AEGIS NEWS

QUARTERLY 5/97 #10 ISSN 1077-162X

Bomb Blast Rocks Atlanta TG Community

Just before 10:00 pm on Friday, 21 February, 1997, an explosion rocked the Other Side Lounge, a popular Atlanta night spot. Five people were injured, one severely, by shrapnel from the dynamite-powered blast. At first, bar personnel and the more than 150 patrons of the club thought there had been a shooting. Police, responding promptly to the 911 call, searched for and located a second explosive device, which was in a knapsack hidden in bushes, placed against a brick wall in a way which, had it gone off, would have sent the force of the blast outward into one of the main pathways into the bar. The Other Side was evacuated and the second device exploded while being inspected by a bomb squad robot.

In a press conference on Sunday the 23rd, Atlanta Mayor Bill Campbell called the bombing a hate crime because the Other Side has a largely gay, lesbian, bisexual, and transgender clientele. Before the press conference, Mayor Campbell had met with his Senior Gay, Lesbian, Bisexual, and Transgendered Advisory Board and other members of Atlanta's GLBT community, who urged him to declare the incident hate-related. The Federal government has not called the incident a hate crime, but Genderpac, the Human Rights Campaign, and other organizations arranged for a meeting with U.S. Attorney General Reno to voice the comunity's concerns.

The bombing is Atlanta's third within one year; the first occurred in July, 1996, during the Olympics, in Olympic Centennial Park, killing several Olympic spectators and wounding dozens of others. More recently, two bombs went off at a family planning clinic in Sandy Springs, a suburb of Atlanta. Because of the Sandy Springs incident, police immediately looked for and found a second bomb planted at the Other Side.

The Other Side bombing is similar to the Sandy Springs incident. In both cases, a primary bomb was placed to inflict minimal casualties, and a second bomb was hidden and set to donate later, after police and other officials were on the scene. The primary targets of the bomber, then, seem to be police and rescue workers — yet the placement of the bombs at the Olympics, at a family planning center, and at a GLBT bar are significant, as all three are frequent targets of fundamentalist religious and white separatists. On Monday, 24 February, a handwritten letter was mailed to a number of news agencies, claiming responsibility for the Sandy Springs and Other Side bombings by the Army of God. The letter promised further attacks on "sodomites" and federal officials.

The Other Side has long been a safe haven for Atlanta's large transgender and transsexual community; in fact, until recently, the Other Side was managed by Amber Richards, a transgendered entertainer. Richards died last year in a house fire. The bar still has at least one transgendered employee.

A team of more than seventy specialists was flown into Atlanta and continues to investigate the night club bombing. —*AN*

Letters to the Editor

Dear Dallas:

We received our copy of *AEGIS News Quarterly* #8 today. It was with great interest that we read the articles "First P-FLAG Support Group for Families of Transgendered Persons" and "Winning Transgender Acceptance and Understanding at P-FLAG."

Our transgender son came out to us in July of 1995 at the age of 39 years. We did not hesitate to tell him that we loved him and that we intended to give him our love and support as a TG person.

In August, 1995 he told us about the Edmonton branch of P-FLAG and he gave us the telephone number of one of the counselors. We received support from her and we attended our first P-FLAG meeting in September, 1995. All of the members were very understanding and supportive. Our son, as his feminine self, attended the October, 1995 meeting. He has been an active participant in P-FLAG and the Gay and Lesbian community center since that time. A number of MTF transgender people are also active in the gay community and sometimes attend P-FLAG meetings. P-FLAG Edmonton has one member who has a 16-year-old FTM daughter. This parent has also found P-FLAG a "lifesaver."

Without the active and caring support of P-FLAG members, we would have had a much more difficult time coming out to our relatives and friends.

— Irving & Joyce Hastings

[The following is in response to the editorial "Is There a Price for Political Activism" in the 9/96 issue of AEGIS News.]

Is there a price for political activism? Yes, there is a price. There has always been a price for social change. Some people were harmed or inconvenienced by the institution of child labor laws, some by the women's suffrage movement, some by the civil rights movement, and some are today being so affected by the gender rights movement.

Those of us who are trying to shake the world should be sensitive to the effects on individuals of sweeping social change. But we have to take something of a utilitarian view on this. For every person jostled out of their safe niche in the existing social structure, there are many people who are uncomfortable, in pain, or at risk of their lives.

