

## Gender Dysphoria A Brief Overview for Mental Health Professionals

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 Sara Becker, M.D., F.A.A.F.P.  
 Columbia River Eating Disorders Network Conference  
 Lewis and Clark College  
 Portland, Oregon  
 February 27, 2016  
 1:20-2:15 PM  
 3:20-4:35 PM Puerto Vallarta, MX

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## Jacqueline Abbott, DrPH, R.D., L.D.

MEDICAL DEGREE Doctorate in Public Health with Emphasis in Preventive Care and Masters in Health Sciences; Loma Linda University, Loma Linda, California. Licensed and registered Dietitian. Certified Eating Disorder Specialist. Board certification diabetes education in process. PROFESSIONAL ORGANIZATIONS: American Dietetic Association, Oregon Dietetic Association, American Association of Diabetes Educators, Oregon Diabetes Educators, International Association of Eating Disorders Professionals.

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## Sara Becker, MD

Sara Kristine Becker is a board certified Family Physician who has practiced Family Medicine in Portland, Oregon for 36 years. She graduated from the University of Michigan Medical School with her MD Degree in 1977. Her residency in Family Medicine was completed in 1980 at Oregon Health Sciences University. She is a Diplomate of the American Board of Family Practice and was an Associate Clinical Professor of Family Practice at Oregon Health Sciences University in Portland, Oregon. She is a licensed multilingual: Instrument rated commercial pilot and an Aviation Medical Examiner for the Federal Aviation Administration. She was designated a Fellow of the American Academy of Family Physicians in 2014. Her hobbies are fly fishing, computers, piano, guitar, growing orchids, walking, and teaching.

Her professional interests are Family Medicine, Aviation Medicine, and Transgender medicine. She is a member of the World Professional Association for Transgender Health and The Endocrine Society, the Oregon Academy of Family Medicine, the Oregon Medical Association, and the American Academy of Family Physicians. She is on the Active Staff of Providence Milwaukie Hospital and the Courtesy Staff of Portland Adventist Medical Center. For 12 years she was on the staff at the Old Town Clinic in Portland, Oregon where she treated hundreds of transgendered patients many of whom were homeless.

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Hormones--Hismoans, Hermoans and Ourmoans--The Hormonal Basis of Transition

## Transgendered Squid



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## Cases in Point



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## Cases in Point



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Hormones--Hismoans, Hermoans and  
Ourmoans--The Hormonal Basis of  
Transition

## The Paradigm

- "I have been this way as long as I can remember"
- "I think about this every day of my life but can tell no one, I have to live as I was made otherwise I will lose everything"
- "At age 6, I wanted to be a girl"(boy)
- "I would go to sleep and wake up hoping I was a girl (boy)"
- "Damn, its still there (not there)"
- "Puberty was awful. My body changed away from what I wanted. I grew hair (breasts) alienated" The incidence of suicide in transsexual adolescents is high almost four times higher than other adolescent populations
- "How can a person give up everything in their life to be a woman (man) I just don't get it" (from a spouse, son, parent etc)
- "If I were there, I would kill you with a shotgun"
- "If my husband becomes a woman that makes me a lesbian!"
- **The Farthest Journey**

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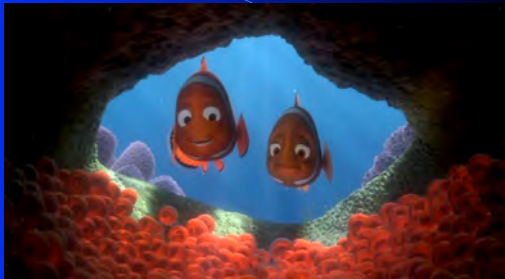
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## Life Finds a Way



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**\*\*What is a Transsexual or Transgendered Individual? \*\***

**Gender Dysphoria** DSM-5 (formerly called Gender Identity Disorder ) refers to discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics) **A person who has manifests Gender Dysphoria is also known as a Transsexual person or Transgendered person. Transsexualism** was a term coined by Harry S Benjamin MD, a psychiatrist who did pioneering research in this field in the 1950s

WPATH Standards of Care 2012 and DSM-5 (Diagnostic and Statistical Manual, American Psychiatric Association)

