

Transgender Issues

Should gender-identity discrimination be illegal?

People who do not identify with their biological sex are a small proportion of the population, but the issues they pose for law, medicine and society are significant. Trans people say they experience widespread discrimination in employment, housing and other areas. Eight states and more than 80 local governments have passed laws prohibiting discrimination based on gender identity, and transgender advocacy groups want Congress to follow suit. Many government and private employers already have “trans-inclusive” non-discrimination policies and help transgender workers fit in comfortably with colleagues and customers. Meanwhile, transgender advocates are urging health-insurance companies to cover the cost of sex-change procedures and calling on psychiatrists to delete or change the designation of “gender identity disorder” as a mental illness. But social conservatives oppose laws to bar gender discrimination and say transgender people are mentally ill and need therapy to help them accept their biological sex.



Diane Schroer — formerly Army Special Forces Lt. Col. Dave Schroer — is suing the Library of Congress for sex discrimination.

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Cover: Diane Schroer — formerly Army Special Forces Lt. Col. Dave Schroer — is suing the Library of Congress for sex discrimination. (Diane Schroer)

Transgender Issues

BY KENNETH JOST

THE ISSUES

The Library of Congress appeared to have found an ideal candidate in fall 2004 for a position as terrorism research analyst with the Congressional Research Service (CRS).

Dave Schroer, a recently retired Army Special Forces officer, had experience in anti-terrorism work and had seen combat in Panama, Haiti and Rwanda. Schroer also held master's degrees in history and international relations and had helped brief top officials in Washington, including Vice President Dick Cheney.

After a salary offer had been extended and accepted, Schroer invited CRS Assistant Director Charlotte Preece to lunch. Then, over Chinese food at a Capitol Hill restaurant, Schroer dropped a bombshell. After gently asking Preece how much she knew about transsexuals, Schroer drew a deep breath: "I want to start work as Diane," she said. (See glossary, p. 389.)

For Diane Schroer, the coming-out represented the culmination of a lifelong struggle with feeling to be a woman, not a man. It also came amid a four-year transition that included a difficult divorce and equally difficult and expensive medical procedures.

For CRS, Schroer's transition also proved difficult — in fact, disqualifying. According to Schroer, Preece called the next day to rescind the job offer. For its part, the library denies that a final job offer was made and claims that Schroer "failed to satisfy the position's national-security requirements." Preece declines to comment.



Lt. Col. Dave Schroer, here on duty in Haiti in 1994, is now Diane Schroer (see cover photo) after undergoing hormone treatments and some sex-change procedures.

She is suing the Library of Congress for sex discrimination, contending it withdrew a job offer after learning she was planning to report to work as a female.

Transgender people say they experience widespread discrimination in the workplace and elsewhere.

Stunned, disappointed and ultimately angry, Schroer contested the decision through the library's internal procedures. When that failed, she turned to the American Civil Liberties Union (ACLU), which contended in a federal suit that refusing to hire her was illegal sex discrimination under Title VII of the Civil Rights Act of 1964.¹

Schroer's lawyers face an uphill challenge. Title VII traditionally has protected against discrimination based on a person's biological sex, but not on the basis of gender identity. The

Library of Congress relies on that view in claiming that it acted "appropriately" in Schroer's case. But times may be changing.

A slowly growing number of states and municipalities have enacted laws that protect transgender people from discrimination based on gender identity or expression. (See map, p. 388.) Some courts are also rethinking the issue. In fact, U.S. District Judge J. Willard Robertson gave Schroer a preliminary victory on March 31, 2006, by rejecting the government's effort to dismiss the suit.

"We're in an early stage of what I hope will be the ultimate legal recognition that discrimination against transgender people is sex discrimination under federal law," says Sharon McGowan, an attorney with the ACLU's Lesbian, Gay, Bisexual and Transgender (LGBT) Rights Project.

Equally, if not more important, transsexuals are increasingly visible in day-to-day life. Transmen and transwomen — people who have "transitioned" from female to male (FTM) or male to female (MTF) — are "coming out" in in-

creasing numbers to their families, friends, neighbors and co-workers. Accounts and depictions in news stories and in popular culture, such as the widely acclaimed 2005 film "Transamerica," are beginning to overcome ignorance — and the visceral discomfort many people feel — about transsexuals.

The number of transsexuals in the United States is uncertain and subject to dispute. The American Psychiatric Association (APA) estimates that 1-in-30,000 men and 1-in-100,000 women undergo sex-change surgery at some

[illegible]

Transgender Discrimination Banned in 89 Places

Minneapolis passed the first transgender anti-discrimination law in 1975. Today 89 states, cities and counties have similar laws banning gender-identity discrimination in employment, housing or the use of public accommodations. The laws cover 31 percent of the nation's population, or 86 million people.

Jurisdictions Banning Gender-Identity Discrimination

The map displays the following jurisdictions with bans on gender-identity discrimination:

- States (Green):** Wash., Ore., Calif., N.M., Minn., Wis., Ill., Ind., Ohio, Pa., N.Y., Maine, Mass., Conn., N.J., Del., Md., D.C., Ga., Fla., Tex., Ariz., Colo., Nev., Utah, Idaho, Wyo., Mont., N.D., S.D., Neb., Kan., Okla., Ark., Miss., Ala., La., Tenn., N.C., S.C., Va., W.Va., Ky., Mo., Iowa, N.H., Vt., R.I., and Alaska.
- Counties (Orange Stars):** Various counties in Washington, Oregon, California, Colorado, Texas, Illinois, Indiana, Ohio, Pennsylvania, New York, and Connecticut.
- Selected Cities (Blue Dots):** Numerous cities across the United States, including Minneapolis, San Francisco, New York City, and many others.

Source: Transgender Law and Policy Institute

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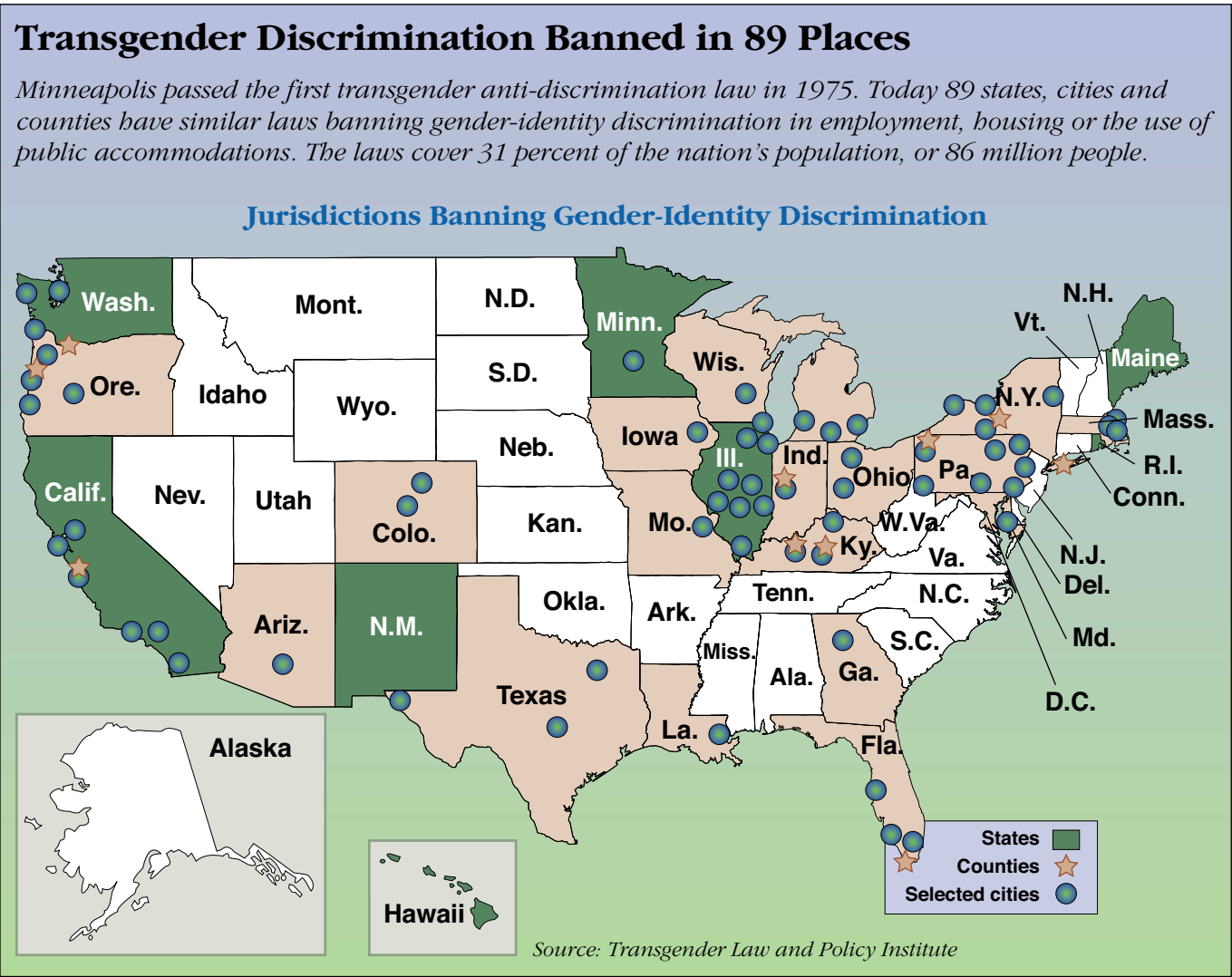
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Whatever their exact number, transsexuals do not produce the same degree of public astonishment that ex-

G.I. George Jorgensen did when he returned to the United States in 1953 as Christine, after a sex-change operation in Denmark. "It's just not as shocking to people any more," says Mara Keisling, executive director of the National Center for Transgender Equality in Washington, D.C. "As more and more people are coming out, people are understanding that we are worthy of having jobs. And as more and more diversity-trained children are growing up, they're understanding that everybody is just people."