So much for the obvious answer to the question posed in the title. The author of the article goes on to ask, in regard to certain TS Menace and ICTLEP actions: "Is the benefit of removing GID from the DSM worth the suffering it will cause those who might otherwise have had part or all of the costs of transition paid by insurance? Is it moral to negatively impact insurance coverage of your brothers and sisters? Will achieving legal status of persons with penises as women deligitimize (sic) the female status of those who have had genital surgery? Is there a price to pay for political activism? And if so, are you willing to achieve your goals on the backs of other transpeople?"

These are philosophical questions, at root, not political questions. The question about DSM inclusion and insurance coverage is about whether a transgendered person is a sick person, a person who has something wrong with them that must be medically diagnosed and treated. Many people now feel very strongly that being transgendered is no more "sick" than being homosexual.

This is not to say that society should not be willing to help transgendered people be at peace with themselves. There are many people society should help. That is a different problem.

Forcing transgendered people to go to the medical and insurance industries for what they need puts them in the control of those industries. It lets those industries define what it means to be transgendered, and what are the acceptable behaviors and goals for transgendered people. Everyone who works with TG/TS people has seen the lying and deception caused by this approach, has seen the people crushed because they could not meet the standards, the people who jumped through all the hoops but still didn't turn out "right." This is wrong, terribly wrong.

Yes, some transgendered people need medical help. But not the way they have to get it now.

"Will achieving legal status of persons with penises as women delegitimize the female status of those who have had genital surgery?" This question makes me want to scream and pound the table (very bad for my carpal tunnels). How the hell are we going to see the truths embodied in the International Bill of Gender Rights come to be part of our society if we hold onto such archaic concepts as there being legal definitions of "man" and "woman"? (There is a copy of the IBGR on my web pages, http://www.cps.msu.edu/~lees)

Does the gender movement actually want society to require a person to be surgically made-over in the image of an ideal man/woman in order to receive the coveted "M" or "F" on their personal identification? Well, I sure don't! This is not gender freedom, it is not gender equality, it is not gender happiness! This is the same heterocentric male-dominated societal crap we have right now! (Yes, I am shouting!) You're all sitting around arguing about what is and is not a penis and who does and does not have one. For God's sake, give it up!

— Lisa Lees
Lees@bellona.cps.msu.edu

Dallas —

I am very concerned about your premature attacks, in the last issue of *AEGIS News [#9, 12/96 — Ed.]*, on the [forthcoming revision of] the Harry Benjamin Standards of Care. You may wish to publish some or all of this e-mail as a "letter to the editor" as others could benefit from what will be only the first part of a lengthy dialogue over the next year. Given that you have not read any of the 5 drafts that we have worked very hard on over the past 8 months, such attacks are unwarranted and inaccurate. Dr. Levine is not writing the revision, but is coordinating the very difficult process of gaining consensus from an international committee from many fields. I am the adult psychiatrist on the committee, and I can assure you this process has been inclusive and intense. Prior to your attack on the SOC revision I had already put your name in as one of two recommendations I made for outside review comments to incorporate into the 6th draft. I made this recommendation based on my knowledge of your work, your

dedication to the transgender community, and your perspective as a trained mental health care professional who has been a consumer of care for transgendered person.

Before condemning the chair (Dr. Levine), the volunteer committee members, or our evolving work, please take the time to review its current incarnation. There are many changes. We must not be naive, however, in expecting a final draft that is either without controversy or devoid of critics with diverse agendas.

I look forward to your comments on the latest draft.

Sincerely,

George R. Brown, M.D.
Chief of Psychiatry
Mountain Home VAMC
Board of Directors, HBIGDA
Committee Member, SOC Revisions

The reason I brought the matter up in AEGIS News rather than waiting was that I was alarmed by a presentation about the proposed revisions given at a gender community event by one of the committee members, and by Dr. Levine's incredible (I thought) statement in an issue of the HBIGDA newsletter that post-operative transsexuals who need therapy were poor choices for surgery. I considered that the longer I waited before bringing up my concerns, the closer the new SOC would be to being set in stone. I agree, though, that I should not have made the matter personal by singling out Dr. Levine.

I thank you for submitting my name as a reviewer of the proposed SOC revision. Dr. Levine sent me the draft, and I was able to give committee members my feedback (reproduced starting at right). And I do appreciate the committee's hard work.

