

A Courageous Struggle for Self-Transformation: A Brief Synopsis of Transgender History

Within the LGBT community, it is often recognized that the most marginalized group is the “T” – the transgender community. Within the transgender community, many people are aware of their history from the time of Christine Jorgensen, as she captured the imagination of a post-war culture (Meyerowitz, 66) but few people – transgender, gay or straight – know or recognize the history prior to the famous transgender MTF (male to female) spokesperson and advocate of the 1950’s through 1980’s.

The reason why the LGB community must recognize the T is partly because of the struggles of the transgender community, and partly because the unknown heroes – pioneers of gender reassignment surgery – were often the unknown and earliest pioneers of the gay and feminist liberation movements also. Through this paper, I intend to synopsise the little-known transgender history, and upon doing so, I will show some striking similarities between the transgender world and the gay world.

The term “transgender” as interpreted by Dictionary.com means “a person appearing or attempting to be a member of the opposite sex, as a transsexual or habitual cross-dresser.” Although this definition does not give the fullest scope of what the term “transgender” means, it indicates that it is an umbrella term, not exclusively reserved for transsexuals/HBS (Harry Benjamin’s Syndrome). The word also “encompasses people who do recreational gender play, gender non-conforming individuals (masculine women, feminine men and so on...), crossdressers, gender queers, transsexuals, HBS and more” (Stacey). It is important to identify this, as for the most part, this essay will be concerning transsexual/HBS history, with some overlaps into other groups in the transgender category.

Before the famous Stonewall riots, in which many transvestites were involved (D’Emilio, 232) and before Christine Jorgensen, there were numerous people, especially throughout Europe living as the opposite of their birth gender at the end of the nineteenth/beginning of the twentieth century. Notable examples of people who, very early on, had surgical procedures done included Earl

A Courageous Struggle for Self-Transformation: A Brief Synopsis of Transgender History

Lind (MTF), a New Yorker who underwent castration in 1902 and Alberta (Alan) Hart, a FTM from Oregon who in 1917 had a hysterectomy (Meyerowitz, 17-18). It was by no means an easy task to try and get a doctor to perform such surgeries and many people had surgeries blocked by legal maneuvers in the USA, such as Val Barry (pseudonym) who in 1949 sought gender reassignment surgery (GRS) in Wisconsin, but it was blocked by an archaic British law that was still in place which forbade the maiming of potential soldiers (Meyerowitz, 47).

In many countries, it was also illegal for someone to dress as the opposite gender, and this led to many arrests. Dorchen Richter is the lesser-known first person to undergo full MTF GRS. A Judge in his native Germany took pity on him as he appeared before the Court on yet another charge of cross-dressing. The Judge referred Richter (then known as Rudolph Richter) to the dynamic Institute for Sexual Science, founded by Magnus Hirschfeld, where he underwent castration in 1922, and had his penis removed in 1931, which was the earliest form of GRS (Meyerowitz, 19). Lili Elbe, the more well-known first full GRS recipient also underwent the surgery, and had successfully undergone surgery to implant a uterus so that she could try and have children. She was undergoing a final surgery to create a natural outlet from the womb when she died (Meyerowitz, 20). Despite what was a tragic incident, these surgeries were very basic and new, and even in such a dynamic institution as the Institute for Sexual Science with such a devoted doctor as Magnus Hirschfeld, surgery could be risky.

Hirschfeld was indeed highly dedicated to the LGBT community as a whole: a gay man, along with Karl Heinrich Ulrichs and several others, he worked hard at trying to get Germany's anti-homosexual legislation, Paragraph 175, repealed. He was also an activist with a feminist movement and his civil rights activism on behalf of the homosexual community resulted in him getting his skull fractured in 1921 (Creekmur, 157-58).

In 1932, the German government was so accepting of Hirschfeld's research and surgeries, the government actually paid for a MTF GRS surgery. But despite the progress that was being made by

A Courageous Struggle for Self-Transformation: A Brief Synopsis of Transgender History

Hirschfeld's Institute, eventually the Nazis would come to power, destroying the Institute in 1933.

As Hirschfeld was not only a gay man, but also a Jew, he was forced to flee from Germany, dying in 1935 (Meyerowitz, 20-1).

