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THE HARRY BENJAMIN INTERNATIONAL
GENDER DYSPHORIA ASSOCIATION, INC.

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NEWSLETTER

Editors: Paul A. Walker, Ph.D.
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FROM THE ASSOCIATION PRESIDENT

We hope that this premier issue of the Newsletter of the Harry Benjamin International Gender Dysphoria Association finds you, the members, in a healthful spirit. On behalf of the Board of Directors: Paul Walker, Ira Pauly, Jude Patton, Leo Wollman, Jack Berger and President-Elect Milton Edgerton, I welcome you to use the Newsletter as the means of communication between the workers in this new, small and dedicated subspecialty.

The purpose of the Newsletter is communication. In no other area is inter-disciplinary cross-fertilization so necessary for successful outcome. New information, exchange of developing scientific thought and simply increased contact among us will lead to tangible results in developing our fund of knowledge. The Newsletter will bring intangible dividends in ways we have not anticipated at this time. Please sustain the Newsletter by contribution.

Remember our goals and their priority: improved care of the patient, education and increased, perhaps lifetime, contacts among us.

The validity of the concept of realignment of the body parts to fit the determined or true gender and, therefore, the ultimate success of our professional society depends on the success of our original hypothesis and the development of a body of scientific thought and facts supporting it. It is with these thoughts that we enter into this project of The Newsletter, seventeen years after Harry Benjamin first published *The Transsexual Phenomenon*.

Donald R. Laub, M.D., President

DEEP APPRECIATION

For a long time Harry Benjamin has urged the publication of a newsletter for the Association. It has finally been made possible through the generous grant of the Erickson Educational Foundation, and the officers and membership of the organization are deeply grateful.

The Erickson Educational Foundation was the pioneering source of support for research, referral and public and professional information in the field of gender dysphoria.

SEPTEMBER SYMPOSIUM

Bonjour, Mon Cher Ami

Welcome

to members and guests of the Harry Benjamin International Gender Dysphoria Association. We are pleased to announce the program and travel arrangements, local accommodations and social events, and post-symposium tours for the 8th Biannual Meeting to be held in Bordeaux, France; a city in the center of the chateaux vineyards. The meeting is being held at the height of the wine harvest, September 16-19, 1983. Bordeaux is in the basin of Arachon, in the province of Aquitaine, near pine forests, historical monuments, amid renowned gastronomy. These optimal conditions are appropriate to this important International Symposium. The anticipation of holding the 8th Biannual meeting amid such exciting surroundings, coupled with worldwide interest, promises to make this symposium one of the most stimulating.

The program committee has prepared a compact program of high quality scientific papers from renowned workers. There will be five half-days for follow-up studies, treatment and theoretical diagnostic considerations. Ample assurance has been given that this symposium will be approved for approximately 18 hours of Category 1 credit for Continuing Medical Education.

Our travel agent has prepared well researched travel options at the lowest cost. Hotel accommodations are varied to suit your needs, your budget and your comfort.

We look forward to welcoming you to Bordeaux.

For more information contact: Donald R. Laub, M.D., c/o The Harry Benjamin International Gender Dysphoria Association, Inc., 900 Welch Road, Suite 402, Stanford, CA 94304.

GREETINGS FROM HARRY BENJAMIN

It is deeply gratifying to me to congratulate you on the advent of this Newsletter which I know will strengthen your organization and its goals through its quarterly publication. I regret that I am unable to take an active part in the Association, but I wish to extend my wishes to you all for success in all you endeavor.

Harry Benjamin, M.D.

LEGAL UPDATE

by

Joanna Clark, Contributing Writer

In future issues of the Newsletter we will report on the latest legal decisions affecting transsexuals and the professionals who deal with them. We welcome communications from any of our readers regarding legal decisions or situations in your locality.