I remain concerned that the draft I read considers increasing rather than decreasing psychiatric gatekeeping. In fact, last night I dreamed I was at the forthcoming HBIGDA conference in Vancouver, wearing a t-shirt that read "Vote no on the proposed SOC revisions." I hope the final draft will allay my concerns, making such a t-shirt unnecessary — Dallas

19 March, 1997

Stephen B. Levine, M.D.
Chairperson, SOC Committee
3 Commerce Park Square
Ste. 350
Beachwood, OH 55122-5402

Dear Dr. Levine:

Thank you for giving me the opportunity to look over the proposed revision for the Harry Benjamin Standards of Care. I have enclosed my comments on the document, and have taken the liberty of sending them to the other members of the committee.

Sincerely,
Dallas Denny, M.A.
Licensed Psychological Examiner

Comments on Proposed SOC Revisions

It's clear that the proposed changes constitute the most ambitious of the several revisions of the Harry Benjamin Standards of Care. Previous revisions left the original structure intact, changing or deleting existing items, or adding new ones, as needed. This revision does away with the alphanumeric ordering of items, which I consider regrettable, as many things once addressed are no longer mentioned; this is especially true of sections which address the rights of the clients (e.g., Principle 31: Gender dysphoric sex reassignment applicants and patients enjoy the same rights to medical privacy as does any other patient group).

The driving force behind the Standards of Care was the late Paul Walker. When they first appeared in 1979, they brought order in a time of chaos. Consider: The infamous 1979 Meyer & Reter study had just been published, gender programs were closing their doors all over North America, Janice Raymond's The Transsexual Empire had just been published, and the federal government, at Ms. Raymond's urging, was studying sex reassignment (Raymond, 1980), presumably to stop it. Transsexuals were turning to professionals who had little or no previous experience with sex reassignment, and who had little idea about what was or was not considered ethical (Ogas, 1994).

The Standards of Care provided clear consensual minimal guidelines for the provision of medical procedures to modify the bodies of transsexuals. The fact that the Standards have survived for nearly twenty years with only minor revision is a testament to the wisdom and foresight of Dr. Walker.

Now it is the nineties. Things have changed dramatically, especially in the last five years. Whereas in 1979, people seriously seeking access to hormones and genital surgery were called transsexuals and desired to assimilate into society as members of the "other" gender, transgendered people today are much more diverse (Denny, 1997a). Some wish to cross-live without genital surgery; some wish to achieve an androgynous or "in-between" state, and some want traditional sex reassignment, with genital surgery. Those wishing access to medical technology may or may not identify as transsexual. Also, we now have a more well-developed literature — one in which the psychoanalytic interpretations of transsexualism which once prevailed have been discredited, and which suggests that transsexuals as a class are not particular impaired in any area other than the desire to change their sex — and that impairment, when it does occur, may be due much more to discrimination against transsexuals by others than to any inherent pathology in the transsexuals (Cole, et al., 1997).

While the ongoing major revolution in ways of thinking about gender and sex reassignment certainly poses challenges to the current Standards of Care, I think great care should be taken in revision — especially since the previous balance of power has, in the opinion of some — myself included — given too much power to clinicians at the expense of robbing transsexuals of their autonomy. Certainly, there is compelling evidence that the power games which arise because of the gatekeeping required by the Standards is detrimental to the therapeutic relationship (Bolin, 1988, 1994, 1997). Also, the very real question "Why do transsexuals require special permissions not required of other groups of people" has never been adequately answered (Health Law Standards of Care, 1993).

I believe firmly that unrestricted access to hormones and surgery would be

disastrous. However, I am well aware that empirical evidence is lacking that adherence to the Standards of Care improves outcome. This is very unfortunate, for it ensures that revisions of the Standards will be based on the clinical experience and insights of those who make those revisions — and it has been well-documented that the impressions of transsexualism and transsexuals gained from the 50 minute therapy hour are quite different from those gained from studying transsexuals in real-life settings (cf Bolin, 1988). With no offense meant to clinicians, I think it is time that the Standards of Care address the realities of transsexual lives and not just what the therapist sees when an often-desperate transsexual comes for help.

