



# THE GATEWAY



Friendship is born at that moment when one person says to another,  
"What! You, too? I thought I was the only one." --C.S. Lewis

VOLUME 2, NUMBER 12

JUNE 1980

## SAN FRANCISCO CHAPTER

Wednesday, June 11, 8 p.m.  
MCC, 150 Eureka St, San Francisco  
(first floor, at the end of the hall)

Program: Carol Freidenberg,  
Speech Pathologist  
--and--  
Dianna Chan-Moriwaki  
on "Speech & Diction"  
Bring portable cassette,  
tape, printed material.

Wednesday, June 25, 8 p.m.  
MCC, 4986 Fairfax St, Oakland

## SAN JOSE CHAPTER

Friday, June 6, 8 p.m.

Friday, June 20, 8 p.m.

MCC, 160 N. 3rd St, San Jose  
(around side, upstairs,  
ring bell)

Partners Auxiliary meets both nights  
in a separate room.

## SPEECH PATHOLOGIST TO VISIT GGG/G

Ms. Carol Freidenberg, Speech Pathologist, will attend the June 11th meeting in San Francisco to give an informative talk on speech therapy as it applies to the gender dysphoric community. Ms. Freidenberg is a well-qualified professional in her area with an MS and certification to practice in California. Carol has volunteered to "run interference" for us in contacting other speech pathologists/therapists who may be amenable to providing similar services in the South and East Bays. Since so many of you have expressed an interest in obtaining the services of a speech therapist, we expect a large attendance at the June 11 meeting. The more in attendance, the better for Carol and the membership--and with sufficient response, we can probably prevail on Carol to pay return visits. Carol's business address and phone number: Carol Freidenberg, 490 Post Street, Suite 1644, San Francisco CA 94102, (415) 397-2835.

## GGG/G BOARD OF DIRECTORS APPOINTMENTS

Two members--Kathy (CA-45) and Elaine (CA-21) have been appointed to the Board of Directors of The Golden Gate Girls/Guys. It was felt that the infusion of new blood would bring new ideas to the Board and, since the new Board members are closely associated with the East Bay and the South Bay portions of GGG/G, they will give representation not only to members from those areas, but the other members as well. Welcome to the Board, Kathy and Elaine!

## DIRECTORY OF INFORMATION AND SERVICES

We still have several copies of our Directory of Information and Services left, so call or write us soon for your free copy. The Directory lists hundred of entries of people, places and things of interest to the transvestite and transsexual across the United States and Canada.

# F E E D B A C K

Hi,

On Saturday June 14, 1980 we are having a Debutante Party for novice TV girls who will be going to their first affair in drag or for girls who have had little exposure. We will have ample dressing rooms for them to change in if they don't want to come in drag. Also there are many motels a few minutes away. Of course most of the regular girls will be on hand to lend support and also encouragement. The party will be in a lovely cocktail lounge in Woodside, which is 12 minutes from the heart of NYC. Admission will be reasonable. If you have room in your next newsletter, I hope you will give it a plug. At our parties we get girls from all over the eastern seaboard.

Thanks,  
Joyce Dewhurst  
Box 1105  
Woodside NY 11377

Dear Golden Gate Girls/Guys:

Our Clinic would like to purchase a copy of your new Directory of Information & Services. We earlier sent information about our services to your Directory and feel very grateful that someone has finally

attempted such a listing. Its value to the gender dysphoric people in the U.S. will be tremendous.

Thank you,  
Carol Steinman, MSW  
Director  
Gender Identity Service  
80 Boylston St, Rm 860  
Boston MA 02116

Dear GGG/G:

As always, it was nice to get your very interesting and very professional newsletter 'The Gateway.' You must have a sizable group working to get it out so often. The information and articles are very good and have good depth to them. You are to be congratulated for a job well done.

I think your Yellow Pages is a great idea and something that is very badly needed, as we are all usually looking for new people or places where we can go without being harrassed.

Love, Julia

The Gateway

Published by  
The Golden Gate Girls/Guys  
495 Ellis St, Suite 2507  
San Francisco CA 94102

A Social/Educational  
Organization  
for Male-to-Female  
and Female-to-Male  
Crossdressers and  
Crossgenderists

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## "The Adventures of Courtney Davis"

"The Adventures of Courtney Davis" is a platform in which readers of *The Gateway* can submit their own humorous, dramatic, unusual or just plain embarrassing stories. We have selected a neuter-gender fictitious name so our readers will be more willing to tell us their adventures under a cloak of anonymity. You need not identify yourself when sending us your story. So come on! We've all had our moments. Let's hear yours.



BETWEEN FLOORS, by Nichole Moreau  
(NJ-12)

"Clomp, clomp, clomp," growing louder, coming up the stairs toward my apartment. I'm cool until the sound starts up the third flight, then my guts turn over and my body starts singing from the adrenalin being pumped into my bloodstream.

The "clomp" steps up to my door. My door! Lord! I freeze.