CIVIL RIGHTS AND THE TRANSSEXUAL

The Black community essentially won their civil rights in 1954, in the U.S. Supreme Court case *Brown v. Topeka Board of Education*. Despite this victory, it took nearly a decade of both violent and non-violent protest before Congress enacted the Civil Rights Act of 1964.

Likewise, the Christopher Street victory helped to bring the Gay community together and increase the awareness to foster an effective political power base.

The commonality between the Black and Gay communities is numbers, which permit an effective power base through which political change can be brought about. The transsexual community although it lacks numbers and, as such, cannot wield sufficient power to effect legislation on a national scale has made great strides during the past 20 years even though there are few provisions under the law to which the transsexual can turn for protection when his or her civil rights are violated.

Discrimination based on "change of sex" rather than "sex" itself, therefore, *is not* covered under the Civil Rights Act of 1964, codified as Title 42 U.S.C. 2000 *et. seq.*

Smith v. Liberty Mutual Insurance, 395 F.Supp. 1098, set the stage for the cases to follow. Ironically the case involved a heterosexual male who was characterized as "effeminate." The case had nothing to do with homosexuals, transvestites, or transsexuals. Yet the Court took it upon itself to state that the Civil Rights Act of 1964, as amended, "did not forbid employment discrimination based on 'affectional or sexual preference of the job applicant.'"

A few months after the *Smith* case, the courts heard *Voyles v. Ralph K. Davies Medical Center*, 403 F.Supp. 456 (1975); *aff'd*. 570 F.2d 354 (9th Cir. 1978), at which time the courts non-applicability view was expanded to include both transsexuals and bisexuals. The argument presented by the lower Court simply stated was, "situations involving transsexuals, homosexuals, or bisexuals were simply not considered (by Congress in passing the Act), and from this void the Court was not permitted to fashion its own judicial interdictions." The *Voyles* decision was upheld on appeal by the Ninth Circuit Court of Appeal.

A similar decision, again affirmed on appeal, was reached in *Holloway v. Arthur Anderson & Co.*, 556 F.2s 659 (9th Cir., 1977). However, the *Holloway* court did rule that a transsexual who claimed discrimination because of his or her sex, male or female, could state a cause of action under the Civil Rights Act.

Recently a U.S. District Court in Northern Illinois issued an oral opinion (*Ulane v. Eastern Airlines*) stating that transsexuals do have a right to employment protection under the Civil Rights Act of 1964. The case is currently on appeal.

Within days of the *Ulane* decision, the Eighth Circuit Court of Appeals handed down another opinion in *Audra Sommers v. Budget Marketing* (cite unavailable at this time), again stating that the Civil Rights Act of 1964 *does not* prohibit employment discrimination against transsexuals. The Court went on to state, however, "We are not unmindful of the problem Sommers faces. On the other hand, Budget faces a problem in protecting the privacy interests of its female employees.... The appropriate remedy is not immediately apparent to this Court. Should Budget allow Sommers to use the female restroom, the male restrooms, or one for Sommers' own use? Perhaps some reasonable accommodation could be worked out between the parties. The issue before this Court is not whether such an accommodation can be reached but rather the issue of whether Congress intended the Civil Rights Act of 1964 to protect transsexuals from discrimination.... We hold that such discrimination is not within the ambit of the Act."

For further information on this particular subject, see Remmers and Wein, "Employment Protection and Gender Dysphoria: Legal Definitions of Unequal Treatment on the Basis of Sex and Disability," 30/4 *Hastings Law Journal* 1105 (1079).

CALIFORNIA SENATE BILL 814

California State Senator Leroy Greene introduced Senate Bill 814 on March 2, 1983. The bill will add Section 12926.5 to the Government Code, relating to fair employment practices, if passed.

Existing law makes it an unlawful employment practice to discriminate in employment on the basis of sex, among other things, but does not define what is included as sex discrimination.

SB-814 would provide that discrimination on the basis of sex includes discrimination against persons who are medically defined as transsexuals.

