GUIDELINES

FOR

TRANSEXUALS

Erickson

Educational

Foundation

A NON-PROFIT ORGANIZATION

Erickson Educational Foundation

First Revised Edition, September 1976

The contents of this booklet may be reproduced, in whole or in part, if acknowledgment is given to the Erickson Educational Foundation.

GUIDELINES FOR THE TRANSEXUAL

CONTENTS

	Page
Introduction	2
Self Help	3
The Trial Period	3
Preparing Yourself	5
Additional Tips	6
Positive Attitudes	7
Preparing Others	9
Making It Official	11
Legal Petition for Change of Name	12
Birth Certificate	14
Social Security Card	18
Driver's License	18
Passport	20
In Case of Arrest	21
Military Services	22
Employment and Education	23
Medical Help	27
Financing Medical Help	27
Choosing a Physician	28
Medical Treatment for Minors	30
Hormone Therapy	30
Electrolysis	32
Surgery	33
Postoperative Care	35
Marriage	37
Cautionary Remarks	39
Selected Readings	41

INTRODUCTION

The earliest printed records of human behavior clearly indicate that transexualism existed long before it found a name. But until modern medicine recognized, defined and developed therapies for this condition, the transexual was left to cope with his[1] difficulties by more or less unsatisfactory, and often tragic, means of his own devising. The individual whose firm conviction that the sex which his body expresses contradicts the sex to which he feels himself to belong need no longer resign himself to this predicament. Skilled professional help is now available to him, help that is given with understanding and free from false moral judgments.

The course of sex reassignment is a complex one, involving many physical, social and emotional readjustments. It is a sensitive, ongoing process, of which surgery, while it is the culmination, is but one of many essential elements of transformation. Once your physician makes a diagnosis of transexualism, he will require, and you should require of yourself, that the way toward surgery be carefully prepared, in order to eliminate possible practical problems and embarrassments, and the more serious possibility of belated doubts, which might otherwise arise after surgery has been performed. Even after the successful completion of surgery, certain physical and emotional precautions must be taken, to ensure your continuing health and well-being.

The foregoing reminders were not set down to discourage you from seeking help, but with the object of promoting a realistic approach to therapy. Most instances of difficulties in post-surgical adjustment to sex reassignment may be attributed to careless or insufficient preparation. On the other hand, physicians report marked success in the vast majority of cases where preparation has been intelligent and thorough.

This booklet is designed to inform you as to how you may best help yourself, and obtain the best possible help from others, in building a new life.

1. Masculine pronouns are used throughout, unless the genetic female is referred to specifically, for the sake of clarity.

SELF HELP

THE TRIAL PERIOD

No part of your preparation for sex reassignment is more important than the first-hand experience of dressing, working, living in the desired gender role for a continuous and considerable period of time prior to surgery. Most gender identity clinics, and many physicians in private practice, require from six months to two years of cross-gender experience before recommending a patient for surgery. This may seem an excessively long period to you before you begin, but experience has shown that no other test is so effective in preventing the tragedy of a wrong decision for surgery, the results of which are irreversible. On the other hand, there is no better means of laying the groundwork for every aspect of your new life, and strengthening your confidence for it, than this preparatory period.

It will be helpful to review two typical cases in which people who considered themselves transexuals decided against surgery as a direct result of their cross-gender experience.

A married man who occasionally wore women's clothing when he accompanied his wife to nightclubs, and who found intercourse more pleasurable when he dressed in feminine lingerie, began a trial period in which he lived alone and wore feminine clothing consistently. One evening he picked up a man and brought him home. Far from finding sexual relations more satisfying, as he had expected, the experience was very distressing to him. Later he found himself missing his wife, who was sympathetic to his intermittent desire to cross-dress, and the life they shared together. Finally, he returned home with relief, thankful that he had not taken prematurely a decision that could not be reversed. Physicians would recognize that this man was not a transexual, but a transvestite, whose final decision reflected a realistic adjustment to that condition.

Another man, who lived with a male lover, decided to prepare himself for transexual surgery. He was of slender build and, with his delicate features and tasteful grooming, presented the appearance of an attractive young woman when "dressed." It was necessary for him to leave his high-salaried professional job, and he found employment as a secretary in the same field, with considerable loss of income and of the mental stimulation he previously enjoyed in his work. This man was accepted completely as a woman, socially, in his office,

and on the street, where he attracted many admiring glances from men. Yet he decided that surgery was not for him. Why?

As Bill tells it, "This is definitely a man's world, whatever they say about Women's Lib. I just couldn't get used to that condescending manner most men have toward women. If I offered an opinion to any of the bosses at work, even on a subject I knew a lot more about than they did, they either ignored me or let me know that I was out of line. At a party, when the men were talking about something that interested me, it was the same thing. And if I saw a man there who attracted me, he backed away if I took the initiative.

"And of course living on so much less than I was used to and counting pennies was hard to take. And all because I wore skirts! When I went to see Dr. X, I wanted the operation right away, and I couldn't understand why he insisted I give it a trial first. Now, am I glad he did! Surgery would have been a terrible mistake for me." Bill has found himself a new job at his original status, and accepts his homosexual nature and relationships more fully than he ever did before.

Apart from winnowing out those who would not benefit from sex reassignment, the trial period serves several positive functions for those who would. No matter how powerful your personal conviction that you are trapped in the body of the wrong sex, nothing can reinforce your confidence in this conviction as effectively as the experience of being treated as a member of the gender of choice—all day, every day, by everyone you meet. Continuous daily practice in the new role, socially and at work, is essential for the development of the habit patterns and the inner assurance that will evoke this gratifying response from friends and associates.

As certain as you may be of your inner identity, and even if many of your behavior patterns already conform to it, there are likely to be a number of subtle ways of expressing gender—for example, choice of words, and loudness or pitch of laughter—that only observation and practice can perfect. Furthermore, some of the social adjustments that made problems for Bill may at first trouble you to some degree, until you find a way to live with them. It is essential, then, that the cross-gender trial period be long enough to allow you to overcome awkwardness, establish new behavior patterns, and approach unfamiliar situations with an unforced inner confidence. When you have achieved this, the moment will have arrived for surgery to confirm the changes for which you have so well prepared.

PREPARING YOURSELF

Younger transexuals generally have an easier time than older transexuals in easing into the new role, since their peers tend to be more accepting and to hold more generous and flexible concepts of gender identity. In addition, people in a more advanced age group usually have more at stake, emotionally and economically, in making the change. They may have to disentangle themselves from marital commitments, and sometimes they will have to forfeit an advanced career, with the higher income and the professional status to which they have become accustomed. It is also true that our masculine and feminine habits become more ingrained with time. Moreover, transexuals, such as teachers, whose jobs require them to work under the public eye, may even have over-compensated (i.e., exaggerated their manner and dress to conform with their officially recorded sex) as a form of protective camouflage. This is not to say that modes of behavior cannot be altered later in life. It simply means that the older transexual may have to work a little harder in assuming the new role than may his younger counterpart.

It is advisable to postpone your testing of the new identity until the hormones administered by your physician produce adequate physical changes. Like an actor preparing for a new role, hold your rehearsals in private, consulting your mirror and perhaps using a tape recorder, and then try several dress rehearsals before holding your first public performance. A close friend or friends, visiting with you for an evening at home, might be your first audience. For your next effort, you might arrange to spend a weekend away from home with a friend, going out with him in cross-dress only in the evening. When you feel more fully prepared and confident—and this is a moment only you will recognize—take a walk in daylight in a public place. You will know that your performance is successful if no one you pass turns to take a second doubtful look as you go by.

It has been observed that some male-to-female transexuals tend to over-do in makeup and dress. It is always advisable, when you are uncertain, to *understate* rather than exaggerate your appearance, which might otherwise attract undue attention. If you are now fairly sure of yourself, but still have some doubts, you may decide to take a course in grooming. In some states, funds are available for this purpose to those who are unable to pay, through the Department of Vocational Rehabilitation. This, too, may be accomplished during the trial period.

A charm or model school can offer good guidance in helping you

to polish your mannerisms and in providing tips on behavior in various social situations. (Beauty schools usually limit their instruction to hairdressing and makeup techniques; they will not be as useful for your purposes.) In enrolling in such a school, use your judgment about confiding in the director. As with people in any walk of life, some may be unsympathetic and reject your application, while others will be more cooperative, and perhaps arrange for you to be instructed privately.