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Gay and Lesbian Task Force, emphasize that life still can be pretty tough for transgender people. Without an anti-discrimination law, transgender people may have no recourse when — as often happens — they are rejected for a job, refused an apartment or denied service because of their gender identity.

Transgender people may face disapproval — or even arrest — for using a public restroom that corresponds to their gender identity but not their biological sex. (*See sidebar, p. 392.*) And — even more than gay men or lesbians — transgender people appear to be disproportionately the victims of hate crimes.³

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Sex and Gender: A Primer

Sex and **gender** are often used interchangeably, but the terms have different meanings. Biological or genetic sex is determined at birth, typically by the physical appearance of the genitalia.

Gender refers to an individual's outward appearance and behavior and, more importantly, self-identification as male or female. For most people, sex and gender correspond.

Transgender is the umbrella term coined in the 1970s to refer to people who do not identify with the sex designated at birth. The term encompasses transsexuals, cross-dressers and (in some usages) intersexed persons.

A **transsexual** — an older term — is someone who changes his or her original sex through medical procedures. A **transwoman**, or MTF, changes from male to female; a **transman**, or FTM, from female to male.

Hormone-replacement therapy is the use of testosterone or other male hormone for FTMs or estrogen for MTFs to produce some of the secondary sex characteristics of the gender the person is transitioning into, such as facial hair for FTMs or breast enlargement for MTFs. Some secondary sex characteristics — notably, voice modulation for MTFs — are changed only through instruction and practice.

Sex-reassignment surgery entails a mastectomy (removal of the breasts) for FTMs ("top surgery") and may entail genital reconstruction for either MTFs or FTMs ("bottom surgery"). For MTFs, complete reassignment surgery includes removal of the testes (castration) and penis (penectomy) and creation of a vagina and labia (vaginoplasty). For FTMs, the surgery in-

cludes creation of a penis by using the clitoris and its surrounding tissue (metoidioplasty) or tissue from other parts of the body (phalloplasty). Many, perhaps most, transsexuals do not undergo genital surgery; in particular, the results of a phalloplasty are not completely satisfactory, although surgical techniques are said to be improving.

Sexual orientation refers to an individual's physical or affectional attraction to individuals of the same sex, opposite sex or both. Transgender people have varying sexual orientations: Some are attracted to persons of the opposite gender ("straight"), some to persons of the same gender ("gay" or "lesbian"), and some to both ("bisexual").

A **cross-dresser** likes to wear clothes associated with the opposite gender but does not want to change his or her physical sex. (The older term "transvestite" is now widely viewed as pejorative.) Most male cross-dressers prefer female sex partners.

Intersex refers to someone born with ambiguous genitalia, an abnormally small penis or abnormally large clitoris or other atypical reproductive or sexual anatomy. Experts estimate that 1 percent of the population is born with this condition. (The older term, "hermaphrodite," is now viewed as pejorative.) Chromosome testing may be needed to designate their sex (XX chromosome for females, XY for males). Genital surgery may be used to attempt to create genitalia corresponding to the designated sex. The common practice of performing this surgery with the parents' consent soon after birth or in infancy is now viewed with disfavor by some intersexed persons.

In one high-profile case, Gwen Araujo, a "trans" California teenager, was beaten and strangled in 2002 after a sexual encounter with two men. Evidence at trial showed the men had become angry after learning Araujo's biological sex, but jurors rejected prosecutors' efforts to punish the offense as a hate crime motivated by Araujo's gender identity. (*See sidebar, p. 396.*)

Conservative advocacy groups voice strong disapproval of transgenderism. "A man with a man's DNA, Adam's apple, male physique and male brain construction who believes with all his heart he's a woman is someone who's seriously confused, not someone who's trapped in the wrong body," says Robert Knight, director of the Culture and Family Institute, an affiliate of the conservative

Concerned Women for America. "It's misplaced compassion to aid and abet someone's abnormal fantasy and to perpetuate their misery."

Many psychiatrists agree. "We psychiatrists should work to discourage those adults who seek surgical sex reassignment," writes Paul McHugh, a professor emeritus at Johns Hopkins University School of Medicine in Baltimore, who made the controversial decision to close the school's gender identity clinic in 1979 after 13 years in operation. "We have wasted scientific and technical resources and damaged our professional credibility by collaborating with madness rather than trying to study, cure and ultimately prevent it." ⁴

"Our view is that generally a person's sex is fixed at birth. It should not be changed," says Peter Sprigg,

vice president for policy of the Family Research Council (FRC). The self-identified Christian pro-family group opposes laws to prohibit discrimination based on sexual orientation. Sprigg says he similarly opposes "any sort of protections from discrimination based on self-proclaimed gender identity."

Transgender protections are, in fact, a somewhat recent add-on to the push for gay rights laws. ⁵ The gay and lesbian rights organizations that emerged in the 1970s had, at best, ambivalent views toward transgender people. Cross-dressers and drag queens hindered efforts to win social acceptance, while people who underwent full-scale sex reassignment — like the professional tennis player Renee Richards — engendered more curiosity and discomfort than understanding or approval.

As the push for gay rights laws gained steam in the 1980s and '90s, conventional wisdom had it that transgender protections would complicate and possibly derail the campaigns. Today, however, established gay rights organizations say transgender protections must be included in non-discrimination legislation. "We as a GLBT [gay, lesbian, bisexual and transgender] community have decided that we want the entire community protected," says Christopher Labonte, legislative director of Human Rights Campaign.

Apart from the legal issues somewhat common to their gay, lesbian and bisexual allies, transsexuals face two health-related issues distinctive to them. Gender identity disorder (GID) is officially listed as a mental illness in the DSM. Transgender advocates say the diagnosis stigmatizes transgender people and generally favor deleting or significantly revising it. (*See "At Issue," p. 401.*)

At the same time, the vast majority of health-insurance plans do not cover the substantial costs of sex-reassignment procedures, which include ongoing hormone replacement therapy (testosterone for transmen, estrogen for transwomen) and genital surgery, which is performed in some but not all cases. Transgender advocates dispute the argument sometimes offered that sex-change procedures amount to "elective" cosmetic surgery.

As transgender advocates press their case, here are some of the major arguments being made:



Transsexuals (from left) Jerimarie Liesegang, Adam Nichols and Rachel Goldberg wait to testify on March 24 in Hartford, Conn., in favor of a bill prohibiting discrimination against transgendered people. Eight states and 81 municipalities have banned discrimination against transsexuals in employment, housing or public accommodations.

AP Photo/Jessica Hill

Should "gender identity disorder" continue to be classified as a mental illness?

Back in the 1970s, psychiatrist Paul Fink played an influential role in getting the American Psychiatric Association to remove homosexuality from the *DSM*. The decision followed a two-decade campaign by homosexual groups, who argued that classifying homosexuality as a mental illness was clinically inaccurate and unfairly stigmatizing to gay men and lesbians.

Some transgender activists are making similar arguments today in an effort to remove "gender identity disorder" (GID) from the upcoming *DSM-V*, the revision due out in 2011. But Fink, a professor at Temple University's School of Medicine in Philadelphia who says he has treated more than 40 transsexuals in his practice, disagrees.

"Transsexualism is a diagnosis," Fink says, and psychiatrists have a vital role to play in acting as "ombudsman" during a patient's transition. As for the stigma, "I do not believe that the diagnosis stigmatizes anyone worse than

toward feminine attire or appearance.

The manual lists a separate diagnosis for "transvestic fetishism," defined as cross-dressing among heterosexual or bisexual men typically "for the purpose of sexual excitement."⁶

As with the previous classification of homosexuality as mental illness, transgender advocates say listing GID in the *DSM* gives a misleading picture of transgender people and their lives. After transitioning, transgender people can lead normal, productive, healthy lives, the advocates argue.

Many transgender people do have mental health problems, such as depression or substance abuse, Keisling acknowledges. But, she adds, "Most of those are related to gender identity only because of how we're treated, not because of gender identity itself."

In any event, Keisling says the GID diagnosis is misleading because it suggests the possibility of a "cure" through psychotherapy, medication or both. "Nobody has found a way to do talk therapy or use a drug to talk someone out of that," she says.

the stigma that the transsexuals receive every single day."

The current *DSM-IV* calls for a diagnosis of GID only with evidence of "a strong or persistent cross-gender identification" and "persistent discomfort about one's assigned sex or a sense of inappropriateness in the gender role of that sex." Adults with GID are described as "preoccupied with their wish to live as a member of the other sex." Among children, boys with GID are described as preoccupied with "traditionally feminine activities," while girls are said to display "intense negative reactions"

Dan Karasic, a clinical professor of psychiatry at the University of California in San Francisco and current president of the Association of Gay and Lesbian Psychiatrists, agrees. "There isn't really evidence of effective psychotherapy that in any demonstrable way makes people who have a transgender identity happy not expressing that," he says.

Some transgender advocates, however, call for revising the depiction of GID in the *DSM* rather than simply deleting it. They agree that the current diagnosis is stigmatizing but argue that, as a practical matter, a clinical definition is needed to access the medical procedures for sex reassignment.

"Difference is not disease," activist and author Kelley Winters writes on her Web site, www.gidreform.org. "It is time for culturally competent psychiatric policies that recognize the legitimacy of cross-gender identity and yet distinguish gender dysphoria [distress] as a serious condition, treatable with medical procedures." ⁷

The head of an American Psychological Association task force on transgender issues acknowledges mixed feelings on the issue. "There's a very practical reason for it staying there, but there are many reasons for wanting it removed," says Margaret Schneider, who heads a program in psychological counseling at the University of Toronto. The task force, due to complete a report by September 2006, will not deal directly with the diagnosis issue, she notes.

For their part, anti-gay organizations view transgenderism undeniably as mental illness and oppose hormonal therapy or surgery to enable gender switching. "I would certainly consider it a psychiatric disorder," says the Family Research Council's Sprigg. Assisting patients to change from one gender to another "basically amounts to collaborating in a mental illness rather than treating it," he says.