Both the Gateway Gender Alliance and ACLU Transsexual Rights Committee are organizing letter-writing campaigns in support of the bill.

On April 13, 1983, the Bill was approved by the Senate Industrial Relations Committee on a 5-2 vote. It is then considered by the Senate Finance Committee before going to the Senate floor.

REVIEWS

by

Judy Van Maasdam, Contributing Writer

Pauly, I. (1981). OUTCOME OF SEX REASSIGNMENT SURGERY FOR TRANSSEXUALS. *Australian & New Zealand Journal of Psychiatry*, 15:45-51.

Author reviews the literature in the last decade on the outcome of sex reassignment surgery for 283 male to female transsexuals and 83 female to male transsexuals. Meyer and Reter (1979) is briefly discussed as well as other nonsurgical psychotherapeutic approaches (Barlow *et al.*, 1973; Barlow *et al.*, 1979, Lothstein & Levine 1980). Author emphasizes the need for ongoing treatment outcome data for determining appropriate treatment modality.

Sorensen, T., Hertoft, P. (1982). MALE AND FEMALE TRANSSEXUALISM: THE DANISH EXPERIENCE WITH 37 PATIENTS. *Arch Sex Behav* 11:133-155.

Authors examine from 1951 73 males desirous of sex change, of whom 29 completed sex reassignment surgery at the Rigshospitalet in Denmark. Likewise from 1956, 25-30 females were seen with 10 undergoing sex reassignment. Two of the 10 females were considered psychotic and data is presented on the remaining eight females. Data includes family history of psychiatric illness, relations with parents, peer relationships, marital status of parents, problems at school and work, social status, cross-dressing, sexual relations, and psychological characteristics of reality testing, cognitive functions, affect control, psychic defense, administration of object relations, ego strength and control of drives. Authors conclude that a basic insecure gender identity is a predominant trait in transsexuals, but this insecurity manifests differently in the two transsexual sexes. In the male to female, narcissistic withdrawal to a condition marked by submission and pseudofemininity was seen and in the female to male a narcissistic, phallic attitude displaying dominance, activity, and initiative with caricatured masculinity was found. Female to males were much more sexually active than male to females.

Hunt, D., Carr, J., Hampson, J. (1981) COGNITIVE CORRELATES OF BIOLOGIC SEX AND GENDER IDENTITY IN TRANSSEXUALISM. *Arch Sex Behav* 10:65-77.

The Gender Identity Research Team at the University of Washington School of Medicine studied 22 individuals, 17 male to female and 5 female to male diagnosed as transsexual. WAIS subtest scores tended to be more consistent with the subjects biologic sex rather than with gender identity. In conceptual measurement testing, subjects performed according to their gender identity. The MMPI did not show major psychopathological process.

Skrapec, C., MacKenzie, K. R. (1981) PSYCHOLOGICAL SELF-PERCEPTION IN THE TRANSSEXUALS, HOMOSEXUALS AND HETEROSEXUALS. *Arch Sex Behav* 10:357-369.

The Gender Dysphoria Clinic, University of Calgary, compared three matched groups of 8 transsexuals, 8 heterosexuals, and 8 homosexuals for gender related aspects of self-perception. Transsexual subjects reflected lowest self esteem and homosexuals highest self esteem. Transsexual subjects viewed themselves as similar to females and dissimilar to the males. Homosexual subjects scored moderately high in global self-esteem and were least polarized in their gender related self-description.

Fleming, M., Cohen, A., Salt, P., Jones, D., Jenkins, S. (1981) A STUDY OF PRE- AND POST-SURGICAL: MMPI CHARACTERISTICS. *Arch Sex Behav* 10:161-170.

MMPI scores of 20 transsexuals from the Boston Gender Identity Service were examined. Mean raw scores showed significant differences attributed to sex and surgical status among 4 subgroupings of 5 pre-operative male to female, 5 post-operative male to female, 5 pre-operative female to male, and 5 post-operative female to male. Postoperative subjects had a higher level of psychological adjustment.