Above all, realize that most people will take you at face value without speculating about your sexual status, especially if you are not apologetic in your manner. You can reinforce this awareness by taking note of how many hairy, muscular women and how many beardless, somewhat feminine-appearing men are unquestioningly accepted as members of their genetic sex by the people around them. Few individuals physically approximate the masculine or feminine ideals of the magazine ads and television commercials. *The key to being accepted by others is your own self-acceptance.* Remember that the confidence with which you approach them will be the determining factor in their response to you.

In a later section, we will discuss the physical changes achieved through hormone therapy, which you will be receiving during the preoperative period. You will find these changes highly beneficial in reinforcing your confidence and your acceptance by others.

ADDITIONAL TIPS

Hormones will effect some important physical changes during the preoperative period, but there are other steps you will want to take to improve your appearance in the new role before surgery.

Female-to-Male Transexuals

Female-to-male transexuals usually need to bind their breasts. Several methods have proved effective. If the breasts are small, an ace bandage may be all that is required. If they are larger, a sleeveless nylon t-shirt, one size too small and taken in at the level of the breasts, is worn over the ace bandage, in one preferred method.

In an alternative method, four-inch adhesive tape is used. Any hair around the nipples should be removed, and it may be advisable to lightly oil the skin. While lying on the back on a flat surface, place a small pad of cotton over the nipples and ease the breast tissue toward the arms. Then wind the tape around the upper torso with a slight

overlap, and allowing some room for the chest to expand in breathing. It is advisable to have assistance if this procedure is used. Oil may be applied to the tape for easier removal, which should be done at least once a week.

There are many short, slight men, especially among the oriental and hispanic groups, but if you are slight you may want to develop your muscles through a program of exercise and weight-lifting. Before working out in a public gymnasium, you may stuff a sock with stockings, or use a doubled pair of socks, worn inside an athletic supporter. As extra insurance against embarrassment, or more serious trouble, female-to-male transexuals are advised against the use of public restrooms. If this is unavoidable, keep the toilet flushing while making use of the cubicle for urination.

Male-to-Female Transexuals

The penis may be concealed by bending it backward toward the anus and securing it with surgical or masking tape or gauze, covered with a kotex pad. A girdle is then worn to secure it in place. If there is discomfort, your physican can prescribe an anesthetizing cream to be used locally.

Avoid the use of public restrooms whenever possible. When this is not feasible, always urinate in a seated position in a locked cubicle. If you stand, your head may be seen over the top of the door, or it may be noticed that your feet are pointed toward instead of away from the commode.

POSITIVE ATTITUDES

Other people can be of assistance to you in many ways during your transition to the new role, particularly if their help is intelligently sought and gracefully received. Experienced physicians will provide the essential medical care. An understanding friend, relative or employer, even if you know only one such person, can offer invaluable moral or practical support. Some physicians and social workers who specialize in treating transexuals schedule regular group meetings in which their patients meet to discuss their mutual problems and benefit from shared experiences. But it is a mistake for anyone to depend solely upon others for help in surmounting his problems. Indeed, if it becomes apparent that we are not meeting our friends at least half way, by showing initiative and courage on our own behalf, their inclination to be of help may quickly diminish.

"Why me?" is the question so often asked by people in trouble. Perhaps it is a question which at first one cannot avoid asking. But nothing is more certain than that no one holds the key to the inequities of human fortunes—why some of us suffer material want while others are over-endowed with the world's goods, why some have a greater share of physical beauty and others less. We must all ultimately acknowledge the futility of such questions, accept our circumstances, and go on energetically from there, doing the best we can with what we have.

Whatever our religious beliefs, or lack of them, the Book of Job is a storehouse of practical wisdom on which we all may draw. For as long as Job persisted in lamenting his fate, his troubles, which at first seemed so great they could grow no worse, grew greater still. When at last he came to the end of lamentation, and accepted himself and his circumstances, he found in himself the strength to rebuild a life that had seemed ruined beyond repair.

Although other people can help us, as we can help them, each one of us must learn to look inward, to discover his own resources, and to depend primarily upon them. Those of us who enjoy a faith in God, or in a reality that transcends the personal, may find strength in this belief; but even this orientation may not be one of utter dependency. Every religious philosophy embodies the awareness that "God helps those who help themselves."

How we regard ourselves suggests to others, if only subconsciously, what their attitude toward us will be. If the transexual persists in thinking of himself as essentially crippled, in a physical or an emotional sense, it is probable that this feeling will infect others in their reactions to him. If, on the other hand, he more realistically regards himself as an individual with problems which can be remedied, and actively applies himself to obtaining the help which is available to him, this constructive self-acceptance will stimulate in other people an enthusiastic response that will reinforce his own efforts.

Negative thought patterns can be as damaging as negative actions to the person who indulges in them. Learn to divert yourself from the self-destructive mental repetition of your problems by turning your attention to some *constructive activity* the moment you become aware that your thoughts are taking a negative turn. Arrange to meet a friend or pick up a good book. Learn some simple handicraft, like crewel work, for example, with which you can quickly occupy yourself at difficult moments. Take on some volunteer service, assisting at a hospital,

or a senior citizens' home, or working with underprivileged children. There can be unusual gratification in using your own misfortune to help you grow in compassion toward others who may be even less fortunate than you.[2]

Make a virtue of the common necessity of working at a job to discharge your medical and living expenses. During the hours in which you apply yourself to your work, you will generally be too busy to drift into negative thoughts. Remember that no matter how humble the work you do, it produces a product or serves a need, and the salary you earn each day carries you closer to your goal.

In summary: Your personal program should be one of constructive thought reinforced with constructive action.

PREPARING OTHERS

One important way in which you can smooth the path for yourself is to carefully prepare those with whom you are closely associated for the changes to come in your life. Except in the case of those friends and relatives you are fairly certain will be inclined to support your decision, *it would be wise to postpone discussions until you are well along in the trial period and you and your physician are in agreement that you have made the right choice.*

It cannot be too strongly stressed that it is in your own best interests to approach others with the utmost tact and forethought when the time comes to talk over your plans. Professionals who have worked with transexuals can cite numerous instances in which families and employers have been shocked and alienated on seeing a familiar person abruptly appear before them in unfamiliar guise, when, at least in some cases, a sensitively prepared discussion before he appeared in cross-dress would have kept a family united, or saved a job.

There are families which, when carefully approached, surprised their son or daughter by being far more sympathetic and helpful than could have been anticipated. Similarly, it is not uncommon for a transexual to be accepted in his old job after surgery, or assisted by his boss in finding new employment, after a frank private conversation about his plans. Many schools will readmit a student, correcting his records so that they carry only his new name and sex, or help him to

2. Another advantage of doing volunteer work is the possibility of making useful job contacts among the people with whom you work.

gain admission to another school with no loss of scholastic credit, upon tactful application to the appropriate officials.

If you are married, and especially if there are children, the situation is in some ways more sensitive. You are then concerned with the person or persons with whom your life has been most intimately related. Reactions will vary, according to the quality of the relationship with spouse and children. A husband or wife probably will not be taken completely by surprise, but he or she may need some professional assistance in reorienting his life. You will no doubt choose to obtain a divorce, and the surgeon will require this before undertaking surgery.

Where children are concerned, one should proceed with delicacy and care. It may be advisable to postpone a full discussion of the facts of your situation, if the children are adolescent or of pre-school age. A child in grade school, by which time gender identity is well established, is less likely to be disturbed. However, you will want to consider the likelihood that he will discuss the matter with his peers, who may react adversely or make your private concerns common knowledge in the community.

The child's age and maturity should be carefully weighed before deciding whether or how fully to take him into your confidence, and one or two meetings with a professional counselor may greatly assist you to fulfill this parental responsibility with intelligence as well as love. When you separate from your spouse, and if the children remain with him/her, remember that they will continue to need assurances, through your letters, phone calls and visits, of your continuing interest in their activities and their welfare.

To sum up, it stands to reason that you will be serving your own best interests by considering the feelings of others, and not, through thoughtlessness or a self-defeating defiance, risking severed relations with those people who may be of real help to you if they are approached with tact and care.[3]

3. When talking over your plans with family or friends, you may find it helpful to offer them a copy of the Erickson Educational Foundation booklet. INFORMATION FOR THE FAMILY OF THE TRANSEXUAL.

MAKING IT OFFICIAL[4]

When the probability of sex reassignment surgery is imminent, you will want to begin to establish a new public identity. There are a number of legal and administrative processes which you may use to your advantage and to prevent harrassment, both during the preoperative period and after surgery.