Prior to his death, and earlier on in his career, Hirschfeld managed to influence another prominent sexologist, Harry Benjamin, a German-born man, who as a university student toured gay bars with Hirschfeld in Berlin, looking for transvestites who were interested in GRS (Meyerowitz, 45). In 1930, Hirschfeld was also invited to New York to lecture both publicly and privately, on Benjamin's request (Meyerowitz, 46). Although Hirschfeld's name is little-known today, Harry Benjamin became a very well known sexologist who has a form of intersex-transsexuality named after him, and although his personal opinion on homosexuality was that it was a form of retarded development, he vehemently defended the rights of homosexuals in a time when many other doctors would not (Meyerowitz, 46).

As we begin to enter the era of Christine Jorgensen and her story, I would like to offer up similarities between the transgender movement and the gay/lesbian movement.

Jorgensen was the first widely-known person in the U.S. to obtain full GRS. Although the surgery was barbaric (Conner) people who obtained this surgery were also often put on hormone therapy. As this was not likely to be an option for many Americans, Jorgensen enrolled in medical school to become a medical technician. It was clear that Jorgensen was self-motivated to attempt to further her own transformation, as she convinced a local pharmacist to sell her estradiol, an estrogenic hormone (Meyerowitz, 56), although it would not be until after her 1952 GRS surgery in Denmark that she would draw a huge amount of attention from the press. Jorgensen knew that this surgery would bring her much attention, and she prepared herself for it.

Although she was welcomed with much sensationalism, there was also cynicism from some reporters who noticed that she vocally sounded more like a man, yet her gestures were very feminine (Meyerowitz, 65). Some people thought she was intersex and that was why she had the surgery, but

A Courageous Struggle for Self-Transformation: A Brief Synopsis of Transgender History

it was eventually realized that Jorgensen was not intersex, as intersex surgeries had been performed by doctors in the U.S. without controversy for some years, so why would she need to go to Denmark? (Meyerowitz, 69-70).

Scorn from the press and entertainers followed in the form of “Christine” jokes (Meyerowitz, 77). Although some of these jokes were the culture of the day, and may not have been meant to sound harmful (they could be perceived as funny), they could also be considered insensitive to a group of people who had no real social outlet and were often hidden away. The parallel I drew with this situation was the 2005 Academy Award opening speech by Jon Stewart. The movie “Transamerica” was nominated for some Oscars that year, and Felicity Huffman did go on to win the “Best Actress” category, but in the speech, Stewart joking said, “Good evening ladies and gentlemen...and Felicity Huffman!” It was not a harmful joke, but with a culture such as ours that likes to put everything into boxes, this could be seen as one more passive slam against the already ostracized transgender community, a community where many do not wake up one morning and decide they want to be a female instead of a male for example (cross-dressers may have that choice, but in most cases it is about dressing, not living, as the opposite gender). This can be a difficult process, just as coming out can be for a gay person, so why do we passively sit back and laugh with the people making the jokes instead of saying something?

I previously mentioned Hirschfeld having to flee from Germany due to the persecution he endured, which probably killed him two years later, and this reminded me of when Harvey Milk was one opponent of the Briggs Initiative. In 1978 as he rallied support, he stated “I want to recruit you for the fight to preserve democracy from the John Briggs and Anita Bryants who are trying to constitutionalize bigotry. We are not going to allow this to happen. We are not going to sit back in silence as 300,000 of our gay sisters and brothers did in Nazi Germany” (Clendinen, 381-2). On the surface, this statement seems to slam the gay community in Germany who were under just as great a danger as Jews, Trade Unionists and other “undesirables” but it is also fair to say that, although it

A Courageous Struggle for Self-Transformation: A Brief Synopsis of Transgender History

had not been that long since it was reasonably safe to go into a gay bar, for example, if the gay community did not stand up for their rights, no one else would. If they sat back and did nothing, the persecution once again would occur, and maybe with more damaging effects as that of the Briggs Initiative. Therefore if through history we have learned that minority groups get very little support from outsiders, but the help they do get is often very persuasive and important, should the gay community not be there in support of the transgender community?