Rather than engage in criticism of the minutiae of the proposed revisions, I would like to address my concerns in a more molar fashion. Hence;

A Positive Comment

I am most impressed with the committee's clear understanding that access to medical treatment is sought by all sorts of individuals and that there are a variety of ways of dealing with transgender feelings, ranging from periodic crossdressing to traditional sex reassignment. This is quite a breakthrough, and the committee deserves to be commended for it. Many other aspects of the document are commendable as well — for instance, the move away from the term "Clinical Behavioral Scientist" (which, I understand, was confusing to those on continents other than North America). I really like the clear use of language throughout the document.

The proposed Standards are based upon the view (but one of many) that the desire to have access to body-changing medical technologies is inherently a sign of disorder.

In my judgement, this is not true. While I will not dispute the fact that some people who wish to access this technology may have something called gender identity disorder, others may not. The change of the title from Standards of Care: The Hormonal and Surgical Sex Reassignment of Gender Dysphoric Persons to Standards of Care for Gender Identity Disorders is unfortunate. Are the Standards meant to apply only to those with "gender identity disorder?" If so, then what about those who are not diagnosable and wish to access the technology? Are they left out in the cold? Or are they eligible for access to the technology without adhering to the Standards?

I believe the bottom line here should be not whether one has a "disorder," but what one must do in order to access body-changing technologies. The Standards should divorce themselves from diagnostic criteria and clinical judgments and make access contingent upon clear behavioral criteria (such as the real-life test). Thus, not only "transsexuals," but transgenderists, androgynes, drag queens and kings, and Elvis impersonators like Elvis Herselvis will all be eligible if they meet the required criteria (see Bockting, 1997). In fact, I believe that if transsexuals must meet SOC requirements in order to access these technologies, nontranssexuals should also; therefore, any woman wishing breast augmentation or reduction or any man desiring surgery for gynecomastia should be subject to the same sort of safeguards as transsexuals.

Speaking as a veteran of a gender program (Vanderbilt University) at which I was denied access to hormones and surgery technologies because I was not sufficiently dysfunctional (Denny, 1997b), I cannot emphasize enough how important I think it is to divorce access criteria from psychopathology. In fact, there is no need whatsoever for the term "disorder" to be in the Standards of Care document, and I would like to see it removed entirely. The idea that transsexualism is a disorder is but one of many ways of looking at transgender phenomena (Denny, 1997). I know that there has been an effort to make the Standards less North-American centric and truly international; if they are to be international standards for access, and not a crutch to prop up the medical colonization of transgendered and transsexual persons, then they must be divorced from the idea of disorder, because many societies (for instance, Polynesian cultures) do not consider transgender behavior to be pathological. In other words, there is no inherent need to medicalize transsexuals by declaring them disordered simply because they desire access to medical technology.

FTM Issues

The proposed Standards do not adequately address the issues of female-to-male persons.

Feminist scholars (cf Bolin, 1992) have rightly pointed out that female bodies are much more likely to be commodified than those of males. This was certainly true in the original Standards of Care, which defined the breasts as "genitals." I am unaware of any other context in which breasts are considered to be genitals. Certainly, augmentation or reduction of breasts is not regulated except in transsexuals. Any woman (or man) who wants breast augmentation or reduction can simply go to a plastic surgeon and get it. Why should transsexuals be any different? The only logical reason is because the original Standards, and the current proposed Standards, consider transsexuals to be disordered for wanting the same thing as many nontranssexual men and women.

Breasts are not genitals.

In a survey I conducted several years ago, only 30% of 339 respondents said that they believed that the breasts of female-to-male transsexuals should be considered genitals. Consider this in contrast to the findings that 75% thought a period of evaluation before hormonal therapy a good idea, and 78% agreed with the idea of a mandatory one-year real-life test before SRS. (Denny & Roberts, 1997).

I asked James Green, a female-to-male transsexual and the Director of FTM International about this issue, and he wrote, via e-mail:

> The various FTM surgeries must be recognized as separate medical and social issues. An FTM may require a hysterectomy or a breast reduction for reasons other than 'GID' and yet because of the 'GID' may want these procedures to be done differently than they would be done for a non-transsexual woman. Also, if a non-transsexual woman desires breast augmentation or reduction surgery, she is not required to be diagnosed with a mental disorder; neither is a male with gynecomastia.

James also made the valid point that the statement "[hormones] ... do not significantly alter physical appearance

within a short period of time" is not true of many FTMs. Changes in FTMs can be very dramatic; within a matter of 2 to 4 months an individual once identifiable as female can appear as a bearded, low-voiced, balding, hirsute man.

