

FROM THE DESK OF CHIEF EXECUTIVE OFFICER
FOR TRANSSEXUAL'S IN PRISON, Inc.

Greetings Members of T.I.P.:

I trust that for the very most part you all enjoyed a wonderful holiday and that the up-comming New Year will bring each and everyone of you the much deserved blessings that our faith will and creator God will give each of us, as we have so justly ask'ed for.

T.I.P. has been very well representated this past year of 1993, With our Regional Director in Memphis taking part in the March on Washington and speaking not only of the Transsexuals and transgender persons that are in the prison, but our Gay brothers and sisters as well at the many functions and speaking engagements that filled his card there in Washington, D.C., as well Patricia during a visit to the States spoke at a Justice convention in Kansas on the topic of the criminal justice system and transsexuality, she has as well become a member of the International Parole and Probation Justice Program and we all wish her very much luck and success in this program.

I hope that each and everyone of you will keep on and continue on in your stuggle for freedom and for self, and as I close I leave each and everyone of you with this thought.

THE MAN IN THE GLASS..

When you get what you want in your struggle for self
and the world makes you king for a day,
And you see what that man has to say...
For it is'nt your father, or mother or wife
whose judgement you must pass,
The fellow whose verdict counts most in your life
Is the one staring back from the glass..
Some people might think you're a straight-shootin'
chum and call you a wonderful guy.
But the man in the glass says you're a bum If you
can't look him straight in the eye.
He's the fellow to please, never mind all the rest
For he's with you clear to the end.
And you've passed your most dangerous test if the
guy in the glass is your friend..
You may fool the whole world down the pathway
of years, And get pats on the back as you pass
But your final reward will be heartache and tears
if you've cheated the--man in the glass

change the world?

Sincerely,

Vanessa Meriwether
Chief Executive Officer of ;
Transsexual's In Prison, Inc. 1\$9\$85\$/6

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“The memories rose and wreathed about me like the ghosts they were, scenes, people, voices, emotions, Rebecca, the ghost of a ghost. *Manderley*. Yet strangely, they did not overwhelm me. They seemed poor, faded things, they were dead, gone, had left scarcely a trace. It was the present that frightened me, this thing that had happened, the white wreath and the black-edged card with the single handwritten letter, black and strong.”

IN LOVING MEMORY

~~~~~  
 Sir Anthony Peterson, (Pete)  
 4-30-54 - - - 11-11-93  
 ~~~~~

(FAITH):

Just over 3 years, since I left through that gate, you were happy for my freedom, "go live", "Make our home" "HAVE FAITH" So devoted I waited, as calls & letters flowed, longing for the day my Pete would come home.

Such a strong love found behind all that concrete and steel, To endure all this time, God knows, it was real.

Now my worst fear came true just this Veterans Day.... a call from your mom, "Petes' Dead" - - "please God-no way".

You have been chosen again, with your dark handsome self walking hand and hand with Jesus counting new wealth.

Your picking our place in the promise land & you & the Master are kicking the plan.

You made a hell a heaven amidst that concrete and steel. I walked "down and free" the poudest of Queens' for real.

I'll miss you so husband, my Lover, my Friend. Many tears I'll shed at every day's end.

FAITH, I have baby, for I know I'll see ... Behind those Golden Gates, your strong arms, open an waiting for me.....

~~~~~  
 Fingertip to fingertip  
 Lovingly, devotedly,  
 Wife: Jackie [REDACTED]  
 aka, Queen Anthony  
 ~~~~~

~~~~~  
 "Sir Anthony",  
 "Rest peacefully my love  
 for you plea-bargained well"  
 You exchanged "time for eternity"  
 Your out of that hell.....  
 "Queen Anthony"  
 ~~~~~

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Information
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12/31/92

For immediate release

This position statement was approved by the AEGIS Interdisciplinary Advisory Board, which is comprised of 29 men and women who are volunteers serving without compensation. They represent various professions, including psychiatry, psychology, sexology, endocrinology, plastic and reconstructive surgery, and electrology. Consumers with gender dysphoria are well-represented on the board.

aegis (e'jis), n. 1. in Greek mythology, a shield or breastplate used by Zeus and later, by his daughter Athena; hence, 2. a protection.
3. sponsorship; auspices.