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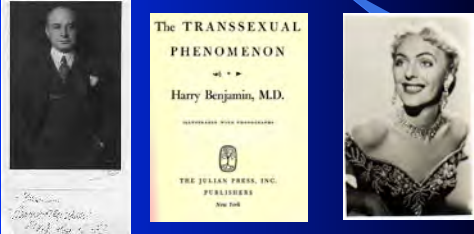
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**The World Professional Association for Transgender Health, Inc**



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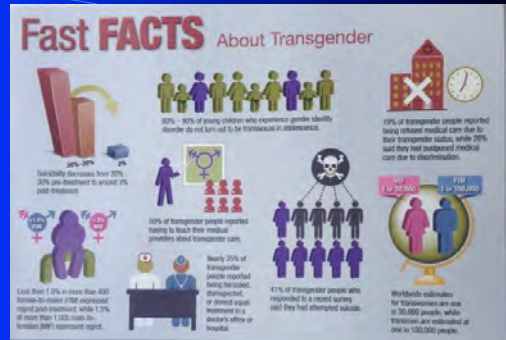
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**Fast FACTS About Transgender**



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Hormones--Hismoans, Hermoans and Ourmoans--The Hormonal Basis of Transition

- 40 percent of homeless youths are GLBT

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**\*\*Goals for this Presentation\*\***

- Understand basic terminology for Transsexual/Transgendered persons
- Understand the basic principle practice guidelines for treatment of Gender Dysphonia
- Understand the difference between sex and gender
- Beginning understanding of hormone therapy to enable a transsexual patient *to “transition” or transform to the desired new gender*
- Although sometimes considered to be a psychiatric condition in the US once like being gay, throughout the world it is considered a medical condition. **\*\*\*It is not a mental illness or related to any mental illness\*\*\***
- Gender Dysphoria cannot be “cured”
- It is not a choice
- Cultural competence

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WPATH.COM

- The World Professional Association for Transgender Health (WPATH) is an international, multidisciplinary, professional association whose mission is to promote evidence-based care, education, research, advocacy, public policy, and respect for transgender health.
- If you don’ t know where else to look look here !!

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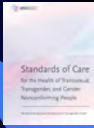

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## Resources in this Presentation

- World Professional Association for Transgendered Health
- Endocrine Society
- Vancouver Coastal Health Clinic Recommendations
- Center for Transgender Health UCSF
- DSM-5 A.P.A.
- Additional citations

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## Treatment of Gender Identity Dysphoria

- Both The World Professional Association for Transgender Health and The Endocrine Society provide:
- Certification and guidelines for counselors who treat transsexual patients
- Provide guidelines for cross gender hormone therapy
- Provide guidelines for gender reassignment surgery (sex change surgery)

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## I don't understand this!

- Frog DNA
- Clownfish
- Man in a dress
- ***\*\*Individuals that have this do not understand it and they are not going to explain it to you\*\****
- It is not a choice ("The Magic Wand")
- There is no desire to deceive on the part of a transsexual person but to survive
- Who you are and who you love are different things ***"Who you go to bed with as opposed to who you go to bed as"***
- Whatever your belief structure, they are Human Beings entitled to compassionate basic respect.



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Hormones--Hismoans, Hermoans and Ourmoans--The Hormonal Basis of Transition

## Is this a Disease or Just a Variation of Normal?

- Being a Transsexual person , Transgender person , or Gender Nonconforming Is a Matter of Diversity, Not Pathology
- WPATH released a statement in May 2010 urging the de-psychopathologization of gender nonconformity worldwide (WPATH Board of Directors, 2010).
- This statement noted that “the expression of gender characteristics, including identities, that are not stereotypically associated with one’ s assigned sex at birth is a common and culturally-diverse human phenomenon [that] should not be judged as inherently pathological or negative.”

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## Is this a Disease or Just a Variation of Normal?