James indicated that physical changes in FTMs can include: skin coarsening, changes in body odor, body hair growth, male pattern baldness, weight gain, increased muscle mass, increased appetite, and blood sugar/glucose metabolism changes.

Proposals to Increase Requirements for Access to Treatment

I find it incredible that there is even a consideration of requiring a period of full-time crossliving before initiation of hormonal therapy. The American Educational Gender Information Service has taken a strong position against such periods of mandatory RLT before hormones, and is in the process of querying its advisory board about issuing an opinion that such a requirement is not only inadvisable but constitutes professional malpractice except in the occasional case in which the individual has serious medical conditions which increase the risk of hormonal therapy. It is AEGIS' opinion that the social disruption caused by undertaking the RLT far outweighs the medical risks of hormones. In fact, undertaking RLT before the individual is physically prepared is a prescription for failure, as it increases risk of discrimination, ridicule, and hostility from others.

It seems that throughout the document, the responsibility for trauma resulting from mistreatment of transsexuals by society is laid on transsexuals, further pathologizing them, rather than on a corrupt society in need of reform. I think the Standards of Care need to clearly state that mistreatment of an individual because of his or her nonconforming gender appearance and/or behavior is a sign of pathology in the mistreating party rather than the transsexual. James thinks — and I concur — that the Standards need to include a statement that the practitioner who subscribes to them has a duty to work to end societal discrimination against transsexuals.

I find the proposal for required psychotherapy equally unwarranted. There is no real evidence that transsexuals need such treatment, and I consider it would be unethical to require it. It's one thing to make sure an individual knows what he or she is getting into (which is in my opinion what is actually happening in the therapeutic process in the majority of cases these days), and quite another to force him or her into ongoing treatment that may or may not be needed or wanted.

Surgical treatments other than SRS (breast augmentation and reduction), rhinoplasty, tracheal shave) should not require letters of authorization from therapists.

Gender Programs

The document states that treatment in interdisciplinary settings is preferable to treatment in other settings. I do not think there is evidence to support this; there are in fact many outcome studies from gender programs, but there is nothing to compare them to. I have been following members of a support group in the Southeastern United States for some six years now; these persons usually make their own decisions about what treatments to have and when they will get them, and most choose to have only the minimum amount of therapy needed to require various authorization letters. I will be presenting some of my rather surprising findings at the HBIGDA conference in September. Among other things I have found that of more than 70 post-process transsexuals, not a single one has been lost to follow-up (which suggests that the oft-lamented "lost to follow-up" problem is due not to the unreliability and uncooperativeness of transsexuals, as has been suggested in the literature, but to negative feelings interdisciplinary treatment settings engender in transsexuals). I have also found the number of positive outcomes in the support group to be equivalent to those reported by the most positive studies reported by gender programs.

Last Words

In the current Standards of Care, we have a document which, if not perfect, is working quite well. Furthermore, as shown by the Denny & Roberts (1977) study, they have the overwhelming support of the transgender community.

In the past, I have called for dialogue between the professional and transgender communities before the existing Standards of Care are altered. Although the work of the SOC revision committee has been laudable, the proposed changes do not reflect the necessary input from transsexuals and other transgendered persons; my input at this late date, and the presence of one transsexual on the committee simply do not suffice. I think the committee must ask itself the hard question: would it impose such restrictive standards on women as a class, or on Blacks, or on homosexuals, without adequate representation on the committee from members of those communities? I think not, and I think that for this reason the committee must stop and ask itself why things have happened to this point the way they have. I think soul-searching will show that things are seriously amiss, and much work needs to be done at theoretical and empirical and grassroots levels before the existing Standards of Care are changed in any appreciable way, whether to make access to medical technologies easier, or to make them more difficult.

Thank you.

Dallas Denny
cc SOC Revision Committee members

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Transgender Care:

Recommended Guidelines, Practical Information, & Personal Accounts

Gianna E. Israel and Donald E. Tarver II, M.D.
Foreword by Joy Diane Shaffer, M.D.

A handbook for transsexuals, transvestites, and others, and for the professionals who work for them.

By empowering clients to be well-informed medical consumers and by delivering care providers from the straitjacket of inadequate diagnostic standards and stereotypes, this book sets out to transform the nature of transgender care.

In an accessible style, the authors, discuss the key mental health issues, with much attention to the vexed relationship between professionals and clients. They propose a new professional role, that of "Gender Specialist."