Position Statement

Blanket Requirement for Real-Life Test Before Hormonal Therapy: In Our Opinion, Inadvisable

A number of gender clinics, including the Clarke Institute of Psychiatry in Toronto and the Rosenberg Clinic in Galveston, Texas, have a blanket criterion for the initiation of hormonal therapy: the individual must make the necessary arrangements to change gender roles and cross-live on a full-time basis for an extended period of time before hormonal therapy is initiated. This is not required by the Standards of Care of the Harry Benjamin International Gender Dysphoria Association, Inc.

The reasons for this requirement have been given as clinical judgment, a need for the individual to experience the new gender role before making irreversible hormonal changes, and concern about some of the effects of hormones and the medical risks involved in their administration. In a few cases (not necessarily at the facilities we have mentioned), this criterion seems to have been set up as a roadblock, with the idea that those who want sex reassignment badly enough will persevere, no matter what the obstacle.

Advisory

It is our position that the psychological and social effects which occur as a result of preparing for and beginning a period of full-time cross-living are in most cases potentially far more disruptive than the lingering effects or physical dangers of a short period on hormones. We believe that requiring a mandatory period of real-life test before initiation of hormonal therapy can be and often is harmful, and should not be a universal requirement or even the usual rule. While we agree that the individual should have experience in the new gender role, we urge practitioners and clinics who adhere to this practice of global requirement of full-time crossliving before hormones to change it.^{1,2}

Discussion

Hormones are not without danger, and some of their effects, like breast development in the genetic male and hirsutism and voice-deepening in the genetic female, are indeed irreversible.³ Hormones should not be administered except in accordance with the Standards of Care of the Harry Benjamin International Gender Dysphoria Association, Inc.; that is, the individual should be in therapy and have been given a diagnosis of gender dysphoria by a clinical behavioral scientist. Before hormonal therapy is initiated, care should be taken to rule out other conditions which can masquerade as transsexualism.

Real-life test does not occur in a vacuum. Friends and family must be informed, marriages must be dissolved, and accommodations must be made at

work—if the individual is fortunate enough to keep his or her position. Not only the primary client, but others are affected: parents, children, husbands and wives, neighbors, employers, co-workers.

The result of failed hormonal therapy is at worst some physical characteristics which run counter to type and which may be difficult for the individual to explain. The result of a failed real-life test is a life in shambles. Family, friends, and employers cannot be un-told about transsexualism, marriages and family life are unlikely to be resumed, and lost employment is unlikely to be regained. A non-passable appearance, which is likely if the individual has not been on hormones for a significant period, can be highly stigmatizing, and can place the individual in physical danger in this era of hate crimes. Furthermore, a failed real-life test can result in a high potential for self-destructive behavior, including suicide.

A stigmatizing appearance is not necessarily a contraindication for sex reassignment, but it is certainly a disadvantage, and one which can be lessened by the provision of hormonal therapy prior to actual changing gender role. The individual who has had such treatment is more likely to be viable—and therefore successful—when the role of choice is assumed.

Globally denying needed medical treatment, including hormonal therapy, in persons diagnosed as transsexual, or making it contingent on the individual structuring his or her lifestyle according to the demands of the caregiver or clinic is in our opinion needlessly obstructionistic, a holdover from the days of less sophisticated treatment.

We believe that although conservatism is usually given as a reason for requiring cross-living before initiation of hormonal therapy, it is not in reality a conservative approach, except from the purely medical standpoint of the effect hormones have on the body—a narrow viewpoint, in light of the profound and largely irreversible social changes that real-life test requires.

¹ Administration of small doses of estrogens has proved to be a useful tool in differential diagnosis. Male transvestic fetishists on a regimen of estrogens are likely to show reduced desire for sex reassignment.