A familiar jingling of keys releases my panic-held breath and I rush to the door.

"Wooo-ee, do you look good!" she says as we kiss. I had prettied myself up while my wife was out doing errands.

She had come back with a car full of goodies and now she faced carrying it all up three flights of stairs; by herself, because I was dressed. So she began, and so did my desire to help her.

"At least I can carry some stuff up from the second floor," I thought. So, as she was bringing up the second load, I decided to do it, and overcoming my fears, I started down the stairs.

Halfway down, my lady cried out in warning as the second floor apartment door opened. Out stepped Joan.

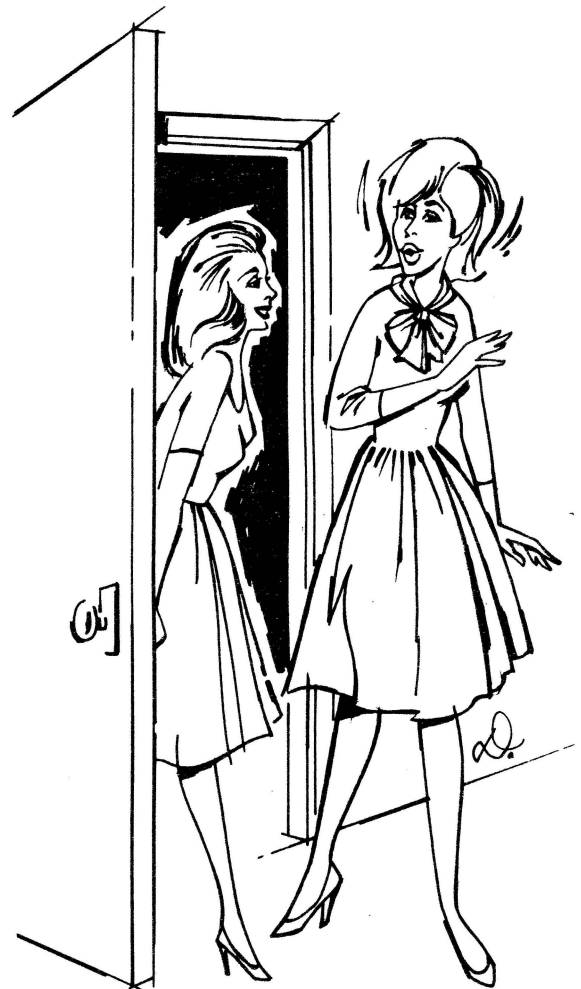
Joan, a new neighbor about 27 worldly years, looked first at my wife just starting up the third flight, then she looked at me. Joan had never met Nichole before.

I watched her gaze travel past my sandaled foot, ankle bracelet, L'eggs leg, self made dark blue skirt, bosomed raspberry leotard, accenting scarf, colorful face, dangling earrings, and afro.

The tension was buzzing in the air. "What do you think of my outfit?" I said sweetly, flicking my hip. The air stopped buzzing.

"I just wanted to return this to you," she said, handing me some herbs and staring at my manicured nails.

"Happy to be of help. Stop up later," I said, heading up the stairs



# TSs WIN IN HOUSTON

In a trial of several pre-ops fighting a Houston ordinance which makes it unlawful "for a person to appear on a public street with the designed intent to disguise his or her true sex as that of the opposite sex," U.S. District Judge Norman W. Black has ruled that "the arrest of transsexuals under this ordinance is unconstitutional."

Assistant City Attorney Terrence Fiddles indicated that "we'll probably ask the court to allow us to have people who are undergoing this (sex-change) treatment get cards from their psychiatrists and keep letters on file at the police department so we won't bother them."

The lawyer for the eight transsexuals, J. Patrick Wiseman, said, "I'm curious to know how they're going to go about issuing cards without changing the ordinance. If a transsexual were to fail to get a card and were to be arrested under the existing ordinance, the city could be in contempt of court."

Judge Black found that transsexuals (unlike transvestites or homosexuals) have medically compelling reasons for dressing as the opposite sex and that crossdressing for them is a necessary part of their sex-change treatment. "The transsexual begins to crossdress before puberty. Later he may experience great conflicts about this and

apply himself vigorously to the masculine role, perhaps even going so far as to marry. Eventually, however, his gender identity reveals itself as so overpoweringly female that nothing less than the alteration of his masculine body traits as well as the abandonment of the masculine clothes and role, can afford him relief. Such procedures are medically and psychologically necessary for the true integration of the body and mind throughout the transition period of the developing gender. In fact, crossdressing is mandatory, as surgery will generally not be performed unless crossdressing has occurred for a minimum specified period of time."

Houston city policies directly inhibit such treatment, Judge Black found. He ruled the ordinance "as applied" to individuals preparing for sex-change surgery deprives them of liberty without the due process of law. Black rejected the city argument that any constitutional violations "are so insignificant as to be outweighed by the public's desire and the police department's need to know someone's true sexual identity." The city wants to retain the ordinance because of the fatal stabbing in March of an Israeli visitor by female impersonators and the fatal shooting by a police officer of a man in women's clothes during a robbery attempt.