- Unfortunately, there is stigma attached to gender nonconformity in many societies around the world. Such stigma can lead to prejudice and discrimination, resulting in “minority stress” (I. H. Meyer, 2003).
- Minority stress may make transsexual, transgender, and gender nonconforming individuals more vulnerable to developing mental health concerns such as anxiety and depression (Institute of Medicine, 2011).
- In addition to prejudice and discrimination in society at large, stigma can contribute to abuse and neglect in one’ s relationships with peers and family members, which in turn can lead to psychological distress.
- These symptoms are socially induced and are not inherent to being transsexual, transgender, or gender nonconforming.
- **THE ONLY CONDITION THAT IS NOT CONTAGIOUS BUT MAKES OTHERS SICK**

● From WPATH SOC 2012

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## Incidence of Transsexuals

- In the evaluation of ten different studies incidence of male to female individuals is 1:11,900 to 1:45000
- Females to males 1:30,400 to 1:200,000
- Doubling of individuals seeking care at gender clinics in England every five years (Reed et al)
- Probably more common than above

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**\*\*Terminology for Transsexuals \*\***

- The surgery to change gender is known as Gender Reassignment Surgery (GRS) or Sex Reassignment Surgery (SRS).
- There are Male to Females also known as MTF, M2F, or Transwomen. Individuals who have not had definitive surgery to change their genitals to a female pattern are preop MTF. Those that have had surgery are postop MTF. This surgery is called a Vaginoplasty.
- Females to males are known as FTM or F2M or Transmen. SRS Surgery for FTM is Breast reduction or "Top Surgery"

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**\*\*Terminology for Transsexuals \*\***

- These special souls really want to be known as Men or Women.
- They do not want to be apart from other segments of Human Beings . Often, it is painful for them to be so regarded.
- They want to be respected for and treated as the Gender their mind and soul tells them to be
- I rarely use the term Transsexual person or Transgender person directly to the patient.
- I ask "How they would like to be referred to as and what name have they chosen?"
- "Who do you love and care for"

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**\*\*The Difference Between Sex and Gender\*\***

- Sex is the physical expression of genes.
- Gender is the concept of how one relates to another in society (masculine vs. feminine) and self perception.
- The organic basis of gender identity may be a reflection of hormonal effects prior to birth but no one truly knows
- The gender of one's mind cannot be changed by any known therapy
- Not all have surgery to become the other gender.

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## Barriers to Care for GLBT

- Fear of Disclosure
- Fear of asking by Health Professionals
- Lack of knowledge and research
- Lack of Insurance /Benefits
- Discrimination by Health Providers and their staff
- Fear of offending straight / conservative patients

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## Gender Identity Dysphoria

- Who you are
- Who you love

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## The Farthest Journey

- A Journey too Far
- A Trip from one existence to another
- How long does it really take?

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## Feelings and Memories

- Of Mind and Thought
- The Deep Feelings
- The Bedtime Prayer
- Living “The Lie”
- The False Construct
- Puberty the “Treason of the Body”
- The Wakening Dream

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## The Shell Cracks

- The pain of not being--?relation to testosterone
- The emergence of Gender Dysphoria
- The Ultimate Dilemma
- Addressing the mirror
- The spiral downward
- Facing the end of being or a new being in the end

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## The Shell Cracks

- Gender Dysphoria is a situational depression.
- It cannot be cured with drugs, therapy, or prayer
- Dysphoria means difficult to bear in Greek
- Some patients become acutely suicidal when the feelings cannot be contained and they face a loss of all they hold dear knowing the stigma of changing gender
- I have found almost all strongly consider suicide
- Unknown how many attempt it “no suicide note”

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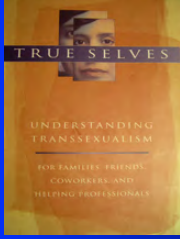
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## From "True Selves" by Mildred Brown



TRUE SELVES

UNDERSTANDING TRANSEXUALISM

FOR FAMILIES, FRIENDS, COLLEAGUES AND HELPING PROFESSIONALS

Since we have, most transsexuals reach the point where their gender dysphoria dominates their lives to such an overwhelming extent that daily functioning becomes difficult, if not impossible. Although they may have been able to contain their own gender feelings, longings, and behaviors in an "internal" struggle for years, eventually that coping technique no longer works. The same, however, of internal and external stressors "build" to support the address, defense mechanisms that men have several times in the past are no longer effective. The dysphoria begins to slip out and even if not, it is nearly impossible to keep it back inside.