² Procedures such as orchidectomy, hysterectomy, or sex reassignment surgery should not be performed before the individual is living successfully in the gender of choice. This is in accordance with the HBGDA Standards of Care. We support the Standards of Care.

³ Hormonal therapy in genetic females has more profound and irreversible effects than in genetic males, and more precautions are in general indicated, but this advisory applies to both genetic males and genetic females.

INTERNATIONAL CONFERENCE ON TRANSGENDER LAW AND EMPLOYMENT POLICY, INC.

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I.C.T.L.E.P.

Imprisonment Law Moderator, Raymond Wayne Hill, 107 S.Ct. 2502

September 17, 1993

Policy for the Imprisoned, Transgendered

Adopted at the 2nd International Conference on Transgender Law and Employment Policy, 28 August, 1993.

NOTE: Although this is copyrighted, ICTLEP invites all empathetic persons to photocopy and broadly distribute, either in-person or anonymously, to jailers and sheriffs, and prison officials in every locale.

1. Segregation in the interest of an inmate's safety and dignity shall not deprive any inmate from the rights, privileges and facilities afforded to other general population inmates.
2. Access to counseling shall be afforded all transgendered inmates and shall include peer support group participation by those from inside the institution and those from the outside where possible. Counselling professionals should be qualified with respect to the current standard in gender science.
3. Transgendered inmates shall be allowed to initiate or to continue hormone therapy, electrolysis and other transgendered treatment modalities as prescribed by the involved professionals.
4. The transgendered inmate shall have access to clothing, personal items and cosmetics that are appropriate to the gender presentation of that inmate and appropriate within the institutional setting.
5. Special care shall be taken not to make a spectacle of transgendered inmates to the amusement of others, or to deny or to deprive transgendered inmates of their dignity.
6. A process shall be established to afford the hearing of grievances to the above policy items and appropriate resolution shall be made.

The 3rd International Conference on Transgender Law and Employment Policy is in Houston, Texas, 17-21 August, 1994. The entire Criminal Law Report and the entire Imprisonment Law Report are in Proceedings from the first and second conferences, respectively. Each copy of the written Proceedings is \$65, obtained from the letterhead address.

The following article
was sent to us via Rev. John Prowett by way
of the Washington Blade

National News

26 - THE WASHINGTON BLADE - November 5, 1993

Supreme Court refuses to hear Colorado appeal

by Lisa Keen

In an action that made Gay civil rights activists happy, the U.S. Supreme Court refused Monday, November 1, to hear an appeal from Colorado. That same day, it also agreed to hear the appeal of a transsexual who was raped in prison. And, the high court announced it will hear oral arguments on December 8 in a case deciding whether federal law prevents protest groups from blocking clients from entering a business establishment whose activities the protest groups disagree with.

While many legal observers expected the Supreme Court to reject Colorado's appeal, Gay activists were still holding their breaths until Monday. Colorado Attorney General Gale Norton had asked the high court to review a preliminary decision from the Colorado Supreme Court in which the state court ruled that an anti-Gay initiative approved by voters last November violated the constitutional right of Gay citizens to equal protection. In so doing, the Colorado high court upheld a lower court judge's order that prevented Amendment 2 from going into effect, and ordered the state to explain a compelling need for the measure.

Because the state supreme court's decision was based on the appeal of the injunction — and not an appeal of a decision on the merits of the constitutional challenge itself — many legal observers speculated that the U.S. Supreme Court would decline to touch the case at this point. A trial on the constitutionality

of the initiative just ended Oct. 22, and attorneys on both sides of the case expect the trial court's decision to be appealed to the Colorado Supreme Court and, then, to the U.S. Supreme Court.

But the U.S. Supreme Court's decision to ignore the case now prompted some expressions of relief from attorneys challenging Amendment 2.

Jean Dubofsky, the lead attorney challenging the initiative for the Colorado Legal Initiative Project, said the Supreme Court has never intervened in a state court case at the stage of a preliminary injunction.

"I don't think it's particularly significant" that the Supreme Court refused the case at this stage, said Dubofsky. "I don't mind having victories ... but this is not something we can read anything in to."

