

# Transsexuals In Prison

--- SEPTEMBER-----OCTOBER-----NOVEMBER-----AND DECEMBER 1993 ---

TRANSEXUALS IN PRISON, Inc. 1985/86; A NEWSLETTER FOR AND BY THE TRANSEXUAL OFFENDER.

\*\*\*\*\*  
The following listed person are to be given credit for their tireless efforts on behalf of the transsexual prison community area not only in the U.S. but through the world. Inasmuch, that Transsexuals In Prison, Inc. has given the transsexual offender and avenue in which they can express his/her concerns, writings, and those things that constantly plague those of us in the prison system, i.e. discrimination. VOL 2 NO. 2  
\*\*\*\*\*

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\*\*\*\*\*  
**Transsexuals In Prison, Inc. POLICY & STATEMENT:** Transsexuals In Prison, Inc. is a national and international organizational newsletter as well as an organization of both the incarcerated transsexual and free transsexual and their organization(s) as well as those of the Gay person(s) and those who are transgender with a multi-purpose of working to help those transsexuals that are incarcerated to better themselves upon release and as well to assist them with the many problems that they face while incarcerated. We function as a networking organization with no **POLITICAL AGENDA** Our agenda is to Educate and organize, as well as assist the transsexual in prison and provide him or her with an avenue in which they can air their problems and seek solutions through our networking project. Our efforts in both State and Federal Courts is a solid insurance that we will be accorded the respect and the rights that are given to us by the constitution as well as preserving them with the legal enforcement by the State and Federal Court System and their Government Correctional systems. **TRANSEXUAL'S IN PRISON, Inc.** is a **NON-PROFIT** Organization which operates on its own members budgets and therefore receives no federal funding. Each member operates this budget on her or his financial means. Due to the fact that some of T.I.P.'s members are prisoners and can not receive monies for their work on T.I.P. T.I.P. has set up receivership through the Regional Directors of Canada, Washington, & Tenn in which funds can be received for the continued work of T.I.P., however, these Regional Directors have the sole right to reject and funds that they feel would not be proper in content with no explanation required. Should a contribution be made it may constitute as a tax deduction, (See your tax consultant for more information regarding this matter.), Furthermore, Transsexuals In Prison, Inc. does not forward letters of general correspondence to other people, if you wish to join our Pen-Pal Club then check the insert in the newsletter or write to our Distribution Director, or the Tenn Regional Director for further information.

Thanking you in advance for your support

Transsexuals In Prison



Ms. Vanessa D Meriwether  
CEO & Co-Founder of T.I.P., Inc. 85/86

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TRANSEXUAL IN PRISON, Inc. PEN PAL PROJECT APPLICATION FORM SHEET. REGISTER TODAY

Please fill out the information sheet below as Honestly as possible, be real, and be honest, letting us know about you. Who you are, and what your interest are. Thanks Rev John Prowett and Patricia Fisher for Transsexuals In Prison, Inc.....

NAME: (legal) \_\_\_\_\_ NAME: (fem) \_\_\_\_\_ NAME: (Birth) \_\_\_\_\_ DEPARTMENT OF CORRECTIONS NUMBER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

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AGE: \_\_\_\_\_ :WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ HAIR: \_\_\_\_\_ /EYES: \_\_\_\_\_ /FACE: \_\_\_\_\_ ANY OTHER ADDITIONAL INFORMATION: \_\_\_\_\_

CIRCLE ONE: TV./ Pre-op TS/ Post-op TS/ Gay Male/ Gay Female/ Bi-Sexual/ Hetrosexual/ Unsure. (please circle the one that best describes yourself as a person.)

INTEREST AND HOBBIES: \_\_\_\_\_

LIKES AND DISLIKES: \_\_\_\_\_ ?DISLIKES: \_\_\_\_\_

CAN YOU WRITE OTHER PRISONERS: Yes/No.

\*\*\*\*\*

Pen Pal service is free to TV/TS prisoners only. To insure so all TV/TS prisoner applications will be checked throughly. Those found not to be , or have given false information will be removed from the mailing list of T.I.P. as well as the Pen Pal mailing List.; Non TV/TS prisoners and person(s) wishing to enlist in this serive are asked to donate a small service charge a service charge amounts to \$1.00 to cover cost of postage and handling. ANY DONATIONS ARE GREATLY APPERCIATED. If someone write you or you write someone and they do not wish to write to you or you to them then it is required that you advise that person of that intent. More than two complaints from any one person and you will be dropped from the service..no exceptions. forward all pen pal applications to John Prowett or Patricia Fisher .

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Handwritten signature

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*On the Russian River  
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***The New Woman Conference***

***It's For You***

Those of you who are post-op—consider what you've been through. Consider the losses. Consider the gains. Consider the process of self-improvement and change. Consider the operating table.