Chapters 3, 4, and 5 provide definitive information (in a context of consulting health professionals) on hormone administration, aesthetic surgery, and genital reassignment surgery. Chapter 6 takes up the little-examined issue of HIV and AIDS among transgender people. There is a chapter devoted to issues of transgender people of color, as well as a chapter on transgender adolescents.

The book contains a wealth of practical information and account of people's experiences about coming out to one's employer or to one's friends or spouse. Several essays spell out the legal rights of transgender people with regard to insurance, work, marriage, and the use of rest rooms.

The second part of the book consists of thirteen essays on a range of controversial topics. They include three personal stories of transgender life, one essay on the new academic field of Transgender Studies, two essays on legal rights, three essays on medical issues, and two essays on the origins and possible resolution of the conflicts between therapist and client. The authors have also provided useful listings of organizations, centers, and web sites.

The book has been reviewed by a national committee of professionals and consumers, some of whose members have contributed the essays in the second part of the book.

Gianna E. Israel has been in private practice as a Gender Specialist since 1986. She has worked with over one thousand transgender men and women, and also is a member of the transgender community. She is a founding member of the board of the American Educational Gender Information Service (AEGIS). Ms. Israel writes the "Ask Gianna" column in the magazine *Transgender Tapestry* and posts "GenderArticles," a monthly column on the internet.

Donald E. Tarver, II, M.D., is a community psychiatrist in San Francisco. He is Medical Director for the Westside Crisis and Outpatient Clinic. During his residency at the University of California, San Francisco, he co-founded the Minority Residents Association and later joined that institution's clinical faculty. He is co-chair of Lesbians and Gays of African Descent for Democratic Action.

Temple University Press
304 pp, Cloth ISBN 1-588639-571-2
December, 1997

We consider Gianna Israel & Dr. Donald Tarver's Transgender Care: Recommended Guidelines, Practical Information, and Personal Accounts the most significant publication on transgender health care of the decade, and perhaps ever.

Our readers may remember that AEGIS had planned to publish this book. However, we were unable to work out arrangements to the satisfaction of all parties. Happily, the authors have found another publisher, and this important book will be available soon — Ed.

A New Book and a New Spiritual Vision for the Transgender Community

by Vanessa S.

Approximately ten years ago, in 1987, I began actively confronting my own differently gendered status. I'd always felt a great deal of inner-directed anguish as well as religiously-induced guilt and shame concerning my strong internal desire to crossdress, but the need for feminine expression had simply become too strong for me to deny or repress. So I began the difficult yet rewarding "coming out" process, first to myself, then to my spouse, and later, slowly, to others both inside and outside the transgender community.

In the course of this "coming out" journey, I discovered that at least for me there was simply no effective way to separate my innate God-given spirituality from my transgender orientation. As I struggled with the ramifications of being a crossdresser who was also a Christian, I began searching for specific resources to give me spiritual hope and support in this effort — and found none. To my surprise and chagrin, there was literally nothing of any value that directly addressed the spiritual component of being a differently gendered individual, especially from a Christian perspective. After assessing the obvious lack of information on this topic, I decided to begin researching the subject, with the rather hazy and ill-defined notion of eventually writing something myself. As time went on I began to slowly realize the significance of such an endeavor: no one was publishing anything of substance that directly addressed the spiritual status or concerns of the transgendered Christian, and I therefore felt a distinct — and greatly humbling — obligation to help fill that gap as honestly and proficiently as I could.

The result of this effort is a new book, written for the transgender community and those who care about us. *Cross Purposes: On Being Christian and Crossgendered*, is the title, and it's the first publication from AEGIS' new Sullivan Press. I'm grateful to Dallas Denny for publishing my work, and it's my hope that many, both inside and outside the transgender community, will find *Cross Purposes* a useful resource.

While I'm well aware that there are many differing beliefs and various types of religious systems which are practiced by transgendered persons, and while I'm equally aware that not everyone is interested in Christianity (and that some transgendered people — often with demonstrable cause — even consider Christians to be their enemies), it's also true that there are many, many Christians within our larger transgender community. Often these persons struggle with issues relevant to their faith and their differently gendered status; these issues include such concerns as the presence of guilt and shame — feelings that may have been instilled and promoted by their religious belief systems; confusion regarding their status before their Creator as a transgendered individual; and the rights and obligations of transgendered persons pertaining to their standing within the institutional Christian church itself. *Cross Purposes* addresses these topics and many others that are relevant to the lives of differently gendered Christians.