Exhibiting depression often sets in. Things that used to be important in their lives are no longer meaningful. The pleasure previously experienced from relationships or personal successes fade. Even simple joys like listening to music, swimming with a pet, or engaging in creative endeavors may diminish to the point of extinction. Nothing seems as matter. Transsexuals eventually find that they cannot ignore or deny their gender dysphoria any longer, something has to change.

"I felt that I was in an endless state," one person said. "I'd get lost in the pain in my life where I felt like the path I was going down was spinning wildly around as ever-decreasing circles, finally to disappear. I had to do something to do."

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## Gender Dysphoria

- Since the mind cannot be changed, the body must be changed
- In modern therapy, no attempt is made to cure. Rather, options are explored
- Some exist living part-time in the gender of their mind. Most seek to transition
- Our society is not geared for us to live "In Between"

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## Symptoms of Gender Dysphoria

- A situational depression
- Drugs and Alcohol abuse
- Devotion to profession, military commitment
- To transition or not-endless rumination
- The price of truth



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Hormones--Hismoans, Hermoans and Ourmoans--The Hormonal Basis of Transition

The first thing Lawrence Shaw noticed about the congressional candidate in his driveway were the medals — a Purple Heart, a Bronze Star with a "V" for valor, and a Joint Service Commendation decoration — clipped to her blazer.

"Are you retired military?" Shaw asked, taking a break from his lawn work to walk over to the broad-shouldered woman.

"Yeah, 20 years, Navy SEAL," Kristin Beck said. She brushed back her long blond hair and showed him the silver pendant on her necklace, an eagle clutching a trident, anchor and pistol.

"Wow, I didn't know there was a woman SEAL. That's amazing," said Shaw, a retired Army colonel.

"I'm the first one," Beck said. What she didn't say was that at the time of her service, she was Christopher Beck.



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## "Transition"

To change ones body and mind image to the gender Opposite to the cage one is born to.

To learn to relate in society as one of the opposite Gender.

To go from that which you never were but have always been to that which you truly are but never thought you could be

The process of "Becoming" or "Transitioning"

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## \*\*"Transition"\*\*

Transitioning is the process whereby a Human Being undergoes counseling, hormones, surgery and education to live as the other gender

All Transsexual individuals understand the term "transitioning"

If you want to know if someone has Dysphoria, ask them if they are thinking of "transitioning."

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Transition

## \*\*"Transition"\*\*

Be aware if they confide in you then you have inherited a sacred trust with that individual not to out them.  
 Most all guard this secret very carefully  
 Very vulnerable time for Transsexuals Persons.  
 Always try to inquire if they are contemplating ending their life. I find the answer is often yes.

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## Steps in Transition

- Counseling
- Electrolysis or Laser to remove the beard
- Hormone Therapy to change the body
- The Real Life Test
- Surgery
- Beyond

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## To Find a Chiron

- The importance of a mental health provider who is skilled in treating transsexual patients.
- What am I? (sometimes there is a spectrum)
- How do I adjust to what I am?
- How do I make myself understood?
- **How do I forgive myself to not being "fixable"**
- How do I deal with so many others when I am struggling so

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## Issues of Transition Dealt With In Counseling

- Timing of transitioning
- Hormone therapy
- Informing spouses
- Informing children
- Informing friends
- Informing relatives
- Job preservation
- Survival

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## The Role of the Therapist

Weighing the options  
Timing  
No attempt to cure

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## Educating Others

- Being a Transsexual person means that one wishes to change how one relates to others in society as a member of the other gender. It does not mean one is gay, trying to deceive others, or that this is a “life choice” Rather it is the way one has always been.

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## Issues of Transition

- Electrolysis
- Hormone therapy
- Preserving hair—Rogaine, Finasteride, Dutasteride
- Voice
- Walking
- Mannerisms and clothing
- Physical changes
- Eating Disorders—Weight gain from Testosterone , weight loss
- Legal changes
- Work
- Surgery

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## Issues of Transition

- Economics
- Male to female \$20,000-\$100,000
- Female to male \$10,000 (top) to \$100,000
- Loss of job (70% of professional Transgenders in San Francisco are unemployed)
- Physicians most likely to be fired
- Divorce
- Homelessness

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## Hormones

- It is the human sex hormones which shape the clay that becomes the being.
- Human beings are not fixed permanently into one gender or another.