You may not be aware that *under the common law you have a legal right to call yourself by any name you wish, provided there is no intent to defraud or of prejudice to others.* If your name applies to either sex (e.g. Chris, Leslie), it may be advisable to continue to use it. Otherwise, it would be expedient to select a name with the same first initial.

You may use your new name when applying for a library card and museum memberships, when establishing a bank account or applying for credit cards: all useful items of identification. Many of these procedures may be handled through the mails. For example, you may open a new bank account without closing out the account under your original name, and conduct the transaction by mail. Then, at a later date, you may write a check to your new account from the old one, withdrawing all funds and thus closing the account. In opening a checking account, a friend or your attorney can provide a credit reference. In New York State, and possibly in other states, a voter's registration card may be obtained simply on request, and without the presentation of any form of identification.

During the transition period, when mail may be arriving in the names of both sexes, it might be advisable to rent a Post Office box in order to avoid embarrassment. Once your new name is firmly established, you can revert to receiving mail in the usual way.

There are several safeguards you may take to avoid running afoul of the law. The first precaution is to favor conservative over flamboyant dress, so that you will not attract unfavorable notice. Second, you may

4. Throughout this section, the services of an attorney are frequently recommended. If funds are limited, your local Legal Aid Society will provide assistance for a token fee. While it is true that in delicate situations, and sometimes in dealing with bureaucratic officials, the intervention of a lawyer may be helpful, many of these procedures can be successfully handled on your own. The EEF booklet, LEGAL ASPECTS OF TRANSEXUALISM AND INFORMATION ON ADMINISTRATIVE PROCEDURES, treats in full detail the matters discussed in this section, and is available on request to you, your attorney, and concerned governmental and social agencies.

obtain from your physician a letter to the effect that he is treating you for a transexual condiion, and that you are cross-dressing on his recommendation. Many county and state Departments of Health, when presented with this letter, will provide you with their own letter of authorization. In many localities, this official document has proved useful.

The Erickson Educational Foundation will supply, on request, an identification card which includes the following data: your physician's name, address and phone number, and the information that he has prescribed hormones for you as a prerequisite to sex reassignment surgery; a statement that you are required to live in the gender of choice for six months or longer prior to surgery; your height, weight, eye color, and date of birth; and that additional information, if needed, is available from EEF.

It is advisable to provide yourself with whatever record changes and documents are available to you; this will enhance your sense of comfort and security in the new gender role. The letter from your treating physician and a court order for a legal change of name are the most helpful of those obtainable preoperatively, as the new birth certificate will be after surgery is completed. The methods for securing these official documents, which can be useful in helping you to acquire still other documents, will be discussed in detail below. Whether you are applying for new documents of identity or requesting correction of those you already hold, you can help yourself by being neither over-aggressive nor apologetic. Remember that you are within your rights in making use of these procedures, and that an attitude of quiet self-confidence will get the best results.

LEGAL PETITION FOR CHANGE OF NAME

As previously noted, a change of name by court decree may not be necessary in most cases. In general, because of the costs and the possible loss of privacy, it might be wise to avoid litigation. In some situations, however, as for example in claiming a legacy, a prior change of name by court decree may be a convenience, if not a necessity.

Several different methods have been successfully pursued by transexuals in petitioning for a change of name. Some involve legal help, and others may be accomplished directly by the individual himself. Some of these procedures known to us will be outlined below. It should be borne in mind that the venue of the court and the attitude of the presiding officer are often decisive factors in the success of your

petition. It would be advisable, therefore, to inform yourself about these to the best of your ability before choosing your method of application.

A postoperative transexual employing the services of an attorney will find that the following procedure is commonly successful. Request that your physician send to the attorney a letter confirming that sex reassignment surgery has been performed, recommending the change of name which will reflect your changed anatomical status, and further stating that the name change is vital to your health and well-being. This is the essential document in your attorney's presentation to the court. If the court then determines that there is no evidence or intent of fraud, your petition should be granted.

It should be noted that the court's decree in granting a change of name is not accepted as legal proof of a change of sex. However, possession of a court order for a change of name often assists in the process of changing sex status, as well as name, on the birth certificate. This is much more easily achieved by the postoperative transexual, because of the medical documents he presents, but some preoperative transexuals, on presenting the court decree of name change, also have been successful in having sex status altered on the birth certificate.

In one case known to us, the judge awarding a name change to a postoperative transexual incorporated into his decision a recognition of the change of sex. The state in which he presided had no legal provisions for this action, but since this meant that neither was there a prohibition, he couched his statement in these terms: "It seems under such circumstances reasonable and proper that the petitioner be entitled to have her name changed from Charles Brown, a name commonly used by males, to Charlotte Brown, a name proper to females." The judge then further ordered that a copy of his decision be furnished to the Bureau of Vital Statistics, advising them of the change of sex as well as the change of name, for purposes of issuing a new birth certificate.

In some states, the following simple procedure has been followed with good results by both pre- and postoperative transexuals. Application for a change of name is made, for a fee of approximately thirty-five dollars, and appropriate forms are then filed with the Clerk's Office of the local Probate, Surrogate, or Superior Court, no other action being required.

Another method successfully used by preoperative transexuals is a presentation to the court of two notarized statements, made by responsible individuals, attesting that they have known the petitioner for a period of not less than a year, and that John Brown (original name) and Mary Brown (new name requested to be legalized) are one and the same person.

In another instance known to us, a preoperative transexual had his petition for a change of name granted by the courts, giving as his reason simply his desire to do so. Without his requesting it, the court forwarded a certified copy of the decision to the Bureau of Vital Statistics, and a representative of that office then wrote to the individual concerned, asking for a written request "specifying what changes are desired in the original certificate." The requests for change of name and sex were both granted.

When changing your name, it is advisable, for practical reasons, to retain the last name unchanged.

BIRTH CERTIFICATE

A new (or, failing that, an amended) birth certificate, registering either the new name, or new name and sex, of a *postoperative* transexual[5] can be a convenience in several situations, as, for example, in claiming social security benefits. It is the essential document in making application for a passport.

The degree of success your application for a new birth certificate will have depends entirely upon the policies or laws of the state in which you were born, and these vary from state to state. Several states have established recent rulings in this matter, and there are now bills pending in other state legislatures. To date, only Arizona, Illinois, Louisiana and, most recently, Iowa, have passed state laws which regulate birth certificate changes specifically for transexuals; however, changes can be obtained in many other states through administrative channels. A small fee, usually from two to four dollars, is required in most cases. In instances where a state has no policy as yet, legal assistance may be helpful.

Fullest cooperation is provided by those states which will issue a new certificate, bearing your new name and sex designation, and without any notations to indicate that a previous certificate exists. Simultaneously, the original certificate is sealed. Other states follow the procedure of amending the original certificate; that is, it now bears the original name and sex, and the new name and sex. This is obviously a less satisfactory practice for preserving privacy. But even in states which follow this policy, it has been circumvented, in some cases, on request of an attorney. The state office, in these cases, retains the original, amended certificate, and a new one is issued, with only a code number added to indicate that an earlier certificate exists in the state records.

5. Preoperative transexuals, please see paragraphs four and five of preceding section, LEGAL PETITION FOR CHANGE OF NAME.

In most states which grant new or amended birth certificates, the following procedure is standard. You or your attorney submits, either to the State Board of Health, which then handles the rest of the process, or directly to the Registrar of Vital Statistics in the state in which you were born, a notarized letter from your surgeon requesting the change and attesting to your postoperative status. This letter should also specify that, because of surgical procedures which he has performed, you are no longer a functional female (i.e. cannot bear children) or a functional male (i.e. cannot impregnate a woman). Many states will require, in addition, a court order granting a change of name. Some states will change the sex designation on the certificate only with the recommendation of the court, which may be obtained when the name change is adjudicated. When submitting the required documents, we recommend that you enclose your own signed letter requesting the desired changes.

The state of Illinois is one known to us which issues a printed form specifically designed for use by transexuals requesting a new certificate. In that state, payment of a two dollar fee provides the additional, automatic advantage of a legal change of name and sex, without further costs or recourse to the courts for this purpose. An unusual procedure also is followed for births in the City of New York, which will issue a new certificate, with changed name and omitting gender, on receipt of a copy of the court decree of name change, and affidavits which indicate positive psychological status and proof that sex reassignment surgery has been performed.

