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Many persons seek sex change surgery, few accepted

By JACK OLSEN JR.

News Staff

A tall, attractive fashion model. An outgoing career girl. The wife of an Army enlisted man. Each traveled to Denver during the past two years for the same reason. While they may have lived as women for much of their lives, wearing women's clothes and interacting socially as females, in reality they were men.

They came to Denver for sex-change operations.

Since 1972 a small group of Denver psychiatrists and other doctors have screened several hundred applicants for sex-change operations and diagnosed 10 of them as transsexuals who probably would lead happier lives after such surgery. The operations were performed by plastic and reconstructive surgeon Thomas C. Summers, 42. Seven were at Beth Israel Hospital, the rest at Denver General Hospital.

All of the patients say they are leading happier lives and are grateful the surgery was available to them. Some say they feel like normal people—instead of sexual freaks—for the first time.

In the past year Colorado has become one of

the leading states in number of sex-change operations. About 35 were performed, more than were done at either of the university medical centers best known for their sex-change research and surgery—Johns Hopkins in Baltimore and Stanford in Palo Alto, Calif.

Colorado's surge in sex-change surgery is due mostly to the work of southern Colorado surgeon Stanley H. Biber, 50. At Trinidad's Mount San Rafael Hospital, he has performed 30 of the unusual and still controversial procedures since last April and "50-some," by his own reckoning, since 1971.

Dr. Biber said during an interview last week that some of his recent patients traveled from as far away as England and Pakistan for his services. A year ago he received considerable publicity when, to counter widespread rumors that threatened his practice, he revealed that he had surgically removed most of the genitals of 17 transsexual men and reshaped the remaining and surrounding tissue like the genitals of women.

Those procedures had been accomplished during the preceding 30 months, he said. At that time, it was widely assumed that he was the only surgeon in the region doing sex-change surgery.

A majority of psychiatrists accept and use the term "transsexual," a person genetically of one sex but psychologically of the other.

There has been considerable debate about the legitimacy of the diagnosis, and the American Psychiatric Association doesn't list it in its diagnostic manual.

But many surgeons, psychiatrists, endocrinologists and other medical specialist — some anticipating that the diagnosis will soon be officially adopted—have forged ahead with transsexual research and surgery. A majority of psychiatrists now are thought to believe that such surgery is a proper way of helping a very few transsexuals lead happier lives.

Dr. Summers is a well known facial bone and hand surgeon whose sex-change operations comprise a very small part of his practice. As a result of them, however, he is contacted by about three prospective patients a week. They have come from other states and nations. Some have been referred by psychiatrists, hospitals and clinics which specialize in helping people with gender identity confusion.

Some have come to Denver without professional advice, having learned of the gender identity group here through a grapevine that Summers says traverses the subworld that sexual misfits often are encouraged or forced to inhabit. The group consists of several doctors, mainly psychiatrists, who help Summers decide which cases to take and work with the patients who are selected.

From hundreds of applicants — who often beseeched, cajoled and harassed, or threatened suicide or self-mutilation if the group refused — the few were chosen. They were permitted the surgery only after extensive psychiatric testing and a year or more of successful living and working as persons of the opposite sex.

Summers admits that in none of the 10 cases was he dead certain the operation was appropriate.

"You have your doubts," he said. "You always have doubts even in the best cases." The uncertainty tends to make the group more careful in its choice of patients because the procedure is fraught with potential dangers.

Some of them are legal in nature, and these tend to bewilder patients just as much as the medical problems.

Must they, for example, change the sex designation on their birth certificates, drivers licenses, passports and other legal documents? If they are prevented by state laws from doing so, what is their recourse when stopped by authorities for traffic violations or when they attempt to travel abroad and their sex becomes a suspicious and disputed matter?

The myriad legal dilemmas associated with sex-change surgery have so interested an assistant Colorado attorney general that he has

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Area psychiatrists, surgeons screen sex change candidates

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become a much-consulted, nationally known authority on them.

John P. Holloway, who has been the state's counsel at the University of Colorado the past nine years, has lectured abroad, been dispatched by the state to study at Johns Hopkins and published articles on the subject. As a private attorney, he has also advised numerous transsexuals.

Recently, for example, a transsexual woman was admitted to a Denver hospital, and the hospital administration wanted to place her in a men's ward. With Holloway's assistance, she won the right to be in a women's ward, even though genetically she had been a man only months before.

A CU transsexual who had been operated on and changed his name sought Holloway's assistance in getting academic records changed appropriately.

The group considers Holloway important to the goal of helping patients to happier lives. And there are many other professional people who have assisted in large and small ways, advising, interviewing, researching and testing the sex-change applicants. They include doctors who asked not to be identified in this arti-

cle, and Anthony Gottlieb, Michael N. Schwartz and Richard L. Vanden Bergh, all Denver area

There is not a universally accepted definition of transsexuality, but a great number of psychiatrists have espoused one practical psychiatrists.

meaning: it is the phenomenon of having the genitals of one sex but emotions of the other.

For many years research has been under way to determine how this happens. One major theory suggests that a child's psychosexual development — his mental development relating to his sex — can be perverted as early as when he is 2 years old by a parent or guardian who attempts to rear the child as a person of the opposite sex. Persistent and often psychologically sick parents can succeed at this.

The child grows into an increasingly frustrated adult whose frustrations are focused on what seem to him to be incongruous genitals. Transsexuals have been known to mutilate themselves in anger and disgust with their genitals. Thoughts may naturally turn to removal of them, or better, replacement of the genitals with those of the opposite sex, to which the person is emotionally and psychologically aligned.

One researcher roughly estimated there are 10,000 transsexuals in the nation. Some persons

each year die and are discovered to have been of the sex opposite from the one they were known as by friends and in some cases even relatives.

Although some psychiatrists aren't certain, most say transsexuality isn't directly related to homosexuality or transvestitism. Homosexuals don't reject their own sexual identities, even though they are attracted to persons of the same sex. Transvestites likewise are content with their sexual identities, but are stimulated by wearing the clothing of the other sex.

Transsexuals typically like to wear the clothing of the opposite genetic sex, but they feel normal doing it because it is consistent with their psychological sex. A transsexual might be repulsed by homosexuality much as some heterosexual persons.

Denver's sex change applicants are screened to eliminate homosexuals, transvestites and psychotics, the last being persons who may want their genitals removed simply because of insanity. Summers said he thought the screening methods might be too stringent, and some transsexuals who would be happier after sex-change operations have been turned away.

An applicant must be extensively interviewed and tested by three psychiatrists. Their task is to diagnose transsexuality and determine if

the applicant fully understands what he's getting into.

Does he really understand what it's like to live as a person of the opposite genetic sex? Does he really want to live that way?

Are there any motives that are dangerous or defeating? Is there a concealed desire to keep the genitals? Does the patient care about losing reproductive capability? Those questions and many others must be answered to everyone's satisfaction — the psychiatrists, consulting surgeons and Summers. If anyone vetoes, the patient is turned away.

The problems in screening applicants are many, according to Gottlieb, who doesn't like to refer to the doctors involved as a group but agrees that they work as a team. He has assisted with dozens of candidates, only six of whom Summers operated on. In addition, Gottlieb has screened and counseled about 20 other patients who have got operations in other cities. Some of them were turned down by Summers.

There is a natural antagonism between patient and doctor, Gottlieb said, because the patient often has read much on sex changes and constructs what he thinks the psychiatrist wants to hear.

"He knows what a case history for a

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