Jorgensen was feeling the pressure of living into this feminine identity. She acknowledged her need to be tasteful and very careful: there had already been reporters like the one mentioned earlier who said she sounded too much like a man. “Unlike other women...I had to become super-female. I couldn’t have one single masculine trait” (Meyerowitz, 79). To parallel this, Clendinen mentioned the homophile demonstrations in areas such as Philadelphia in the 1960’s. He commented that the activists marching looked somewhat timid, and men wore ties and jackets and women wore skirts (22). In Schiller’s documentary, Barbara Gittings commented on why that was: It was to make people see gays and lesbians as ordinary people, the same as everyone else, breaking free of the stereotypes of butch women in pants or wimpy, limp-wristed men, and that by dressing this way, they were showing themselves to be just as capable and professional as anyone else at getting a good job. With this in mind, the behavior of Gittings, Jack Nichols and other activists were not dissimilar to the actions of Christine Jorgensen. Also this backs up what Christine Jorgensen said when she warned potential activists about their behavior: “Don’t be way out and weird...Anyone who wants to be one of those is hindering the movement” (Meyerowitz, 281).

One way Jorgensen made money after her surgery was to do a one-woman show, where she told her story through singing and speaking. The show was banned in some states, but she found many venues to perform at, starting in Pittsburgh in 1953. One of her monologues read “One of the loneliest things...is to be born different...But many years ago some very wise men said that every person is born with certain rights, these rights are ‘life, liberty and the pursuit of happiness’”

A Courageous Struggle for Self-Transformation: A Brief Synopsis of Transgender History

(Meyerowitz, 74-5). Of course, Jorgensen was quoting the U.S. Constitution. One LGBT activist who also quotes the Constitution is Mel White in his Soulforce book. This part of the preamble is quoted along with a statement reminding us that, even if we are Christian, our country is not governed by the Bible, but by the Constitution, and those words apply to all people, regardless of gender, gender identity, sexual orientation, race etc.(20). As the Constitution is the Supreme Law of the land that EVERYONE in the U.S. must live by, that means everyone is entitled to life, liberty and the pursuit of happiness – no exceptions. Christine Jorgensen and Mel White both acknowledged that, so this leads me to consider that we should be working together so that these beliefs can be shared by us all.

More scorn would follow Jorgensen as people made comments such as “Jorgensen was no girl at all, only an altered male” (Meyerowitz, 72). From this it is clear that some people just don’t get it – and many people still don’t get it today. From comments made suggesting a person cannot know that they are gay unless they have had sex, to the most recent example of Thomas Beatie, a FTM in a straight relationship, who gave birth to a beautiful baby girl. From newspaper headlines that read “Transgender “man” reportedly gives birth” (Gorman) which shows significant scorn and cynicism in the title (though the factual information in the article did not show any prejudicial bias), to comments made on blogs such as a post by an anonymous person on a Chicago Tribune blog which reads, “I understand that there are definite gender issues with certain individuals ... Either you are a woman or you are a man. Women give birth. Men do not. This is a woman, not a man” or Shirley who wrote, “Personally I think that this is sick and people should not change what or who “GOD” has made them”.

As prejudicial or uncomfortable as these two people are, it is interesting to note their comments. In response to the anonymous writer: in the wild, there are some animals (mainly fish) where the male is the one who incubates the eggs and gives birth. In response to Shirley: what exactly did God make people like Jorgensen and Beatie to be? With regards to this question, there

A Courageous Struggle for Self-Transformation: A Brief Synopsis of Transgender History

are many factors we should consider. I would first like to discuss health care amongst transgender people.

Thomas Beatie commented on the Oprah Show “Sterilization is not a requirement for sex reassignment, so I decided to have chest reconstruction and testosterone therapy but kept my reproductive rights. Wanting to have a biological child is neither a male nor female desire, but a human desire.” I agree with Beatie, and am glad for him and his wife, Nancy, that he kept his female organs in order to start the family, and that their baby girl is healthy; was delivered safely and that she has two wonderful parents to raise her. However, it took a long time to find a doctor who would offer In-Vitro Fertilization to Beatie and his wife, due to the gender-identified male being the carrier of the baby (Oprah Winfrey Show).