Huxley, P. J., Kenna, J. C., Brandon, S. B. (1981) PARTNERSHIP IN TRANSSEXUALISM. PART I. PAIRED AND NONPAIRED GROUPS. *Arch Sex Behav* 10:133-141, PARTNERSHIP IN TRANSSEXUALISM. PART II. THE NATURE OF THE PARTNERSHIP. *Arch Sex Behav* 10:143-159.

Both papers report some findings on partners of patients who attended Manchester University Department of Psychiatry Clinic for diagnosis of transsexualism. In a group of 72 patients desirous of sex-reassignment, 26 out of 55 male-to-female transsexuals had partners and 9 out of 17 female to male transsexuals had partners. Paper I indicated that only a small proportion after diagnosis underwent hormonal therapy and/or surgery. The paired and nonpaired groups differed in several respects. The paired group had more heads of family than the nonpaired group who were more often without their father in the first decade of life. More of the paired group showed stable social adjustment and tended to have a more successful employment history. Variables such as sociopathy, parental support, social drift, and age at referral revealed no significant differences between the two groups. There were also no differences on several psychological tests. Paper II describes partnerships which support the view that the consent of transsexualism is accepted or shared by the partner. The intensity of the acceptance of transsexualism is related to the bond of affection between the partners, the pattern of dominance between them, and the sexual needs of the partner.

Levine, S., Lothstein, L. (1981) **TRANSSEXUALISM OR THE GENDER DYSPHORIA SYNDROMES.** *Journal of Sex and Marital Therapy* 7:85-113.

Authors present a lengthy argument that professionals, patients and mass media sources oversimplify gender dysphoria syndrome. The authors emphasize the need for two differential diagnostic processes: 1. Determining the type of gender identity disturbance, and; 2. Identifying the psychopathology associated with the specific gender dysphoria syndrome. Authors conclude that surgery is not the only or best treatment for the syndrome and that psychotherapy can be beneficial to patients and sometimes eliminate the desire for sex change, although clinical impressions of the authors are not documented by systematic studies.

Lothstein, L. (1982) **SEX REASSIGNMENT SURGERY: HISTORICAL BIOETHICAL AND THEORETICAL ISSUES.** *Am J. Psychiatry* 139:417-425.

Author reviews follow-up studies through the 60's, 70's and early 80's and concludes that there is a lack of long-term treatment outcome studies substantiating the need for surgery. Author indicates that previous follow-up studies may not represent a cross-section of all sex reassignment surgery patients. Paper addresses methodological problems inherent in previous studies such as lack of universally accepted criteria for

diagnosing gender dysphoria and determining appropriate candidates for sex reassignment surgery; lack of an adequate control group; considerable variability among programs in gender identity clinics; self affirmation of patients; failure to use standardized clinical tests; failure to include in-depth psychological analysis; and use of biased evaluators to interpret outcome data. Author argues that various modes of psychotherapy should not be discarded in favor of surgery.

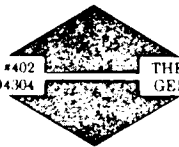
Aiman, J., Boyar, R. M. (1982) **TESTICULAR FUNCTION IN TRANSSEXUAL MEN.** *Arch Sex Behav* 11:171-179.

Five out of 8 male to females had low sperm counts, but other aspects of testicular function were normal. Authors conclude that abnormalities of pituitary function and pituitary response to LHRH cannot be explained by abnormal testicular steroidogenesis.

Ciccarese, S., Massari, S., Guanti, G. (1982). **SEXUAL BEHAVIOR IS INDEPENDENT OF H-Y ANTIGEN CONSTITUTION.** *Hum Gen* 60:371-372.

Authors determined the H-Y antigen status in nine transsexual patients, six male to female and three female to male. Results indicate that any abnormal sexual behavior is independent of the H-Y antigen constitution and did not support observation of Eicher *et. al.* (1979).

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