"The good news is that no one is born homosexual or transsexual," the

pro-family Traditional Values Coalition says on its Web site. "These are mental conditions that can be treated through religious-based or psychological therapies." ⁸

While defending the current GID diagnosis, psychiatrists Fink and Spitzer both appear to stop short of claiming any ability to "cure" patients of the desire to change genders. "When they begin to act, dress and appear like their chosen sex, they are much more at home, much more comfortable, much more convincing of that gender," Fink says. As for sex-reassignment surgery, "I'm not against it," Spitzer says. "If it helps — and apparently it does help — that's fine, let them do it."

With the long lead-time in revising the *DSM*, any resolution of the debate is several years away. Many APA members will resist any change. "Conceptually, it's a mental disorder," says Robert Spitzer, a professor at the New York State Psychiatric Institute in New York City. Prejudice against transgender persons "is a separate issue," he says.

But Keisling and other transgender advocates insist some reform is needed. "The way it is in there doesn't make any sense," she says. "It doesn't make any sense clinically, theoretically or morally."

Should gender-identity discrimination be illegal?

Krystal Etsitty was born a male but was already transitioning to female when the Utah Transit Authority hired her as a bus driver in 2001. She had legally changed her name, was taking estrogen and was trying to save up the money for sex reassignment surgery.

Shortly after she was hired, Etsitty told her supervisor that she was a transsexual. The supervisor was supportive, but other managers were not. Etsitty claims in a federal sex-discrimination suit that the transit authority fired her in February 2002 after the operations manager and a human resources official raised

concerns about potential liability from Etsitty's using women's restrooms at public facilities along her bus routes.

Etsitty sees no problems with using the restroom that corresponds to her gender identity. "Who goes inside a stall but just yourself?" Etsitty is quoted as saying. But U.S. District Court Judge David Sam rejected her suit, saying the company had legitimate reasons for firing her. "Concerns about privacy, safety and propriety are the reason that gender-specific restrooms are universally accepted in our society," Sam wrote in the June 2005 ruling. ⁹

Restroom use is emblematic of the barriers transgender people must overcome to gain acceptance among employers, co-workers or customers in the workplace. An unscientific survey by the San Francisco-based Transgender Law Center in February and March 2006 found that more than half of the transgender people responding — 57 percent — claimed to have experienced discrimination in the workplace. Only 25 percent of respondents were employed full time. ¹⁰

"We get calls virtually every day from somebody who has been fired from his or her job," Keisling says. "And generally when transgender people get fired, they don't just lose their jobs. They lose their careers."

Transgender advocates say prohibiting discrimination against transsexuals should be no more controversial than protecting other minorities. "It is a basic American value that we should be judged on the basis of the work we do and not on our personal characteristics," says Lisa Mottet, a transgender-rights lawyer with the Task Force (formerly, the National Lesbian and Gay Task Force).

Social conservatives disagree. "The decision to present yourself as something other than your biological sex is a choice," says Sprigg. "It's something where an employer should be free to make a decision whether that's appropriate or not."

Which Restrooms Should Transgenders Use?

Helena Stone says it's "wonderful" to use the women's restroom where she works. But the 71-year-old transgender telephone repair worker had to go to court to earn that right after being arrested by a New York City subway policeman who insisted she use the men's room.

Stone's run-in with the Metropolitan Transportation Authority (MTA) illustrates, in unusually dramatic fashion, the problems encountered by transgender people over the mundane but unavoidable need to use restrooms at work or school or in a public facility.

Transgender people feel most comfortable and secure using restrooms that correspond to their transitioned gender. "If we're going to have gender-segregated bathrooms, it should be based on the gender that a person is expressing," says Christopher Daley, director of the Transgender Law Center in San Francisco.¹

Transitioning women face a specific danger of harassment or worse if forced to use a men's restroom, Daley adds. "It's not only insulting to her but would put her at great risk," he says.

Still, the non-trans world sometimes reacts with surprise or discomfort when a masculine-appearing transwoman goes into the ladies' room or, less frequently, when a feminine-appearing transman goes into the men's room. As a solution to the problem, transgender advocates are calling for gender-neutral, single-user restrooms in public facilities.²

While bathroom stalls can provide privacy, locker rooms at schools, workplaces or health clubs pose a more difficult issue. But transgender advocates note that locker rooms can be equipped with curtained showers and dressing areas for privacy.

Stone, a longtime Verizon employee who transitioned a

decade ago, caught the attention of an MTA police officer after she was assigned to do repair work at Grand Central Terminal in 2005. According to Stone and her lawyer, Michael Silverman of the Transgender Legal Defense and Education Fund, the officer arrested her in September on disorderly conduct charges for no apparent reason and then a few months later.

On the second occasion, the officer came to Stone's office, used derogatory terms and threatened to arrest her if he ever saw her coming out of the women's restroom. The officer followed through with the threat on Jan. 12, taking her to jail in handcuffs and charging her with two counts of disorderly conduct.

The MTA ultimately agreed to dismiss all the charges against Stone and adopted a policy confirming the right to use a restroom corresponding to one's gender. "Anyone can use any bathroom they want if they view themselves as that particular sex," says MTA spokesman Tim O'Brien. Police have been instructed on the policy, he adds.

Silverman acknowledges that non-transgender people have "real concerns" about the restroom issue. "I don't think they're making up their discomfort," he says. "None of these are the simplest issues."

For her part, Stone is happy that she can go to the restroom of her choice. "It feels wonderful," she says. "That's who I am. That's where I belong."

¹ For a detailed backgrounder from an advocacy viewpoint, see Transgender Law Center, "Peeing in Peace: A Resource Guide for Transgender Activists and Allies," 2005. Daley is not transgender.

² See Patricia Leigh Brown, "A Quest for a Restroom That's Neither Men's Room Nor Women's Room," *The New York Times*, March 4, 2005, p. A14.

"These laws are aimed at criminalizing opposition to gender confusion," says Knight. "Civil rights laws are enforced against someone. In this case they would be enforced against anyone who thought it odd that a man came to work one day in a dress."

Despite those arguments, a slowly growing number of employers are voluntarily adopting policies to prohibit discrimination on the basis of gender identity or expression, including 82 companies among the *Fortune* 500, according to a tally by Human Rights Campaign.¹¹ Ann Reesman, general counsel of the Equal Employment Advisory Council, a Washington-based employers association, says most companies today would not refuse to hire a qualified

transsexual applicant "unless there's a job-related reason for it."

Citing the Utah case, however, Reesman says co-worker discomfort over the restroom issue is a legitimate concern for employers. "Unless the bathroom problem is solved, there's a big problem," she says. But she acknowledges that single-user unisex bathrooms — an alternative suggested by transgender advocates — can resolve the issue.

For her part, Keisling contends that employers are wrong in practical terms to be reluctant to hire a transgender applicant. "The traits that allow a person to succeed in transition are also the traits that you want in an employee: courage, focus and integrity," she says.

Life for transgender people is often "fragile" not only in the workplace but also in other areas, Keisling says. Landlords may refuse to rent to transsexuals or evict after learning a tenant is transgender. In child-custody disputes, transgender parents may not simply be limited on visitation but may be barred altogether from seeing their children.

Transgender advocates are pushing bills to prohibit discrimination against transsexuals at the same time that lawyers are arguing — as in Schroer's case — that discrimination is already illegal under federal civil rights law. "When someone is transgender, that discrimination is motivated by the person's sex or by stereotypes," says Christopher Daley, director of the

Transgender Law Center. “Either way, we should find that people should be protected.”

Meanwhile, transgender advocates say they are advancing on the legislative front. With laws on the books in eight states and 81 local governments, nearly one-third of the nation’s population — about 86 million people — live in jurisdictions where discrimination against transsexuals is illegal, according to a tally by the Transgender Law and Policy Institute.

“It’s still a relatively new kind of legislation,” says Paisley Currah, a founder of the institute and an associate professor of political science at Brooklyn College, City University of New York. “A lot of progress has been made.”

Should health insurance or tax-payers cover the cost of sex-change procedures?

Late in 2001 — almost eight years after his 1994 transition — Marcus Arana developed an abscess at the site of his testosterone injections. Arana, a discrimination investigator with the San Francisco Human Rights Commission, was hospitalized for 13 days and out of work for six months. His medical bills totaled nearly \$100,000.

The vast majority of transgender people have to pay medical bills like those on their own — not only for the immediate costs of sex-change procedures but also for hormone therapy and other ongoing treatments. But Arana was fortunate — the city of San Francisco had decided in early 2001 to include transgender health benefits in its employee health plans.



Transgender political candidate Midge Potts is running to unseat Rep. Roy Blunt, R-Mo. Potts calls herself a fiscally conservative Republican.

AP Photo/John S. Stewart

Some critics on the city’s Board of Supervisors questioned providing coverage for what they depicted as cosmetic surgery. But transgender advocates and their allies called the policy change a simple question of fairness. “This is very much a civil rights issue,” said board member Mark Leno, the principal supporter of the move. “This is about equal benefits for equal work.”¹²

The main stumbling block to the change, however, was the practical concern about the potential cost, according to Arana, who was instrumental in adoption of the policy and continues to be involved in its implementation. He recalls that city officials and the administrators of the city’s self-insured health plan feared that the cost would swell as transgender people from across the country sought out employment with the city to take advantage of the new benefit. To control costs, benefits were capped at \$50,000, and coverage was provided only after a year’s employment.

Sex-change procedures, in fact, are costly. Male-to-female surgery can cost as much as \$50,000; female-to-male surgery can cost \$75,000 or more. Testosterone therapy for transmen can cost around \$500 a year, estrogen

therapy for transwomen somewhat more.

With limited actuarial information, San Francisco health plan administrators projected that 35 people would access the benefit during the first year at an average cost of \$50,000 — for a total cost of more than \$1.75 million. To cover the expected cost, the plan increased the required employee contributions by \$1.70 per month, about \$20 per year.