Robert Eads was a FTM who transitioned in the late 1980’s in his mid to late 40’s. He was told by doctors that as he was starting menopause, there would be no need to remove his ovaries. Eads was diagnosed with ovarian cancer sometime later, as the documentary “Southern Comfort” about his struggle with the disease was filmed in the late 1990’s. Eads went to hospitals to receive medical treatment for the ovarian cancer, but was turned away from many of them. The doctors were afraid that treating a transsexual may damage their reputation, and they were also afraid that the presence of someone who physically looked male might make other female patients uncomfortable (Davis). These doctors knowingly violated the Hippocratic Oath, which instructs them to harm no one. The doctors who refused to treat Eads sealed his death. He was eventually admitted to a hospital, but by that time, and after so many refusals, the cancer had developed so rapidly, they could not do anything to save him (Davis).

Eads is not the only person who has died as a result of prejudice in the medical field. Tyra Hunter, a MTF, was hit by a car and as the paramedics who arrived on the scene to aid her discovered she was biologically male, they laughed at her and withdrew their services. Hunter died as a result of their childish insensitivity (Lurie, 16).

A Courageous Struggle for Self-Transformation: A Brief Synopsis of Transgender History

Insurance companies can also have ramifications if either too much, or not enough, is disclosed. Many companies will not treat someone like Thomas Beatie, who has legally changed his gender to male, for conditions that are women-related, such as ovarian cancer (in his case, he was a pregnant man; I have no sources on whether this was covered by an insurance company or not). Yet even if the birth certificate says “male” and a MTF puts on insurance that she is a female, they may not cover male-related diseases, such as testicular cancer. According to Conner, if she does not declare herself as “female” on her medical insurance, the company would cancel coverage, as she is taking female hormones. According to Stacey, if the word “transgender” is put down on any form, even if it is a doctor’s visit, or going to the hospital for a broken leg or something, if the insurance company sees that word, they likely will deny the medical insurance claim. So it seems that unless a transgender person is exceptionally lucky, they have very limited, poor, or no access to decent medical insurance.

Due to this, it is a sad fact that there is a very high percentage of MTF’s who have contracted HIV/AIDS. In a 2001 report Lurie cites, 35% of MTF’s in San Francisco are infected; 50% of those infected know they are infected but are not receiving medical care. Another 63% of African-American MTF’s are infected, and in another report from 1993, 68% of MTF sex workers in Atlanta are infected (13).

This parallels the story of “No Name” in Russell’s book. Although this young man was not transgender, he was very sick and either just living on the street or working the street also (155). Food and groceries may be good, but what would be even better is if he, as well as the aforementioned transgender people, could get access to proper medical help, security and safety, in a non-judgmental environment. Not just with doctors or medical staff who would treat them with some respect, but with employers and insurance companies who would cover costs of treatment these people needed without the threat of non-coverage if their true gender identity was discovered, or in the case of “No Name” to receive medical care despite living on the streets.

A Courageous Struggle for Self-Transformation: A Brief Synopsis of Transgender History

In a June 16, 2008 announcement by the American Medical Association (AMA), they stated that the AMA would “support public and private health insurance coverage for treatment of gender identity disorder as recommended by the patient’s physician.” (Henderson). This is one step forward by an organization which formed an LGBT Advisory committee due to anti-gay beliefs being held by the AMA’s President. Jan Stacey had several conversations with the President about the formation of this group, and it was eventually formed. It took some years to get the AMA to come to this conclusion, and according to Stacey, the AMA position is not enforceable, but it is one huge step forward in an organization which can ultimately make a huge difference, and maybe next year, this position will be strengthened.

I have not yet fully responded to Shirley’s statement of “people should not change...who GOD has made them” and I hope to do so in this final section.

