

# Sex-change operations have place in medicine

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PALO ALTO, Calif. (AP) — It is a long and lonely journey across the border of sex, but thousands feel they must make the trip.

They are transsexuals — people with the mind of one sex imprisoned in the body of the other. This tragic mismatch can produce a state of misery that drives such people to drastic action: sex change through surgery and a reversal of life styles.

Perhaps 3,000 persons in the United States have been sexually reassigned, as doctors call it, mainly in the last 10 years as the surgery has become widely available. At Stanford University Medical Center, one of the most active institutions in sexual reassignment, more than 150 persons have undergone the hormone therapy and plastic surgery.

Doctors have a hard time evaluating how much transsexuals are helped by the switch, because so many disappear and cut all their old ties.

Nevertheless, the Stanford specialists feel that their patients — carefully selected from thousands of applicants — have generally been helped. Some feel whole and happy for the first time in their lives, showing "major improvements" in sexual function and psychological adjustment, said Dr. Norman Fisk. Vocationally there also is some improvement, said Fisk, a Palo Alto psychiatrist and co-director of the Stanford program.

Few if any regret what they did, he said, though the patients later reverted to their pre-surgical sex roles.

"Sexual reassignment is currently performed at some 20 centers in 17 states. One of the pioneering institutions was Johns Hopkins Medical School, where sex-change surgery began in 1966. In an evaluation two years ago, doctors were more qualified in their enthusiasm than are their Stanford counterparts.

Although some of the patients did "extraordinarily well" after surgery, said a Hopkins report, others did "extraordinarily poorly," falling into self-destructive relationships, drug abuse, suicide attempts.

Drs. Jon K. Meyer and John E. Hoopes said a post-surgical euphoria in many patients "drained away two to five years later, as they realized the

switch was not a cure-all for personal troubles.

"Sex reassignment surgery seems to temporarily palliate — but unfortunately — emotional state, rather than really cure the problem of gender dysphoria," they wrote.

Gender dysphoria is a term that means unhappiness of an intense and overriding degree about one's sex. In some persons — estimated at one in 10,000 to one in 100,000 births — this dissatisfaction is so strong that there is a feeling of revulsion at one's own sexual organs and a compelling wish to be of the other sex.

These people are called transsexuals. Dr. Renee Richards, the male-to-female eye doctor who recently stirred up controversy in the tennis world by daring to compete as a woman, expressed the transsexual dilemma.

"Emotionally the desire to be a woman and a girl had been a most overwhelming drive ever since I can remember."

The cause of the disorder is not known, though Fisk believes the answer is to be found in the development of the brain.

"My feeling is that it is a biological abnormality; in animals, there's no question it's biological," he said. Infections of male hormones into female animals fetuses have produced masculine behavior in the offspring, for example.

There are far more applicants to centers like Stanford than are accepted. Dr. Fisk is one of the specialists who help evaluate and screen out poor surgical candidates.

Psycholics and publicity seekers are usually rejected, as are people with a collection of psychological problems that they blame entirely on their gender difficulty.

"Our best patients are people who have led reasonably functional lives despite being very unhappy," said Fisk. He said only 10 to 15 per cent are accepted at first, though some of the others manage to rehabilitate themselves enough to be permitted in later.

What about those rejected? Some, said Fisk, find there are less strict standards here abroad, where some surgeons do a brisk business in operations on those who couldn't obtain it in their own countries.

Fisk warns that "there are a lot of charlatans" in this business" but he does not imply that private physicians outside the medical centers are generally unqualified.

Hormone therapy and living in the opposite sex role usually begin a year or more before the operation. Dr. Richards, in fact, said her hormone treatments began 12 years before surgery.

In males, the female hormones help to soften the skin and redistribute the body's fat in a womanly way. At the same time, many patients have facial hair removed by electrolysis. This can take 150 to 200 hours and run into thousands of dollars.

Male hormones given to women deepen the voice and bring facial hairs sprouting into mustaches and beards. This is the crucial time when the patient must learn the be-

havior of the opposite sex — and not the stereotypes of the sex.

"We do not want people to become caricatures. They have naturally masculine or feminine behavior," said Fisk. It's all part of a requirement called "passability."

Males-to-females have to be able to wear makeup convincingly, walk and act in a feminine way. Sometimes Stanford brings in charm or modeling school teachers to give workshops in social behavior. "If they are not convincing, it's a nightmare."