Suzanne Goldberg, a staff attorney with Lambda Legal Defense and Education Fund who is heading up the group's anti-initiative work, said that while the Supreme Court's refusal to hear the appeal could be seen as a very narrow, technical ruling, "the reality is also that the U.S. Supreme Court can take any case it wants to take."

"So, if the court had wanted to respond to the state's argument that Amendment 2 should take effect," said Goldberg, "it could have. I would like to think that the Supreme Court believes the Colorado Supreme Court correctly decided the case, but it's difficult to read the mind of the Supreme Court based on the denial of a petition for review."

Transgender to be heard

In other action Monday, the U.S. Supreme Court agreed to hear an appeal brought by a male-to-female transsexual who goes by the name of Dee Farmer. In 1986, while in a preoperative phase preparing to become a female, Farmer was sentenced in federal court in Maryland to 22 years in prison following a conviction on credit card fraud. Farmer, who had already received silicone breast implants and was taking estrogen, was placed in several federal prisons for men but was kept separated from the rest of the prisoners because officials at those facilities considered it a "significant threat" to Farmer's safety to place her with the others. In 1989, Farmer was transferred to another federal prison, in Indiana, where she was placed among the general male prison population. Within a week, she was raped by a male prisoner.

Farmer filed suit, charging that warden Edward Brennan and other prison officials had been "deliberately indifferent" to her safety by confining her with male prisoners. She said the action violated her constitutional right against "cruel and unusual punishment."

A district court disagreed and dismissed the case, *Farmer v. Brennan*, and the U.S. Court of Appeals for the Seventh Circuit agreed. The dispute hinges in part on the issue of whether Farmer's feminine appearance should have signaled prison officials that there could be a danger to his safety within the general male population.

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Surgeon General's Warning: Cigarette smoke
may be hazardous to your transition.

No, the surgeon general hasn't really issued a transsexual-specific warning about cigarettes, but the evidence is clear: cigarettes present a clear and present danger, not only for the smoker, but for those who are in the proximity of the smoker, increasing the risk of emphysema, cancer, heart disease, thrombosis, and other conditions. In concert with hormonal therapy and surgical procedures, the danger may be even greater. Cigarette smoke

decreases the effectiveness of hormones, slows healing after surgery, and may act in conjunction with estrogens in the formation of blood clots.

Not only that, but cigarettes contribute to premature aging. And although your non-smoking friends might not complain, you can bet that they are annoyed and inconvenienced by the odor on their clothes and furniture and the smell of cold cigarette butts in ashtrays.

If you are SRS-bound, consider this: many surgeons require you to be smoke-free before they will operate, and most hospitals will not allow you to smoke during your stay.

If you smoke, please consider the long-term health effects. Slow down, or better yet, stop. You'll feel better, and so will your friends. Food will taste better, hormones will work better, and you just might live longer.

Put this in your pipe and smoke it.

BOYS will be GIRLS

It's academia à la mode, with course offerings like Shopping, Facials at Home, Manicures/Pedicures, Trip to the Beauty Salon, and Femmercize Aerobics. It's lowbrow, it's highbrow, it's eyebrow. It's Miss Vera's Finishing School for Boys Who Want to Be Girls, open now for a year and a half in downtown Manhattan.

"This is the main campus," proclaims the exuberant Veronica Vera ("Miss Vera" to her students) as she enters a studio with pink walls awash in glitter and pink closets stocked with pink tutus and size 13 pumps. Pink floor-to-ceiling bookshelves display academy-approved titles such as *Amy Vanderbilt's New Complete Book of Etiquette*, *Way Bandy's Designing Your Face*, and *From Masculine to Feminine and All Points In Between*.

At the far end of the room, a purple feather boa reaches from the ceiling down to a row of wigged mannequins. Their painted faces oversee a long table cluttered with tubes of lipstick, perfume bottles, press-on nails, powder puffs, and tins of eyeshadow. This is an altar to makeup, a shrine to cosmetics.