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## Hormones

- To a great degree, feminization and masculinization can occur in the same body at different stages of life
- Bilbo Bagins (MTFTM)



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## Hormone Therapy

- The biologic pattern in Human Beings is female
- All embryos start out as female
- Testosterone at 12 weeks gestation creates male genitalia and characteristics

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## Hormone Therapy

- *Estrogen is much less powerful than Testosterone ("The True Difference Between the Sexes" -Time Magazine)*
- *To change a male bodies to female characteristics you block testosterone and give estrogen in large doses for feminize the bodies*
- *To change a female body to male characteristics you simply give it the testosterone that was denied before birth.*

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## Effect of Hormones

- Physical changes
- Mental changes
- Emotional changes

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## Effect of Hormones

"When you agreed to begin my hormone therapy on the spot, I went from being tongue-tied by nervousness to being incoherent with elation. My dizzy-headed joy has been replaced by an inner peace so profound so pure, that I have never experienced anything like it in all the events of my life. Though I had imagined this day at least a hundred thousand times I was unprepared for the miraculous change that would come over my spirit. The pain which had gnawed at my soul for as long as I can remember is finally disappearing. My God! So this is what it is like to feel ok. Forgive me but I feel that I have been rescued in the nick of time from some nebulous yet terrible fate." "M" November 9, 1999

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## Estrogen in M2F

- Estradiol (Estrace) 0.5 to 6.0mg orally
- Estradiol Transdermal (Fempatch, Alora, Climara, Estraderm) .1 to .2.
- Delestrogen 20- 40 mg q 2 weeks by shot

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## Antiandrogens in M2F

- Block the production and effects of testosterone.
- Use allows a lower dose of estrogen to produce the same feminization but reduce the risks of estrogen.
- Many different kinds but many are expensive.
- Spironolactone ( water pill) most common drug used 100 to 200 mg daily

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## Typical Hormone Therapies in F2M

- Testosterone Cypionate 50-100 mg IM weekly or 100-200 mg. every two weeks
- Cannot give testosterone orally because of liver toxicity

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## Steps Before Initiating Hormone Therapy

- The DSM V criteria
- The WPATH standards
- “*The Letter*” or Extensive informed consent
- Physical exam
- Laboratory tests
- Contraindications for therapy

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## History and Physical Examination by Medical Provider

- Must be done to look for preexisting medical conditions which would complicate or preclude hormone therapy
- After hormone therapy is instituted, regular visits should be carried out at three to six month intervals to look for complications and adjust doses
- Many insurances but not all will now cover this

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## Survival

- Be flexible
- Support groups
- Churches
- Journal
- Internet Resources
- Counseling and diet

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## Identification

- The role of the therapist
- Letter of passage
- U.S. Department of State guidelines

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## Real Life Test

- *The real life test is the period of time that one must work in the gender one is becoming*
- Usually one year
- With completion of the real life test, one can seek the two letters from a mental health professional for Gender Reassignment Surgery (Sex Change Surgery)

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## Real Life Test

- Usually one year
- One has to work as the future gender
- Time off work for SRS

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## Testosterone Left None Right



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## Facial Surgery for MTF

- Forehead
- Nose
- Upper lip
- Chin—sliding genioplasty
- Jaw
- Tracheal Shave
- Doug Osterhoud, MD
- Electrolysis

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## Sex Reassignment Surgery

- Sex Reassignment Surgery is the goal of many but not all
- Can be offered only after the real life test
- Not an option for physicians and certain other professions
- There is a harmony in having your body match your mind
- Less fear of being “caught” in social situations
- The two letters—MA, PhD., MD
- Ten surgeons in the world

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## Sex Reassignment Surgery in Females to Males

- Sex Reassignment Surgery in F2M usually limited to Breast reconstruction “top surgery”
- Genital surgery limited
- Full imitation not technically possible
- The metoidioplasty
- Phalloplasty