By the time for surgery, the transition has been largely carried out.

"It is the cross-living, and not the surgery, that really causes the transformation," said Mari Norberg, coordinator of Stanford's Gender Dysphoria Program. "The surgery merely confirms what has already happened — and the promise of the operation is what motivates the patient to do well in the cross-living."

Sex-change operations have come to be accepted by the medical profession in general as a valid procedure, but insurance companies are often reluctant to cover the costs, which may range as high as \$7,000 or \$8,000. Some policies exclude such surgery specifically, or label it as an "experimental" procedure that is not covered.

The male-to-female procedure is easier and more likely to be cosmetically successful. Briefly, the testicles are removed, the penis amputated and the skin inverted to line the new vagina, which is created by cutting into the area between the rectum and prostate.

Often the vaginal lining produced this way is sensitive enough to allow orgasm. Breast implants of silicone are sometimes added.

The female-to-male operation is more difficult, and several methods have been tried. Sometimes the clitoris is enlarged by hormone therapy and freed of its connective tissue to form a small penis.

Another approach is to cut a flap of skin from the abdomen and shape it into a tube. Artificial testicles are implanted.

Not all patients can have satisfactory sexual relationships, though Ms. Norberg said "orgasm is reported by both male and female" sex change recipients.

Marriage is common after the transformation, with female-to-male patients generally having better, more stable relationships, Ms. Norberg said.

After the change, many patients are so convincing they can keep their new roles that they can keep their history a secret. This is especially true in male-to-female changes, because the

plastic surgery makes a better resemblance.

About 40 per cent of the patients willingly reveal their great secret, said Fisk; the others manage to conceal it. This would seem very unlikely in the case of newly made males, but Fisk said they sometimes say their sex organs are not normal because of some accident; furthermore, the women who marry such men may often be sexually naive, according to Ms. Norberg.

Breaking the news is difficult, and is not best handled as one patient Ms. Norberg mentioned: "She told him over the telephone. There's something I have to tell you." He freaked out. It has to be done more subtly than that.

By the time they have surgery, many patients have already vanished from their old lives, and afterward surface elsewhere with a new name, new wardrobe, identification credentials changed to reflect the new gender.

The transition often requires help from a lawyer. Getting birth certificates and drivers' licenses changed is difficult in some states, California being one of them. The Erickson Foundation, which aids transsexuals, said 33 states are now willing to change birth certificates; in some cases the gender is completely revised, while in others the old gender is

marked out and the new one added.

The Social Security Administration will change its records with a letter of authorization from a doctor, said a lawyer; one patient got a brand new number.

The lawyer, who asked not to be identified, helps transsexuals with such problems as well as difficulties with insurance and employers.

Many employers, including agencies of the government, have been accommodating to workers who change their sex.

Some have not, and the lawyer said that an employe who fires a worker simply because he or she is a transsexual "can probably get away with it" because it is not discrimination that is covered by federal law.

## Wilderness group eyes new target

HELENA (AP) — Environmentalists won only a partial victory last week in congressional action which included approval of the Elkhorn Mountain area as a wilderness study area, according to Montana Wilderness Society spokesman Bill Cunningham.

He said the elkhorn was just one of 10 threatened areas — and the other nine won't get federal protection this year.

All 10 were included in a Montana wilderness-study measure sponsored by Sen. Lee Metcalf, D-Mont. However, the Elkhorn-protection proposal was included in another omnibus bill which cleared Congress last week, Cunningham said.

He said that inclusion came after Rep. John Melcher, D-Mont., brought his House Public Lands Subcommittee to Helena for a public hearing on the Elkhoras.

Metcalf's bill — containing the other nine proposals for wilderness sites in Montana — didn't make it.

"We're very grateful for Melcher's prompt and timely action on the Elkhoras, but we regret that we didn't achieve final congressional action on the full Montana omnibus bill," Cunningham said.

David Price, a Montana-Bank of America vice president based in Bismarck, N.D., said flatly there wouldn't be any shortage in MDU's service area. The area includes eastern Montana and parts of North Dakota, Wyoming and South Dakota.

Montana Power Co. spokesman Robert Amick said the Butte-based firm doesn't expect any problems unless there is severely cold weather.

Amick, MPC's manager of news relations, said the firm's policy is to supply gas to home-grown and industrial customers first, with other commercial customers first to experience cutbacks.

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