

Mending Gender

Where do you turn when your brain and your body don't agree?

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It wasn't a typical wedding -- even for the Reverend David Herndon, who'd been performing marriage ceremonies for sexual minorities for 20 years. "The woman considered herself lesbian," Herndon says. "And the man considered himself a female. *Herself*, I suppose," he corrects himself. "Subsequently, he -- she -- had a transgender operation. So legally they're still married, even though his gender is now changed. Or rather, *hers* -- and it's now confirmed. Go figure. It's been quite an education for me, seeing how fluid gender can be."

Pronoun confusion is the least of the problems facing people who suffer from gender dysphoria -- a deep-rooted unhappiness with one's physical birth gender. In a society where an eye-opening education such as Herndon's is all too rare, those who feel their inner self is mismatched with their body's shape frequently don't know where to turn for advice, information or love.

But there are people who make it their business to help.

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Richard Vagley was the new kid on the Pittsburgh plastic surgery scene in the late 1970s. He had never given much thought to gender reassignment surgery -- turning the physical form of a man into that of a woman, or vice versa. But the issue fell into his lap when a distraught patient was referred to him.

"He had gone to another plastic surgeon for a total transformation," Vagley recalls. "Not just replacement of his male genitalia with a skin-graft-lined vagina, but reduction of his nose, enhancement of his cheeks. They did all the ancillary work, but when they got to the nitty-gritty, this plastic surgeon balked, for whatever reason, and said he wouldn't perform the genital operation."

The patient felt betrayed. "He was stuck halfway there," Vagley says, "and felt the plastic surgeon had treated him dishonestly. He then found a second surgeon -- whose religious beliefs prevented him from performing that sort of surgery."

Vagley found himself considering the ramifications of taking the patient's case. "I was bothered that one of my colleagues would change his mind in the middle of a procedure," he says, "and I was challenged. Is accomodating someone who is physiologically a man, but who is convinced that he is really a woman and wants to physically become a woman, any different from accomodating a woman who feels that she isn't feminine enough and wants her breasts augmented? I decided that it was no different, only different in degree."

Today, Vagley is the medical director of the Pittsburgh Institute for Plastic Surgery. While he doesn't specialize exclusively in gender reassignment, he estimates his team, which includes psychiatrist Maurice Cerul and endocrinologist Sean Nolan, has seen 100 transgender cases. Nine out of 10 of these, he says, are male-to-female.

According to current medical thinking, the reason for this ratio is that fetuses start life genderless, and remain so until they receive hormonal stimulation on two levels: to the brain and to the genital area. Gender dysphoria is believed to be the mismatch that occurs when the genitalia alone are stimulated to become male -- and thus is purely an issue of gender identity, not sexual orientation.

"Virtually every transgender has said they recognized the wrongness of their body very, very early," Vagley says, "as young as three years old, long before they're aware of sex." In fact, he says, many are so certain of their condition, they want to go straight to surgery, despite the fact that the industry-wide standards of care require at least a year of psychological preparation.

Wendi Miller, a Pittsburgh native whose gender transition is five years past, is one of those who argue that the standards are too arbitrary. Her main complaint with agencies such as the Persad Center that perform pre-op psychiatric evaluations is that "there's not a single transgendered person among those who are evaluating. They tend to make comparisons between transgenders and gays, and you can't really make that comparison."

Another local transgendered woman who prefers not to be identified says that the medical professions on the whole aren't sympathetic to gender dysphoria. "The majority of both medical and psychological personnel are not prepared for anything like this. Some are good, but some freak out -- they laugh at the patient, throw them out of the office or politely terminate care. And a lot of these patients are in real despair, close to suicide."

Yet, she adds, "A few counselors are so dedicated they will say, 'This isn't my specialty, but I will learn what I have to learn to help you.'"

Medicine or psychology isn't always the background of these most compassionate of caregivers. Sometimes it's religion. Surprised?

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From the outside, it's a church like countless others in the East End -- large, stone and gray, with massive wooden doors. But walk through those doors and the First Unitarian Church of Pittsburgh, where David Herndon has his ministry, more immediately exudes an air of true sanctuary than most cathedrals.

"I think here in the East End of Pittsburgh, at least," Herndon says, "there is an open and tolerant attitude toward sexual minorities on the whole." This attitude is reflected in the Shadyside congregation's mission statement: "to nurture a caring and diverse community... that provides a place of worship, celebrating life and its stages... to grow intellectually and spiritually in our search for truth and meaning... to achieve our greatest potential as human beings by cultivating a critical appreciation of ethical principles... to foster a more compassionate and just world."