Following is the fullest and most current information on individual state policies, collected in a recent EEF survey. Since these policies are subject to change, we would advise you to double-check with your state authorities.

States Issuing New Certificates

Both name and gender changed, on receipt of a copy of the court order for change of name, and a surgeon's notarized affidavit: Delaware; Georgia; Kentucky; Minnesota; Nebraska; New Mexico (court-ordered name change not required; the only documents requested are the surgeon's affidavit, and a copy of your medical records from the hospital in which surgery was performed); New York (requires, in addition to the above-listed documents, your statement of request, and a psychiatrist's report); North Carolina; North Dakota (marks the new certificate "Amended"); Virginia (your letter requesting the desired changes must be included with the above-listed documents, or, in the case of a minor, a letter from one of your parents); West Virginia; and Wisconsin.

Both name and gender changed, on receipt of a copy of the court order for change of name, and the recommendation of the court to change the gender on the certificate: Arkansas; Louisiana; Missouri and Nevada (both of these states require, in addition, a surgeon's affidavit); and Utah (marks the new certificate "Amended").

These states require *only* the following documents to change both name and gender: Arizona—the surgeon's affidavit; Hawaii—the surgeon's affidavit and an affidavit from a second physician, confirming your new sex status; Illinois—the state provides forms for requested changes, to be filled in by you and your surgeon; Iowa—the surgeon's affidavit and your letter of request for changes to be reflected in the new certificate.

The state of Colorado will change the *name only* on the new certificate, on receipt of a copy of the court order for change of name, and your surgeon's affidavit.

States Issuing Amended Certificates

Unless otherwise indicated, the following states issue certificates bearing both the original name and new name and gender designations. The original designations will have been struck out, but they are legible.

These states require a copy of the court order of change of name, and the court's recommendation to change the sex designation: Rhode Island; South Carolina; Texas; Wyoming (will accept, in lieu of the court's recommendation for change of sex designation, documentary

evidence that sex reassignment surgery was performed at least five years prior to your application for an amended certificate).

These states require a copy of the court order of change of name, the court's recommendation of change of sex designation, and the surgeon's affidavit: New Jersey and Tennessee.

These states require a copy of the court order of change of name, and the surgeon's affidavit: Kansas (requires, in addition, your signed and notarized affidavit, requesting the desired changes); Maine; Michigan (will change the *name only*, and attach a copy of the surgeon's affidavit to the amended certificate); Pennsylvania; Washington (will accept, in lieu of the court-ordered name change, documentary evidence of your use of the desired name for five years prior to your application for an amended certificate; requires also a statement from the hospital in which sex reassignment surgery was performed, attesting to this fact). New Hampshire will change the *name only*, on receipt of the court order for change of name.

South Dakota will amend the *sex designation only*, on receipt of the surgeon's affidavit attesting that he performed sex reassignment surgery at least one year prior to your application for an amended certificate.

States Following Unusual Procedures, Or From Which Incomplete Information Received: California (will not issue a new or amended certificate; a copy of the court order for change of name will be attached to the original birth certificate); Connecticut (on receipt of the surgeon's affidavit specifying the date on which he performed sex reassignment surgery, and an affidavit from a psychiatrist, certifying that he classifies you as belonging psychologically to the opposite gender to that designated on the original certificate, an amended certificate is issued. The original certificate is used with the sex designation crossed out but not obliterated, and an entry is made on the reverse side stating that surgery was performed, the date of the operation, and that you have been psychologically certified as a member of the gender of choice); Florida and Maryland (will change the name on the order of the court; no information received as to whether they issue a new certificate or amend the original); Iowa (prepares a new certificate; did not specify their requirements); Montana (will issue an amended certificate; requirements not specified).

States Which Did Not Reply To Our Inquiries: Alaska; Indiana; Massachusetts; Oklahoma.

States Which, At This Time, Will Not Issue a New Certificate or Amend The Original: Alabama; The District of Columbia; Idaho; Mississippi; Ohio; Oregon; Vermont.

In Canada: According to our best information, the provinces of Alberta, British Columbia, and Saskatchewan issue new or amended certificates.

SOCIAL SECURITY CARD

When you are ready to work under the new name and sex status, the procedure recommended by the Social Security Administration should be carefully followed so that you will incur no loss of the benefits to which you are entitled. The Administration has advised us that a legal opinion will be required in the case of any individual applying for widow's or other benefits if his sex is other than that on his original Social Security Card, even though the name on the records has been changed.

The first step is to obtain and fill out a green card, available at local offices of the Administration and at Post Offices, with the heading "Request for Change in the Social Security Records." If you live in a small town, it may be preferable for you or your attorney to make a written request for the form to the District Director, to ensure privacy. The card may be filed with the local or district office prior to surgery. If you do so after surgery, accompany the card with a letter from your surgeon stating that transexual surgery has altered your sex status.

In either case, it may be advisable to submit the green card to your attorney who will then prepare an affidavit, to be signed by your physician, which will state that he is preparing you for surgery, or that surgery has been performed and is irreversible, and that, in either case, he recommends a change in your records in the interest of your health and well-being. The attorney will then submit the card and affidavit to the Social Security Administration. Legal assistance may provide a possible safeguard against delay or withholding of benefits. Should the card alone be submitted, with only your own statement requesting the change for personal and medical reasons, there is a risk that benefits may be denied until a legal opinion is available.

DRIVER'S LICENSE

Recently EEF made a survey of the policies of the Bureaus of Motor Vehicles in the various states with regard to the issuing of new driver's licenses reflecting change of name and/or sex of pre- and

postoperative transexuals. Most states request evidence of a court-ordered change of name; and a number require the court's recommendation, which may be obtained when the name change is granted, to change the gender designation on the license. Many of the cooperating Bureaus require, in addition, a notarized letter from the attending physician or surgeon, attesting to the fact that the applicant has undergone sex reassignment surgery, or is preparing to do so.

If you plan to move to another state following the sex reassignment operation, you may find it simpler to wait until you have lived in the new residence for the required period of time, and then apply for a driver's license under your new name and sex.

Following is our tabulation of the policies of state Bureaus of Motor Vehicles. Since these policies are subject to change, we would advise you to double-check with your state authorities.

These states will change the name and gender designations, on presentation of a copy of the court order for change of name and a notarized affidavit from your surgeon confirming that sex reassignment surgery has been performed: Alabama, Arkansas, Colorado, Delaware (requires affidavits from two surgeons), Hawaii, Iowa, Maryland, Massachusetts, Missouri, New Jersey, North Carolina, North Dakota, Oklahoma, Tennessee, Texas, Utah, Wisconsin.

These states will change gender designation on written recommendation of the court, and name designation on presentation of a copy of the court order for change of name: Florida (will accept either a surgeon's affidavit or the court's recommendation to change gender designation), Georgia, Kansas, Kentucky, Maine, Michigan (requires also an amended birth certificate), Minnesota, Montana, Nebraska (may accept a notarized statement from you in lieu of a court recommendation to change designated gender), Ohio, Rhode Island, South Carolina, Vermont, Virginia.

These states require court-ordered name change, recommendation of the court for change of gender designation, and surgeon's affidavit: Louisiana, New Hampshire.

To change both name and gender designation, these states require only the surgeon's affidavit: California, Connecticut, Illinois, New York, Oregon, Washington, West Virginia.

These states will change the name on the court's order: Mississippi and New Mexico (neither has a policy on gender change at

this time), Idaho (doesn't designate gender on any of its licenses). Arizona will change both name and gender designation on evidence of a court-ordered name change.

Pennsylvania and South Dakota do not designate gender on their driver's licenses, and will change the name, on your written request, without any documentary requirements.

Wyoming has no policy on driver's license changes for transexuals at this time. Alaska and the District of Columbia did not reply to our inquiries.

PASSPORT

If you plan to travel to a foreign country for the sex reassignment operation and apply for a passport, your passport photograph must conform with the sex designated on your birth certificate, which is the sex you are required to write on the passport application. However, some clothing and hair styles are appropriate for either sex. In cases where the first name may apply to either sex (e.g. Evelyn, Beverly), or where boys have given names usually associated with girls, or vice versa, no problems should arise, since the passport does not specify sex. Your dress while traveling should also accord with the identity implied by the name and photograph on your passport. To do otherwise involves the risk of adverse remarks from officials, and perhaps legal proceedings.