While I recognize that this type of subject matter is certainly controversial within the mainstream Christian milieu, I'm convinced that this is an issue whose time has definitely come. The moment is at hand for transgendered Christians to speak out, to have a voice that declares our viability as human beings who are created in the image of God and who are thus worthy of respect, dignity, and acceptance. Additionally, it's time for our people to take back what has been effectively stolen from us, i.e., our right to full association and involvement in the life of the Christian community, from those who fear the human potential for divinely ordained diversity that we represent. Despite the genderphobic ravings of the radical religious right, transgendered persons have a legitimate right to exist and to exercise our freedom of differently gendered expression within the framework of Christianity if we so choose. The religious powers-that-be may not like it, and they certainly won't change their opinions overnight, but they'll eventually have to give in to the truth if we transgendered Christians will actively pursue and demand our freedom in Christ intelligently, consistently, and always in love. No power — even misguided or antagonistic religiopolitical power — can ultimately stand against the inclusive, loving, liberating truth of Christ's Gospel.

In March of 1996 I was fortunate enough to be a presenter on the topic of Christian spirituality at the IFGE convention in Minneapolis. During that convention I had several conversations with Alison Laing, the Executive Director of IFGE. Alison assured me that there was a tremendous need within the transgender community for persons to minister to the spiritual concerns of "our people." I took her at her word, and have since enrolled and am now attending classes at United Theological Seminary of the Twin Cities, with the long-range goal of establishing some sort of education/outreach ministry to the transgender community and to the institutional church-at-large. To the best of my knowledge, I am the country's only openly transgendered seminary student (there are almost certainly other transgendered students attending seminaries across the country, but I'm not aware of any others who are doing so as openly transgendered. If you know of any, please contact me — we ought to support each other). It's been a wonderful experience for me to attend classes as both my masculine and feminine selves. My classmates as well as the seminary administration and faculty have been extremely supportive and affirming of me, probably because they can see that I'm serious about this and that I'm attempting to bring some integrity to my preparation for

ministry (You know, I sense another book potentially arising out of this experience — *Vanessa Goes to Seminary*, or something of that ilk!).

I've also begun contacting local churches and asking for opportunities to speak to their congregations about the presence and therefore the very real spiritual concerns of transgendered persons; it's been encouraging to see that people really do "get it." Although some churches won't have anything to do with me or my proposed discussions about transgendered spirituality (no big surprise there, right?), I have been able to address a growing number of church gatherings about these issues — and the response on those occasions has been uniformly positive. That's probably because most people can recognize the truth and the inclusive love of God when they hear and see it (not that I consider myself to be anything more than a messenger — it's the Holy Spirit of God that does the work). New opportunities for speaking and educational outreach continue to arise, and I'm grateful to be a small part of this groundbreaking process.

It's somewhat daunting to undertake this type of pioneering effort, especially within a church context, but it's also proving to be rewarding and enlightening as I attempt to prepare myself for whatever lies ahead. I believe the Christian church needs to know about the marvelous spiritual gifts that transgendered persons have to offer, and the church also needs to be made aware of its own responsibilities in helping to meet the spiritual needs of those who are transgendered. I hope to be something of a bridge or a liaison between these two communities (as I wrote in *Cross Purposes*, I'm much more interested in building bridges than walls), and I pray that others will also see the need for dialogue and increased communication, rooted in respect and mutuality, that can only benefit everyone concerned.

If you're reading this article then you obviously have some sort of interest in the transgender community. I fully understand that not everyone will care about matters of the spirit, but if you appreciate the potential importance of spirituality in the life of a transgendered person and/or if you're concerned at all about the spiritual essence of being a transgendered Christian than I invite you to read Cross Purposes: On Being Christian and Crossgendered. I believe it could be of significant benefit to many, and I pray that it will be a genuine asset and a strong resource for our community and for others who care about justice and spiritual equality on behalf of all people. If you'd care to write to me about the book, transgender ministry, or other transgender spiritual concerns, please do so in care of AEGIS, P.O. Box 33724, Decatur, GA 30033, and your correspondence will be forwarded to me. —*AN*

The Hirschfeld Exhibit in the US

This spring, transgender and professional communities in the U.S. had a chance to see a remarkable exhibit of historical sexological materials.