The estimates have proved wildly exaggerated, Arana says. Over the next three years, the health plan collected \$4.6 million

to cover the benefit and paid out only \$156,000 on seven claims for surgery. Based on that experience, the \$50,000 cap on benefits has been raised to \$75,000 and the one-year exclusion eliminated. In addition, the three health-maintenance organizations (HMOs) that offer coverage to city employees are also now offering similar benefits.

Nationally, transgender health benefits should be provided as a matter of equity, Keisling of the National Center for Transgender Equality believes. “It’s indisputably a medical condition,” she says. But coverage would have only limited effect, she says, because most transgender people lack health insurance altogether. “It would really, really help people who have insurance, but most transgender people don’t.”

Coverage for transgender health costs under Medicaid — the federal-state program for indigent health care — could help more people, but the use of public funds for sex-change operations or hormone therapy invites political attack. A few states cover sex-change procedures, but transgender advocates do not call attention to the issue. When Washington state’s auditor criticized the state Medicaid agency’s decision to pay for

a sex-change operation two years earlier, the legislature tried but failed to bar use of public funds for the procedure. The Medicaid agency, however, is now changing its policy and refusing to pay for such procedures on the grounds that the surgery is “experimental.”¹³

Anti-gay organizations see no reason to provide transgender health benefits. “I certainly don’t think any health insurance that’s provided by the government or covered by taxpayers should cover it,” says the Family Research Council’s Sprigg. “And health-insurance companies should not be required to cover it.”

The University of California has followed San Francisco in providing transgender health benefits, and so have a handful of private employers, according to Arana. Some other municipalities have inquired about the policy but not adopted it.

A few companies cover the costs in their health plans, Arana says. But health-insurance experts have little information about the subject. “We have no data on that topic,” says Suzanne Zagata-Meraz, a spokeswoman for Chicago-based Hewitt and Associates, which surveys health-insurance practices annually. “It’s a subject that we’ve been thinking about asking about in our surveys but we haven’t.”

Keisling says the lack of insurance coverage stems from social disapproval of transgenderism. “The insurance companies can get away with not covering it because it’s a stigma,” she says.

For his part, Arana says San Francisco’s experience shows that cost should not be an obstacle to providing the benefit. “The worst fears aren’t being realized,” he says. But the benefit is still important, he says, even if only a few people use it.

“Only a small number of people are going to have open-heart surgery every year, but that doesn’t mean we shouldn’t offer [coverage],” he says. “A small number of people are going to need the benefit, and for them we ought to provide it.” ■

BACKGROUND

Gender Variations

The biological differentiation between male and female is a basic fact of life recognized in the biblical account of creation.

But, as science writer Deborah Rudacille notes in her 2005 book *The Riddle of Gender*, gender variations also have an ancient lineage — from the sex-changing gods of Greek and Roman mythology to cross-dressing men and women in many cultures. Scientific discoveries beginning in the 19th century better explained the biological basis for sex differences and laid the groundwork for the first medical sex-change procedures for humans in the 20th century.¹⁴ *

The modern science of sexology owes its development to work by the German physiologist Arnold Berthold (1801-1863), who in 1848 and 1849 explained the role of the testes in the development of male sex characteristics by experimentally castrating young male chickens. The castrated cockerels did not develop typical male sexual behavior or characteristics, but reimplantation of the testes brought about normal development. By 1912, the Austrian physician and researcher Eugen Steinach (1861-1944) had advanced Berthold’s insights by transplanting female sex glands into male guinea pigs and vice versa. The genetic males developed female sex characteristics after the transplants, while the females came to display male behavior.

Steinach was mentor to the two physicians credited with exploiting the discoveries from animal research for purposes of sex reassignments in humans:

* According to embryologists, as the human fetus develops in the womb, it initially has both types of sex organs, but one sex normally becomes predominant by the time of birth.

the German Magnus Hirschfeld (1868-1935) and the German-born American Harry Benjamin (1885-1986). Hirschfeld, a homosexual and cross-dresser himself, founded the Institute for Sexual Science in Berlin. He reported in 1918 on the first incomplete female-to-male reassignments (removal of the sexual organs without creating new genitalia) performed in 1912 and later referred the patient whose 1931 surgery marked the first complete FTM reassignment (removal of the male sex organs and creation of a vagina and labia.) A longtime advocate for homosexual rights, he fled Germany as the Nazis were coming to power and died two years later in France.

In contrast to Hirschfeld’s motivation, Benjamin was drawn to the physiology of sex through his practice in geriatrics. He embraced Steinach’s belief that vasectomies could rejuvenate elderly male patients and sought to popularize the procedure both in Europe and the United States. His interest in hormonal research also led him to arrange funding for American researchers who in the 1930s first isolated male sex hormones (androgens). The medical writer Paul de Kruif brought the discoveries to wide public attention with his 1945 book *The Male Hormone*. Meanwhile, researchers in the United States and Germany were moving in the 1920s and ’30s toward isolating female sex hormones (estrogens). By 1941, both natural and synthetic estrogens were available in the United States.

A small number of male-to-female and female-to-male reassignments were performed in Europe in the 1930s and ’40s, but sex-change procedures were little known outside a limited number of physicians and researchers until the transformation of George to Christine Jorgensen in 1951 and 1952. Jorgensen, a 26-year-old photographer in the Bronx, N.Y., had struggled with gender-identity issues from his youth. After enrolling in medical-assistants’ school to learn about sex hormones in 1948, he proceeded

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Chronology

Before 1950

Biology of sex differences explored.

1930, 1931

First reported complete female-to-male (FTM) surgery in 1930; first reported complete male-to-female (MTF) surgery in 1931.

Mid- and late 1930s

Male sex hormones isolated; natural and synthetic female sex hormone becomes available.

1950s-1960s

Sex change hits the headlines.

1953

Christine Jorgensen returns to U.S. after sex-change surgery in Denmark.

1966

Johns Hopkins medical school opens gender identity clinic, begins performing sex-change surgeries. . . . Drag queens in San Francisco resist police manhandling. . . . Harry Benjamin publishes *The Transsexual Phenomenon*, the first book on the subject.

1969

Transvestites are among the New Yorkers pelting police during raid at Stonewall Inn, landmark event in gay rights movement; transgender people are ignored or shunned during movement's early years.

1970s-1980s

Transgender advocates win first legislative victories.

1975

Minneapolis revises definition of sex-

ual orientation in non-discrimination law to include gender identity; Los Angeles and Champaign and Urbana, Ill., are only other cities to pass such laws in decade.

1979

Janice Raymond publishes *The Transsexual Empire*, criticizing transsexuals from feminist perspective. . . . Johns Hopkins School of Medicine closes gender identity clinic; other universities follow suit.

1980

Standards of care published by Harry Benjamin International Gender Dysphoria Association call for transsexuals to have approval from two psychiatrists and live in opposite gender for full year before undergoing sex-reassignment surgery.

1983, 1986

Harrisburg, Pa., and Seattle prohibit gender discrimination.

1990s *Transgender movement begins to form.*

1993

Minnesota becomes first state with a law banning discrimination because of gender identity; similar laws passed in more than 20 localities during decade. . . . Brandon Teena, a preoperative teenage FTM, is killed in Nebraska on New Year's Eve.

1999

All-volunteer National Transgender Advocacy Coalition forms as first nationwide trans advocacy group. . . . "Boys Don't Cry," a movie about Brandon Teena's killing, is widely acclaimed, with Oscar for Hillary Swank in lead role.

2000-Present

Transgender people come out in increasing numbers.

2001

San Francisco provides health benefits to city employees for sex-change procedures. . . . Rhode Island passes trans-inclusive non-discrimination law.

2002

Kansas Supreme Court bars MTF transsexual from inheriting estate of late husband, saying marriage was invalid. . . . Trans teenager Gwen Araujo brutally killed in Calif.; assailants convicted of murder in 2005.

2003

American Psychiatric Association debates "gender identity diagnosis" at annual meeting in prelude to revision of *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. . . . National gay rights organizations agree on including gender identity in proposed Employment Nondiscrimination Act in Congress; no hearings held on bill.

2004

Florida appeal court bars custody rights for transsexual Michael Kantaras on ground his marriage to woman was void.

2005

Diane Schroer, transgender Army veteran, sues Library of Congress for sex discrimination. . . . "Transamerica," sympathetic story of pre-operative transsexual woman, gains wide audience; popular films "Rent" and "Breakfast on Pluto" have cross-dressers in featured roles.

2006

Local New Jersey school board puts transgender teacher Lily McBeth back on eligibility list after absence for sex-change procedures.

The Murder of Gwen Araujo

Edie Araujo Jr. wanted to be a girl from an early age and by age 17 began dressing and living as a female named Gwen.¹ On the evening of Oct. 3, 2002, she left her home near San Francisco to hang out with a wild crowd of 20-somethings. She did not return.

As shown in testimony in two murder trials, Gwen previously had had sexual encounters with several of the men in the group. At the gathering, according to some accounts, they became enraged upon learning — and confirming by forced inspection — that Gwen had male genitalia. Three assailants beat and bludgeoned her inside the house and then took her to the garage and strangled her with a rope. Along with a fourth man, the assailants then drove to the foothills of the Sierra Nevadas and buried Gwen. (The cable television network Lifetime is scheduled to air a docudrama, “The Gwen Araujo Story,” in June 2006.)

Araujo’s death and the convictions of the four men for murder or manslaughter represent for the transgender community the same kind of hate crime that the 1998 murder of the homosexual Wyoming college student Matthew Shepard represents for the gay community. But Araujo’s death drew far less attention. Shepard’s death, for example, was reported on the front page of *The New York Times* (Oct. 13, 1998); Araujo’s killing appears to have gone unmentioned in the newspaper until it carried a brief wire service account of the mistrial in the defendants’ first trial on June 23, 2004.

Police and prosecutors in many jurisdictions also tend to give less attention to crimes against transgender people than to other offenses, say transgender advocates. “Very often, the crimes are not taken seriously,” says Mara Keisling, executive director of the National Center for Transgender Equality. “Victims are often treated as suspects, or victims are told, ‘What did you expect?’ because of the way they’re dressed.”