If surgery is performed in the United States, the Passport Office of the Department of State in Washington now requires that you submit proof of legal change of name and sex, in the form of an amended or recertified birth certificate, before they will accept a new photograph and issue a new passport.

A transexual born in California, who was unable to obtain a new or amended birth certificate from that state, nevertheless was able to secure a passport in the state of New York by the following means. An official of the local Passport Office in New York asked for and received two affidavits: one, a certificate from the transexual's physician, confirming that he had undergone sex reassignment surgery; and the second, a statement from a reputable member of the community, vouching for his identity, as one and the same person, under his original and new name, i.e. the name requested to be recorded in the passport. It must be stressed, however, that this is an exceptional instance, in which a sympathetic official provided unusual help. In

the majority of cases a new or amended certificate still is required for a successful passport application. However, if you have been unable to obtain a new or changed birth certificate, at the very least nothing will be lost in attempting to obtain your passport by this alternative method.

No passport is needed to enter Mexico, but you are required to present either a voter's registration card or a birth certificate as proof of citizenship. If you have a passport, this is also acceptable documentary evidence of your citizenship.

IN CASE OF ARREST

If you are taken into custody for cross-dressing or another complaint related to transexualism, remember that you are not obliged to supply any information other than your name, address, date of birth, and social security number. Other questions need not be answered without the presence of an attorney, and you would be well-advised to volunteer no further information. Even seemingly innocent remarks may later be used against you. Be sure that the data you supply (name, address, etc.) is not inaccurate. Giving false information is grounds for prosecution on the charge of obstructing an officer.

The arresting officer must inform you of your constitutional rights to remain silent during interrogation. Information obtained without the issuance of a warning cannot legally be used against you.

Do not wait until the time of trial before requesting legal aid. You are entitled to call an attorney even before preliminary questioning (i.e., name, address, etc.) begins, and it is recommended that you do so. Once the intake process is under way, the authorities have the right to check your record and you may find it helpful to consult with an attorney before supplying any information. He can also provide substantial assistance during the pre-trial hearing in the District Attorney's office, when he may be successful in having the case dismissed or the charges against you reduced.

A lawyer also will be helpful if you have been subjected to police brutality during the arrest or while in custody. We know of several such actions which have been successfully filed, and damages collected, on the attorney's petition for a trial judgment.

If you should be held in custody pending trial, or if the trial

judgment, whether for a complaint related or unrelated to transexualism, goes against you, an extended period of confinement raises problems of evaluation and treatment. If prison doctors are unhelpful, it may be possible, through the intervention of an attorney, to obtain medical evaluation by a private psychiatrist or physician.

In some cases, full hormone treatment has been initiated shortly before a prisoner is due for release, but only in such a case, since the visible physical changes produced by full hormone intake would provide serious interpersonal problems with other prisoners, and for prison authorities. Some individuals who have received extended prison terms have been treated with smaller dosages of hormones, which will produce at most only mild outward changes, but have the beneficial tranquilizing effect of relieving anxiety. Hormone therapy may be available to you, or not, depending solely on the attitudes and the discretion of prison authorities and medical personnel.[6]

You may find some support in corresponding with other imprisoned transexuals. On your request, EEF will arrange such contacts for you.

MILITARY SERVICES

To date, and to our fullest knowledge, the military services are consistent in their policy of disqualifying transexuals from enlistment, refusing requests for transfer from men's to women's and women's to men's branches of service, and are discharging, on medical or psychiatric grounds, known transexuals. A male-to-female transexual who is contemplating or has undergone sex reassignment surgery usually will have no difficulty in obtaining an exemption from her draft board if she presents a letter from her physician explaining that she is being treated for this condition. Some draft boards may require, in addition, a physical examination. If you are asked to appear before the board more than once, you may wish to enlist legal aid against possible harrassment.

If, while you are a member of the forces, you reach a decision to undergo treatment preparatory to surgery, it would be advisable first

6. It is possible that unsympathetic prison authorities and physicians may be influenced to a more helpful attitude through better information about transexualism. EEF will send to them, on your request, the two booklets entitled: MEDICAL MANAGEMENT OF THE TRANSEXUAL, and INFORMATION ON TRANSEXUALISM FOR LAW ENFORCEMENT OFFICERS.

to complete your term of service if possible, in order to avoid a prejudiced discharge, and so that you may qualify fully for the veteran's benefits you have earned. Transexuals who have served in the military prior to treatment and surgery do not forfeit G.I. Bill or other veteran's benefits. You will qualify under your new name and sex, all miltary records and discharge papers being adjusted accordingly, when you submit papers attesting to a legal change of name and your new or amended birth certificate.

Veterans' Administration Hospitals have not yet provided preoperative treatment or performed sex reassignment surgery. However, in several cases known to us, they have offered extensive postoperative care, including corrective surgery related to sex reassignment, when required.

EMPLOYMENT AND EDUCATION

Medical costs for sex reassignment therapy are considerable.[7] Unless you have substantial private means, it will be necessary to continue earning prior to surgery, and you will want to give careful thought to your vocational plans after surgery is completed. In some cases, where your employer is sympathetic and the work you do is appropriate to your new gender role, this will not present a problem, since you may continue to work in the same job or field of work. Others, however, may find it essential to plan for vocational training in a new field. If financial assistance is needed for this, there are funds available from public sources to which you may apply on your physician's recommendation.

Your employer may agree to discharge you from your job, so that you can qualify to collect unemployment insurance. If you judge that it will be necessary to resign your job should your plans become known, be certain to draw all sick leave or sabbatical benefits that have accrued to you, applying them toward the period of cross-gender testing, when you may be short of funds.

If you are a licensed member of a trade or profession, you may apply directly to the appropriate state agency to have your name corrected on the licensing documents. However, since the officials concerned may not be well-informed about transexualism, it may

7. This includes: hormone therapy (pre- and postoperatively), physical and psychiatric examinations and tests, surgery, and related therapies such as electrolysis.

be advisable to make your request through a skilled legal intermediary. Petitions for correction of work licenses usually are routinely granted by trade associations and the accrediting boards of most professions. School boards, however, tend to regard returning postoperative transexual teachers with honest if misinformed concern about endangerment of the morals of their students. They may be more likely to alter the license and reassign the transexual teacher to duties in another school, if they are approached by a skilled attorney.

An attorney can be helpful, too, in presenting your request for job recommendations to former employers, if you anticipate any difficulty in obtaining them in your new name. Most employers, if approached in this way, will be cooperative. If you fail to get their cooperation, an alternative, if you wish to stay in the same line of work, is to apply for jobs subordinate to the one you formerly held, with the confidence that your skills will soon earn you promotion. Another possibility would be to explain your situation honestly to a prospective employer, if you judge that he may be sympathetic.

If you have no trade or profession, these problems will not arise. You may find it easiest to begin with some unskilled occupation for which recommendations are not needed, or for which a personal recommendation will do: for example, factory work, waiting table, or babysitting.[8] Most taxicab companies will hire both men and women drivers who have passed the test for a chauffeur's license. It would not be advisable to apply for a job with a large company, most of which require complete physical examinations of new employees.

If you are not financially pressed, doing volunteer work for hospitals, social agencies, charitable organizations or political campaigns can provide good vocational experience and may lead to satisfying job contacts. It also would be practical to attend a secretarial school to study typing, and, if time and money allows, shorthand. Secondhand bookshops frequently stock copies of texts on speedwriting (which otherwise are obtainable only through registration for courses in schools which teach this simplified shorthand method) which you can then study on your own at home. There is always a demand for men and women with these skills, and temporary job agencies generally require only that you pass their typing and/or stenography tests, without asking for recommendations from former employers. If you are a

8. You may write to the EEF office in Baton Rouge for a list of twenty-three unusual ideas for earning money on a self-employed basis.

preoperative transexual, when you are ready to apply for more permanent work, try to choose a company that offers a good insurance plan to its employees, preferably through an insurance company that is known to have paid full or partial hospital expenses for sex reassignment surgery.

When you are ready, you may decide to return to school for preparation for a more rewarding job. If you already have earned a college degree, or wish to continue your studies, most universities and colleges will be cooperative in changing the name and sex designations on the transcript of a former student. In this instance, too, the assistance of an attorney or social worker can be helpful in insuring a receptive hearing, although direct negotiations with the Dean of Students may be successful, if tactfully undertaken.

