

Highlights of HBIGDA XV Conference

by Dallas Denny

The 15th meeting of the Harry Benjamin International Gender Dysphoria Association (HBIGDA) was held September 10 – 12, 1997 in Vancouver, British Columbia. The host organization was the Gender Identity Program at Vancouver General Hospital. HBIGDA is a worldwide organization for professionals who work with transsexuals. Named after the pioneering endocrinologist Harry Benjamin, M.D., it was founded in the late 1970s. HBIGDA is perhaps best known for its Standards of Care, a document which establishes minimal guidelines for the provision of hormones and surgery to transsexual people.

Attendance for the conference, which was held at the rather expensive Sutton Place Hotel (\$269/night, Canadian), was more than 200 people, which included both professionals and transsexuals. In fact, the local population of transsexuals and transgendered people was represented. Some registered for the conference, and some staged a protest during the Thursday morning plenary, complaining of the high cost of the conference and demanding access to the seminars. HBIGDA decided to allow protestors to attend sessions without charge, and several did so. Unfortunately, those protestors who did attend helped themselves not only to the free knowledge but chowed down liberally at the buffets intended for paid members, and some even attended the Saturday night banquet. This was an expense borne by the registered members, many of whom had sacrificed in order to attend the conference. Meals were expensive; each of those who ate without registering cost the money-losing conference at least \$100 in food costs. (Note: I found the protest admirable — my concern is not with the protestors in general or with those protestors who were invited by HBIGDA members to eat, but with those who ate without invitation. Had their protest included a demand for meals, or had the HBIGDA membership decided to feed them, my

opinion would be different.)

At the 1993 HBIGDA conference, which was held in New York City, trans members of HBIGDA were very low key, wearing their “We’re all Professionals Here” hats. The unspoken presumption at the conference was that transsexuals are marginal individuals; this atmosphere was also reportedly present at the 1995 conference in Bavaria, which I did not attend. This year was different, however. Transsexuals and transgendered folk were out and proud and very much a part of the proceedings. Valerie Harvey, Dr. Becky Allison, Dr. Sheila Kirk and myself had the opportunity to address the entire assembly at a plenary on Saturday; many transpeople, including Jamison Green, Marsha Botzer, Dr. Tarryn Whitten, Christine Burnham, Stephanie Castle, Dr. Rebecca Auge, Jude Patton, Rosalyne Blumenstein, Tracie O’Keefe, and Dr. Anne Lawrence presented papers or posters. Non-trans presenters included a roster of surgeons, including Dr. Eugene Schrang, Dr. Donald Laub, Sr., Dr. J. Joris Hage, Dr. Toby Meltzer, Dr. Stan Monstrey, and Dr. Refaat B. Karim; other physicians (including Drs. Rosemary Basson, Stacy Elliott, Louis Gooren, and Bengt Lundstrom; attorneys (Dr. Louis Schwartz and Dr. Richard Green, who is also a psychiatrist) and social scientists of all sorts (Drs. George Brown, Sandra Cole, Walter Bockting, Eli Coleman, Lee Emory, Collier Cole, George Meyer, Randi Ettner, Leah Schaefer, Milton Diamond, and Bonnie Saks). I’m stopping right here; I realize I left out about 90% of the presenters, but if I continue with the listing, there will be no article.

The conference was kicked off by a talk on sexual differentiation of the brain by Dr. Roger Gorski. Following was a plenary. Dr. Marilyn Wilchesky of the gender program in Ottawa led with a paper about psychoanalytic theories of transsexualism (the same old stuff— separation and individuation, weak fathers, narcissistic mothers). Dr. Wilchesky was followed by

Dr. Holly Devor, who set the tone for the conference by presenting a multifactorial model of female-to-male gender variance and pointing out that gender variance is not *prima facie* evidence for psychopathology, but can be a healthy adjustment to restrictive gender roles. Dr. Devor brought many attendees to their feet when she called for HBIGDA to acknowledge and serve the many kinds of gender-variant people rather than dividing the world into transsexuals and nontranssexuals.

Dr. Devor was followed by Dr. Walter Williams, who spoke about models of pathology, and how they vary with the cultural *zeitgeist*. He gave an example of a Native American culture in which twins and the mother who bore them were exiled to a “Twin Town,” and an example from Western culture, pointing out that at one time women who pursued an education were considered deviant. He hammered home Dr. Devor’s point that it is time for us to stop looking at gender variance as an illness and celebrate it as a natural form of human difference.