Among the church's 350 adult members, Herndon counts two dozen who are sexual minorities, including more than one transgendered person. And Herndon's diverse flock is continually leading him to utilize new techniques for shepherding. "In the eyes of this church," he says, "people who have made a life

commitment are considered to be partners. The fact that marriage [between what Pennsylvania considers same-sex couples] is illegal is a disservice to sexual minorities, because it leaves a lot of ambiguity and loose ends -- both going in and coming out."

If it does come to divorce, what do you do when you're not legally married? Go to the minister who did the ceremony and say, "Undo it"? One couple did just that. "I ended up preparing a document stating that the church no longer considered the union valid," Herndon says. "People, heterosexual or not, who start out with that sort of commitment to each other need more official closure than just "breaking up.""

While Herndon's impromptu divorce proceedings aren't an ordinary occurrence, First Unitarian does regular wedding business. Rental of the sanctuary hall is \$250; the minister's fee is an additional \$200. "It's not cheap," he says, "though it's not as expensive as Heinz Chapel." The ceremony is more liberal than those given at other chapels, though it's just as spiritual.

"On the whole, I think our congregation has been quite welcoming and supportive of our sexual minorities," says Herndon, who expresses admiration for those members of his fold who have successfully changed their physical gender. "Talk about creating yourself and defining your own identity! There are so few role models, so few people one can talk with and get information from, that one is left to his own resources.... San Francisco this town ain't."

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You'd expect that assertion to be self-evident. But Wendi Miller, who runs a Web site for the Transsexual Support Group of Pittsburgh, sees it a little differently. "I feel Pittsburgh is one of the most gender-accepting cities in the country, right up there with San Francisco," she says. "Only a handful of cities have laws to protect transgendered citizens."

Miller was one of a group of activists who, in 1995, successfully lobbied the city's Human Resources Commission to effect a change in local anti-discrimination laws so that transsexuals, like gays and lesbians, would be protected. During the process, she says, she "found a wonderful willingness among the powers that be here in Pittsburgh."

Nonetheless, there's still a dearth of public information about transgender issues. Miller set up the TSG Web site (www.usaor.net/users/wendi/) to help people suffering from gender dysphoria make some sense of their confusing feelings. "I address the four issues of self -- physical, intellectual, emotional and spiritual. Certainly transsexuals see themselves as dealing with a physical issue -- requiring changes in their bodies. Society sees them as having an emotional issue -- which is why there's such a strong focus on counseling and psychological preparation before surgery. The intellectual is represented through activism, the way in which we need to deal with the laws."

Then comes the catch: "The spiritual issue, however, tends to get left on the back burner. With lots of contemporary religious leaders, being transgendered is like being in league with the devil. They don't realize we have spiritual needs too."

Miller grins wryly. "Before my change, I was a deacon in the Presbyterian Church, and I grew increasingly uncomfortable there. There was nothing overt, but there was no acceptance."

Those who search for information about spiritual issues on the TSG Web site will find, among other things, information about the First Unitarian Church. Those searching for more concrete details of the

journey through transgenderism will find links to myriad documents detailing worldwide medical standards and individual experiences.

By the time most gender dysphorics are ready to go ahead with surgery, Miller says, "we're pretty informed consumers. We read all the information, try to be in pretty good physical shape. People will lose weight, quit smoking, do whatever they have to do."

That includes paying for the operation -- a bill that ran over \$10,000 for Miller, and can go up to three times that. "It's expensive," she admits, "but not so expensive that it's cost-prohibitive. Put it in perspective: My neighbor just bought a van that cost twice as much as I paid for surgery."

On the other hand, not every gender dysphoric person is a middle-class business owner. As Richard Vagley points out, "The average patient is unable to afford even the simplest procedures. Many are underemployed or unemployed, which might be related to the fact that they've never felt comfortable in society."

Vagley says he takes this into consideration -- he doesn't charge for consultations, and discounts surgical procedures when undertaken as a package. Still, only 10 to 20 percent of the patients with whom he spends time consulting actually have surgery of some sort.

Miller, however -- whose surgery was performed by a specialist in Wisconsin -- knows that it was the best investment she could ever make. Five years into her life as a full-fledged woman, she seems happy, comfortable and well-adjusted in her gender of choice. Her teenage son acts about as casual with his father's female nature as any teenager ever does with a parent's foibles. And she certainly doesn't sweat not looking like a lingerie model. "I'm not into that," she says, laughing as she gestures at her well-worn blue jeans and baggy sweater. "This is the way real transsexuals look -- because this is the way real women look."