## THE ADVENTURES OF COURTNEY DAVIS

(continued)

to the safety of our apartment. About an hour later I relaxed.

The next day Joan came up and we were laughing about the incident. Joan said the first thing she thought was, "Damn, look at those beautiful nails." She bites hers and was envious. She said the first thing she did was pour herself a stiff drink and had a talk with herself. Joan had concluded that I was "good people" and my dressing didn't change that one bit.

Now when she sees me without my face and in pants, she thinks I don't look myself.

*(Thanks to Joanna M. Clark for sending us this information.)*

PERMANENT HAIR REMOVAL

**Donna R. McDonald**  
REGISTERED ELECTROLOGIST

1237 PARK ST., SUITE 3  
ALAMEDA, CALIF. 94501

769-8944

# When Is A Rose? by Georgia L. Saunders

"A rose is a rose is a rose" by Gertrude Stein and "A rose by any other name" by William Shakespeare are two famous quotations which seem to imply that apparent facts are indisputable. But, are apparent facts indisputable? Let's construct a picture with four physical beings in it, two apparent males and two apparent females. Now, let's pair one of each apparent male and apparent female. We now have what appears to be "two natural couples." Let's further have one of the females be pictured as performing "oral sex" on one of the males and then let's picture the other apparent male performing oral sex on the other apparent female. Got the picture? We have two couples engaged in what appears to be acceptable acts of sex --that is, acceptable to the collective social "we" as opposed to the specific individual "we." While you and I may not be willing to accept these pictures as "acceptable" when you and I are merged or melted into the society around us, the whole consciousness of the group accepts what they see as "acceptable."

If we reverse the partner arrangement of the pictures and place the two females together and the two males together performing the same oral to genital sex acts, we have a much lower degree of acceptance by the social "we" as well as a higher degree of non-acceptance by the individual "we." The majority of the group will see the latter picture as "homosexual."

Let's further complicate things by constructing a third picture having, again, two males, one of which has assumed the "dominant" position and one the "submissive" position in genital to anal sex. The group will also label this as "homosexual" and the submissive partner is labeled "Mary."

In the three pictures we have classical pictures of homosexual sex acts. Right? Not necessarily. Why, not necessarily? Let's attempt to look through the physical beings we see and look at the psychological

beings represented by the figures in these pictures. For simplicity's sake let's label the dominant female "Ms A" and the submissive female (the one on the bottom) "Ms B," the dominant male in picture 2 "Mr C" and the submissive male in that picture "Mr D," the dominant male in picture 3 as "Mr E" and the submissive one (the Mary) "Mr F."

If Ms A, Mr C and Mr F are psychological opposites to their physical appearances, that is male, female and female, would you still label these individuals and their acts "homosexual"? Technically, from the physical evidence we would have to. Psychologically we could not.

If we exchange "Ms A" with "Mr C" so that "she" is now performing oral to genital sex with an apparent male "She" would see herself performing a homosexual act of sex where we would not.

I know "women" who label themselves as "male homosexuals" and males who label themselves as "male lesbians." Why do they label themselves this way? Simply because they see themselves as psychological opposites of their physical envelopes. I also know males who label themselves as "heterosexual males" and yet they perform sexual acts with other apparent males. The majority of us would label these males as "bi-sexual" rather than "heterosexual" or "homosexual." There is a stigma to "homosexual" that there is not to "bi-sexual." Why? Because the collective "we" heaves a sigh of relief when the "male lesbian" or the "Mary" performs "normal sex" with a female partner and of course when the "male homosexual" (Ms A) performs "normal" sex with an apparent male. We have fallen into the trap of gender assignment based solely on external physical appearance, as opposed to psychological orientation.

If in each of us there is an androgynous psyche what is to prevent the splitting of this psyche into two parts (not necessarily equal parts) one being female and one being male? What is to prevent the development (or evolution) of one into being the

dominant and the other the recessive psyche? If we accept the fact that as each of us stands in the world as a male or female we are now dominated by the part of the psyche that equates to our physical gender, why cannot we accept the fact that psyche dominance can be reversed through development or evolution of that psyche? What constitutes a transsexual? Don't we all agree that in this instance we have a "female trapped in a male body" or the reverse? Of course we do! When milk is manufactured in and by the cow it is homogenized. When it is allowed to stand the cream separates from the milk and comes to the top. Why can't the same theory of homogenization and later separation be applied to the psyche? The psyche (or milk) is a single homogenous entity until some circumstance causes it to split or separate and then an evolution occurs and one part develops beyond the other.