For the past two Septembers, something marvelous has happened. About twenty post-operative women and their partners from all over the United States have come together to share and learn in a secure, wooded setting. These were the New Woman Conference 1991 and the New Woman Conference 1992. You should consider coming to New Woman Conference 1993, 23-26 October.

The NWC is a chance to celebrate your womanhood with other new women, to talk about your process with others who will understand, to share experiences, to sing, to bask naked in a hot tub, to take quiet walks through the woods, to blow out a candle for friends who you have lost, to light a candle for those just starting out.

The highlight of the NWC is a ceremony in which the passage from male to female, the emergence into womanhood, the spilling of blood on the operating room table is celebrated. This ceremony provides an actual rite of passage, a social validation of identity that we would not otherwise have.

You owe it to yourself to attend NWC at least once in your life.

Call us.

***Male & Female Partners Welcome!***

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P.O. Box 67  
S. Berwick, ME 03908  
TEL (207) 676-5870*

THE BECAUSE MANIFESTO

BECAUSE Gay men and Lesbians are discriminated against in housing and employment **and** because how we act is more important than who we are **and** if we get harassed it's our problem **and** if we get attacked we provoked it **and** if we raise our voices we're flaunting ourselves **and** if we enjoy sex we're perverts **and** if we have AIDS we deserve it **and** if we march with pride we are recruiting children **and** if we stand for our rights we're overstepping our boundaries **and** because we are forced constantly to question our own self worth as human beings **and** if we have a relationship with someone the same sex it is not recognized and we are told our love is not "real" **and** because Lesbian and Gay history is virtually absent from literature **and** because homophobia is sanctioned by The Supreme Court of The United States **and** ... for lots and lots of other reasons,

I **AM** PART OF THE GAY AND LESBIAN CIVIL RIGHTS MOVEMENT OF THE GAY 90'S!

- Author Unknown

*3rd Annual  
New Woman Conference*

*23-26 September, 1993*

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# PRISONERS PERSPECTIVES

## NOTES FROM THE INSIDE

## SEX IN PRISON

by Dee Farmer

**W**ith the rising numbers of inmates infected with the human immunodeficiency virus (HIV), prison administrators are faced with the complexities of how to prevent the transmission of HIV among prisoners. The options are few: stop sex and intravenous drug use, or issue condoms and hypodermic needles. When one option is impossible and the other highly controversial, what do they do?

Sex in prison is real and alive. Prisoners who are vulnerable and hungry for affection often turn to each other for comfort. The pleasure and sense of caring derived during sexual intercourse can become so essential for some inmates that they become promiscuous. Unfortunately they believe that they are at minimal or no risk of contracting HIV; however, the risk is often great. Studies have consistently shown the existence of sex in prison even among inmates who do not engage in homosexual activity when not incarcerated.

Of course, it is prohibited for inmates to engage in sexual intercourse with one another, but that does not stop them. Prison officials are aware that they could never eliminate sex behind bars. It is a known fact that for years prison officials viewed homosexual activity as a comfort to prisoners and in many instances sanctioned homosexual relationships. Homosexual activity was known to occur in housing areas, bathrooms, showers and other non-monitored areas of the institution. When inmates were caught engaging in sexual acts it was not viewed as a major disciplinary infraction and sanctions were minor, if any.

Now, with the AIDS crisis, prison officials have begun to look for ways to curb the transmission of HIV. But, as one major tabloid recently wrote, "sexual activity is occurring in prison and the chances of stamping it out are slim." Not only slim, but unrealistic—there will always be sex and intravenous drug use in prisons, even more so now with the prison system bulging at its seams. Irrespective of the well-documented fact that prisoners continue to engage in sex and drug use, placing them-

selves at risk for HIV infection, the majority of prison administrators will not allow condoms in their institutions. They claim that distributing condoms would be contrary to their rules. An article in the *Washington Post* quotes Mary Campbell, a health educator for Washington, DC, prisons: "Under the District government law, sodomy-is considered illegal. If we were to pass out condoms, then we would be going contrary to our own laws." Sadly, their obligation to abide by rules and laws is greater than their ability to save human lives. While New York City, Philadelphia and a couple of institutions in California issue condoms, the majority of prison systems, including the federal government, seem to be saying, we know our inmates engage in sex—but in doing so they break our rules and run the risk of being infected with HIV—so this is what they deserve and we are not going to do anything to help them.

It is noteworthy that prisoners who are caught engaging in risky behavior may be administratively or criminally charged. The federal prison system places HIV positive inmates whom they believe pose a danger to others in controlled housing. Predictably, this determination by prison officials is arbitrary, causing the policy to be researched and hopefully challenged for constitutional infirmities.