"I truly believe that the academy is the flip side of the feminist movement," says the fortyish Vera, whose résumé includes starring in about a dozen X-rated films, lecturing at Yale and Dartmouth, and testifying about pornography before the Senate Judiciary Committee. ("Plus," boasts the academy brochure, "she has a great wardrobe.")

Dressed today in black lace leggings, a burgundy velvet dress, pearls, and sparkling black cat's-eye glasses, her hair in a Catwoman do, the wanton Sven-gali warms to her lecture. "The feminist movement was all about needing to share in the male experience, to get out of the bedrooms and into the boardrooms. But, meanwhile, men have suffered from what I call Venus envy. There is a deep need in men to feel soft, to be glamorous, to do housework." (The school offers a course called Personal Maid Training. This two-and-a-half-hour class meets at Vera's studio and costs \$300.)

With a two-to-one student-teacher ratio, the school offers personalized attention from its six female deans, among them, Miss Dana, Dean of High Heels ("You can look beautiful, but without the right walk, the whole thing gets blown"), and the omnipresent Paulette Powell, Dean of Cosmetology. "Growing up in the South, I made up my boyfriends every week for the *Rocky Horror Picture Show*," says Powell, 25, winner of a Marilyn Monroe look-alike contest. "I never thought there was anything weird or kinky about it."

Testimonials pour in from grateful students, most of whom are heterosexual, some of whom are married, all of whom fall into the estimated 3 to 5 percent of the male population who like to cross-dress (Miss Vera's source: the International Foundation for Gender Education). "Paulette showed me how to use eyeshadow, how to blend a turquoise or blue down by the lid with a more earthy tone up toward the brow," says one professional who calls his alter ego Stephanie. "She also taught me how to use mascara without getting it in my eyes."

Says "April," a beefy construction worker by day: "Before I entered the academy, it would take me an hour to get my face ready. I never knew if I was doing it right. Now it takes 15 minutes or so to blend the makeup, to even out the colors." And thanks to a field trip to Cosmetics Plus, April has found her funky eyeshadow shades: "gold, hot pink, and violet."

A 40-year-old engineer who goes by the name of Jennifer credits the school with bringing out "my softer, country-girl look." Along with the joys of liquid eyeliner, Jennifer learned an appreciation for "why women are so stylishly late. You've only got so much time to play." Even deeper epiphanies abound. "Living my life as Jennifer has made my interactions with women more compassionate and understanding. You've got to be very brave to go out and pull off this trick," Jennifer says. "Miss Vera and Miss Paulette give us the confidence."

And the makeup tips. Paulette Powell has the transformation routine down pat. "First, and most important, is the beard cover," she says. "There's no getting around that. Then comes the pan stick over the beard cover, then the eyelashes, then the lipstick. Men's lips are often thinner than women's, so I'll extend the lip line for a fuller look."

One thing Veronica Vera insists upon is good grooming on both sides of the gender bend. Moisturizing is mandatory. "The academy," says the Dean of Cosmetology, "is *not* interested in making femme fatales out of schlubby guys." ■

At a finishing school like no other, Veronica Vera demystifies makeup, manicures, and manners for boys who just want to be girls. By James Servin



FORM 2: Spousal Informed Consent and Waiver of Liability

I, _____, am presently married to _____ ("Patient"). I understand that Patient wishes to alter his or her physical appearance to more clearly reflect his or her gender identity, and has been trying to do so for at least _____ year(s). I have been actively involved in and fully support Patient's sex change process.

I have been fully informed of the nature of transsexualism and sex reassignment surgery or hormonal therapy. I fully understand that the surgery or hormonal therapy which Patient will undergo will transform Patient into the opposite sex. I fully understand that the surgery and the effects of long-term use of the hormones is not reversible, and that Patient will never be able to sire or bear children after the surgery or long-term hormonal therapy. I also understand that the sex reassignment process involves dangers and risks including, but not limited to, post-operative infection, depression, emotional changes and other physical and psychological changes. It is with my full knowledge and consent that my spouse, the Patient, undergo sex reassignment surgery or hormonal therapy to cause a change of his/her sex to occur.

