Dear Trans Comrade Trying to Have Surgery,

You probably don't know who I am unless you frequent history conferences, but I know who you are, because in addition to being a salty historian, I was once you. Very recently, repeatedly, I had to do the thing where I proved to doctors I was a real trans, trans enough, with letters from two mental health professionals at least one with a doctorate saying that I wasn't crazy, just really trans, and multiple follow-up appointments to make sure I was still sure, and a hospital committee to approve the whole thing once they were sure I was sure and wouldn't regret having my uterus incinerated. It was worth it, but it sucked.

I'm sure you've read all about medical gatekeeping, because presumably, like me and like decades of other trans people, you've researched how to get yourself surgeried obsessively and for a long time. So you know that it's really fucking hard to do, and they make it that way, partially because it's just hard to find trans-competent healthcare but also because of the WPATH Standards of Care making everyone jump through a zillion flaming hoops. Probably you've read about how WPATH[1] actually loosened its requirements (now guidelines—but if your experience is like mine, for surgical stuff everyone is still following them as if they're requirements) in 2012 to make room for non-binary people and versions of sex and gender that aren't 100% normative Western white middle-class straight whatever. But even if the details have changed a bit, the hoops are still there. We still have to make an argument for why we should be able to have surgery, and we're still at the mercy of people who get to decide if that argument is good enough.[2]

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[1] World Professional Association for Transgender Health, https://www.wpath.org.

[2] For a history of the kinds of arguments people have had to make to count as good enough, see Sandy Stone, "The *Empire* Strikes Back: A Posttransexual Manifesto," (1991) https://sandystone.com/empire-strikes-back.pdf and J.R. Latham, "Axiomatic: Constituting 'Transexuality' and Trans Sexualities in Medicine," *Sexualities* 22, no. 1-2 (2019).

Ready to be angry? More angry than you already are, I mean. The things they're making you do have a history. I'm sure you've read about gatekeeping and transphobic doctors and how refusing to let people transition helps maintain cisnormative sex and gender categories etc etc etc. But it turns out that it's somehow even more enraging than that. WPATH's whole thing is that they want to "promote the highest standards of health care for individuals" by issuing the Standards of Care, which "provide clinical guidance for health professionals to assist transsexual, transgender, and gender-nonconforming people with safe and effective pathways to achieving lasting personal comfort with their gendered selves."[3] That's part of the most recent version, which they published in 2012. And maybe that's what they think they're doing. I mean, they seem very well-intentioned. But if you go back and do some digging into how we got here, which I did, you'll find that the Standards of Care initially had way more to do with protecting doctors than protecting patients. Which somehow makes everything even worse! I already thought it was a bad way of doing things but sometimes historical research makes you really want to set things entirely on fire.

A brief interlude: Maybe this is just me, but I feel like when I've heard people talk about feeling feelings in the archive, it's mostly about sadness and trauma and feeling generally horrified by the amount of violence you're encountering. No one ever warned me about rage as a possibility. I'm not sure how I missed this. Susan Stryker's Frankenstein article has "transgender rage" in its title, and I've read that probably a hundred and seven times.[4] You'd think I would have maybe considered that before wading into the trans archive.

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[3] WPATH, *Standards of Care for the Health of Transsexual, Transgender, and Gender- Nonconforming People*, 7th version (2012), 1.
[4] Susan Stryker, "My Words to Victor Frankenstein Above the Village of Chamounix: Performing Transgender Rage," *GLQ* 1, no. 3 (1994): 237-254.

To be honest, when I showed up to the Kinsey in the early summer of 2019, I had somehow forgotten that doing archival research is hard. Not the doing the research part of it, although that's hard, too—the sustained focus, the waking up early, the neck cramps, the perpetual dehydration, all of that is certainly physically and mentally trying. The part that I forgot is that the archive is made of real people, and that it's impossible to distance yourself from them in any way, especially if you see yourself in them, which, as with you, dear reader, I do. I remembered this when I found myself angry crying in the bathroom a few days into my research trip at the Kinsey.