An apparent heterosexual male walks through life feeling needs to crossdress and finally at one point in the development of the female psyche he begins to crossdress. As his physical "self" is exposed more and more to the "female self," through crossdressing and the use of all the "products" we associate with being "female" and performing activities we associate with being female, the female psyche within "him" is evolving and may eventually come to be the dominant one. In his fantasies and dreams he often sees himself as "she" or a female and often in the female position of submissiveness in gender roles and sexual roles. "He" abhors this, "she" is pleased by this and accepts it as "natural." Now we have a conflict within the individual "he" cannot bring himself to accept the acts that "she" is performing, just as "she" cannot bring herself to accept the acts that "he" is performing. Thus we have the possibility that when "she" dominates "he" will not be able to engage in male-to-female sex acts but will engage in what appear to be male-to-male sex acts (or homosexual behavior, if you will). When "he" engages in "normal" heterosexual male-to-female sex acts "she" is abhorred and sees them as homosexual.

A conflict will continue within this "individual" (who is really two separate individuals with separate identities, one male and one female) until one or the other either dominates or they reach an acceptable level of balance. At the balance point one will have to accept the conduct of the other. And they will then co-exist as one. At this point they will probably be willing to accept the rules of conduct of society for their apparent gender and the "opposite" may eventually become recessive again. That is, the male will again take over and the female "self" will deteriorate until she no longer exists with enough strength to make her presence known. The male may continue to crossdress but with decreasing frequency. If they never reach a point of balance or submission by one of the "selves," crossdressing will continue since the female self is still active and powerful, although not powerful enough to force the male self into submission and recession. She may never become powerful enough, because she failed to evolve sufficiently, to "take over and run the ship."

So when we see crossdressed or crossdressing "males" performing "homosexual" sex acts we may actually be seeing actions directed by a female "self" within the male physical envelope. And thus we cannot label these acts as "homosexual" out of hand.

**BABYFACE**  
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# OPINION

*This regular column is available for all readers to send us their 'Opinion' on matters of concern or interest to crossdressers. Let's hear from you!*

In regards to the City of Houston's ordinance on crossdressing and the recent ruling (see story elsewhere in this issue):

I applaud the City of Houston for recognizing what the medical profession has yet--except in rare cases--to do and that is recognize female-to-male transvestites as well as male-to-female. Their ordinance is certainly nondiscriminatory based on genetically assigned sex.

I do, however, question the necessity of such an ordinance. Why should the police worry whether or not an individual is the sex/gender which they appear to be? Are crossdressers the ONLY people committing crimes in Houston? I doubt it. Certainly if an individual is engaged in criminal activities, the City/State and Federal governments have the right and obligation to protect society from these wrongdoers, but to select a specific category of people for special application of prohibitive laws, whether these individuals are transsexual or transvestite, smacks of the Nazi slogan of "Get the Jews."

While it is apparent that transsexuals have a compelling urge and medically-directed requirement to crossdress, the transvestite has needs to crossdress which are just as meaningful and compelling. Not everyone crossdressing is a transsexual, but it seems that in his ruling Judge Black indicates just that. He has apparently not considered that similar psychological needs exist in the transvestite as in the transsexual.

If the transsexual's need to crossdress begins before puberty (as opined by Black), when does he think the same needs arise in the transvestite? The vast majority of cross-

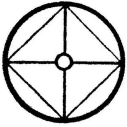
dressers have a history going back to "before puberty" and lasting a lifetime. Many go through "purges" but seldom cease crossdressing, no matter how hard they try. There are more than enough laws on the books right now to cover any crime, yet the "guardians of society" are continually adding to them. If an individual is robbing a store or bank, the relevant fact is the robbery--NOT whether the individual is crossdressed. Of course those disguising themselves while perpetrating a crime should be apprehended BUT emphasizing the fact that one criminal perpetrated a criminal act while crossdressed certainly should not be grounds for an ordinance which prohibits such activity to all doing it for non-criminal purposes. People kill or maim everyday while under the influence of alcohol, yet there is no law in Texas against drinking the stuff.

Has crossdressing in public by the "average" crossdresser ever seriously injured or killed another person? Has it caused the "moral decay" of our society? What is all this hue and cry by non-participants against crossdressing?

Concerning the issuance of cards and registering with the police as suggested by Assistant City Attorney Fiddles: Do you seriously think the possession of a card is going to prevent police harrassment of the transsexual? How long would a transsexual living in Houston be required to carry this card? To their death? Transsexuals are after all just that plain old simple commodity known as PEOPLE and as such have the same rights as the rest of society. Why should WE be required to carry a special ID card? Why should WE be required to register with the police--hell, not even criminals are required to register with the police. A police record follows one wherever one goes and the obvious, at least to me, intent appears to be that once registered with the police, always registered. You will never be able to melt into the rest of the population and be afforded the same anonymity they are. When there is a crime which

MAY suggest the inclusion of cross-dressers, will all be rousted out like sex-criminals and assorted felons for questioning? Will the police be empowered to stop suspected crossdressers randomly on the street and demand to see their "official ID card"?

