



News & views

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Another Look At The Benjamin Standards

by Dallas Denny

The Harry Benjamin International Gender Dysphoria Association's (HBI/GDA) *Standards Of Care* for transsexuals were just, literally, whipped up. Although a considerable number of people were on the committee which developed them, they were almost solely the work of the late psychologist, Dr. Paul Walker. First written in 1979, they were based on a policy of the then-defunct Gender Identity Clinic at Johns Hopkins University.

The issue now is whether the *Benjamin Standards of Care* are restrictive. Obviously, something that places formidable obstacles to an individual doing what they want to their own body is an imposition on that individual. *The Standards of Care* are a set of consensual medical standards which, by placing requirements like hormone and surgery letters, and a real-life test, on access to medical procedures, make it difficult for most and impossible for some to obtain those medical procedures.

The Standards of Care are "minimal" standards; they have a history of being zealously exceeded (abused is a better word) by mental health profes-

sionals. This is because they place the mental health professional (psychiatrist, psychologist, counselor, clinical social worker, family & marital therapist) in the position of okaying/not okaying medical treatment, i.e., gatekeeping. The surgeons and endocrinologists have surrendered the responsibility of making the decision to those outside the medical community. This is certainly an unusual move. Other body-modifying procedures which are, on a purely medical level, as drastic, or more so, than hormonal therapy and SRS, do not require this sort of input from mental health specialists. It seems certain that the *Standards* were born at least partly out of awe of what the medical procedures could accomplish. They were also born out of a need for medical practitioners to protect themselves from lawsuits.

Certainly, the *Standards of Care* are less than perfect. They have been described, and with good reason, as sexist and objectifying of female bodies because they classify female breasts as sex organs for purposes of mastectomy/chest reconstruction in female-to-male transsexuals, and as being biased

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Transgender Alliance Works NAFBS

by Angela Gardner

While working the Transgender Alliance booth at the October NASW Convention in Philadelphia we were approached by Sara Nash of the National Association of Family Based Services with information on their convention, which was being held in Chicago in December. The members of the Alliance decided it would be a good group for outreach, so we put together a plan on short notice.

We placed a call to our local affiliate, The Chicago Gender Society, in search of planning and staffing assistance. Since the demands of running your life as well as trying to run your support group can prohibit prompt replies, we didn't hear back from CGS promptly, and time was running out.

Email to Jane Ellen Fairfax put us in contact with the Chicago area Tri-Ess group. Candace Mahne of Chi Chapter agreed to take on the job of Local Exhibit Coordinator. AEGIS shipped in their portable display unit, Renaissance sent the Trans-

gender Alliance banner and master copies of the Alliance brochure. Candace lined up local people from Both Chi and CGS and the booth was up and running on December seventh. What follows is Candace's report on how the latest Transgender Alliance outreach went.

Outreach To NAFBS: A Group Effort

by Candace D. Mahne

The exhibit was constructed and the Alliance brochures were in place, all just in time. Stephanie and Janice joined me for Wednesday night and we "womaned" our booth; the first one, as one entered the exhibit hall. The ladies answered questions and handed out the Alliance brochures, as well as the updated CGS brochure.

I cruised the exhibit area, checking out the other booths, and discovered one selling hand puppets. I

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Renaissance

Standards...

against those transgendered people who cannot afford counseling.

There is much reason to ask why access to medical treatment is regulated by the *Standards of Care*. However, **all** the *Standards of Care* do is to regulate hormonal therapy and surgery. All other aspects of sex reassignment are at the discretion of the individual. Surgeons and endocrinologists are sworn to do no harm, and are reasonably concerned that allowing ad-lib access to these medical procedures would cause a great deal of human misery. Certainly, the reason the *Standards* were developed was because such free access had indeed resulted in suicides and wrecked lives.

The medical professionals were not trained to do screening for their procedures at the level which was needed; consequently, they handed the ball to mental health professionals. This put mental health professionals in the position of being gatekeepers, with an inevitable deterioration of the therapeutic relationship. The power dynamics inherent in a transsexual person seeing a therapist for permission for access to

medical procedures makes actual therapy almost impossible, as has been so well pointed out by Anne Bolin in *In Search of Eve*.

The *Standards of Care*, which were written in 1979, and have been revised regularly (most recently in 1991 and are currently in revision once again), have served well, but the faults in the infrastructure are showing badly. Most seriously, they couple hormonal therapy and surgery, which means that they apply only to those people who are headed for eventual genital surgery. Incredibly, HBIGDA is currently discussing whether it wants to uncouple these; that's because about two thirds of the membership don't yet realize that there are gay FtMs or MtF lesbians, or that everyone who seeks sex reassignment does not have to be Barbie or Ken. There's a good chance that HBIGDA will declare that its interests lie only with transsexual persons — in other words, that it is interested only in persons who desire and seek SRS, and not in those who are content to live permanently crossgender without hormones.

Certainly, in my opinion, the *Standards of Care* give too much power to the mental health professional and not enough to the individual. Just as cer-

tainly, in my opinion, to scrap them in favor of the Emperor's New Clothes Standards — excuse me, Health Law Standards — would be a recipe for human misery and would jeopardize the availability of treatment for everyone.

A six-page set of standards cannot adequately address the diverse needs of the transgender community. We are in need of something much more comprehensive, which allows for difference in racial, cultural, and religious backgrounds — and, as has been pointed out by some HBIGDA members — which are not appropriate just for English speaking countries, but are truly international.

Ms. Denny asked us to make sure we pointed out that the above piece was written as, "an impromptu posting that I (Dallas) made in a thread on alt.transgendered." AEGIS is preparing to publish Recommended Guidelines for Transgender Care, a book-length guide to medical and psychological treatment of transgendered and transsexual persons. They are currently engaged in a fund raising effort to that end. For more information on how you can help contact AEGIS. Their address and phone number are on Page 2.



TAC & NAFBS...

bought the cutest of the menagerie, a brown bear. The two of us then toured the rest of the room.

Brown Bear flirted and acted shy, winning the hearts of the exhibitors, opening doors for dialogue and outreach. Brown Bear is irresistible and adorable. At least, ten people were reached, resulting in in-depth dialogue regarding the gender community. Brown Bear was an excellent instrument of outreach and better relations.

Wednesday night upon returning home, I realized that most of our presentation was "passive." The only "active" outreach, as effective as it was, was conversation. So, I rewrote my "coming out" letter to my mom (89 years old). It was edited for length and

names changed for protection.

It was addressed to "Annie Ones' Mom," and it included the longing to have a Mom to talk with — to talk about all the feelings of isolation, being different; not being able to express my femininity, living through my sister, no ballet, pretty dresses or the excitement of the prom — and the desire to have a daughter/mother relationship. This letter was added to the handouts, with my return address. The letter became an active part of our outreach.

Thursday Carol R. was exhibit person in the morning and I joined her in the afternoon. Friday morning Robin took over. Sara told me that Robin sought out people in the exhibit hall, especially those who seemed somewhat reluctant to seek us out. Her outreach was most significant.

It is my recommendation for next

year, and all future years, that we become active participants in the conventions we attend. We should submit papers which could lead us on to giving seminar presentations. Then we could become an active contributor, as opposed to one that is passive. Our presentation would be constructive, educational, and more than anything else, be relationship oriented, as the women we strive to become. So let it begin.

I thank you for the opportunity to serve in this manner and for the thrill of meeting and interacting with other professionals. Also, the success of the booth was due to all that participated.

If you would like to use Candace's "coming out" letter in your group's outreach activities, contact her through the Chi Chapter, PO Box 40, Wood Dale, IL 60191-0040.