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## In The End

- After all of the above what is left?
- Time and experience
- Posttraumatic Stress Disorder—regret, loss
- Memories and reflections
- Dreams, feelings and thoughts become one
- To gaze on ones own countenance with peace
- To savor the milieu, to just live as others do

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## How long Does it Take

- Range is 2 to 5 years
- Real answer is at least 5 years
- Probably a lifetime




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## Most Important

- It is not a choice of life, it is a biological imperative. Individuals with this cannot make it go away. It is a pain similar to what one feels in the death of a child. Often face with loss of all they hold dear, transsexual individuals often consider or attempt suicide. They are often individuals of extraordinary courage.
- It is not an attempt to deceive but to survive.
- Who you are and who you love are different. Over 30% male to female transsexual patients stay with their mate if they can.

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Hormones--Hismoans, Hermoans and Ourmoans--The Hormonal Basis of Transition

## Why Is It Important For Professionals to Understand Transsexuals

- There are thousands
- They hide because of fear and prejudice
- They are 16 times more likely to be murdered
- They have the highest unemployment of any minority group
- Not associated with any other mental or medical condition

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## Why is it Important For Professionals to Understand Transsexuals

- Do we deprive the community of human beings because we do not understand?
- If a human were burned or paralyzed, would they be less a human being?
- Transition does not change the essence of a Human Being.
- Would any person deny a patient the only internationally recognized treatment for a condition because they do not themselves understand it?

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## Why is it Important For Professionals to Understand Transsexuals

- You may be the first outside of the transsexual individual themselves to know what is really happening.
- How you respond may influence the future of that person.
- Many transgendered individuals consider suicide when the shell breaks. Estimates of 40% active attempt. (September, Oregonian)
- Suicide without a letter

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Hormones--Hismoans, Hermoans and  
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## Gender Dysphoria

- A human being who survives this has a unique perspective on both genders that can be helpful to others
- Perspectives on medical illness

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## Gender Dysphoria

- A human being who survives this has a unique perspective on both genders that can be helpful to others
- You may be the only professional between a successful transition and failure

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## Approaches to Transgendered Persons

- Keep an open mind
- If you are not sure, ask if they wish to "Transition." All individuals with Gender Dysphoria know this term
- Let people know you are accepting (websites, teaching, literature).
- Ask this individual who is important in their life and what name they have chosen
- Remember your students and colleagues look to you for guidance.
- Be knowledgeable about resources in the community.

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## Approaches to Transgendered Persons

- Create GLBT inclusive intake and assessment
- Post non-discrimination policies & GLBT-welcoming posters
- Become familiar with appropriate GLBT community referrals
- *Actively reassure GLBT individuals about confidentiality*
- Encourage visibility of GLBT employees

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## Approaches to Transgendered

- Ensure GLBT employees have same benefits as other employees
- Ensure all staff are culturally competent
- Ask how they would like to be addressed. Many have names that are not yet legal
- *\*\*Use proper pronouns. This is incredibly reaffirming to individuals who have lost the sense and security of the shell they once inhabited\*\**
- *\*\*Be aware transsexuals persons are extremely sensitive about exposing the genitals that do not match their mind\*\**

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## The GLBT Friendly Practice

- Provide appropriate bathrooms if possible.
- Provide resources such as listed at end of presentation.
- Be knowledgeable about health care and counseling resources.

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## Approaches to Transgendered

- The loudest voices do not always belong to the keenest minds. Do not let one biased person inflict bigotry on a group. One true voice can change the lives of many

*"First they came for the Socialists, and I did not speak out—  
Because I was not a Socialist.*

*Then they came for the Trade Unionists, and I did not speak out—  
Because I was not a Trade Unionist.*

*Then they came for the Jews, and I did not speak out—*

*Because I was not a Jew. Then they came for me—and there was no one left to speak for me."* (United States Holocaust Museum)

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## Legalities

- In some states, hospital visitation, notification, durable POA, and parental rights for nonbiological partners are not automatically granted to same-sex couples without legal action.
- GLBT people may be less tied to their families of origin, but often have larger social networks
- Partners and friends of GLBT people have often commented to the lack of rights/recognition given them in relation to visiting, decision making, and care giving for their loved one

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## Janice Longbehn and Lisa Pond

- On April 15, 2010, President Obama issued a memorandum to the Secretary of Health and Human Services, Kathleen Sibelius, directing her to issue new rules to ensure that hospitals that participate in Medicare or Medicaid respect the rights of patients to designate visitors and surrogate decision makers. "Hospitals should treat all visitors, including people who are not immediate family, on the same basis." The memorandum stated that hospitals may not deny visitation and decision making privileges on the basis of race, color, national origin, sex, sexual orientation, gender identity or disability.