No, I think the issuance of an ID card and registration with the police is certainly to be avoided. The Houston ordinance needs to be removed from the books. Even though declared unconstitutional and a violation of human rights, the enlightened City of Houston intends to keep this oppressive ordinance on the books "to protect society"--and can't you just hear the added, under the breath, "from these perverts" following the remark?



**LIN FRASER, M.A.**  
PSYCHOTHERAPY  
GENDER SEXUAL IDENTITY

2538 CALIFORNIA ST. (415) 922-9240  
SAN FRANCISCO, CALIF. 94115 BY APPOINTMENT

## *Under fashion*

B.R. Creations, P O Box 4201, Mt View CA 94040 is offering Waist Cinchers in 5 colors with a choice of 10-22 garters in waist sizes from 22-32 inches. They also have Merry Widows in the same color variety with 12-24 garters in 32-40 inch bust sizes for B, C and D cups. There is also a merry widow called the Show Girls Special which is fancier than the Merry Widow, available in the same sizes but different colors and number of garters. These items are sexy and on some will provide a great look. The line will be expanding in the future, depending on prices of material required to produce new items. B.R. Creations is offering a 20% discount to GGG/G members, so to obtain the discount, be sure to mention you are a member!

# WELCOME, DR. WALKER!

Academia's losses are our gains! In January Dr. Donald Laub left the Stanford Medical Facility to establish a private practice and gender clinic in Palo Alto. In June Dr. Paul Walker, president of the Harry Benjamin International Gender Dysphoria Association, Director of the Janus Information Facility, and Director of the Gender Clinic at the University of Texas will set up a private practice in San Francisco. By extension, both the Janus Facility and HBIGDA will be headquartered in The City by the Bay.

We hope that Dr. Walker will be able to contribute material to The Gateway, and we have offered to make The Gateway available to the HBIGDA as a house organ. Even though our readership may now be primarily members of the gender dysphoric community, there are many readers who are not and, when The Gateway becomes available to the many gender clinics and members of the provider community, we feel that more of the general public will become regular readers.

It is our intention to provide copies of The Gateway to some of the national magazines in hopes that at least an occasional article will be reprinted. This will not only bring meaningful and factual pro information concerning the transvestite and the transsexual to the general public, but will educate the public concerning our organization and the work we are doing.



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# WHAT'S GOIN' ON!?

"Liberty & Justice For All!" is the theme for the 1980 Gay Freedom Day Parade and Celebration in San Francisco. The week's events culminate with the Parade, which begins at Market and Spear Streets at 10 a.m. Sunday, June 29.

♀ ♂ ♀ ♂ ♀

For Mother's Day, a local San Francisco movie theater featuring "San Francisco Experience" advertised "All Mothers Admitted Free, No Proof Needed." 247 mothers and three transsexuals, now male, took advantage of the offer.

♂ ♀ ♂ ♀ ♂

We have been advised by a reliable source that the gender clinic and related medical facilities at the Eastern Virginia Graduate School of Medicine in Norfolk VA have closed. The apparent reasons are threefold: (1) the departure of the two individuals operating the facility; (2) the Meyer Study; and (3) a recent malpractice suit by a dissatisfied post-op. In an effort to verify the closures and the reasons, we have contacted the Medical School and hope to have additional information in the near future.

♀ ♂ ♀ ♂ ♀

San Quentin officials reported that Guthrie Danowski, 24, who was serving a life sentence at the prison, apparently slipped into some of his wife's clothing in a restroom of the crowded prison visiting room. His wife arrived at the prison early in the day, checking out two hours after her arrival. About five hours after that, San Quentin officials realized that Danowski was missing.

♂ ♀ ♂ ♀ ♂

Eric Weill, 40, a "street person" who often dresses to resemble Abraham Lincoln, was arrested in a Berkeley, Calif. museum after he sprayed iodine on a rare photograph by Richard Avedon. Police said Weill was well-known to them, and had been "detained and deterred several times, most of the time looking like Lincoln with a stovepipe hat and beard." The damaged print, 31' x 10', was taken in 1969 and contained a likeness of pop-artist Andy Warhol, four nude men, one partially disrobed woman and one naked transsexual. In New York, Avedon, 56, called the photo "kind of a masterpiece" that's "not replaceable." He said he understood how a work "about gender confusion might upset someone fragile."

♀ ♂ ♀ ♂ ♀

From The Health Quarterly, March/April 1980, Linda Clark's Column: QUESTION: You have stated that castor oil lengthens eyelashes. Does this also apply to scalp hair? What ingredient in castor oil is responsible? ANSWER: Yes, there is a formula which combines one other factor with castor oil to encourage scalp hair growth. Don't apply castor oil on the face where hair follicles exist or you will start a growth of unwanted hair. No one, to my knowledge, knows what ingredient in castor oil is responsible for hair growth.

