

Transgender Issues

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Current statistics indicate that transgendered persons make up 2% to 3% of the population [1]. Although many people consider the state of being transgendered, (including transexuality) to be a result of modern cultural movements and advances in medical technology, the incidence of transgendered or “third sex” populations goes back thousands of years. In the United States today, transgender populations face a unique set of challenges within the larger society, and often experience discrimination within lesbian, gay and bisexual communities as well. This research summary presents an overview of important transgender issues, including a cross-cultural perspective on transgender and “third sex” categories, identification of research and policy priorities, and the status of current movements to affirm and protect transgender populations in housing, education, employment, and in society at large.

A Cross-Cultural Perspective of the “Third Sex.”

A very early reference to transgenderism may be in classical Greek mythology: The goddess Venus Castina was said to be the goddess sympathetic to the “yearnings of feminine souls locked up in male bodies” [2]. For centuries many native, non-western societies held special places for persons that were seen to either have attributes of the opposite sex or attributes of both sexes. In the Americas, perhaps the most widely known example of this phenomenon is the case of the Berdache. Among the Zuni of the southwestern United States, the Berdache were identified as early as childhood: Zuni boys who liked to play with girls and to participate in the domestic activities of girls were identified as gender-variants or two-spirited. Rather than suppressing these feminine tendencies, the Zuni culture held that these boys were gifted by having “two spirits” in one body and they were given special status within their tribes. These boys would adopt women’s dress and hairstyle during adolescence and would engage in long term sexual relationships with men. The Berdache were considered neither men nor women, but as a separate gender that was a normal part of the culture [3]. In other cultures, such gender variants were often seen to have special powers of healing and communication with spirits and were assigned to priestly or shamanistic roles. It is important to note that Native Americans today opt to use the term “two spirited” rather than “Berdache,” as that term has the negative history as the term used by European settlers for what they viewed as an undesirable condition.

The *hijras* of India are a modern example of a third sex or gender category. Hijras are born males but voluntarily undergo emasculation surgeries that sever both the penis and the testicles. The hijras then become part of a special religious community and are assigned special social roles of ritual child-blessing. When a child is born, the hijras bless the child and provide entertainment for the family and friends of the child. Like the Native American two-spirited peoples, hijras are not considered men or women but a third gender [4].

In the West, special culturally sanctioned categories for persons who are other-gender identified do not exist. However, individuals do have the option of sex-reassignment surgery that formally (and legally) changes sex from man to woman or from woman to man. Once referred to exclusively as transsexuals, individuals who have had this surgery are now often

referred to as transgendered, although transgendered does not always imply that someone has had a sex reassignment operation. Although the Emperor Nero was said to have ordered one of his slaves to undergo a sex-change operation during the Roman Empire [5], sex change surgical procedures did not really advance until the mid-part of the twentieth century. In 1952 George Jorgensen became perhaps the most famous transsexual of all time, Christine Jorgensen. Since then, multiple thousands of sex-change operations have taken place with greater skill and results.

In 1996 it was estimated that over 60,000 transsexuals existed throughout the world [6] and today that number is exponentially higher. Transgendered populations have found their greatest support and advocacy amongst lesbian and gay organizations, and in recent years the “T” has been added to perhaps the majority of what were the visible “LGB” organizations working for equal rights for persons with homosexual orientations. There has been confusion and dissension, however, by this inclusion as “transgender” does not always refer to a previous (prior-surgical) homosexual orientation, and some lesbian and gay groups have felt that the inclusion of transgendered populations into may serve to weaken the effectiveness of their organizations. Perhaps more so than gays and lesbians, transgendered populations may suffer social, political, and medical hurdles, and these issues are being addressed through a variety of mediums (political, educational, media, and entertainment) as the transgendered population – and its visibility amongst the general population – steadily increases.

An Overview of Transgender Priorities

In 2004 the National Coalition for LGBT Health published a comprehensive review of research on U.S. transgender populations [7]. Within this report the authors cite over 40 different studies and other relevant research to clarify the main priorities facing transgendered populations in regards to their health and wellness. These priorities include:

- 1. Violence and Murder Prevention:** Evidence supports the existence of epidemic violence directed against transgender people, particularly transgender women of color.
- 2. HIV/AIDS and other STD Prevention and Treatment:** Studies have indicated HIV prevalence in transgender women ranging from 14% to as high as 30%.
- 3. Substance Abuse Prevention and Treatment:** Substance abuse among transgender populations is a major problem. Receiving substance abuse treatment is problematic due hostility and insensitivity of service providers and gender segregation rules in programs that result in exclusion of transgender people.
- 4. Depression, Suicidal Ideation and Suicide Prevention:** Studies indicate suicidal thoughts are prevalent in transgender populations (as high as 64%) and actual suicide attempt rates range from 16% to 37%. Like substance abuse, receiving treatment for suicidal thoughts and/or actions is difficult due to discrimination and lack of trained therapists.