- <http://www.thehastingscenter.org/Bioethicsforum/Post.aspx?id=4817&blogid=14091vzdvBEZcnk>

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Hormones--Hismoans, Hermoans and  
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Transition

## Identification

- In June 2010, the State Department announced a new policy to issue passports that reflect a person's current gender when either a previous passport or other personal documentation presented by an applicant reflects a different gender.
- Under the new policy, a transgendered person can obtain a passport reflecting his or her current gender by submitting a certification from a physician confirming that he or she has had appropriate clinical treatment for gender transition. Applies also to Social Security and over half the states including Washington , Oregon , and California Drivers licenses and in some states Birth certificates.

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## Identification-You are what your Identification says you are

- Drivers licenses Oregon, Washington , California
- Social security
- Name changes through courts and gender change through court
- United States Passport
- Department of Immigration and Naturalization
- In some states, birth certificates

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## Identification

- **WHAT THE PHYSICIAN CERTIFICATION MUST INCLUDE**
- The State Department has provided the following model letter for physician certifications. All certifications must be on the physician's office letterhead and include *all* of the information seen here, including both the physician's license or certificate number and DEA registration number. No additional personal health information that is not included here should be given. **DO NOT NEED TO HAVE HAD SURGERY!**
- I, (physician's full name), (physician's medical license or certificate number), (issuing U.S. State/Foreign Country of medical license/certificate), (DEA Registration number or comparable foreign designation), am the physician of (name of patient), with whom I have a doctor/patient relationship and whom I have treated (or with whom I have a doctor/patient relationship and whose medical history I have reviewed and evaluated).
- (Name of patient) has had appropriate clinical treatment for gender transition to the new gender (specify new gender male or female). I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.
- Signature Typed Name Date

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## Health Care

- As of September 2014, ten adults have used the Oregon Health Plan to have surgery for Gender Dysphoria-none younger than 18.
  - More than fifty minors have used Oregon Health Plan for therapy
  - Seventeen minors have used The Oregon Health Plan for suppression of puberty
- "The Oregonian" September 19, 2015

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## Choosing for others



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## Voices

- MTF "Tell them I am a woman. Trans is a process I have to go through. I want to get through it so someone doesn't try to throw me under the Max train as happened two months ago"
- FTM "I am a guy, not a girl. I wish they would call me by what I am"
- MTF "I wish my son would talk to me. I miss my grandchildren."
- MTF "I am 69 and could not transition as I would lose my wife and family. Let them know the Dysphoria grows along with the regret and pain. I am now too old. It never goes away."
- FTM "I am a guy. What's wrong with you?"
- MTF "I am a Trans woman. I say this not because I have not successfully transition but for others who cannot."
- FTM "You are supposed to be professionals. Do not judge me. Help me go where I have to go"
- FTM "If you shoot high enough, far enough, you can hit a star"

