sex reassignment is performed for the purpose of improving the quality of life as subsequently experienced and such experiences are most properly studied and evaluated by the behavioral scientist (psychiatrist or psychologist).

4.2.3. Principle 6. Hormonal and surgical sex reassignment are usually offered to persons, in part, because a psychiatric/psychologic diagnosis of transsexualism (see DSM-III, section 302.5X), or some related diagnosis, has been made. Such diagnoses are properly made only by psychiatrists or psychologists.

4.2.4. Principle 7. Psychiatrists and psychologists, in deciding to make the recommendation in favor of hormonal and/or surgical sex reassignment share the moral responsibility for that decision with the physician and/or surgeon who accepts that recommendation.

4.2.5. Standard 2. Hormonal and surgical (genital and breast) sex reassignment must be preceded by a firm written recommendation for such procedures made by a certified and licensed psychiatrist or psychologist who can justify making such a recommendation by appeal to training or professional experience in dealing with sex disorders, especially the disorders of gender identity and role.

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* the present standards provide no guidelines for the granting of non-genital/breast cosmetic or reconstructive surgery. The decision to perform such surgery is left to the patient and surgeon. The original draft of this document did recommend the following however (rescinded 1/80):

> "Non-genital sex reassignment (facial, hip, limb, etc.) shall be preceded by a period of at least 6 months during which time the patient lives full-time in the social role of the genetically other sex."

4.3.1. Principle 8. The psychiatric/psychologic recommendation for hormonal and/or surgical sex reassignment should, in part, be based upon an evaluation of how well the patient fits the diagnostic criteria for transsexualism as listed in the DSM-III category 302.5X to wit:

"A. Sense of discomfort and inappropriateness about one's anatomic sex.

B. Wish to be rid of one's own genitals and to live as a member of the other sex.

C. The disturbance has been continuous (not limited to periods of stress) for at least two years.

D. Absence of physical intersex or genetic abnormality.

D. Not due to another mental disorder, such as schizophrenia."

This definition of transsexualism is herein interpreted not to exclude persons who meet the above criteria but who otherwise may, on the basis of their past behavioral histories, be conceptualized and classified as transvestites and/or effeminate male homosexuals or masculine female homosexuals.

4.3.2. Principle 9. The intersexed patient (with a documented hormonal or genetic abnormality) should first be treated by procedures commonly accepted as appropriate for such medical conditions.

4.3.3. Principle 10. The patient having a psychiatric diagnosis (i.e., schizophrenia) in addition to a diagnosis of transsexualism should first be treated by procedures commonly accepted as appropriate for such non-transsexual psychiatric diagnoses.

4.3.4. Standard 3. Hormonal and surgical sex reassignment may be made available to intersexed patients and to patients having non-transsexual psychiatric/psychologic diagnoses if the patient and therapist have fulfilled the requirements of the herein listed standards; if the patient can be reasonably expected to be habilitated or re-

habilitated, in part, by such hormonal and surgical sex reassignment procedures; and if all other commonly accepted therapeutic approaches to such intersexed or non-transsexual psychiatrically/psychologically diagnosed patients have been either attempted, or considered for use prior to the decision not to use such alternative therapies. The diagnosis of schizophrenia, therefore, does not necessarily preclude surgical and hormonal sex reassignment.

Hormonal Sex Reassignment

4.4.1. Principle 11. Hormonal sex reassignment is both therapeutic and diagnostic in that the patient requesting such therapy either reports satisfaction or dissatisfaction regarding the results of such theraphy.

4.4.2. Principle 12. Hormonal sex reassignment may have some irreversible effects (infertility, hair growth, voice deepening, and clitoral enlargement in the female-to-male patient and infertility and breast growth in the male-to-female patient) and, therefore, such therapy must be offered only under the guidelines proposed in the present standards.

4.4.3. Principle 13. Hormonal sex reassignment should precede surgical sex reassignment as its effects (patient satisfaction or dissatisfaction) may indicate or contra-indicate later surgical sex reassignment.

4.4.4. Standard 4.* The initiation of hormonal sex reassignment shall be preceded by recommendation for such hormonal therapy, made by a behavioral scientist.

4.5.1. Principle 14. The administration of androgens to females and of estrogens and/or progesterones to males may lead to mild or serious health-threatening complications.

4.5.2. Principle 15. Persons who are in poor physical health, or who have identifiable abnormalities in blood chemistry, may be at above average risk to develop complications should they receive hormonal medication.

4.5.3. Standard 5. The physician prescribing hormonal medication to a person for the purpose of effecting hormonal sex reassignment must warn the patient of possible negative complications which may arise and that physician should also make available to the patient (or refer the patient to a facility offering) monitoring of relevant blood chemistries and routine physical examinations including, but not limited to, the measurement of SGPT in persons receiving testosterone and the measurement of SGPT, bilirubin, triglycerides and fasting glucose in persons receiving estrogens.

4.6.1. Principle 16. The diagnostic evidence for transsexualism (see 4.3.1. above) requires that the psychiatrist or psychologist have knowledge, independent of the patient's verbal claim, that the dysphoria, discomfort, sense of inappropriateness and wish to be rid of one's own genitals, have existed for at least two years. This evidence may be obtained by interview of the patient's appointed informant (friend or relative) or it may best be obtained by the fact that the psychiatrist or psychologist has personally known the patient for an extended period of time.

4.6.2. Standard 6. The psychiatrist or psychologist making the recommendation in favor of hormonal sex reassignment shall have known the patient in a psychotherapeutic relationship, for at least 3 months prior to making said recommendation.

(to be continued in the next issue of The Gateway...)

* This standard, in the original draft, recommended that the patient must have lived successfully in the social/gender role of the genetically other sex for at least 3 months prior to the initiation of hormonal sex reassignment. This requirement was rescinded 1/80.

MORE "DRAG VS WOMEN"

Charles Pierce, world renowned "male actress" returned to San Francisco to headline a show commemorating the 74th anniversary of the 1906 Earthquake. Scheduled to follow his act was the 60-singer Lesbian Chorus, whose members sat in the audience awaiting their turn on stage. Pierce had done Carol Channing, Mae West, and was in the midst of his world famous Bette Davis/Tallulah Bankhead bitch fight, when the women of the Chorus began booing and hissing, stood up and filed out of the theatre. Said a spokeswoman for the Chorus, "The material was woman hating, denigrating women and women's appearance. The material was very racist and sexist. The women in the S.F. Lesbian Chorus feel sad that these attitudes run still so deep in the San Francisco gay male community." The Chorus refused to perform as scheduled. "What caused it all? I sensed," explained Mr. Pierce, "that the Lesbian Chorus was slightly jarred by my appearance--as a glamorous woman on stage, in sequinned gown and jewelry. Was I, a man, too much of an illusionary woman for the Lesbian Chorus? For over 25 years I've been sending up everybody and everything --that is until last night when my satire, based on the human condition, confused and aggravated the Chorus as a group. Should I have been reading Keats or Shelley or would they have me plunking a guitar in a folk dress with long stringy hair? No, my following wouldn't have been there if I changed to appease some group. They know over the years the content," he concluded, "that's why they came." One outraged Charles Pierce fan summed it up. "Charles Pierce has been around for 25 years as star for every one of them. Who is this Lesbian Chorus anyway? A year from now they'll be fragmented into 6 warring quartets. In 2 years they'll have voted themselves out of existence, and Pierce will still be knocking them dead."

Charles as Mae West

Charles Pierce as Jeannette MacDonald on the 74th anniversary of the '06 Quake. (Photo by Rink)