Throughout history, the transsexual condition has been seen, and named, in many different ways: “Transsexual” is a more modern term that derives from the era of doctors David O. Cauldwell and Harry Benjamin in the late 1940’s/early 1950’s. “Transvestism” was a term that Magnus Hirschfeld coined, which included cross-dressers and cross-gender identification. This differed from the category of homosexuals, who were considered “inverts” (Meyerowitz, 14-5). Even more recently, around 1990-1995, the term “transgender” came in to existence (Dictionary.com) as an umbrella term originally coined by a cross-dresser who was opposed to having genital surgery(Stacey). The most recent language used for some members of the transsexual community is “Harry Benjamin’s Syndrome” which is a fairly modern term, evolving in medical and scientific approaches as to who many transsexual people are, considering them as intersex:

Harry Benjamin's Syndrome is an intersex condition developed in the early stages of pregnancy affecting the process of sexual differentiation between male and female. This happens when the brain develops as a certain sex but the rest of the body takes on the physical characteristics of the opposite sex. The difference between this and most other intersex conditions is that there is no apparent evidence until much later after the baby is born or even as late as adolescence (HBS International Homepage).

A Courageous Struggle for Self-Transformation: A Brief Synopsis of Transgender History

In answer to Shirley's question concerning who God made these people to be, it is clear from research done on the brains of many deceased transsexual people that their brains show a difference in gender structure (Stacey). Therefore, if their brains show a genetic difference, this is not a psychological disorder, but a physical, biological condition, thus rendering many transsexual people as truly intersex. Intersex is not a condition that refers exclusively to sexual organs, and there are many different types of intersex conditions, such as Klinefelter syndrome and Androgen insensitivity syndrome (Stacey), so why would a biological condition of the brain be any different? If a person cannot help being born with a micro-penis, and be identified as female at birth, with the doctors unaware about small or hidden genitalia, how then can people help being born with a brain that physically and biologically functions as the opposite of the "equipment" they were born with?

Some doctors, including the FTM medical student, Michael Dillon in 1946 Britain, and the renowned Harry Benjamin stated that there should be harmony between body and mind, and that if the mind cannot be changed to fit the body, then everything possible should be done for the body to match the mind. Benjamin stated that "The person in adult life...should live in the sex of his choice. In other words, the psychological sex should be decisive" (Meyerowitz, 112-113). In the 1940's there were no tests done on transsexual brains to discover if this was anything more than a psychological condition, but now it appears we know better. At least we have much more information on the subject to identify HBS in many people as a form of intersex, and there are procedures that require a simple brain scan on living patients that could identify whether a transsexual has the intersex HBS condition.

Historically there have been many doctors who abused the studies transsexual people assisted them in (Meyerowitz, 107-8), and due to an untrusting relationship with many insurance companies and doctors or scientists, there are many transsexual people who will not participate in such a procedure. One thing is the fear that their brains may not be identified as having HBS, which may ostracize them further from the only support they may have (Conner).

A Courageous Struggle for Self-Transformation: A Brief Synopsis of Transgender History

So, in answer to Shirley's question: there are many people choosing to live as God created them, but what we see on the outside is not necessarily how God intended them to live. Shirley must remember that all of us have been created in the image of God, and from several Bible passages such as Isaiah 66:13a or Matthew 27:37, we see the typically interpreted male character of God identifying as a female. I do not know if Jorgensen, Beatie or anyone else had/has a confirmed biological difference in their brain, but I do know that as a gay person, it would be wholly unnatural of me to go against how God created me, and I get that from the spirit that is inside of me – not psychological, probably not biological either - so I would not question anyone who feels the same way, with or without psychological or biological evidence. I am clearly different than Shirley. Thomas Beatie and Christine Jorgensen are clearly different from me, yet we are all loved by the same God, as we are made in God's image. I do not believe God makes mistakes, but I do believe that sometimes nature can mess-up, after all, if we believe in the fall from the book of Genesis, we disrupted what was a perfect creation.

I believe that it is our duty to work alongside our transgender brothers and sisters for their civil rights. I have mentioned in this paper a great deal about the history and medical care, comparing these with instances in the gay community, culminating in the facts that there appears to be many cases of this being a biological, not a psychological condition, and that those who are genetically intersex would not undergo the same amount of hostility or discrimination that the transgender community does. As an LGB and T community, we have each faced discrimination and hostility at some point, and we should support, not mock or judge, each group in our community equally. We have all been created with the same spirit – a spirit of truth, a spirit of love, not of hatred impassivity or judgment – so let us show that spirit in support for one another,

And may the one who began a good work in you carry it on to completion until the day of Christ Jesus (Philippians 1:6).

A Courageous Struggle for Self-Transformation: A Brief Synopsis of Transgender History

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