I actually tried to avoid doing trans history for a long time, because I was afraid of this happening. It felt too close, and too hard, and like I would spend the entirety of my time while dissertating feeling sad and angry and like everything was incredibly high stakes (spoiler alert: I was right). But after I finished my exams, for which I read every scrap of trans history I could find that had been published by mid-2017, and after writing a paper about an 1870s crossdressing case because I stumbled across some sources I couldn't let go of, I found myself so annoyed by the state of trans history, which at that point was being mostly written by cis people, that I decided I had to do it, because otherwise it wasn't going to get done the way I thought it needed to be.

Cut to 2019, and there I was, splashing cold water on my face to try to get back to my work station because I only had four weeks in Bloomington and a lot of boxes to get through, and I also didn't want to cry *on* the letters from desperate trans people to Harry Benjamin (this is why I'm writing you, because there's a long history of trans correspondence), so I had to get my shit together. The thing about trans history is that it had been mostly written by cis people, so when they wrote about Harry Benjamin, he was Harry Benjamin, father of transsexuality, Harry

Benjamin, caring paternalist, Harry Benjamin, resource for the desperate. Sitting in a doctor's office trying to maintain a semblance of bodily autonomy, or, you know, dignity, while a surgeon tells you that you need to be approved by two mental health professionals because "normal women don't want to have their uterus removed" (a real thing that happened to me in the year of our lord 2018), it turns out, gives you a little bit of suspicion about Benjamin's legacy. So I came to the Kinsey in search of cases where Benjamin said no, to try to learn how he sorted the trans enough from the not, and why it was that over half a century later nothing felt like it had materially changed. Which is how I found myself staring at not just the original Standards of Care from 1979, but correspondence showing the decades of medical practice that led to them being written in the particular way that they were, and wanting to pour grape kool aid directly into the banker's boxes.

What was I so pissed about? Ok, so first, Harry Benjamin became the endocrinologist basically everybody in the US (and sometimes people outside the US) had to go through to get approved for surgery in the 1950s and 60s, basically entirely by accident. Which, whatever, I can deal with that, a lot of us get into our careers by accident, I became a historian because of Harry Potter. Fine. But Benjamin wasn't doing this out of the goodness of his heart. He didn't even particularly *like* trans people—he actually found us incredibly annoying. He called his trans patients "a damned nuisance,"[5] said they "seem to have pretty lousy character traits" and that "maybe there is something wrong with their brain construction in more than one area,"[6] and developed a code in his paperwork for which trans patients were "odd-looking" and should not

[5] Harry Benjamin to Alfred Kinsey, Dec 3, 1954, File Benjamin, H., Alfred Kinsey Collection [AKC], Kinsey Institute [KI], Bloomington, IN.
[6] Harry Benjamin to John Money, December 14, 1967, File Benjamin, Harry, John Money Exchange Files, KI.

be allowed to use the same waiting room as non-trans patients.[7] But dealing with us nuisances was worth it, because Benjamin got to benefit in other ways. He could be at the forefront of what he called an "untrodden field of medicine," which was "most intriguing, and most fascinating."[8] In comparison to his less intrepid colleagues who wouldn't treat trans patients at all, Benjamin got to place himself on the good sides of "progress vs. reaction, of science and common sense vs. prejudice and superstition."[9] Glad to be of help with that, buddy.

We weren't just annoying, though. Benjamin, and especially the surgeons he referred patients to, like urologist Elmer Belt, were afraid of getting sued. And it was that fear that would ultimately make the Standards of Care such a damned nuisance. This fear had its roots in the early 1950s, when Benjamin was trying to find a surgeon who would operate on one of his first trans patients. A hospital in Wisconsin where the patient, Val Barry (a pseudonym) lived had actually recommended that she undergo castration and vaginoplasty, but the Attorney General of Wisconsin stepped in and said nope, can't do it, that would fall under the mayhem statute.[10]

You may be wondering, what the fuck is a mayhem statute.