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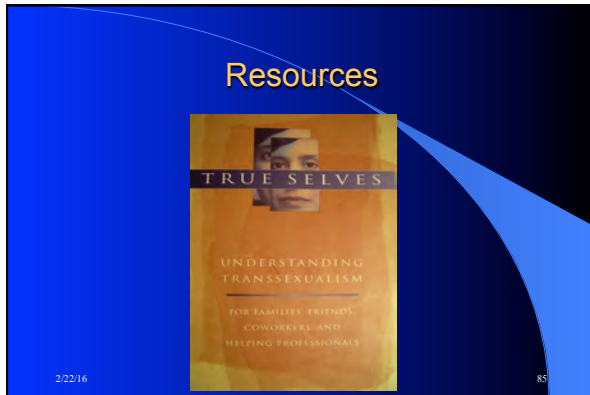
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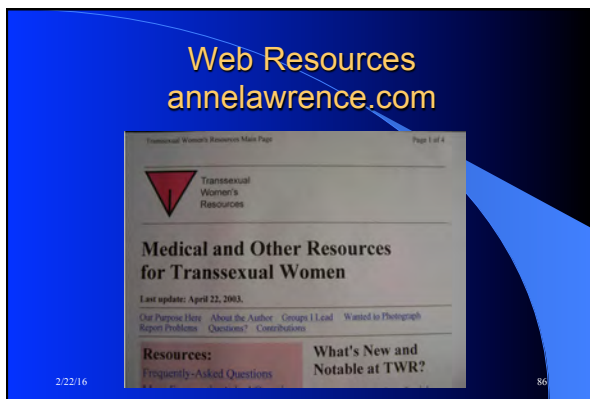
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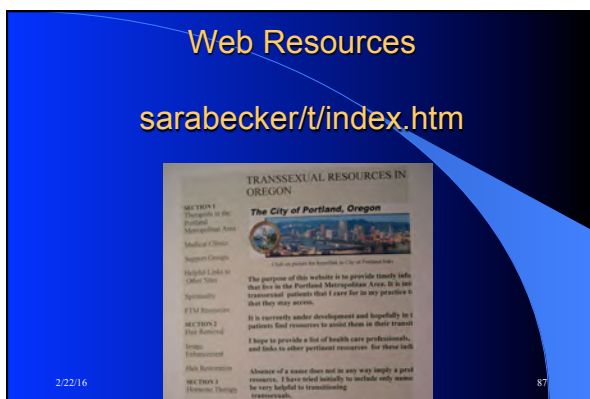
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Web Resources

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Under age 18

- Transactive Youth Gender Center
- Counseling , Training and Support for youth
- Education of parents and schools
- Contact at 503-252-3000
- 1631 NE Broadway St 355, Portland, Oregon
- Run by Jennifer Burlton
- 350 families in Portland Area
- <https://www.transactiveonline.org/services/>

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## Q Center Portland, Oregon

- Q Center provides a safe space to support and celebrate LGBTQ diversity, equity, visibility and community building.
- Q Center is a 501c3 non-profit organization which offers multi-generational programs and services in four core areas: Arts & Culture; Education & Training; Health & Wellness
- 4115 N. Mississippi Ave.  
Portland, OR 97217
- [Map & Directions\(503\) 234-7837Info@pdxQcenter.org](http://Map & Directions(503) 234-7837Info@pdxQcenter.org)

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## Legal Resources for Transsexuals

dedicated to advancing the equality of transgender people through advocacy, collaboration and empowerment

[transequality.org](http://transequality.org)

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**“Go Beavers !!!!”**

My thanks to:  
 Connie Hume-Rodman, M.D., Claire Younger, Oregon State University  
 Elizabeth Stephens, M.D., Stephanie Munoz and the Department of Medical Education, Providence Portland Medical Center  
 Old Town Clinic Staff and Neil Rendleman, MD  
 David R. Jones M.D (former chief Psychiatry, Federal Aviation Administration )  
 Warren Silberman, M.D, Director, Civil Aeromedical Institute  
 Federal Aviation Administration retired  
 Several State and Federal agencies  
 Many patients at the Old Town Clinic who were homeless,  
 Transgendered individuals who unselfishly taught a lost ignorant doctor  
 Those of you here today who will continue to care for my special souls

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**QUESTIONS FOR OUR PILOTS?**



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**Questions?**

He who asks a question is a fool for five minutes  
 He who fails to ask a question is a fool for life

Old Chinese Proverb



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## Questions

*A New Years Prayer  
Dear Lord, please give me...  
A few friends who understand me  
and yet remain my friends  
A work to do which has real value,  
without which the world  
would feel the poorer...  
A mind unafraid to travel,  
even though the trail be not blessed  
An understanding heart...  
A sense of humor.  
Time for quiet silent meditation.  
A feeling of the presence of God.  
And the patience to wait  
For the coming of these things,  
with the wisdom to know them  
when they come*

*W. R. Hunt.*

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