Where assistance in obtaining employment is provided by a state agency, we are aware of cases in Maryland and Georgia where only the new name is used in contacts with prospective employers. In California, should the employer inquire of the agency whether or not the individual is a transexual, the agency answers in the negative. This of course is preferable to the equivocal answer that they are not allowed to give out such information. It may fairly be assumed that such sensitive handling of the transexual's interests will occur at any state agency where intelligent help is available.

The federal government makes grants to state vocational rehabilitation agencies "to help them to serve persons with a physical or mental disability who need help in obtaining and holding an appropriate job, and [the grant] is based on (1) the presence of a physical or mental disability; (2) a substantial handicap to employment; (3) reasonable expectation that on completion of services, the disabled person can be engaged in a gainful occupation.

"Services include evaluation of rehabilitation potential, counseling and guidance, personal and vocational adjustment, training, maintenance, physical restoration, placement, follow-up and other services."

A letter from your physician, addressed to the State Department of Vocational Rehabilitation, should accompany your application for aid. Although transexualism is not a recognized disability category, several states have provided assistance to transexuals under the category of psychiatric disability. The kind and degree of help you may obtain will depend upon several constantly changing factors: the policies of your local Vocational Rehabilitation Office; the individuals

who administer them; and the funds available at the time your application is made.

Thus, "physical restoration" may, according to the time and place of application, include courses in grooming and electrolysis for the male-to-female transexual; plastic surgery; and, according to information received in a recent EEF survey, at least four states have provided assistance with fees for sex reassignment surgery. It should be stressed that, in general, and at the present time, most of the state offices of Vocational Rehabilitation have no clear policy with regard to transexualism, and many offer little or no help with medical-related therapies. But, since this is a relatively new field for governmental consideration, and the situation is in a state of flux, this is clearly a case of "nothing ventured, nothing gained." Do not count on receiving funds for medical help, but, by all means, give it a try. At this time, assistance with fees for vocational training would seem to be somewhat more readily available from this source.

MEDICAL HELP[9]

FINANCING MEDICAL CARE: INSURANCE

If you, like most people, do not enjoy a large independent income, it will be necessary for you to finance at least some part of your expenses for medical care and recuperation with your own earnings or savings, or possibly through a bank loan, if you are able to offer some collateral.[9] Even surgeons who are testing new techniques in transexual surgery require full payment from their patients. There is no private foundation, including EEF, that offers financial assistance for this purpose to transexuals. For those who qualify for veterans' benefits, Veterans' Administration Hospitals usually provide postoperative care only. A good health insurance policy can be your major source of assistance, but there are several important points of procedure on which you and your surgeon should be informed before you sign the contract and before he applies to the company for reimbursement of fees.

Before signing the contract for insurance, read it carefully. Some companies specifically *exclude* treatment for transexualism or related conditions from their coverage. Most policies stipulate an eleven-month waiting period before providing benefits for conditions which have been diagnosed before you contract for coverage. Therefore, you are well advised to wait until *after* you have signed the policy before consulting a physician for diagnosis and treatment. Be sure to apply for and sign the insurance contract with your *original name and sex* (i.e., that which appeared on the first, unamended, birth certificate): if you fail to do so, coverage may be terminated on grounds of fraud. For your fullest protection, re-read this paragraph carefully, to be sure you thoroughly understand these three important points.

Companies which have, to our knowledge, in some cases paid full or partial hospital expenses for sex reassignment surgery are: Blue Cross, Blue Shield, Travelers, Metropolitan, Prudential, Equitable, and U. S. Life.[10] This is not an assurance that they will do so in every case, but it does indicate a better possibility of obtaining benefits from these than from some other companies.

After you have made a careful choice of insurance policies, have

9. See also page 25 for information on funds available for medical therapies from some state offices of the Department of Vocational Rehabilitation.
10. You may know of other companies, in addition to those listed here, which provide good coverage for transexuals. If so, we would appreciate your sending this information to the main EEF office in Baton Rouge.

undergone preparatory treatment, and are ready for surgery, *it is important that your surgeon be advised of the following information,* so that you and he stand the best chance of benefitting fully from your insurance coverage. Claims for health insurance should never define the prescribed treatment simply as "transexual surgery," or as "cosmetic surgery": applications for help under these categories are consistently rejected. Best results have been obtained when the condition (transexualism) is presented as "a neuroendocrinological or psychohormonal disorder," absolutely requiring and responsive to surgical and hormonal treatment. Another effective classification is "gender dysphoria."

Successful claims have been filed for "hermaphroditism" and "exploratory surgery with some tissue removal," although there is the possibility in the latter case that pathology reports may be required. For healthy female-to-male transexuals, where the disorder is not defined as transexualism, mastectomy is generally disallowed; but benefits are often forthcoming for hysterectomy, which may be indicated by various complaints that are not accessible to medical tests.

Some health insurance policies state that the holder is covered only for "necessary treatment of an injury or disease process." In such a case, the physician should represent transexualism as "a distinct, medically definable disease entity, for which treatment is required." *In every instance, it is advisable for you and your physician to examine carefully the wording of your policy, for indications as to how he should frame his diagnosis.*

Recently, some insurance companies have become more liberal in providing coverage for preoperative evaluation (medical and psychiatric), sex reassignment surgery, related therapies, and hospital costs. While few companies allow benefits for all these phases, there is a distinct and encouraging trend in this direction. In general, it has been found that coverage is more generously allowed on group than on individual policies, but this is not invariably the case.

If you leave the employment of a company which has provided you with group insurance, and which does not exclude benefits for treatment of transexualism, it would be advisable to maintain the policy on an individual basis.

CHOOSING A PHYSICIAN

Until quite recently, the gender identity clinics of university hos-

pitals offered the only facilities for complete therapy, including sex reassignment surgery, for the transexual. Fees at some of these clinics are high, and the number of people applying for help far exceeds the number that can be accommodated. Fortunately, alternative means of treatment are now available. At the present time, many endocrinologists and internists are accepting transexual patients for hormone therapy, and many surgeons associated with private hospitals now perform sex reassignment operations.[11]

For obvious reasons, it is advisable to choose a physician who has had considerable experience in treating transexuals. The Erickson Foundation office in Baton Rouge can provide you with a listing of such physicians who are located in your area. Since hormone therapy precedes surgery, your first step should be a visit to an endocrinologist or internist. At the appropriate time, he will refer you to a surgeon who has performed other sex reassignment operations. In choosing your surgeon, assure yourself as far as possible that he will be interested in vigorously pursuing your insurance claim.

Most surgeons will require that you see a psychiatrist for a single consultation meeting prior to surgery. The purpose of this visit is not to in any way dissuade you from your decision. It is simply a precautionary measure which your doctor takes to confirm his opinion that you will benefit from surgery.

Even though this is not a required part of the prescribed treatment, you may decide independently, as have other transexuals, that some sessions of supportive counseling with an understanding therapist will be helpful to you during the periods of transition before or immediately following surgery. If you are experiencing any problems with your employer or your family, they may be more receptive to learning about your situation from a counselor. This is the kind of service most physicians are too busy to provide. The counselor also can help you to gain perspective on your situation and provide support and good advice. He may be the objective friend you can use in your corner in times of stress.

EEF can supply you with a list of psychotherapists in your locality who are experienced in working with transexuals. Transexuals who

11. Candidates for surgery must be at least twenty-one years of age. There are medical as well as legal reasons for not performing surgery upon a minor. However, it is possible that in some individual cases a surgeon may accept a patient who is slightly younger, provided the patient's parents give him written authorization to do so.

obtain treatment in hospitals with gender identity clinics usually are offered the assistance of social workers who will meet with them privately or in group sessions with other transexuals.

MEDICAL TREATMENT FOR MINORS

For medical as well as legal reasons, surgeons will not perform the sex reassignment operation upon a minor. However, hormone therapy preparatory to surgery is obtainable in certain instances. It helps to have your parents' authorization for treatment, but this is not always required. Some states regard the teenager who is living away from home and providing his own support as an "emancipated" minor, and in these states physicians may cite this doctrine to justify treating a minor at his own request.

Many states recently have lowered the age of majority from twenty-one to eighteen, and some legislatures have enacted statutes specifically enabling minors under eighteen to elect medical care. The tendency even in states with no such laws on the books is for the courts to be increasingly liberal in interpreting common-law principles. The urgency and gravity of the case, the age and maturity of the minor, and the doctor's prior knowledge of his medical history are all carefully weighed in such cases.