I hereby release and hold harmless Dr. _____ from any and all claims arising out of performance of sex reassignment surgery or hormonal therapy, actual negligence excepted. I fully understand that I will not be able to seek monetary damages for any loss of sexual companionship between Patient and myself, the loss of Patient's ability to sire or bear children or any similar problems which may arise from the performance of the sex reassignment surgery or hormonal therapy.

Dated at _____, this _____ day of _____

Spouse Signature: _____

Witness: _____

NOTARY: _____

Health Law Standards of Care for Transsexualism

Health Law Standards of Care for Transsexualism First Adopted at the 2nd International Conference on Transgender Law and Employment Policy, August 1993.

The Health Law Standards of Care for Transsexualism Shall Be Reviewed and Amended by Consensus, As Necessary, at Each Annual International Conference on Transgender Law.

The International Conference on Transgender Law and Employment Policy Shall Use Its Best Efforts to Disseminate these Health Law Standards of Care to All Persons Involved in the Medical Treatment of Transsexualism.

Principle 1. Transsexualism is an ancient and persistent part of human experience and is not in itself a medical illness or mental disorder. Transsexualism is a desire to change the expression of one's gender identity.

Principle 2. Persons have the right to express their gender identity through changes to their physical appearance, including the use of hormones and reconstructive surgery.

Principle 3. Persons denied the ability to exercise control over their own bodies in terms of gender expression, through informed access to medical services, may experience significant distress and suffer a diminished capacity to function socially, economically and sexually.

Principle 4. Providers of health care (including surgical) services to transsexuals have a right to charge reasonable fees for their services, to be paid in advance, and to require a waiver of all tort liability except negligence.

Principle 5. It is unethical to discriminate in the provision of sex reassignment services based on the sexual orientation, marital status, or physical appearance of a patient.

Standard 1. Physicians participating in transsexual health care shall provide hormonal sex reassignment therapy to patients requesting a change in their sexual appearance subject only to (1) the physician's reasonable belief that the therapy will not aggravate a patient's health conditions, (2) the patient's compliance with periodic blood chemistry checks to ensure a continued healthy condition, and (3) the patient's signature of an informed consent and waiver of liability form. If the patient is married, the physician may not require divorce but may also require the spouse to sign a waiver of liability form.

Standard 2. Physicians providing hormonal sex reassignment therapy shall collect and publish on an annual basis the number of hormone prescriptions they have issued and the number and general nature of any complications and complaints involved. The publication requirement of this Standard shall be satisfied by providing the collected statistics in writing, together with other current information on the potential risks and complications of sex hormone therapy, to all prospective patients inquiring into the physician's hormone therapy services.

Standard 3. Surgeons participating in transsexual health care shall provide sex reassignment surgery to patients requesting a change in their sexual appearance subject only to (1) the surgeon's reasonable belief that the surgery will not aggravate pre-existing health conditions, (2) the surgeon's reasonable determination that the patient has been under hormonal sex reassignment therapy for at least one year, and (3) the patient's signature of an informed consent and waiver of liability form. If the patient is married, the surgeon may not require divorce but may also require the spouse to sign a waiver of liability form.

Standard 4. Surgeons providing sex reassignment surgery shall collect and publish on an annual basis the number of sex reassignment surgeries they performed and the number and general nature of any complications and complaints involved. The publication requirement of this Standard shall be satisfied by providing the collected statistics in writing, together with other current information on the potential risks and complications of sex reassignment surgery, to all prospective patients inquiring into the surgeon's sex reassignment services.

Standard 5. Physicians and surgeons shall not divulge the name or identity of any patient requesting or receiving sex reassignment services except as explicitly directed in a notarized written request by the patient.

Form 1: Informed Consent and Waiver of Liability

I, _____, having been fully informed in writing of the potential risks and complications of hormonal or surgical sex reassignment, do hereby choose of my own free will and consent to undertake this treatment because I want to alter my physical appearance to more closely reflect my gender identity.