I had the same question. So basically it was originally an English Common Law thing that was intended to prevent physical harm from coming to men who might otherwise become soldiers, that in the United States became a law against permanently disabling or disfiguring someone. When trans surgeries became a thing, lawyers and attorneys general and district attorneys (attorneys district?) started interpreting it wildly broadly to also apply to consensual removal or modification of genitals.[11]Trans surgery in the early 1950s was thus taking place

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[7] Virginia Allen to Menard M. Gertler, May 22, 1964, File Gertler, Dr. Menard M., Harry Benjamin Collection [HBC], KI.
[8] Benjamin to Elmer Belt, June 29, 1962, File Belt, Elmer (1962-1965), HBC, KI.
[9] Benjamin to Belt, n.d. 1957, Box 23, Folder 34, HBC, KI.
[10] H.M. Coon to W.B. Campbell, July 19, 1948, Box 3, Folder B, VB, HBC.
[11] Robert Veit Sherwin, "The Legal Problem In Transvestism." *American Journal of Psychotherapy* 8, no. 2 (1954): 243–244.

under the perceived threat of being sued under this mayhem statute—and it's not that anyone was, it's just that surgeons thought they might be. Belt in particular was concerned with the idea that patients would regret transitioning, especially if the results didn't live up to their expectations (which he thought were unreasonable) or if they got fired from their jobs if their employer found out they were trans, and then sue him.[12] He even at one point joked (I think) that he and Benjamin would "probably die by getting shot by some patient" with regrets.[13]

Benjamin and Belt came up with a way to protect themselves from all of this suing and shooting. They'd get a psychiatrist to approve surgery so that if anyone started questioning what they were doing, they could just point to another expert who had signed off on it! It wasn't that the psychiatrists knew anything about trans people—the guy Benjamin and Belt were sending patients to originally was the psychiatrist who had treated Belt's daughter-in-law for "puerperal insanity," not someone with any interest or background in trans people.[14] And it wasn't a diagnostic thing, because diagnostic criteria for "transsexuality" didn't exist until Benjamin invented them in 1966.[15] No, it was literally a way of making sure that *they* would be safe if a patient sued them. As Benjamin told Belt when they were debating whether to let a particular patient (the one Belt thought might shoot them) transition, "I understand your hesitation to operate, although the psychiatric evaluation would protect you."[16]

Wow, I'm angry again just writing you this letter. I need to take a break. This is not good for my blood pressure.

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[12] Belt to L.W.H, August 29, 1958, Series IIC, Box 3, Folder Belt, Dr. Elmer (1958-1959), HBC; Belt to Benjamin, June 12, 1958, Series IIC, Box 3, Folder Belt, Dr Elmer (1958-1959), HBC.
[13] Belt to Benjamin, February 22, 1960, Series IIC, Box 3, Folder Belt, Dr Elmer (1959-1962), HBC.
[14] Belt to Benjamin, August 20, 1956, Series VIB, Box 23, Folder 34, HBC.
[15] See Harry Benjamin, *The Transsexual Phenomenon* (New York: The Julian Press, 1966).
[16] Benjamin to Belt, December 30, 1958, Series IIC, Box 3, Folder Belt, Dr Elmer (1958-1959), HBC.

Well, what was supposed to be a quick break turned into watching three episodes of *The Sopranos*, going to the gym, making a complicated dinner, and sleeping until noon. #selfcare or something. Anyway. You're probably wondering what this all has to do with the Standards of Care. Here's the deal: I didn't find any kind of smoking gun, mustache-twisting, let's make trans people's lives miserable kind of sources. There's a bit of a time jump. But I think you should trust me, anyway, or, I mean, just look at what I'm about to say in light of what I just told you.