Statistics on crimes against transgender people in the United States are imprecise. Keisling cites a common estimate of one killing per month in recent years. Gwen Smith, 39, a married, transgender Web designer in Antioch, Calif., maintains a Web site (www.rememberingourdead.org) listing about 350 transgender murder victims in the United States and other countries dating from the 1970s.

Transgender people are particularly vulnerable to assaults, robberies or other personal crimes because many

live in marginal neighborhoods. As in Araujo’s case, many of the crimes are especially violent. “We call it overkill,” Keisling says.²

The attention given to Araujo’s case represented a positive sign, Keisling says, because media coverage was “respectful,” in part because Araujo’s family was “so supportive and so articulate.” Alameda County prosecutors charged the offense as first-degree murder and asked for an enhanced sentence under California’s hate crime law — one of eight state hate crime statutes that cover offenses motivated by gender identity or expression.³

The initial trial in the case ended with a hung jury. The second trial ended on Sept. 13, 2005, with the second-degree murder convictions of two defendants — Michael W. Magidson and Jose A. Merel — but acquittal on the hate crime charge. One juror explained afterward that jurors believed the crime was motivated by anger, not by Gwen’s gender. The jury deadlocked on a third defendant, Jason Cazares, but on Dec. 16 he pleaded no contest to voluntary manslaughter. The fourth defendant, Jason Nabors, earlier had pleaded guilty to voluntary manslaughter and testified against the other three in the trials.

Magidson and Merel each were sentenced to 15 years to life in prison. Cazares received a six-year term. Nabors is expected to be sentenced to 11 years’ imprisonment.

On the eve of the Magidson and Merel sentencing, Gwen’s mother, Sylvia Guererro, wrote about the mix of emotions she felt: anger at the killing and

the defendants’ efforts to blame Gwen; gratitude for the support from family, friends and strangers — and sadness. “I’m sad,” Guererro wrote, because “other transgender women have been killed since Gwen’s murder, and we don’t have a realistic end in sight to that violence.”⁴



Gwen Araujo, 17, was killed after it was discovered she was a transsexual.

Horizons Foundation

¹ Reconstruction drawn from Wikipedia (visited April 2006) and corroborated in news accounts. For coverage of the verdicts against two of the defendants, see Henry K. Lee, “2 Guilty in 2nd Degree in Araujo Slaying,” *The San Francisco Chronicle*, Sept. 13, 2005, p. A1. See also Bob Moser, “The Murder of a Boy Named Gwen,” *Rolling Stone*, Feb. 10, 2005.

² For an overview, see Bob Moser, “‘Disposable People,’” Southern Poverty Law Center, winter 2003 (www.splc.org).

³ The other states are Connecticut, Hawaii, Minnesota, Missouri, New Mexico, Pennsylvania and Vermont. See Transgender Law and Policy Institute (www.transgenderlaw.org).

⁴ Sylvia Guererro, “Life after Gwen,” SFGate.com, Jan. 25, 2006 (posted at Araujo Trial Update, www.transgenderlaw.org).

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to self-administer estrogens and was pleased with the resulting physical and emotional changes. Soon afterward, Jorgensen traveled to Denmark, where — with government approval — she underwent castration in 1951 and a penectomy (surgical removal of the penis) a little over a year later.

Word of the operation leaked out from a family friend, and the news spread worldwide. Jorgensen initially wanted to avoid publicity, but in a letter to Benjamin in 1953 said she had decided to seek it out with the hope that “when the next ‘Christine’ comes along the sensationalism will be decreased.”¹⁵ She later became an actress and entertainer.

Benjamin came to be a link to the next critical development for transsexualism: the establishment of the Gender Identity Clinic at Johns Hopkins University School of Medicine in Baltimore in 1966. The clinic was founded by a Johns Hopkins psychologist, John Money, whose interest stemmed from his study in the 1950s of intersex persons — people born with ambiguous genitalia or sex characteristics. As Rudacille recounts, Money coauthored a seminal paper in 1955 that endorsed “corrective plastic surgery” not only for intersex persons — who make up 1 percent of the population — but also for adolescents or adults whose biological sex “flagrantly contradicted . . . their gender role and orientation.”¹⁶

Encouraged by Benjamin, Money pushed hard — in the face of resistance from his Johns Hopkins colleagues — to win approval for the opening of a clinic that would perform sex-reassignment surgeries. The clinic had been operating for several months when the news hit the front page of *The New York Times*.¹⁷ The story noted that Johns Hopkins was the first U.S. hospital to officially support the procedure. A few other universities followed suit. But resistance continued at Hopkins, which finally closed the clinic 13 years later.

Uncommon Cause

Transgender people were present at the creation of the gay liberation movement in the 1960s. But they were largely ignored or even shunned well into the 1990s. Many in the gay rights movement viewed transgenderism as incompatible with the prevailing conformist politics of gay men and feminist ideology of lesbians. Efforts to ban discrimination based on gender identity advanced only slowly: As late as 2001, only 5 percent of the nation’s population lived in jurisdictions with such laws.

The contemporary gay liberation movement is typically traced to the riot that resulted from a police raid on the Stonewall Inn, a gay bar in New York City’s Greenwich Village, in June 1969. As unearthed by the transgender San Francisco historian Susan Stryker, however, a similar though smaller confrontation with police had occurred three years earlier at Compton’s Cafeteria, a seedy diner frequented by drag entertainers.

Police came to the cafeteria one evening in August 1966 — the exact date is uncertain — after the manager called to report a disturbance. Stryker’s film “Screaming Queens” depicts the spontaneous brawl after an officer manhandled one of the queens during what became the first instance of collective resistance to police harassment of transgender people. The episode also ushered in some changes, including social services for transsexuals and repeal of the city’s ordinance banning cross-dressing.¹⁸

Drag queens may have been the first to feel the brunt of police harassment when police raided the Stonewall Inn three summers later — and possibly also the first to fight back. While accounts of the sequence of events on the night of June 23 differ, there is agreement that young transvestites were among those who heckled and pelted the police as many of the bar’s gay male patrons were being shoved into waiting paddy wagons.

Despite their common cause that night, gay men and lesbians later parted company from transgender people. “They rather explicitly excluded transgender people from the movement,” Keisling says today. The predominantly white, middle-class gay men who founded the Queer Activist Alliance saw the multiethnic drag queens of the street as invitations for public derision and contempt. Lesbians viewed them as anti-feminist — “men who impersonate women for entertainment and profit,” as they were described at the city’s gay pride parade in 1973.¹⁹

Transsexuals suffered a more concrete setback at the end of the decade, when Johns Hopkins closed its Gender Identity Clinic and stopped performing sex-change surgery. McHugh, a confirmed opponent of the procedure, had become head of psychiatry in 1975. McHugh commissioned a post-surgical study of the clinic’s patients by fellow psychiatrist Jon Meyer. Meyer found that the patients voiced no regrets about having undergone the procedures but they continued to have many of the same psychological problems they had had before their surgeries. Meyer’s conclusions were — and continue to be — sharply disputed, but McHugh relied on them in his decision in October 1979 to close the clinic. Other universities followed suit.²⁰

Transsexuals also were making little progress on the legal front. Minneapolis became the first city to pass an anti-discrimination law protecting transgendered people in 1975, when it amended its definition of “affectional preference” in an ordinance passed the year before to include the phrase “having or projecting a self-image not associated with one’s biological maleness or one’s biological femaleness.” As transgender lawyers Currah and Shannon Minter note, however, the “historic moment” drew little notice: The amendment was passed in a flurry of progressive legislation enacted just before a newly elected, more conservative mayor was about to take office.²¹

The push for statewide legislation in Minnesota revealed a split over whether to include protection for transsexuals in gay rights legislation — a debate that was to be played out repeatedly elsewhere in coming years. Some of the leading activists called for covering transsexuals, but the lead sponsor — state Sen. Allan Spear, a Democrat and the country's first openly gay male politician — argued pragmatically that a trans-inclusive provision would kill any bill. As it happened, the state legislature in 1975 rejected a trans-inclusive amendment but proceeded to defeat Spear's measure anyway.

By the late '70s, gay rights measures were facing stiffened resistance following a campaign by singer Anita Bryant, which led to Miami's repeal of its anti-discrimination ordinance in 1978. In the difficult political climate that prevailed through the 1980s, transgender activists managed to get trans-inclusive provisions included in anti-discrimination ordinances in only seven cities — most notably, Los Angeles and Seattle. Minnesota became the first state to pass a trans-inclusive statute in 1993. Another two-dozen localities followed suit during the remainder of the '90s, but only in 2001 did Rhode Island become the second state to prohibit discrimination based on gender identity.

Trans Action

Transgender people were becoming more visible and transgender advocates more vocal by the late 1990s,



Renee Richards plays professional tennis in the 1970s after winning a court fight allowing her to compete as a woman. Before undergoing sex-reassignment surgery, she was Richard Raskind, an amateur tennis champion and married eye surgeon. She later expressed misgivings about her decision.

Getty Images/Gaffney/Liaison

and their efforts began producing more results in the new century. The number of jurisdictions with trans-inclusive anti-discrimination legislation grew, the APA opened debate on the diagnosis of GID, and hate crimes against transsexuals drew increasing attention. Progress for trans activists was slow and uneven, however, and their increased visibility caused social conservatives to broaden their anti-gay messages to include opposition to transgender rights as well.

An instance of the increased visibility for transgender people came with the 1999 film "Boys Don't Cry," the story of Brandon Teena, an FTM teenager in Nebraska killed in 1993 by two friends enraged by what they saw as his deception. Besides focusing on

the issue of hate crimes, the movie also gave unaccustomed attention to an FTM transsexual. The film won an Oscar in March 2000 for Hillary Swank, who cheered trans activists in her acceptance speech by referring to Brandon with the masculine pronoun. Three years later, the cable channel HBO gave a happier account of transsexualism with a TV drama, "Normal," which sympathetically portrayed a married man's decision to transition to female.