What do we do? As prison officials continue to turn their eyes, hearts and minds in the opposite direction and vulnerable prisoners allow passion to lead them into the world of AIDS—*Unite and lift our voices demanding that prisoners be given protection against HIV transmission.*

*Dee Farmer is a federal prisoner and trained paralegal. She has been involved in the research and litigation of numerous cases involving prisoners' rights, including HIV-seropositive inmates. Farmer is currently incarcerated at the U.S. Medical Center for Federal Prisoners (Work Cadre) in Springfield MO.*

[Ed. Note: Notes From the Inside will continue next month with Carlos Jimenez.]

## THE FTM NETWORK

For further information about the network and this newsletter which is free to all P to M's whatever their status, or how they are living - CONTACT Stephen Whittle,

Manchester, M13 0EP.

December 1991, issue #72

**AEGIS**

**American  
Educational  
Gender  
Information  
Service**

Ms Dallas Denny, M.A.  
Executive Director

P.O. Box 33724  
Decatur, Ga. 30033  
404-939-0244

Looking good shouldn't be  
a painful experience.

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.

# Medical Advisory Bulletin

We are enclosing "Test Drive", the third in our series of public service advertisements which warn of dangers commonly faced by transgendered persons. We hope you will share it with your friends and colleagues and publish it in your newsletter or magazine.

Sex reassignment is serious business. Genital surgery is permanent and irreversible, as are some of the effects of hormonal therapy. Realizing this, concerned caregivers created the Harry Benjamin International Gender Dysphoria Association, Inc., which formulated minimal Standards of Care in 1979. These Standards are regularly revised, most recently in 1990.

One of the HBIGDA requirements for genital reassignment surgery is that the individual should have lived and worked totally in the new gender for at least one year prior to genital reassignment surgery. This period is called the real-life test.

Success in the real-life test gives the individual valuable experience in the new gender role. It is during the real-life test that sex reassignment actually takes place. Genital surgery does not change sex; it merely confirms what has already taken place. In fact, it is not necessary to have genital surgery in order to live a happy and productive life in the new gender.

Unfortunately, many transgendered persons are more interested in changing genitals which hardly anybody sees than in making the necessary physical and social changes which will enable them to live in the new gender. The period of real-life test ensures that the individual makes these changes, which are more-or-less reversible, before facing the finality of genital surgery.

In our public service advertisement, we have likened this period of full-time crossliving to a test drive.

? ? ?  
? Did you ?  
know ?  
? ?

# Before trading in your old equipment go for a test drive first.

You wouldn't buy an expensive car without looking under the hood, would you? Without starting the engine? Without taking it out on the road? Without having it checked by a mechanic? Of course not. Well, neither should you rush into an irreversible procedure like sex reassignment surgery without a period of at least one year in which you will work and live 24 hours a day in your chosen gender.

This period of crossliving (called the real-life test) is part of the Standards of Care of the Harry Benjamin International Gender Dysphoria Association, and is required by all reputable surgeons and gender clinics, for it has been found that a period of crossliving minimizes the chance of surgical regrets.

Sex reassignment surgery does not turn men into women, or women into men; it merely confirms what already is. Few people see your genitalia, but your gender is evident to everyone. Rushing into surgery before establishing yourself in your new role is taking a needless risk.

The period of crossliving is like a test drive. It enables you to establish yourself in your new role, to experience your new life before making permanent changes to your body.

Think about it: would you rather pay for that new car before you take the test drive or after you have taken it around the block?

## Don't be sorry... Be sure.

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## ROGER'S NOTEBOOK #78

### PERMANENTLY CHANGING GENDER ROLES

by Roger E. Peo, Ph.D.

Recently I have found myself in circumstances where one of the concerns was permanently changing gender roles. As a therapist there is always a balancing act between helping the person find the best possible solution for their concerns while trying to ensure they do not get into a situation that they will regret later. While this is an ethical issue for therapists, it is also a question that is encountered by the crossdresser.

Some clients seem to have an irresistible pull toward the other gender role. It seems to them that by just adopting that role all their other problems will vanish. This is not an intellectual desire but an emotional (psychological) one.

Let me illustrate this dilemma by describing a recent meeting I was in with a number of other professionals. We were discussing the case of a transsexual who was already cross-living full time and who wanted surgery. As this person's situation was described it seemed that he did not understand what the surgery was about nor that it was irreversible. All he could see was the need to get his body modified so that it conformed more closely to the desired sex. His feeling was that by doing this, other problems he was facing would somehow be removed. Our concern was whether any surgery should be approved. We could see aspects of the situation that he could not (would not?) acknowledge and yet to withhold approval left him in a painful state. The main issue was whether we should expect him to have the same

There is no "magic" in either gender role; each has its advantages and disadvantages.

perspective we had on his situation.