5. Lack of Health Insurance and Underinsurance: High unemployment and poverty rates in transgender populations result in lack of health insurance. Additionally, anecdotal evidence exists that suggests post-operative transsexuals may lose health insurance if their transsexual status is revealed to insurers.

6. Lack of Coverage for Trans Health Services: Transgender hormonal therapy and sex reassignment surgery are routinely not covered by most health care insurers in the U.S.

7. Lack of FDA approval for Transgender Hormonal Therapy: Transgender Hormonal Therapy (THT) has never been approved by The Food and Drug Administration. Without this approval, there remains ignorance about THT on the part of physicians.

8. Lack of Training in U.S. Medical Schools for Trans Health Service Delivery and Working with Transgender Patients: As transgenderism continues to be viewed as a mental disorder, pertinent issues are usually not part of medical school curriculum as they are thought to belong within the arena of psychiatry. As a result, providers are often unable to adequately address transgender patient needs.

9. Widespread Injection Silicone Use, Especially Among Transwomen of Color: Injection Silicone Use (ISU) is used as a quick and inexpensive alternative to hormonal therapy as it gives transgender women ‘curves’ and a passing appearance. ISU is often obtained in contaminated environments and those who inject it risk – among other complications – infections such as Hepatitis and HIV.

10. The Continuing Misclassification of Sex Reassignment Surgery as “experimental” by the Centers for Medicare and Medicaid: Sex reassignment surgery has not shifted from its “experimental” status, despite estimates that the surgeries are conducted on a daily basis by at least 24 physicians in the U.S. alone. The “experimental” status is a common reason for the exclusion of trans health services by insurance companies.

The authors end their report differentiating between transgender populations and “intersex” populations, stating that although both groups share a common experience of medicalization of their bodies, they each have unique issues to confront: Intersex people are often adults whose genitalia was altered by medical mistakes during infancy and they often consider that they have been mutilated. Transgender people – specifically transsexuals – voluntarily receive sex reassignment surgeries in adulthood [8].

The Emergence of Non-Discrimination Policies for Transgendered Populations

The Employment Protection Research Summary on the Equality Arizona website details the current status of “gender identity/gender expression” as a category protected against discrimination in the state of Arizona. On a national level, the Human Rights Campaign has recently included “transgender” within its revised edition of the ENDA bill. As of the fall of 2005, 64 major cities have expanded anti-discrimination policies to include gender identity/gender expression. These cities include New York City, Philadelphia, Dallas, Boston

and Chicago. Additionally, six states have extended anti-discrimination laws to include transgendered populations: California, Illinois, Maine, Minnesota, New Mexico, and Rhode Island [9].

At the corporate level, many high profile companies provide equal employment opportunities and non-discrimination policies to transgendered populations. Specifically, 73 companies in the Fortune 500 provide equal employment opportunity, not only for gender identity but also for transsexual transitioning on the job. These corporations include Aetna Inc, American Express Co., Apple computer, Ford Motor Co., General Mills Inc., Merrill Lynch & Co., Lucent Technologies Inc., PepsiCo Inc., US Airways Group, Viacom Inc. and Walgreens Co. [see 10 for a complete list of corporations].

Public universities and colleges fall under state and city non-discrimination laws protecting transgendered populations. On their own, however, many major educational institutions have extended anti-discrimination policies to protect transgendered students and these schools include Arizona State University, Massachusetts Institute of Technology, University of California, University of Pennsylvania and the University of Washington [11].

In the continued absence of federal policy prohibiting discrimination on the basis of gender identity and gender expression, it is likely that states, cities, corporations and institutions of higher learning will continue to expand protections to include these categories on their own.

Utilizing an informed approach: Points to remember about transgender issues

- Although transsexuality has become possible due to recent innovation in medical and surgical technologies, transgendered persons have existed throughout time.
- Many native, non-Western societies have viewed what we would call “transgender” individuals as persons with unique gifts and abilities. Within these cultures esteemed social roles are granted for what are referred to as “third sex” individuals.
- The state of being transgendered (including aspects of gender identity and/or surgical sex reassignment) may or may not be associated with homosexuality. Many people who change their sex remain with their heterosexual spouses.
- Transgender populations face a plethora of social, legal, employment and medical challenges. They are beginning to benefit from anti-discrimination policies put in place at the corporate, municipal or state level. Beyond the federal passage of ENDA, however, transgender populations will also need access to quality health care, including non-exclusionary health insurance and trained and non-judgmental health care workers.

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