After this plenary, the talk was all about continua and variability; the transgender revolution had finally come home to roost at HBIGDA. There were a few dour faces, which was only to be expected; HBIGDA’s world had just turned upside down. One member suggested that if there is nothing wrong with transsexuals, then the organization should simply disband. In my talk on Saturday, I noted that the change of viewpoint means the organization is more needed than ever before. If HBIGDA concerns itself with the use of medical technology to transform human bodies rather than the perhaps artificial notion of transsexualism, it will reach people, like “heterosexual crossdressers,” some of whom do the same things to their bodies as transsexuals but have heretofore escaped the safety web cast by HBIGDA because they are not “transsexual.” This new way of thinking was

continued on next page

HBIGDA...

apparent at a plenary on intersexuality on Friday; it was clear that the HBIGDA membership has concerns about the surgical reassignment of infants with unusual genitalia. Previously, there is little doubt that most members would have endorsed the prevailing practice of operating on infants to make their genitals "normal."

A logical consequence of the ideological rollover was a realization that data are needed, especially to justify the Standards of Care. Valerie Harvey and Dr. Becky Allison made this explicit at a Saturday plenary in which they noted that those who access medical technology will not tolerate gatekeeping from the professional community unless data exist to justify that gatekeeping. As part of the same plenary, Dr. Sheila Kirk spoke about how she had come to realize that hormonal therapy can be appropriate for those who are not inclined toward genital

surgery. I followed Dr. Kirk, stating baldly that the classical model of transsexualism propels people to a surgery they may neither want nor need; the transgender community has come to realize that while surgery is necessary for many, it is not for all, that there are all degrees of gender variance, and that a one-size-fits-all approach is not only unhelpful but can be damaging.

In contrast to all this talk of variability, Saturday afternoon saw Dr. Stephen Levine presenting the proposed Standards of Care to the assembled members. The Standards do away with the number format of previous versions in favor of a much more understandable descriptive prose style. Unfortunately, they also call for a period of either psychotherapy or real-life test before initiation of hormonal therapy; this is in addition to the 90-day evaluation period now in effect.

Discussion of the proposed Standards was heated. While it was obvious that the Standards Committee had put a lot of work into the document, mem-

bers took exception to various provisions and to the deletion of material from previous versions.

The Standards of Care will now go back to committee, and, after one more revision, will then be taken to the membership for vote.

The conference ended with the installation of Dr. Richard Green as President and the announcement of the results of the recent election. Alice Webb, who was fired from her job last year by then-president Friedemann Pfafflin, was installed as President-Elect, and new Board members were announced; this included two out transfolk, Sheila Kirk and Jude Patton.

The next HBIGDA meeting will be held in two years in London.



GPC October Meeting Program
Dr. Carol Cobb-Nettleton, the therapist who evaluated Leslie Ann Nelson on behalf of her defense team, will discuss the Nelson case.



Dr. A. S. Nubel

Psychotherapist

Specialized in Treatment
of Gender Identity Disorders (TV/TS)

Individuals
Marriage & Family
Groups

683 Donald Dr. N. (908) 722-9884
Bridgewater, NJ 08870 Fax (908) 722-0666

Insurance Accepted

*"... Electrolysis. I've been through it.
I can help you through it."*

Jenell A. Ashlie

Professional Electrolysis

Chester, Pa. 19013 610•872•2091



JEAN RICHARTZ LONGMIRE, SPECIALIST

PERMANENT MAKEUP

NO NEEDLE ELECTROLYSIS

Phoenix
Center

"TIMELESS BEAUTY THAT NEVER ENDS"

FREE CONSULTATION

609-770-0070
609-782-8100

PERMANENT MAKEUP

EYEBROWS • EYELINER • LIP LINING
LIP FILL IN • CAMOUFLAGE

NO NEEDLE ELECTROLYSIS

- PERMANENT NON INVASION TECHNIQUE
- AS EFFETIVE AS NEEDLE TECHNIQUE
- FDA LISTED AS PERMANENT HAIR REMOVAL DEVICE
- NO PITTING, SCARRING OR INFECTION
- MAKEUP APPLIED IMMEDIATELY

CALL FOR MENU OF OTHER SERVICES

GIFT CERTIFICATES AVAILABLE

CREDIT CARDS ACCEPTED