To a greater or lesser extent none of us can be completely objective about our own situation. In the process of making lifealtering decisions we often turn to professionals who not only have more expertise but also can bring objectivity to our choices. Lawyers, doctors, religious leaders and therapists all fill this role. Regardless, it can be hard to accept their guidance.

For the crossdresser there is often an irresistible pull toward the wearing of women's clothing. The

sensuality of the fabrics coupled with the temporary escape from what seems an oppressing masculine role 'is often overwhelming. To stay in this state forever would seem to be bliss. Sometimes these sensations propel the unwary crossdresser into taking hormones or even "playing the game" well enough to get genital surgery. The results

can be tragic.

I am not against crossdressing nor the feelings associated with it. I do want to highlight the potential for a subtle progression towards a state that can create other problems.

There is no "magic" in either gender role. Each has its advantages and disadvantages. In our society, the masculine role appears to have more power but this is accompanied by what sometimes seems to be heavy responsibilities. The feminine role seems to have more freedom and sensitivity however it often lacks power and the advantages associated with power. Trying to assume a "middle" gender role may not work because our society expects us to make a choice. The middle ground is discriminated against by people in both traditional gender roles.

It can be very difficult to find value in our own situation because the problems seem overwhelming. However acknowledging the advantages we have can be the most effective solution. There are few, if any people who "can have it all."

[You may contact Dr. Peo at P.O. Box 3445, Poughkeepsie NY 12603 or by phone at (914) [REDACTED] All communications are kept confidential. Copyright 1993 by Roger E. Peo, Ph.D. This column may be reprinted in any non-profit organization's newsletter if Dr. Peo's name and address appear with it. Other publications must obtain written approval from Dr. Peo. A copy of any reprint must be sent to Dr. Peo.]



INTERNATIONAL CONFERENCE  
ON TRANSGENDER LAW AND EMPLOYMENT POLICY, INC.  
I.C.T.L.E.P., Inc.

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September 15, 1993

Dear Gender Community Leader,

Enclosed herein is your copy of the new Health Law Standards of Care for Transsexualism. These Standards of Care were developed and adopted by consensus over a two year period by the Health Law Project of the International Conference on Transgender Law and Employment Policy, Inc. The Health Law Project's membership includes professionals in the fields of law, health care policy and gender science -- most of whom are transgendered themselves. We suggest you distribute these new Standards of Care within your gender community.

The Health Law Standards of Care were developed in the wake of widespread dissatisfaction by many in the transgendered community with the Harry Benjamin Standards of Care. Also relevant is the pending de-listing of transsexualism *per se* as a mental disorder from the DSM-IV. Many, if not most, of the patients doctors see for gender medical services (hormones; surgery) do not require any psychological services. The new Standards of Care also include standard legal forms for consent and waiver of liability.

Sincerely,

Phyllis Randolph Frye, Atty.  
Executive Director

Martine Aliana Rothblatt, Director  
Health Law Project

Credits & Special thanks to Vanessa Muiwether; Dr. Roger E. Poe, address is included this issue; Cross Talk Page 13, page 7 this non-profit organization; The PWA Coalition Newslines; Rev. John Prowett, Pen Pal Project, page 2 this issue; International Conference on Transgender Law and Employment Policy, Inc., Executive Director, Phyllis Randolph Frye, Atty; and Martine Aliana Rothblatt, Director Health Law Project, in Washington DC., US of A., for sending us the, Health Law Standards of Care for Transsexualism, as of September 15, 1993. I would also express thanks for the Artistic Contribution of Yuri Kymikov. Yuri, was helping our Gender Community here in Canada, New Zeland and the U.S.A., & has given me the permission of using his work for the advancement of the Gender Community Work. He was unable to get permission to leave the U.S.S.R., with wife and family due to lack of money and I have temporarily lost contact with them. MY MOST SINCERE APPOLOGICIES HOWEVER, that I could not place into this T.I.P., the thirteen double-spaced very large printed letters, because I have a legal responsibility to try to protect myself from being accused of, Malicious Slander and Liable Law Suite from the Medical Clinic that has not been mentioned in this or any other T.I.P., Issue or communication. The cost would have been beyond my capabilities at over \$300.00 to print and send out a 18 page issue. Thank To Dee Farmer; A. Beyer and also to Roni Soubrette; as she has been a good source of help to many of our T.I.P., Inmate People. I personally just got back from my eight week lay-off vacation from my regular outside work as it is a requirment vacation of that work. The T.I.P., will go out to you A.S.A.P., (as soon as possible). I wish you each good health, peacefullness, a long Life on the outside in a free society. I would also like to say that I have participated in the Academy of Criminal Justice Sciences, Conferences this 1993 and I am a member. I feel a love for each of you and I am your sister. May peace be with you and yours as is possible. G. Patricia Fisher, Canadian Regional Director.

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.

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### 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: \_\_\_\_\_