In the past, physicians have exercised excessive caution in treating minors without parental assent because they feared criminal prosecution. Yet it would appear that there is not a single recorded instance of a doctor's being penalized for treating in confidence a minor over fourteen years of age, when no surgical procedure was involved. With the increasing liberality of the law and the interpretation of the law, the prospect is that the physician's professional judgment and the minor's request for help soon may be the only requirements for treatment of younger patients.

HORMONE THERAPY[12]

Your physician will prescribe hormones for at least six months before referring you to a surgeon. The physical changes they bring about will enhance your confidence socially, and you will find their calmative effect emotionally beneficial. Should you decide at some

12. Some physicians may adopt practices which differ in degree or kind from those outlined here. This section, and those which follow, are intended to give you a general impression of the most commonly followed course of treatment.

point during this trial period not to proceed with surgery, discontinuance of hormones will gradually reverse the physical alterations.[13] What are some of these changes?

Male-to-Female Transexuals

You will notice that the skin takes on a softer texture, and that body hair decreases to some extent. There may be some increase of hair growth on the scalp, although this is less common. After a time, muscular development will diminish somewhat, and there will be a more feminine distribution of fatty tissue: for example, more pronounced hips. The breasts will gradually increase to proportions comparable to those of a girl in the late teens. Larger breasts may be achieved through breast implants, at a later date.[14]

Hormone therapy will not feminize your voice, but remember that there are women whose extremely husky voices are considered to be both attractive and feminine: Lauren Bacall, Marlene Dietrich, and the late Tallulah Bankhead are notable examples. Speech therapists who work with male-to-female transexuals concentrate not only on raising the pitch and resonance and softening the quality of the voice; they point out that the use of a more feminine vocabulary, more careful articulation, and a greater range of inflection (rise and fall) of the voice all contribute to a more feminine impression. You may work on these points yourself, with the help of a mirror (to practice freer facial movement) and a tape recorder. If you feel you need professional help, there are speech therapists in private practice, and associated with speech therapy centers in hospitals and universities, who provide special instruction for male-to-female transexuals with voice problems.[15]

13. With one exception, given below.

14. Silicone implants, the internal placement of plastic-like bags containing silicone jelly, is the approved method of augmenting breast size. There are serious health hazards associated with *injections* of liquid silicone directly into the breast tissue: it is extremely difficult to detect cancer in the area when the breasts have been augmented by this method; and there is the danger that the injected fluid will move to other parts of the body, causing medical complications. The F.D.A. has denied approval to the use of silicone injections, and you are strongly advised against them.

15. A helpful tip offered by one of these therapists is that the transexual, when introducing herself on the telephone (as, for example, in making an appointment for a job interview) should *begin* the conversation by saying "This is Miss X." In that way, should she still need some practice in feminizing her voice and if the person on the other end of the line is in some doubt as to her sex, this assertion usually will resolve the question in her favor.

Hormones will not appreciably reduce beard growth. Electrolysis of the beard is an essential complement to hormone therapy. This will be treated at length on page 27.

You will notice a decrease in libido (sexual desire), after following a program of hormone therapy for some months. Most male-to-female transexuals consider this to be a helpful modification in adapting to the new role.

Female-to-Male Transexuals

The heavier dosages of hormones often administered by injection at the outset of treatment will temporarily suppress menstruation, but hysterectomy is recommended when your doctor feels you are ready. Hormones also stimulate beard growth, and a growth and masculine distribution of body hair. The clitoris (embryologically the same structure as the penis) will increase in size, but not sufficiently to function, even with attempted surgical reconstruction, as a typical male organ in urination or coital penetration. If you are in your early twenties or younger, the breasts will diminsh considerably. In most cases, however, surgery for removal of the breasts is recommended.

Hormones will deepen your voice. This is one change which is not reversible should you decide to discontinue therapy. However, this need not present a problem, since a husky feminine voice is often considered pleasing. You will notice an increase in libido (sexual desire), which is considered desirable by most female-to-male transexuals, as being appropriate to the more aggressive masculine role.

* * *

With few execptions, transexuals are required to use hormones throughout their lives postoperatively, in order to ensure maintenance of hormone-stimulated development of physical characteristics of the gender of choice, and for other health-related reasons. However, since the long-range effects of hormone therapy are not fully known at this time, it is important that you visit your physician conscientiously every six months after surgery. He can then check on your general health and any possible harmful side effects, providing any required treatment or readjustment of hormone dosage according to his findings.

ELECTROLYSIS

A course of electrolysis of the beard requires from one to two years of completion.[16] Before recommending the male-to-female transexual for surgery, his physician will expect him to complete at least half of this process. There are several important reasons for this recommendation.

If, after surgery, when you are now an anatomical female in all other respects, there is still noticeable evidence of beard growth, you are very likely to suffer from feelings of confusion as to your present gender. Your confusion may be reflected in the response you receive from others, thus compounding your difficulties. Many physicians experienced in working with transexuals have noted that serious psychological conflicts block the successful adjustment of those patients who have not undergone adequate electrolysis, and who, in their opinion, would otherwise have done well.

It is true that a certain amount of time, expense and discomfort[17] is associated with electrolysis. *But it would be most unwise to seriously jeopardize your chances for a fulfilling new life by neglecting to attend to this important aspect of total therapy.*

You are strongly advised against purchasing one of the electrolysis machines available on the market for self-use. This is an operation which requires long and careful training. If it is clumsily employed, there is a distinct danger of scarring at the site. For this reason, one should also take care to choose an experienced professional operator.

If you do not at first have the money or the time to see an electrologist, there are various commercially available wax preparations which you can use at home for hair removal. You will find that this process must be employed every one to two weeks, depending upon heaviness of beard growth. If you choose this method temporarily, your doctor will give you a prescription for estrogen oil, which should be applied to the skin daily. The use of wax and estrogen oil often softens and thins the beard, facilitating the process of electrolysis later on.

SURGERY

Well ahead of the time when surgery is scheduled, you should begin to follow a regimen to develop optimum physical health. This

16. Electrolysis does not permanently discourage hair growth. After the major work has been done, it will be necessary to see your electrologist at infrequent intervals to maintain beardlessness.

17. If discomfort is severe, the operative will administer a local anaesthetic, usually novocaine.

would include exercise, plenty of rest, a balanced diet, and perhaps vitamin supplements. A person who is in good health will enjoy faster healing after surgery. Some physicians recommend megadoses of Vitamin C, since that vitamin is known to promote the healing process.

Some surgeons prefer to perform the operative procedure for the male-to-female transexual in two stages, the first in the doctor's office and the second in the hospital about a month later. Other surgeons will complete the work in a single process, performed in the hospital The male organs are removed and labia, a clitoris and a vagina are constructed. If surgery is performed in two stages (castration and vaginal construction) by two different surgeons, it is important that the two surgeons consult together before the first stage is undertaken, in order to avoid some possible complications which may occur if the second stage is too long delayed. If cosmetic surgery, such as breast implants or nasal reconstruction, is desired, this is undertaken at a later date after full healing from the initial surgery.

The female-to-male transexual will enter the hospital for hysterectomy and, in most cases, mastectomy (removal of the breasts). Through the techniques employed for mastectomy, the nipples are retained and there is little or no scarring. Thus the appearance of a normal male chest is achieved.

There are alternative techniques for construction of the penis, but at the present stage of development the results of these procedures are far from satisfactory, both in appearance and in function, and many costly hospital admissions are required in each case. In one method the constructed penis is made functional for urination, but the artificial tube that is surgically inserted for this purpose is not self-cleansing, so the danger of infection is always present. The other method produces an organ which is somewhat stiff, but usually a prosthesis (artificial aid) must be used to achieve adequate stiffness for intercourse.

There is not yet a surgical procedure that will produce an organ that functions both for intercourse and for urination, and to date all created organs are totally without sensation and incapable of spontaneous erection.

For this reason, and because of the costs and the multiple hospital admissions required, most physicians and surgeons *do not* recommend these procedures at this time. However, your doctor can instruct you in the use of one of the simulated male organs ("dildos") which may

be purchased for use in intercourse. If you wish, he will recommend sex manuals or suggest alternative ways of satisfying your sexual partner, manually and orally. In replying to the questions in sex surveys, some women indicate a preference for these forms of sex play.

The degree of possible sexual pleasure after surgery cannot accurately be predicted. For some, the capacity for orgasm may be lost, but many others report that they are now experiencing it for the first time. For the female-to-male, the emotional satisfaction of inhabiting a body that now more closely approximates his inner image of himself, and of pleasing a heterosexual female, may well intensify his physical sensitivity.

