

2-7-86  
I Sullivan

The Gender Identity Assoc  
surgeons invented the first successful phalloplasty 20 years ago and have continued to improve it for urinary and sexual function. In fact the G.I.A. is the only gender team that has been involved with the only gender transvestite and female crossdresser for the past 20 years

INFORMATION FOR  
THE FEMALE-TO-MALE

crossdresser  
and  
transsexual

Let us know if we can help  
Judy J. Jennings  
Exec Secy  
Gender Identity Assoc  
580 W. 8th St.  
Jacksonville,  
Fla.  
32209.



2nd edition

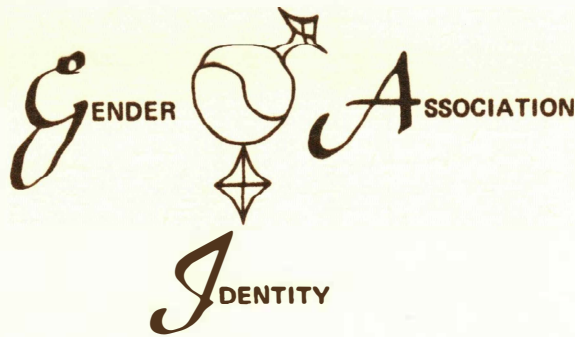
New for 1985

48 pages, richly illustrated

"...if, by concealing our sex we find that we, too, can roam up and down the earth in safety, we shall keep our womanhood a profound secret."

The Revolution, Elizabeth Cady Stanton, 1869

MALE  
ESS



MEDICAL CENTER PLAZA  
580 WEST 8TH STREET  
JACKSONVILLE, FLORIDA 32209  
TELEPHONE 904/355-0561

Judy Jennings  
Executive Secretary

March 19, 1986

Louis G. Sullivan  
[REDACTED] Page Street  
San Francisco, California 94117

Dear Mr. Sullivan:

Thank you for your request for information about the Gender Identity Association of Jacksonville (GIA) and surgical sex reassignment, female-to-male.

The GIA is one of the original twelve full multi-disciplinary teams in the United States, devoted to the evaluation, gender rehabilitation and surgical sex reassignment for individuals who have been properly prepared for it. In fact, the GIA is probably the oldest full multi-disciplinary team in continuous existence in the United States, if not in the world at this time.

The surgeons of the GIA have been committed to the idea of making a penis with capability for intercourse and urination, if at all possible, for nearly twenty years. Operations were developed to meet the requirements, the basic operations have been improved considerably, although they are clearly not "perfect". Nonetheless, the penis that is made will "pass" in the usual social setting, is usually useful for intercourse, and may be used for urination. As a result of this experience, the GIA remains the only team devoted to full phallic reconstruction in every case, to our knowledge.

The basic penile reconstruction and hysterectomy are accomplished at one stage, with placement of a skin graft tube inside the penis to make urination possible, if the blood supply looks okay. This operation requires hospitalization. At a later time, if the first operation was successful, connection of the new penile urethra to the patient's own bladder is then accomplished, usually as an outpatient. In some cases, stiffening of the penis is necessary for intercourse capability, but this is accomplished under local anesthesia as an outpatient. Finally, some patient's are interested in testicular implants and a separate operation has been developed to meet that need, which is also accomplished as an outpatient procedure. The GIA surgeons have performed more than one-hundred of these penile reconstructions.

While the surgery is generally successful, it is not "standardized" and has never been published, therefore. Individual patient attention and care is required, and is given by the GIA Team members. As a result, we do not provide "testimonials"

Louis G. Sullivan  
March 19, 1986  
Page Two

in the form of pictures of previous patients, etc.

Obviously, there are many more details to discuss, but these depend upon specific examinations with pre-operative discussion of the expectations, complications, results, etc., which have been individualized to the patient's own body size and shape.

The current estimated cost for the first operation is in the range of \$15,000.00, including the surgical and anesthesia fees, and hospital costs. Surgical, anesthesia and hospital fees for subsequent surgery thereafter are individualized, based upon the patient's specific need. However, everything is done in a way to limit cost as much as possible, utilizing the outpatient concept.

Insurance often covers this procedure, significantly decreasing the required deposits in advance. In each case, we work with the patient on an individualized basis.

In order to consider you for surgery, we need a lot of specific information for moral, ethical and legal reasons. As much as possible, we will try to obtain the required information by mail, to limit unnecessary travel time and cost. A summary of the information required follows:

Please supply information about your marital status, education, employment, hormonal treatment, psychiatric evaluation and/or therapy, if accomplished and any legal changes accomplished.

Please send a copy of any legal changes accomplished. If you have had any psychiatric or psychological care, please have a report sent to the attention of Ira M. Dushoff, M. D., Chief, Gender Identity Association, at this address.

We also need a copy of the operative report for the mastectomy and information as to the recommendations for surgery, etc.

Also, please send some information as to your height, weight and other statistics. Also, please send a current picture, showing your body shape and size, etc.

Please be brief with your answers, and type or print.

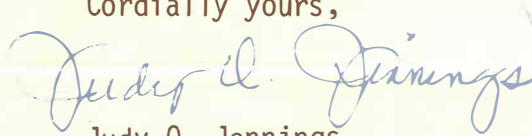
Finally, I must emphasize that the success of penile reconstruction is based upon a good blood supply. As a consequence, hysterectomy should not be accomplished separate from the penile reconstruction, since it often interferes with the blood supply required. If you have had prior surgery on your abdomen, we will need some information about it, since modifications of the usual operations would be required

Louis G. Sullivan  
March 19, 1986  
Page Three

in order to obtain a successful result.

With the information requested above, we will be able to develop an individualized program to help you reach your goal. If I can supply you with any further information at this time, please do not hesitate to contact me.

Cordially yours,

A handwritten signature in blue ink that reads "Judy O. Jennings". The signature is written in a cursive style with a large, looping initial "J".

Judy O. Jennings  
Executive Secretary  
Gender Identity Association

JOJ:tmc  
Transcribed: 3/21/86