Trans activists were also focusing on transgender issues through conventional political and public education activities. The all-volunteer National Transgender Advocacy Coalition formed in 1999 as the first nationwide group specifically focused on trans issues. Operating with a Washington, D.C., mailing address, the group's executive director, Vanessa Edwards Foster, used press releases and news-media interviews over

the course of several years to focus on issues ranging from unfavorable court rulings to jokes about transsexuals on late-night talk shows. (The group is largely inactive today; Foster is executive director of the Texas Gender and Information Network.) Keisling helped found NCTE in 2003 as the first professionally staffed national trans-advocacy group. Equally if not more important, transgender-related projects were also started at the older and better financed gay rights organizations as well as the ACLU.

Some successes followed. The San Francisco Human Rights Commission got its first transgender member in 2001, just as the city was moving to approve transgender health benefits for employees.

'Reluctant Activist' Sues Library of Congress

Dave Schroer had a "boringly normal" childhood growing up in a Chicago suburb in the 1960s and early '70s. From early on, however, "I knew something was amiss. Something wasn't right." Only now does Diane Schroer understand what was wrong — what she calls "the itch that refuses to be scratched."

Schroer's transition from male to female over the last four years came at the end of a childless 18-year marriage and a 26-year career in the military. But the struggle goes back much further — back to Dave's teenage years when he sometimes tried on his mother's clothes when no one else was at home.

The occasional cross-dressing continued after marriage, always in secret. True cross-dressers enjoy the practice, but for Dave it was "unsatisfying." Only in his mid-40s — and only after "considerable research" — did he realize that "it was more than that."

Schroer's research led to the online transgender community — "God love the Internet!" she exclaims. Then in October 2003, as a woman, Schroer went to the Southern Comfort Conference in Atlanta, an annual event described as the world's largest gathering of transgender people.

The conference gave Schroer new friends and a new resolve. "I needed time to re-rack my life," she says now. Back home, Dave told his wife. "She didn't want to deal with it," Schroer recalls today. At the time, he had "no idea of transitioning," Schroer continues. "I didn't see these things as absolutely, mutually exclusive."

The divorce, which became final in November 2005, was "brutal and hugely expensive." The coming-out, however, proved to be less difficult than Schroer had been forewarned. Her best friend, an Army buddy, was surprised but immediately supportive. Diane's two brothers and their families have also embraced her. "I can almost count on one hand the number of friends I've lost," she says today.

The sex-change procedures, on the other hand, have been difficult: more than 12 hours of plastic surgery to feminize her face, 150 hours of hair-removing electrolysis and repeated hair transplants on the scalp; genital surgery may come this fall.

She's satisfied with the results. So far, at 5-foot-10 and 175 pounds, Schroer still has man-size dimensions, but with wig, makeup and nice clothes, "I don't look like a truck driver in a dress," she says.

Schroer admits that she procrastinated in coming out to Congressional Research Service (CRS) officials at the Library of Congress when she applied for a job as a terrorism research analyst in late 2004. "I wasn't too thrilled about having to tell my future employer this," she says. When she did, the CRS assistant director slept on the new information overnight and then withdrew what Schroer had understood to be a job offer extended and accepted.

Defending the federal sex-discrimination suit filed in June 2005 on Schroer's behalf by the American Civil Liberties Union, lawyers for the library say there was no final job offer. ACLU lawyer Sharon McGowan says the distinction is unimportant. Schroer was told she was the most qualified of three finalists for the job, the attorney says, so refusing to hire her amounted to "an adverse employment action" based on gender.

With the lawsuit pending, Schroer is working for a consulting company that has contracts with the Department of Homeland Security. She bought a house in Alexandria and hopes, eventually, to unpack and settle in. She has made friends in the neighborhood, but they know her only as Diane. "Which is just fine," she adds.

Conditioned in the military to avoid the media, Schroer has become what she calls "a reluctant activist," having done several print interviews and appeared on the ABC newsmagazine "20/20."

What does she want from the lawsuit? "I would hope that the government would say in very unequivocal terms that what they did was wrong, that that kind of hiring practice is unacceptable," she says.

"It would be nice if they gave me the job just as they had before," she adds. McGowan thinks that is unrealistic, but Schroer says: "I honestly don't know. I think that's fair. I think that's right."

And what if she loses? "I guess I'll go on about my business — living my life, doing my best to get by just like everyone else."

By 2003, the vast majority of states had laws or regulations permitting transsexuals to change the sex designated on their birth certificate. New Mexico and California added gender identity to state anti-discrimination laws in 2003; Maine and Illinois followed suit in 2004. In a significant strategic change the same year, Human Rights Campaign and other gay rights organizations announced that they would insist on including gender identity with sexual orientation in the proposed federal Employment Nondiscrimination Act (ENDA).

Along with the successes came at least as many defeats or disappointments. Trans activists were especially angry that as New York neared passage of a gay rights measure in 2002, the major lobbying group, the Empire State Pride Agenda, rebuffed their strenuous efforts to add gender identity to the measure. "This is one of the most divisive things I've seen in my 30 years in the movement," activist Allen Roskoff remarked.²²

Courts also rejected rights for transsexuals in two closely watched marriage-related cases, nullifying the unions in

both instances on the grounds that an individual's sex is fixed at birth. In 2002, the Kansas Supreme Court barred J'Noel Gardiner, an MTF transsexual, from receiving half of the \$2.5 million estate of her late husband on the grounds that their purported marriage was invalid under Kansas law.²³

Michael Kantaras, a transsexual man, initially fared better in a custody dispute when a Florida judge in 2003 favored him over the mother of their two children in their divorce case. (Kantaras had legally adopted the older child; the

younger child was artificially conceived during the marriage.) But a state appeal court reversed the decision in July 2004, rejecting any custody rights for Kantaras on the grounds that he was legally a woman and the marriage was void.²⁴

Despite the lobbying and litigation, transgender issues remained below most Americans' radar screens. When the APA debated the GID issue at its annual meeting in San Francisco in May 2003, the event went unreported except in the association's own newsletter.²⁵ When anti-gay forces mounted an ultimately unsuccessful effort to try to repeal Maine's trans-inclusive anti-discrimination law in 2005, the heated campaign was fought primarily over traditional gay rights questions with very little attention to transgender issues. And the murder trial in the Araujo case drew only

a fraction of the news-media coverage that had been given a few years earlier to the killing of the gay Wyoming college freshman Matthew Shepard and the trial of his assailants.

Nevertheless, transgender visibility measurably advanced in late 2005 thanks to the coincidental release of three commercial films that featured trans characters. Trans activists especially praised the film "Transamerica" for a realistic depiction of the experience of a pre-operative MTF transsexual coming out to her biological son. The film was widely acclaimed, and Felicity Huffman garnered an Oscar nomination for best actress for her performance in the



Trans activists praised the 2005 film "Transamerica" for its realistic depiction of a pre-operative male-to-female transsexual coming out to her biological son. Felicity Huffman received an Oscar nomination for best actress.

role. Two other well-received films — "Rent" and "Breakfast in Pluto" — had cross-dressers in featured roles. ■

CURRENT SITUATION

Fighting Over the Law

Transgender advocates are celebrating passage of a trans-inclusive non-discrimination law in Washington

state, but opponents hoping to repeal the measure in a November referendum are calling the broadened coverage an invitation to confusion and litigation.

The enactment of the law in January 2006 came 29 years after the introduction of the first bill in the state to ban discrimination on the basis of sexual orientation and some three years after the prime sponsor agreed to broaden the bill to include "gender expression or identity."²⁶

Despite the conventional wisdom that a trans-inclusive provision complicates gay rights legislation, transgender issues apparently did not play a prominent role in the final rounds of lobbying and debate over the measure. But opponents are emphasizing the act's protections for transgender people as they try to gather the 112,440 signatures needed to put the measure before Washington voters in November.

"Under this law, 'sexual orientation' includes how you look, how you act, how you feel about yourself and how you express yourself," says Tim Eyman, a veteran initiative organizer who calls his current drive Let the Voters Decide. "It's a Pandora's box of a law. That's going to be an aspect of the campaign that's going to give the voters pause." Eyman says that only 8,718 signatures had been gathered as of April 27.

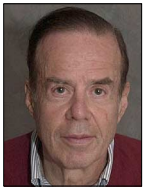
Transgender advocates appear to be trying to soften opposition by minimizing somewhat its potential impact, especially in the workplace. Marcia Botzer, a trans activist and lobbyist on the measure, says for example that the law would allow an employer to require a

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Getty Images/Amanda Edwards

At Issue:

Should gender identity disorder be considered a mental illness?



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WRITTEN FOR *CQ RESEARCHER*, MAY 2006

dr. Karasic argues for eliminating gender identity disorder (GID) from *DSM-V* as it applies to children. He states: "The diagnostic criteria do not require the child to identify as the other sex — only that the child exhibit behaviors more typical of the other sex."

That is not true. Criterion A states: A strong and persistent cross-gender identification. The B criterion states: Persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex. The diagnosis is not given merely because the child exhibits behaviors more typical of the other sex.

Consider this true case (supplied by Dr. Kenneth Zucker): "A 2-year-and-10-month-old boy was referred for assessment. When asked his name, he says he is 'Snow White.' Since age 2 he has insisted that he wants to be a girl. He wants to grow up to be a mommy. When told by his parents that he will grow up to be a daddy, he bursts into tears and is inconsolable. He likes to wear dresses in nursery school and only plays with girls. He sits to urinate."

Does such a child have a mental disorder? Apparently Dr. Karasic would say no because he did not actually insist that he was a girl. This is absurd.

Dr. Karasic says: "GID in children is used as a surrogate diagnosis for children suspected to be pre-homosexual by therapists trying to prevent homosexuality."

Not true. GID in children first appeared in *DSM-III* in 1980, largely formulated by Dr. Richard Green, a staunch advocate of regarding homosexuality as a normal variant (see Ronald Bayer's *American Psychiatry and Homosexuality*). It is not true that all therapists treating GID (there aren't that many) have as their goal the preventing of the later development of homosexuality.