In the preferred method of surgery for the male-to-female transexual, sensitive genital tissue is used to line the vagina and to create a clitoris, thus preserving a degree of erotic sensation, and in some cases providing a small amount of natural lubrication during intercourse. However, when there is not enough penile skin available to completely line the vagina, skin grafts from other parts of the body may be used. Most male-to-female transexuals report a high capacity for orgasm following surgery.

There is at present no technique for the transplanting of reproductive organs. Therefore, following surgery, both male-to-female and female-to-male transexuals are sterile. Married transexuals have adopted children through social agencies, and the wives of female-to-male transexuals may choose to bear children through donor insemination.

POSTOPERATIVE CARE

It is essential that the male-to-female transexual conscientiously follow her surgeon's instruction on the use of the vaginal form. This is a device designed to keep the vaginal passage open during the six-month period following surgery. During surgery the vagina is packed with gauze. When healing is well advanced the gauze is removed, and you will be instructed to insert and keep the vaginal form in place for most of each day for the first few days of use. After this period, your surgeon will advise you to insert the form several times a day for one or two hours at a time for the next six months or so. This is most comfortably done while reclining in a warm bath, which relaxes the muscles. Warm (not hot) baths are recommended for twenty minutes twice each day for the first few weeks after surgery, to cleanse the inci-

sion and reduce any swelling which may occur. Your surgeon also will show you how to lubricate and stretch the vaginal passage twice daily, another important factor in postoperative care.

To repeat: these practices which will be explained in some detail by your physician, should be followed faithfully. Failure to do so could result in closing up of the vaginal passage. Be sure to see your physician without delay if, after your return from the hospital, your temperature should become elevated, or if you should experience unusual discomfort or swelling in the surgical area or difficulty in urination.

You will be cautioned by your doctor not to use the vaginal passage for intercourse for a period of at least two to three months following surgery. If you ignore this restriction, there is a serious risk of infection or rupturing of the sutures.

When your surgeon tells you that intercourse may be safely engaged in, he will also recommend the most favorable positions which your new internal structure allows. He will advise you to urinate and empty the bowels before intercourse, in order to provide the maximum space in the vaginal passage, and to use large amounts of lubrication for comfort and facility when the penis is penetrating the vaginal canal.

The female-to-male transexual who sensibly chooses not to undergo surgery for construction of the penis will have a simpler course to follow postoperatively than the male-to-female. Sexual relations may be engaged in as soon as desired after full recovery from surgery.

Certain easy-to-follow, common sense precepts of health care should be observed postoperatively by both the male-to-female and female-to-male transexual. Adequate rest is important, and a premature return to work would be ill-advised. The male-to-female transexual should avoid prolonged standing immediately following surgery, and prolonged sitting may at first be uncomfortable. It is important to keep the weight stable, and especially to avoid any weight gain, so as not to overburden the surgical area.

A balanced diet, including plenty of protein, will promote healing. Your physician may suggest that you use a multiple vitamin supplement, with generous amounts of Vitamin C. Salt and salty foods should be avoided by the male-to-female transexual, and adequate water and roughage should be taken to prevent constipation, which can strain the wall of the new vagina.

MARRIAGE

The question of whether a postoperative transexual should disclose to a prospective mate that he or she has undergone surgery is primarily an ethical one, but it has legal implications as well. Failure to discuss this matter gives valid grounds for annulment or divorce, in that the marriage may be considered to have been entered into fraudulently.

As we go to press, for the first time in the United States the courts of one of the states have confirmed the legality of the marriage of a male-to-female transexual. The transexual had sued for and been granted, by a lower court in New Jersey, support payments from her estranged husband. The husband appealed this decision to the Appellate Division of the State Superior Court, contending that the marriage should be considered invalid by reason of his wife's transexualism. However, the Superior Court judge upheld the decision of the lower court. He based his ruling on the following grounds. A male-to-female transexual, equipped with an artificially constructed vagina by means of sex reassignment surgery, is fully capable of engaging in heterosexual intercourse. If, as happened in this case, the transexual informs her partner before the marriage ceremony that she is in fact a transexual, then the marriage has full legal validity.

Although this important decision applies only for the state of New Jersey, it is certain to be influential when cited as a legal precedent in proceedings involving transexuals in other states. From a practical point of view, however, it is unlikely that legal problems concerning your marriage will arise, unless divorce, annulment, or support proceedings are initiated.

The precedent of impotency, which is accepted grounds for divorce in most states, can be invoked by the wife of a female-to-male transexual. In the case of a male-to-female transexual, if the transexual discloses to her husband prior to marriage, that she cannot bear children, theoretically her options are open as to whether she also must reveal that she is a transexual, although presumably if she does so her legal position is stronger in the event of divorce proceedings.

Having discussed these problematical legal aspects of marriages entered into by transexuals, it is important to add that many transexuals have without publicity contracted enduring and successful marriages which are accepted without notice or comment by other

members of the community. Furthermore, they have brought their own children into the marriage, have adopted children or, in the case of the female-to-male transexual, the wife was borne children by means of artificial insemination.

Neither a birth certificate nor, usually, any proof of sex is required in applying for a marriage license. A driver's license or a voter's registration card is considered adequate for this purpose.

CAUTIONARY REMARKS

It is likely, as well as understandable, that prior to surgery, while subject to inner stress and limitations of outer circumstances and opportunities, you may have been impeded in the development of your potentials for living a full and fulfilling life. Your interests may well have been restricted by your problems, your energies exhausted by them. If your whole life until then has been centered on the goal of achieving surgery, once it is achieved you may be unpleasantly surprised to find yourself in a predicament comparable to that of the newly retired man who had devoted himself exclusively to his job, never cultivating any outside interests, and now finds himself depressed and at a loss, his life seemingly at a standstill.

Now that your life-long problem has been resolved, and after the initial euphoria, you may unexpectedly find yourself facing a void. The obvious answer is to fill it, and without delay. In this situation, some transexuals find that they benefit from the counseling and support of a sympathetic therapist. Others will begin independently to investigate their world and its possibilities. You will learn to apply newly-released energies to the development of your talents, and to the exploration of the broader range of social relationships and career opportunities now open to you, perhaps for the first time. If, before surgery, the single area of gender identity comprised the whole of your self-knowledge and occupied all your attention, there can be intense pleasure and release in discovering yourself now as a *total* human being.

Another common stumblingblock experienced by transexuals can be the excessive and unrealistic expectations, cherished for many years perhaps, of what life will be like after surgery. Surgery indeed can solve your one major problem, but if you anticipate that it will magically solve all problems, you are due for a disappointment. Life will certainly be more rewarding now. You will be more comfortable, more at ease with yourself than formerly, and other people will be more at ease with you. You can begin to take advantage of many opportunities for self-development and career advancement that were not available to you in the past. But the postoperative transexual must realize that he has this in common with every other human being, that he too must meet the challenge of all the common difficulties that arise in any life: the occasionally troubled relationships, the possible job frustrations, the temporary depressions and setbacks.

Now that you have been relieved of your one consuming problem, you may discover in it one positive aspect that can be uniquely enriching. Having lived the life, however hindered preoperatively, of both sexes, you can enjoy a rare capacity for immediate empathy with people of both sexes, for understanding intimately their points of view and feelings. Where other people may exercise intelligence, imagination and sympathy in their human relationships, you have the additional resource of direct experience of "both sides" of life. If you use this asset, allow the old burdens to fall away, confront life with new curiosity, realism, courage and determination, you can discover, like many transexuals before you, the unexpected joys of a true rebirth, a more hopeful and better-prepared second chance.

BOOKLETS FROM THE ERICKSON EDUCATIONAL FOUNDATION

(Available on Request)

Information for the Family of the Transexual. Designed to be helpful to transexuals whose families may have become estranged from them, or to families who desire reliable, up-to-date information on what is known about the causes of transexualism, and on its current course of treatment.

Legal Aspects of Transexualism and Information on Administrative Procedures. Treats in greater detail some of the procedures discussed in this pamphlet, and provides additional related information.

Religious Aspects of Transexualism. For transexuals with religious affiliations or concerns, this pamphlet includes positive statements from clergymen of several faiths, expressing ethical and spiritual views on transexualism and its treatment.

(Available to Professionals Only)

Medical Management of the Transexual

Counseling the Transexual

Information on Transexualism for Law Enforcement Officers