I hereby release Dr. _____ of any and all liability for my decision to undertake a change of my sexual appearance and, for long-term use of hormones or for sex reassignment surgery, to affect on a permanent, irreversible basis my current sexual functioning. I promise not to sue Dr. _____ for any of the consequences of my hormonal sex reassignment or surgical sex reassignment unless those consequences are the result of negligence in the conduct of my hormone therapy or in the carrying out of my surgery.

Dated at _____, this _____ day of _____

Patient Signature: _____

Witness: _____

TABLE 1. SEX ORIENTATION SCALE (S.O.S.)
SEX AND GENDER ROLE DISORIENTATION AND INDECISION (MALES)

Group 1

Group 2

Group 3

Profile	Type I TRANSVESTITE Pseudo	Type II TRANSVESTITE Fetishistic	Type III TRANSVESTITE True	Type IV TRANSSEXUAL Nonsurgical	Type V TRUE TRANSSEXUAL Moderate intensity	Type VI TRUE TRANSSEXUAL High intensity
GENDER "FEELING"	Masculine	Masculine	Masculine (but with less conviction.)	Undecided. Wavering between TV and TS.	Feminine. ("Trapped in male body").	Feminine. Total "psycho-sexual" inversion.
DRESSING HABITS AND SOCIAL LIFE	Lives as man. Could get occasional "kick" out of "dressing." Not truly TV. Normal male life.	Lives as man. "Dresses" periodically or part of the time. "Dresses" underneath male clothes.	"Dresses" constantly or as often as possible. May live and be accepted as woman. May "dress" underneath male clothes, if no other chance.	"Dresses" as often as possible with insufficient relief of his gender discomfort. May live as man or woman; sometimes alternating.	Lives and works as woman if possible. Insufficient relief from "dressing."	May live and work as woman. "Dressing" gives insufficient relief. Gender discomfort intense.
SEX OBJECT CHOICE AND SEX LIFE	Hetero., bi-, or homosexual. "Dressing" and "sexchange" may occur in masturbation fantasies mainly. May enjoy TV literature only.	Heterosexual. Rarely bisexual. Masturbation with fetish. "Purges" and relapse.	Heterosexual, except when "dressed." "Dressing" gives sexual satisfaction with relief of gender discomfort. May "purge" and relapse.	Libido often low. Asexual or auto-erotic. Could be bisexual. Could also be married and have children.	Libido low. Asexual, auto-erotic, or passive homosexual activity. May have been married and have children.	Intensely desires relations with normal male as "female," if young. Later, libido low. May have been married and have children, by using fantasies in intercourse.
KINDEY ^o SCALE	0-6	0-2	0-2	1-4	4-6	6
CONVERSION OPERATION?	Not considered in reality.	Rejected.	Actually rejected, but idea can be attractive.	Attractive but not requested or attraction not admitted.	Requested. Usually indicated.	Urgently requested and usually obtained. Indicated.
ESTROGEN MEDICATION?	Not interested. Not indicated.	Rarely interested. Occasionally useful to reduce libido.	Attractive as an experiment. Can be helpful emotionally.	Needed for comfort and emotional balance.	Needed as substitute for or preliminary to operation.	Required for partial relief.
PSYCHOTHERAPY?	Not wanted. Unnecessary.	May be successful. (In a favorable environment.)	If attempted is usually not successful as to cure.	Only as guidance; otherwise refused or unsuccessful.	Rejected. Useless as to cure. Permissive psychological guidance.	Psychological guidance or psychotherapy for symptomatic relief only.
REMARKS	Interest in "dressing" only sporadic.	May imitate double (masculine and feminine) personality with male and female names.	May assume double personality. Trend toward transsexualism.	Social life dependent upon circumstances.	Operation hoped for and worked for. Often attained.	Despises his male sex organs. Danger of suicide or self-mutilation, if too long frustrated.

Normal sex orientation and identification, heterosexual or homosexual. The use of "dressing" as "sex change" foreign and unpleasant. Past majority of all profiles.