We move ahead to the late 70s. Benjamin is super old (he died at 101—and a half—in 1986) and not really practicing anymore. Belt had quit trans medicine in the 1960s over his legal concerns and the expense of malpractice insurance.[17] In the meantime, gender clinics had sprung up at various universities and legitimized trans medicine as a thing, trans people won some legal victories, and there was actually some pretty positive press coverage (wow! imagine!) of all of this.[18] So by this period, there were actually a bunch of medical doctors, therapists, and researchers working on trans stuff. In 1979, they decided to form their own professional organization, which they called the Harry Benjamin International Gender Dysphoria Association (HBIGDA). Guess what HBIGDA is now? Yup, you guessed it, WPATH.[19]

One of the first things HBIGDA did was develop a set of criteria by which medical practitioners could assess patients to determine who would benefit from hormones and surgery, and who would not—aka, who would and wouldn't regret their decision. HBIGDA framed the Standards of Care, as they came to be called, as existing "for the sake of proper patient care everywhere," and HBIGDA members certainly saw themselves as protecting patients,[20] but, big

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[17] Belt to Burton H. Wolfe, March 24, 1969, Series IIC, Box 3, Folder Belt, Dr. Elmer (1965-1971), HBC.
[18] See Joanne Meyerowitz, *How Sex Changed: A History of Transsexuality in the United States* (Cambridge: Harvard University Press, 2004), especially chapter 6, "The Liberal Moment."
[19] The organization changed its name to the World Professional Association for Transgender Health in 2007.
[20] Paul Walker to Members of the Association, "Re: The Harry Benjamin International Gender Dysphoria Association Standards of Care," August 10, 1981, Series VIC, Box 25, Folder 17, HBC.

surprise, the Standards also provided a means for them to protect themselves. I mean, why else have a professional organization. Power in numbers, am I right?

So in 1979,[21] HBIGDA circulated the first version of Standards of Care among its members. The Standards laid out a series of principles to guide the clinical practices it recommended, and what's the first thing they talk about? Regret! The very first principle reads, "Hormonal and surgical sex reassignment […] has effects and consequences which are not, or are not readily, reversible, and may be requested by persons experiencing short-termed delusions or beliefs which may later be reversed."[22] In light of that, hormones and surgery shouldn't be done just because people want them (Principle 2), because patients in the past have had regrets and the results of their surgeries have been "psychologically debilitating" (Principle 3).[23] Yikes. Imagine being psychologically debilitated! Thus and therefore, it's "professionally improper" to provide transition services on demand, and clinicians must engage in "careful evaluation" of prospective patients.[24]

Does careful evaluation sound familiar? It's the psychiatric evaluation! Is it for the benefit of trans people? No way! The psychiatric evaluation explicitly protected doctors: Principle 15 reads, "Peer review is a commonly accepted procedure in most branches of science and is used primarily to ensure maximal efficiency and correctness of scientific decisions and procedures."[25] Principle 16 emphasizes that medical providers "must often rely on possibly unreliable or invalid sources of information" including "patients' verbal reports" and testimony

[21] The Standards of Care discussed here refer to the original 1979 draft. The Standards have continued to evolve, with the most recent seventh version being published in 2012.
[22] Harry Benjamin International Gender Dysphoria Association, "Standards of Care: The Hormonal and Surgical Sex Reassignment of Gender Dysphoric Persons," February 1979, Series VIC, Box 25, Folder 19, HBC.
[23] HBIGDA, "Standards of Care."
[24] HBIGDA, "Standards of Care."
[25] HBIGDA, "Standards of Care."

from friends and family.[26] This leads to Principle 17: "Psychiatrists and psychologists, given the burden of deciding who to recommend for hormonal and surgical sex-reassignment and for whom to refuse such recommendations are subject to extreme social pressure and possible manipulation as to create an atmosphere in which charges of laxity, favoritism, sexism, financial gain, etc., may be made."[27] Sad times for doctors, the medical practitioner willing to work with trans patients "does not enjoy the comfort or security of knowing that his decision would be supported by his peers."[28] All this considered, the Standards declare that anyone who operates on a trans patient without at least two written recommendations from psychiatrists or psychologists—which it reiterates are "peer review"—is "guilty of professional misconduct."[29] Oof.