♂ ♀ ♂ ♀ ♂

## STEVE DAIN, M.A.

Therapist, Consultant, Sexologist

EXPRESSION OF SEXUALITY  
GENDER IDENTITY

P. O. BOX 684  
UNION CITY, CALIF. 94587

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# Dilemmas for Dianna

by DIANNA CHAN-MORIWAKI

There is one group of professionals and experts who only accept that the mind influences the body, and another group which has proven that the opposite is equally true--that the body influences the mind. Those who are in the eye of the public, such as performers and politicians, have long known this fact; however, particularly with those who are in the many areas of the performing arts, it is taken one step further: like a circle, the mind influences the body which influences the mind which influences the body.

Consider this situation: an important, excitedly-anticipated event is near for which much related planning has taken place. Your disposition is on such a "high" that a wonderful sense of physical well-being is experienced. On the day, after the most meticulous and extravagant personal care, you greet the Great Event knowing you look beautiful, elegant. And in the glow of heady assurance your personality becomes dazzlingly magnetic which creates an aura of the most ravishingly striking "presence."

Here is another familiar example: you've been feeling "out-of-it" for the last couple of days--vaguely irritable and tired, uninterested and uncomfortable. You wonder if you're coming down with something. And as the long, depressing hours drag on your thoughts become increasingly morose. You are certain you're sick, though the body does not register an elevation of temperature. You don't recognize what is only fatigue, resulting from late social nights and temporary work pressures.

Before you realize what's happening, the dreary state of mind has created a real body illness (but you believe that you were exposed to and picked up a virus). Hauling your aching body out of a stale, rumpled bed, you see in the bathroom mirror a drawn, sallow and haggard reflection and this merely amplifies your depression. You feel REALLY sick now. A friend is coming to drop off a few needed items and to cheer you up.

Weak as you are, you shower, shave, blowdry-fluff up your flattened hair, get into a fresh change of house-clothes and change the linens.

Mysteriously you find that you--while as a fact you ARE sustaining an infection and are ill--don't feel as lousy as before.

In fact, aside from a slight fever and a bit of weakness, you feel comparatively good. Now you recall to yourself how great it is to be up and about, active, involved and really "alive." Recovery quickly sets in and as you restore, and though there are no further visitors, you make the effort--with the pulse of the outside world in mind--not to allow yourself to get into such a rumpled and stale state again for the remaining duration of your illness. Before you know it, you're well again--eager to get back to work and out in the world.

Of course the mind and body are really one and the same functional unit. While beneficial changes within the subconscious often take a great length of time to effect and the subconscious can be very resistant, it has now been shown in research and studies that conditioning the physical person to express positive and affirmative values ultimately affects the mind with the same sensibilities.

The physical language can quicken, reinforce, support and even initiate the changes sought in the emotional-psychological programming that make up our personalities. In its detrimental way, the exact opposite is also true. This has long been one of the vital techniques used in theater; all performers who are even remotely involved with acting know this instinctively. Add to this the externals (the costumes, make-up, role characterization) and you then have even more intensified instruments for change...externalizing and internalizing, osmosis-like.

Fundamentally, however, the biochemical-ecological balance of the entire organism (mind and body) is the keystone of optimal mental and physical well-being. An individual who is living in nutritional disharmony is handicapped in effecting positive change because we ARE what we eat or don't eat. Proper nutri-

tion with appropriate supplementation is a critical source of personal power underlying the "osmosis" mechanism.

A healthful nutritional program is comprised of proper shopping, cooking and eating habits with daily supplemental intake--the power to create change toward the betterment of the whole person with functional balance of the internal body from the most minute cell to the entire organism. Muscles and bones acquiring new strength to correct years of poor posture; cellular integrity that will rejuvenate maturing skin; stores of reserve energy to supply you in times of stress, fatigue and crises; greater emotional serenity with the nerves calmed; fuller, glossier hair; renewed mental energy; a bouyant, affirmative outlook--such are only some of the gifts of informed health care.

Proper carriage and posture, efficient physical comportment that uses less effort and energy, moving with the grace of fluid, rhythmic motion, a body composed in harmonic flex-tension dynamics, and gestures and mannerisms which are a part of this unmistakable language--such are the qualities of physical magnetism of one who is the personification of vibrant vitality, who expresses assurance, self-appreciation and presence --an undeniable factor in helping the mind to maintain a happy outlook. (Just think of "I Whistle a Happy Tune" from THE KING AND I, for an example.)

And finally, the frosting on the cake, the dessert after a wonderful dinner, is the handsome image created by careful grooming, a well-chosen and attractively coordinated wardrobe, a becoming make-up and hairstyle, and good diction and communicative habits spoken in a pleasant voice (the one crucial area that can make or break the image).

Last, but certainly not least: if there could be anything that truly is sexy, since "sexiness" is variously defined as a state of mind and a state of body, after all that has been said here--this is It!!

### June 11 Meeting: Speech & Diction

Bring a portable cassette player, a 60-minute tape, and print material from which to work.

? ? ?