Regarding GID in adults, Dr. Karasic says the *DSM* diagnosis should not "pathologize transgendered people who have adjusted well by modifying their bodies and/or presentation of gender." Granted that hormone therapy or surgery may now be the only treatment that we can now offer the adult with GID.

But surely something remains profoundly wrong psychologically with individuals who are uncomfortable with their biological sex and insist that their biological sex is of the opposite sex. The only diagnosis that is appropriate for such cases is GID.



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the American Psychiatric Association (APA) periodically revises its official list of diagnostic criteria, the *Diagnostic and Statistical Manual (DSM)*. For the next edition, *DSM-V*, the APA will re-examine all diagnoses, including gender identity disorder (GID). The last edition states, "it must be admitted that no definition adequately specifies precise boundaries for the concept of 'mental disorder,' " but "neither deviant behavior (e.g., political, religious, or sexual) nor conflicts that are primarily between the individual and society are mental disorders unless the deviance or conflict is a symptom of a dysfunction." Given the imprecision in separating variance from pathology, the current diagnosis of GID warrants careful re-assessment.

There are two sets of criteria for GID in the *DSM*, for children and for adolescents and adults. The diagnostic criteria for children and adults differ, and the diagnoses apply to different groups of people — not the same people at different ages. Most boys with GID do not grow up to be transgender adults, but rather, gay and bisexual men. The diagnostic criteria do not require the child to identify as the other sex — only to exhibit behaviors more typical of the other sex. Gender behavior outside of traditional gender roles is not mental illness. Programs for gender-variant children emphasize supporting the child and his/her family, rather than trying to force conformity to stereotypical gender roles.

GID in children is used as a surrogate diagnosis for children suspected to be pre-homosexual by therapists trying to prevent homosexuality. Since homosexuality is not a *DSM* disorder, and "reparative therapy" for homosexuality has been condemned by the APA, a surrogate for pre-homosexuality should not be a *DSM* disorder.

The diagnosis of GID in adults also needs reassessing. The diagnosis does not distinguish between the distress of gender dysphoria and the healthy adaptations transgendered people make to relieve gender dysphoria. The criterion of stress or social/occupational dysfunction may be caused by societal discrimination, rather than individual dysfunction. The diagnosis should not include those who change their appearance and social role and are no longer impaired by gender dysphoria, but instead are hampered by societal prejudice.

Patients would be better served by a narrower diagnosis that describes psychological distress about one's gender but does not pathologize transgendered people who have adjusted well by modifying their bodies and/or presentation of gender.

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transgender person to take time off while transitioning or to reassign the employee afterward. There are processes in place to negotiate about transitions in workplaces,” she says.

Nationally, major gay rights groups insist that including protection for transgender persons helps efforts to pass anti-discrimination measures. “The community is strongest when we stand together,” says HRC Legislative Director Labonte. “Since 2003, every bill that has passed has included the whole community. We have not seen any erosion of support when the entire community was included.”

On Capitol Hill, however, Rep. Barney Frank, D-Mass., an openly gay lawmaker and major ally of gay rights organizations, disagrees with the strategy. Frank helped win House passage in September of a bill to define as hate crimes offenses motivated by the victim’s sexual orientation or gender identity, but he now says the trans-inclusive provision caused the measure to stall in the Senate.²⁷

For that reason, Frank says he continues to oppose including gender identity in the gay rights groups’ major legislative goal: the Employment Nondiscrimination Act (ENDA), which would ban workplace discrimination on the basis of sexual orientation. “My strategy was to get people used to voting on transgender issues,” Frank says. “It had more of a negative effect [on the hate-crime bill] than I’d thought it would.”

Conservative groups continue to oppose any bills that include sexual ori-

entation or gender identity in employment discrimination or hate-crime laws. “We feel every citizen should be given equal protection against violence rather than specifying certain categories for a heightened form of protection,” says the Family Research Council’s Sprigg. As for anti-discrimination measures, Sprigg says protections should be given only for characteristics “inborn, im-

acknowledges they have limited impact because local human-rights agencies are usually underfunded. Statewide laws have greater potential impact, he says, but are also harder to pass. So far, eight have been enacted.

As for federal legislation, all LGBT groups concede that the Republican-controlled Congress will not act on any broad anti-discrimination measure whether or not it covers transgender persons. But Mottet of the National Lesbian and Gay Task Force says legislators at state and local levels are supportive “when they’re educated about who transgender people are and the discrimination that they face at work and in other parts of their lives.”



Lily McBeth, 71, is happy to be back as a substitute elementary school teacher in Eagleswood, N.J., after undergoing a sex change and experiencing some parental opposition to returning to the classroom.

AP Photo/Mary Godleski

Looking for Acceptance

After a year’s absence, Lily McBeth is glad to be getting back in the classroom as a substitute elementary school teacher in tiny Eagleswood, N.J. “Oh, what a joy!” the 71-year-old transgender retired sales executive says in an e-mail to friends.

McBeth took herself off the school board’s list of substitute teachers in Janu-

ary 2005 as she transitioned from male to female. When she applied to go back on the rolls, some parents in the working-class community protested. The school board voted 4-1 in March to list McBeth as available for assignment, but she went nearly two months without a call, even though before her transition she had had frequent work.²⁸

McBeth’s struggles for self-acceptance after a lifetime of gender conflict and for acceptance by others amid community conflict typify the lives of many transgender people. “I was in this con-

mutable, involuntary, innocuous and/or in the Constitution.”

Transgender advocates continue making slow progress in gaining anti-discrimination protections. In April, Bloomington, Ind., became the second city in the state and the 81st locality in the country to prohibit discrimination based on gender identity or expression. The ordinance provides for voluntary mediation of complaints.

Currah of the Transgender Law and Policy Institute says municipal ordinances are “symbolically important” but

flicted state, and as a result so was everybody around me," transgender author Jamison Green recalls of his own transition beginning in the late 1980s. Initially frightened, he was relieved when he finally started transitioning. "I realized it was the right thing for me because I stopped having a conflict," he says.

In a contrary view, however, Renee Richards, who made headlines as a transgender professional tennis player in the 1970s, now advises against sex-change procedures in midlife or later. "I don't want anyone to hold me out as an example to follow," Richards, who is now a physician, remarked in a 1999 interview. "I get a lot of letters from people who are considering having this operation," she explained, "and I discourage them all." ²⁹

Mental-health professionals say transgender people vary in their ability to resolve their personal conflicts. "Some are coping well," says University of Toronto psychologist Schneider. "Some are not coping well."

"There are those with clinically significant dysphoria [distress] about the difference between their gender identity and their bodies," says psychiatrist Karasic. "But there are also quite many transgender people who are living their lives quite successfully."

Both Karasic and Schneider say the difficulties transgender people face from society compound the adjustment problems. "I see this as not only a psychological issue but also a social-justice issue," Schneider says. "It's a social-justice issue because it's an issue of discrimination."

The workplace presents the most serious problem, say transgender advocates. While overall statistics are unavailable, transgender groups firmly believe that transgender people are underemployed and unemployed at disproportionate rates to the population as a whole. The unscientific March 2006 survey of transgender San Franciscans by the Transgender Law Center supports that view. About 35 percent of the 194 respondents were unemployed, com-

pared to 4.7 percent of the city's population as a whole. And those who were employed also had relatively low incomes, with only a small fraction — between 4 percent and 8 percent — making more than the city's median household income of \$60,000. ³⁰

Workplace conditions are improving, however, according to transgender advocates. "We've seen a tremendous, exponential growth in the number of companies that recognize transgender employees as part and parcel of the success of their company," says Daryl Herrschaft, director of HRC's workplace project. HRC offers to help companies with newly transitioning workers to prepare other employees for the changes and resolve restroom and other issues.

Housing also can present difficult issues for transgender people. The San Francisco survey found only 5 percent of those responding owned their own homes, 10 percent said they were homeless and another 31 percent lived in "unstable situations." More than one-fourth — 27 percent — claimed to have suffered housing discrimination. ³¹

Transgender people can encounter difficulties in dealing with any number of other social or governmental institutions. "A lot of social services are sex-segregated, such as drug treatment, homeless shelter or foster care," says Currah at the Transgender Law and Policy Institute. Working with other transgender groups, the institute negotiated an agreement with the New York City Department of Homeless Services in February 2006 to assign clients to shelters based on their gender identity.

Prisons present a more serious problem. Transgender inmates face "a high risk of sexual violence in jails and prisons," according to Daley, including rape and unnecessary strip searches. Prison administrators often resort to administrative segregation to protect transgender inmates instead of taking affirmative steps to ensure their safety, Daley says.

McBeth got more than a taste of the public disapproval in the nationally

publicized dispute over relisting her as a substitute teacher in the first months of 2006. But the difficulties receded when she returned to hugs and congratulations from the other teachers at the elementary school in late April.

"They knew who I was, they knew who I was as a person," McBeth told a reporter that evening. "It was recognition that I was a person of worth, and that's what this is all about." ■

OUTLOOK

Trans Formations

Emboldened by the sexual revolution and a succession of liberation movements — for women, blacks, gays — transgender people are coming out in greater numbers in the United States, demanding legal rights and social acceptance. ³² And with each day the number of Americans who have encountered or will encounter a transgender person in their daily lives grows.

Transgender advocates believe those day-to-day interactions are key to gaining legal protections against what they see as widespread discrimination in the workplace and elsewhere.

"More and more transgender people are out," says Keisling, of the National Center for Transgender Equality. "They're educating their families, their schools, their churches. They're willing to say this is wrong and this has to get fixed."

"People initially are so prejudiced about it because they think it's a sexual perversion," says author Green. "Once people hear about it, they feel much more positive about it."

Even social conservative opponents recognize the transformation. "Christine Jorgensen looked like a singular phenomenon," the Culture and Family Institute's Knight recalls. "Now it looks like a movement. You have a transgender movement complete with Web

site, organizations, funding and official support from the homosexual, activist movement. That's what's changed."