"Peer review," of course, makes it all sound very scientific and legitimate, and conveniently also diffuses the responsibility for decision-making among several clinicians. While psychiatrists are told to ensure that the prospective patient has a diagnosis of "transsexualism" in the criteria of the DSM-III, that diagnosis is specifically to "justify" intervention.[30] Why might justification be needed? Well, it turns out, "the care and treatment of sex-reassignment applicants or patients often causes special problems for the professionals offering such care and treatment. These special problems include, but are not limited to, the need for the professional to cooperate with education of the public to justify his or her work, the need to document the case history perhaps more completely than is customary in general patient care, the need to respond to multiple, nonpaying, service applicants and the need to be receptive and

[26] HBIGDA, "Standards of Care."
[27] HBIGDA, "Standards of Care."
[28] HBIGDA, "Standards of Care."
[29] HBIGDA, "Standards of Care."
[30] HBIGDA, "Standards of Care."

responsive to the extra demands for services and assistance often made by sex-reassignment applicants as compared to other patient groups."[31] Ugh, so rough to deal with the obnoxious trans people! Must be hard to be the person with all the institutional power!

The 1979 Standards are a twelve-page document, and only about one and a half pages actually say anything about what patients might need. HBIGDA briefly acknowledges that some doctors have unscrupulously overcharged patients, and emphasizes that trans people often face social and economic discrimination that means they should not be charged exorbitant fees.[32] The Standards also protect patients' right to privacy and information about the physical risks of treatment.[33] But, you know, no need to talk about what might happen psychologically or otherwise if patients aren't allowed to transition. That would have no effect on clinicians, other than social pressure and accusations of sexism, so nbd!

Now, in 2019, we're on version seven of the Standards. Some things have changed, for sure, like not having to prove that you're going to be a super binary straight person post-op, or having to spend an absurd amount of time living in the gender you're "transitioning to" before anyone lets you near any medical resources. But as you've run head-first into, the approach set in motion by Benjamin, Belt, and the founding members of HBIGDA continues to put clinicians' needs over patients. In 2013, a year after WPATH released the seventh version of the Standards of Care, I made an appointment for a consultation with a plastic surgeon at the University of Utah hospital just a 10 minute drive from where I lived. When I met with her to discuss my hopes for top surgery, she was well-versed in trans people's needs, super affirming, and actually enthusiastic and excited to be part of the process of me getting a more comfortable body to live

[31] HBIGDA, "Standards of Care."
[32] HBIGDA, "Standards of Care."
[33] HBIGDA, "Standards of Care."

in. The only thing was that before we could proceed, she would need a letter from a psychologist confirming that I was ready for surgery. This was, she assured me, just a formality for insurance reasons—she knew no one was going to come to her for top surgery if they hadn't already given it a lot of thought. This requirement was mildly baffling, since I was decidedly *not* being covered by insurance, which at that point in time deemed transition care cosmetic, and was on the contrary paying $6000 out of pocket (thanks everyone who contributed to my GoFundMe). I realize now that it wasn't my insurance that the surgeon meant. It was her malpractice insurance.

I'm not sure if this letter will help you, now that I've written it. I was hoping to give you some more insight into what's going on, to validate your feelings that this is all really fucked up. But to be honest, as much as I'm glad I'm doing trans history and trying to, you know, tear down the binary with knowledge or whatever, sometimes it makes it harder to get through these kinds of interactions with medical people. Because they don't care how much I know, especially not when I know more than them. And then I'm stuck knowing exactly why I have to put up with this bullshit, but not being able to do anything about it. It's been over a year since I had to do any of this and I'm still pissed.

I won't give you that gooey trans people are beautiful magical rainbows thing as an ending. You have every right to be angry. You can grimace as you jump through every hoop. You can cry after every doctor's appointment. If you want to give up because they're making it too hard, remember that they *want* it to be too hard. Cancel your appointment and take a breather, if you need to, but be a damned nuisance and book it again. Do it out of spite.

In solidarity,

Beans
New Haven, Connecticut
December 21, 2019