In 1919, sexologist and sexual-reformer Magnus Hirschfeld (1868-1935) opened the world's first sexological center, The Institute for Sexual Science, in Berlin. The scientific frame was biomedical research on human sexuality. "Sexual Transitions" (e.g. homosexuals, transvestites and hermaphrodites) received support and were enabled to manage their life.

About 40 people worked at the Institute in various fields: research, sexual counseling, sexual enlightenment of the population, and medical treatment of sexual transmitted diseases. The Scientific-Humanitarian-Committee (the first homosexual organization) and the World League for Sexual Reform had their offices in the Institute.

Hirschfeld's scientific methods have had a lasting influence on American sexology. Some of his collaborators at the Institute, including Walter Grossmann and Arthur Weil, continued their work in the United States. Hirschfeld visited the US in 1892 and 1931, stimulating American scientists. Harry Benjamin, a friend and colleague, continued Hirschfeld's work on transsexualism in the USA.

Alfred Kinsey used techniques developed by Hirschfeld between 1899 and 1925 for his research on the sexual behavior of American women and men. Sexual biologists still use Hirschfeld's techniques today, nearly a century after they were developed.

Hirschfeld's 1910 work on transgendered people, *Das Transvestiten*, was unfortunately not translated into English until 1991. Had it been translated earlier, his sympathetic view of transgendered people would undoubtedly have advanced the study of crossdressing and transsexualism in the U.S.

Hirschfeld and his Institute were frequently denounced as Jewish, social democratic, and immoral. In 1933 the Institute was raided and destroyed by the Nazis. Hirschfeld escaped to Paris, where he languished and died. After the "detour" caused by the Nazis, sexological work in Germany resumed only in the sixties.

The Exhibit "75 Years of the Institute for Sexual Science," compiled by the Germany based Magnus-Hirschfeld-Gesellschaft e.V. in Berlin, is a large collection (about 75 panels) of unpublished documents, photographs, and texts which recreate the Institute's famous "wall of photographs." It gives a look at the lives of transgendered persons in Germany at the beginning of this century.

The Exhibit was displayed in April, 1997 at the California Unity conference in Long Beach, CA, and in June at the Second International Congress on Sex and Gender Issues in King of Prussia, PA.

More information and sample pictures can be found on the WWW at : http://ourworld.compuserve.com/Homepages/Hirschfeld

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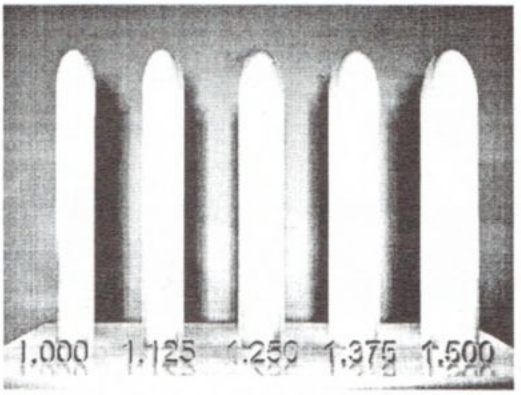

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"There are those persons who discover themselves marginalized and/or discriminated against, at some point and for some reason, by the larger Christian community. During the course of my life I have become increasingly aware, on a very personal level, of the struggle for genuine inclusion and acceptance that exists for some within the powerful social institution of the Christian church. I have chosen to become a part of that struggle for inclusion due to my own status as a member of an often-misunderstood and definitely marginalized minority group: the crossgendered. I take this situation very seriously and so, in the pages of this book, I want to examine the nature of that marginalized status and its resultant struggles as they have affected and informed my life and the lives of so many others like me."

"In many cases the crossgendered have historically been the targets of ridicule, discrimination, ostracism, and death by representatives of the Christian church, all because we are 'different' in some way or because we do not necessarily fit the arbitrarily established, yet every-changing, social norms. That is not right, just, fair, or Christlike, and it is past time to take action so that we crossgendered Christians may claim and assume our rightful place and spiritual heritage as equal members within the Body of Christ."

AEGIS News is published four times a year by AEGIS, the American Educational Gender Information Service, Inc. We are a 501(c)(3) nonprofit membership-based clearinghouse for information on transsexual and transgender issues. Our national headquarters is in Atlanta, GA. The photo above is from the National Transgender Library & Archive, located at the AEGIS offices.

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