*Dianna: I live in Portland and am going down there in San Francisco to visit family for a month. Will you see me for some private sessions? I sure would like to meet you.*

Thank you for your letter, but you don't indicate WHEN you are visiting the Bay Area. I hope to be launching a personal service sometime this year, perhaps in the Fall. Until then I cannot serve your needs directly other than at our monthly meetings in San Francisco and our Newsletter. I regret that I must tell you this, for I sense an urgency on your part. When this service is about to begin, announcements will be printed in The Gateway. In the meantime, plans are underway for special weekend seminars to be given in major areas. Check The Gateway for word. One last thing--don't forget that you are welcome to join us at our meetings when in the Bay Area. I know everyone would be pleased to meet and talk with you!



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# HBIGDA STANDARDS OF CARE

*This is the second of our two-part installment of the STANDARDS OF CARE approved by the Harry Benjamin International Gender Dysphoria Association.*



## Surgical (Genital and/or Breast) Sex Reassignment:

4.7.1. Principle 17. Peer review is a commonly accepted procedure in most branches of science and is used primarily to ensure maximal efficiency and correctness of scientific decisions and procedures.

4.7.2. Principle 18. Psychiatrists and psychologists must often rely on possibly unreliable or invalid sources of information (patients' verbal reports or the verbal reports of the patients' families and friends) in making clinical decisions and in judging whether or not a patient has fulfilled the requirements of the herein listed standards.

4.7.3. Principle 19. Psychiatrists and psychologists, given the burden of deciding who to recommend for hormonal and surgical sex reassignment and for whom to refuse such recommendations are subject to extreme social pressure and possible manipulation as to create an atmosphere in which charges of laxity, favoritism, sexism, financial gain, etc., may be made.

4.7.4. Principle 20. A plethora of theories exist regarding the etiology of gender dysphoria and the purposes or goals of hormonal and/or surgical sex reassignment such that the psychiatrist or psychologist making the decision to recommend such reassignment for a patient does not enjoy the comfort or security of knowing that his decision would be supported by the majority of his peers.

4.7.5. Standard 7. The psychiatrist or psychologist recommending that a patient applicant receive surgical (genital and breast) sex reassignment must obtain peer review, in the format of a psychiatrist or psychologist peer who will personally examine the patient applicant, on at least one occasion, and who will, in writing

decision of the original psychiatrist or psychologist. Peer review ( a second opinion) is not required for hormonal sex reassignment. Non-genital/breast surgical sex reassignment does not require the recommendation of a behavioral scientist. At least one of the two behavior scientists making the favorable recommendation for surgical (genital and breast) sex reassignment must be a psychiatrist.

4.8.1. Standard 8. The psychiatrist or psychologist making the primary recommendation in favor of genital (surgical) sex reassignment shall have known the patient, in a psychotherapeutic relationship for at least 6 months prior to making said recommendation. That psychiatrist or psychologist should have access to the results of psychometric testing (including IQ testing of the patient) when such testing is clinically indicated.

4.9.1. Standard 9. Genital sex reassignment shall be preceded by a period of at least 12 months during which time the patient lives full-time in the social role of the genetically other sex.

4.10.1. Principle 21. Genital surgical sex reassignment includes the invasion of and the alteration of the genito-urinary tract. Undiagnosed pre-existing genito-urinary disorders may complicate later genital surgical sex reassignment.

4.10.2. Standard 10. Prior to genital surgical sex reassignment a urological examination should be conducted for the purpose of identifying and perhaps treating abnormalities of the genito-urinary tract.

4.11.1. Standard 11. The physician administering or performing surgical (genital) sex reassignment is guilty of professional misconduct if he or she does not receive written recommendations in favor of such procedures from at least two behavioral scientists; at least one of which is a psychiatrist and one of whom has known the patient in a professional relationship for at least 6 months.

Miscellaneous

ment of sex reassignment applicants or patients often causes special problems for the professionals offering such care and treatment. These special problems include, but are not limited to, the need for the professional to cooperate with education of the public to justify his or her work, the need to document the case history perhaps more completely than is customary in general patient care, the need to respond to multiple, nonpaying, service applicants and the need to be receptive and responsive to the extra demands for services and assistance often made by sex reassignment applicants as compared to other patient groups.

4.12.2. Principle 23. Sex reassignment applicants often have need for post-therapy (psychologic, hormonal and surgical) follow-up care for which they are unable or unwilling to pay.

4.12.3. Principle 24. Sex reassignment applicants often are in a financial status which does not permit them to pay excessive professional fees.

4.12.4. Standard 12. It is unethical for professionals to charge sex reassignment applicants "whatever the traffic will bear" or excessive fees far beyond the normal fees charged for similar services by the professional. It is permissible to charge sex reassignment applicants for services in advance of the tendering of such services even if such an advance fee arrangement is not typical of the professional's practice. It is permissible to charge patients, in advance, for expected services such as post-therapy follow-up care and/or counseling. It is unethical to charge patients for services which are essentially research and which services do not directly benefit the patient.

4.13.1. Principle 25. Sex reassignment applicants often experience social, legal and financial discrimination not known, at present, to be prohibited by federal or state law.

4.13.2. Principle 26. Sex reassignment applicants often must conduct formal or semi-formal legal proceedings (i.e., in-court appearances against insurance companies or in pursuit of having legal documents changed to reflect their new sexual and gender status, etc.).

4.13.3. Principle 27. Sex reassignment applicants, in pursuit of what are assumed to be their civil rights as citizens, are often in need of assistance (in the form of copies of records, letters of endorsement, court testimony, etc.) from the professionals involved in their case.

4.13.4. Standard 13. It is permissible for a professional to charge only the normal fee for services needed by a patient in pursuit of his or her civil rights. Fees should not be charged for services for which, for other patient groups, such fees are not normally charged.

4.14.1. Principle 28. Hormonal and surgical sex reassignment has been demonstrated to be a rehabilitative, or habilitative, experience for properly selected adult patients.

4.14.2. Principle 29. Hormonal and surgical sex reassignment are procedures which must be requested by, and performed only with the agreement of, the patient having informed consent. Sex reannouncement or sex reassignment procedures conducted on infantile or early childhood intersexed patients are common medical practices and are not included in or affected by the present discussion.

4.14.3. Principle 30. Sex reassignment applicants often, in their pursuit of sex reassignment, believe that hormonal and surgical sex reassignment have fewer risks than such procedures are known to have.

4.14.4. Standard 14. Hormonal and surgical sex reassignment may be conducted or administered only to persons obtaining their legal majority (as defined by state law) or to persons declared by the courts as legal adults (emancipated minors).

4.15.1. Standard 15. Hormonal and surgical sex reassignment may be conducted or administered only after the patient applicant has received full and complete explanations preferably in writing, in words understood by the patient applicant, of all risks inherent in the requested procedures.

4.16.1. Principle 31. Gender dysphoric sex reassignment applicants and patients enjoy the same rights to medical privacy as does any other patient group.

4.16.2. Standard 16. The privacy of the medical record of the sex reassignment patient shall be safeguarded according to

procedures in use to safeguard the privacy of any other patient group.

## 5. Explication

5.1. Prior to the initiation of hormonal sex reassignment:

5.1.1. The patient must demonstrate that the sense of discomfort with the self and the urge to rid the self of the genitalia and the wish to live in the genetically opposite sex role have existed for at least 2 years.

5.1.2. The patient must be known to a licensed psychiatrist or psychologist for at least 3 months and that psychiatrist or psychologist must endorse the patient's request for hormone therapy.

5.1.3. Prospective patients should receive a complete physical examination which includes, but is not limited to, the measurement of SGPT in persons to receive testosterone and the measurement of SGPT, bilirubin, triglycerides and fasting glucose in persons to receive estrogens.

5.2. Prior to the initiation of genital or breast sex reassignment (penectomy, orchidectomy, castration, vaginoplasty, mastectomy, hysterectomy, oophorectomy, salpingectomy, vaginectomy, phalloplasty, reduction mammoplasty, breast amputation):

5.2.1. See 5.1.1., above.

5.2.2. The patient must be known to a licensed psychiatrist or psychologist for at least 6 months and that psychiatrist or psychologist must endorse the patient's request for genital surgical sex reassignment.

5.2.3. The patient must be evaluated at least once by a licensed psychiatrist or psychologist other than the psychiatrist or psychologist specified in 5.2.2. above and that second psychiatrist or psychologist must endorse the patient's request for genital sex reassignment. At least one of the behavioral scientists making the recommendation for genital sex reassignment must be a psychiatrist.

5.2.4. The patient must have been successfully living in the genetically other sex role for at least one year.

5.2.5. An urological examination should be performed.

5.3. During and after services are provided:

5.3.1. The patient's right to privacy should be honored.

5.3.2. The patient must be charged only appropriate fees and these fees may be levied in advance of services.

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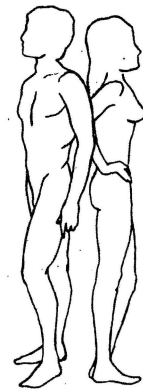
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# Take 5 with Jeff Jarvis



## She ain't heavy, she's my brother

AND YOU THOUGHT UNISEX HAIRSTYLES MADE LIFE CONFUSING: One of our dauntless lensmen was out on a story the other day. He happened to be chatting with a guy — a big, burly man.

And as they were chatting, a sultry blond woman came up. She put her arm around the burly guy. She offered to get him some refreshment. They chatted and she walked away.

Our photographer was impressed, being that the woman was very attractive and very friendly. He winked at the guy.

The big, burly guy shook his head. No, he said, it wasn't romance. He explained: "She used to be my brother and I used to be her sister."

Think about it. Needless to say, this slice of life came from San Francisco.