From one perspective, the transgender movement's progress can be viewed as limited and slow. No federal legislation explicitly prohibits discrimination on the basis of gender, and the inclusion of the gender identity provision in a hate-crime bill has apparently stalled it in the Senate following House passage. Only eight states have "trans-inclusive" non-discrimination measures, all but one adopted since 2000.

Transgender people are diagnosed by psychiatrists as mentally disordered, yet the medical costs of treating the condition — hormone replacement, cosmetic surgery, genital reconstruction — are not covered by health insurance (except for San Francisco city employees). After complaints from conservative groups, the Internal Revenue Service recently refused to allow tax deductions for sex-change medical expenses — contradicting previous rulings on the issue.³³

Transgender advocates, however, see the glass as filling up. "We've progressed much faster than I expected," says author Green.

Keisling also professes optimism about winning protections against gender discrimination. "We're getting there," she says. "Eventually, the whole country will get covered."

Courts may provide a quicker path to anti-discrimination protections. Diane Schroer's case against the Library of Congress is being watched closely for further developments, as is the appeal in

the case of the fired Salt Lake City bus driver Krystal Etsitty. Before Etsitty's case, some federal and state courts had been receptive to arguments that an adverse employment action based on gender identity does amount to sex discrimination under established civil rights laws.

Transgender advocates are less optimistic about eliminating or reforming the GID diagnosis in the *DSM*. APA committee leaders working on the issue "are not amenable to listening to the concerns," says GID reform advocate Winters.

Opponents say the transgender movement will encounter more resistance with increased visibility. "They run the risk of alienating people who were sort of benignly accepting of the homosexual movement and then wake up and say, 'My goodness, things have gone too far,'" says Knight.

Knight worries, however, that the APA may drop the designation of GID. "A saner psychiatric profession that isn't dominated by the politically correct homosexual lobby would have no problem diagnosing this and advocating help for people afflicted with it," he says.

For her part, Schroer views herself not as afflicted, but as lucky. "I wouldn't trade my life for anything, and I don't regret a second of it," she says. Yes, she might have transitioned earlier if she had "understood all the pieces in the puzzle." But she "loved" the Army, the people she met and the things she accomplished.

"My constant dedication to my work and hard-driving attitude was clearly an outgrowth of the frustration over being transgender," Schroer concludes. "But it

forced me to be a better officer and achieve things that are not possible for most. It's difficult to curse something that does that for you in life." ■

Notes

¹ The case is *Schroer v. Billington*, 05-1090 (U.S. District Court for the District of Columbia). Legal papers from both sides can be found on the ACLU's Web site: www.aclu.org/lgbt/transgender/12255res20050602.html. For coverage, see Petula Dvorak, "The Right Person for the Job: Library of Congress Accused of Transgender Bias," *The Washington Post*, June 2, 2005, p. B1; "Special Forces Commander Transitions from Man to Woman," ABC News, "20/20," Oct. 21, 2005 (abcnews.go.com/2020).

² Lynn Conway, "How Frequently Does Transsexualism Occur?" <http://ai.eecs.umich.edu/people/conway/TS/TSprevalence.html>.

³ For background see Kenneth Jost, "Hate Crimes," *CQ Researcher*, Jan. 8, 1993, pp. 1-24.

⁴ Paul McHugh, "Surgical Sex," *First Things*, November 2004, pp. 34-38 (www.firstthings.com).

⁵ For background see Kenneth Jost, "Gay-Rights Update," *CQ Researcher*, April 14, 2000, pp. 305-328.

⁶ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)*, 4th ed. (2000), pp. 576-582 (gender identity), and pp. 574-575 (transvestic fetishism).

⁷ Winters previously wrote under the pen name Katherine Wilson.

⁸ See Traditional Values Coalition, www.traditionalvalues.org. The Web site lists 18 organizations that provide "ministry and counseling resources for those struggling with same-sex attractions and other gender identity disorders."

⁹ The case, pending before the 10th U.S. Circuit Court of Appeals, is *Etsitty v. Utah Transit Authority*, 05-4193. Some details from coverage by Pamela Manson in *The Salt Lake Tribune*: "UTA Stereotyping Suit Dismissed," June 28, 2005, p. C1; "Sex Change Leads to Lawsuit Against UTA," July 3, 2004, p. B2. For opposing legal briefs, see these Web sites: Transgender Law Center (www.transgender-lawcenter.org); Equal Employment Advisory Council (www.eeac.org).

¹⁰ Transgender Law Center, "Good Jobs Now! A Snapshot of the Economic Health of San Francisco's Transgender Communities," March 2006.

About the Author



Associate Editor **Kenneth Jost** graduated from Harvard College and Georgetown University Law Center. He is the author of the *Supreme Court Yearbook* and editor of *The Supreme Court from A to Z* (both *CQ Press*). He was a member of the *CQ Researcher* team that won the 2002 ABA Silver Gavel Award. His reports include "Gays on Campus" and "Gay Marriage."

¹¹ Human Rights Campaign, "Workplace Discrimination: Gender Identity or Expression," www.hrc.org/Template.cfm?Section=Transgender_Issues&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=26&ContentID=31022 (visited April 2006).

¹² Quoted in Rachel Gordon, "S.F. Set to Add Sex Change Benefits," *The San Francisco Chronicle*, Feb. 16, 2001, p. A1. For other coverage, see John M. Glionna, "San Francisco Benefits May Cover Sex Changes," *Los Angeles Times*, Feb. 23, 2001, p. A3.

¹³ See Ralph Thomas, "Tax Dollars and a Sex Change: A Story of One Patient," *The Seattle Times*, April 11, 2006, p. A1, and related story, "Few Private Policies Cover Sex Changes," p. A11.

¹⁴ Background drawn largely from Deborah Rudacille, *The Riddle of Gender: Science, Activism and Transgender Rights* (2005).

¹⁵ Quoted in *ibid.*, p. 90.

¹⁶ Quoted in *ibid.*, p. 107.

¹⁷ Thomas Buckley, "A Changing of Sex by Surgery Begun at Johns Hopkins," *The New York Times*, Nov. 21, 1966, p. 1.

¹⁸ See Susan Stryker, "Roots of the Transgender Movement: The 1966 Riots at Compton's Cafeteria," *Critical Moment*, Issue 13 (November/December 2005), www.criticalmoment.org. The film "Screaming Queens" by Victor Silverman and Susan Stryker was broadcast on KQED-TV, San Francisco, in July 2005.

¹⁹ Quoted in Rudacille, *op. cit.*, p. 158.

²⁰ For coverage, see Jane E. Brody, "Benefits of Transsexual Surgery Disputed as Leading Hospital Halts the Procedure," *The New York Times*, Oct. 2, 1979, p. C1.

²¹ Paisley Currah and Shannon Minter, "Transgender Equality: A Handbook for Activists and Policymakers," National Center for Lesbian Rights/Policy Institute of the National Gay and Lesbian Task Force, 2000, p. 19. Subsequent events in Minnesota also taken from their account.

²² Quoted in Shaila K. Dewan, "On Eve of Gay Rights Vote, Bill Is Besieged From Within," *The New York Times*, Dec. 16, 2002, p. B3.

²³ See Anne Lamoy and Stacy Downs, "Transsexual Loses Battle for Estate," *The Kansas City Star*, March 16, 2002, p. A1.

²⁴ See coverage by William R. Levesque in the *St. Petersburg Times*: "What Is a Man? Court Has an Answer," July 24, 2004, p. 1A; "Transsexual Man Wins Custody of Two Children," Feb. 22, 2003, p. 1B. Kantaras and his ex-wife later agreed to share custody after airing their dispute on the "Dr. Phil" television program.

FOR MORE INFORMATION

American Psychiatric Association, 1000 Wilson Blvd., Suite 1825, Arlington, VA 22209-3901; (703) 907-7300; www.psych.org. Promotes the availability of high-quality psychiatric care.

American Psychological Association, 750 1st St., N.E., Washington, DC 20002-4242; (202) 336-5500; www.apa.org. Works toward improving the qualifications, training programs and competence of psychologists.

Concerned Women for America, 1015 Fifteenth St., N.W., Suite 1100, Washington, DC 20005; (202) 488-7000; www.cwfa.org. A conservative organization that voices strong disapproval of transgenderism.

Harry Benjamin International Gender Dysphoria Association, 1300 South Second St., Suite 180, Minneapolis, MN 55454; (612) 624-9397; www.hbgda.org. A professional organization devoted to the understanding and treatment of gender identity disorders. The association will change its name in fall 2006 to World Professional Association for Transgender Health (WPATH).

Human Rights Campaign, 1640 Rhode Island Ave., N.W., Washington, DC 20036-3278; (202) 628-4160; www.hrc.org. A political and lobbying organization working for lesbian and gay equal rights.

National Center for Lesbian Rights, 870 Market St., Suite 370, San Francisco, CA 94102; (415) 392-6257; www.nclrights.org. The legal center handles various lesbian-rights issues, with special emphasis on child custody and same-sex adoption issues.

National Center for Transgender Equality, 1325 Massachusetts Ave., N.W., #700, Washington, DC 20005; (202) 903-0112; www.nctequality.org. A social-justice organization devoted to ending discrimination and violence against transgender people.

Traditional Values Coalition, 139 C St., S.E., Washington, DC 20003; (202) 547-8570; www.traditionalvalues.org. The non-denominational, grassroots church lobby says it focuses on issues involving religious liberties, marriage, the right to life and the homosexual agenda.

Transgender Law Center, 870 Market St., Room 823, San Francisco, CA 94102; (415) 865-0176; www.transgenderlawcenter.org. A civil rights organization advocating for transgender communities.

²⁵ See Ken Hausman, "Controversy Continues to Grow Over DSM's GID Diagnosis," *Psychiatry News*, July 18, 2003, p. 25.

²⁶ Text of the bill, HB 2661, can be found on the Washington legislature's Web site: www.leg.wa.gov/pub/billinfo/2005-06/Pdf/Bills/Session%20Law%202006/2661-S.SL.pdf. The definition of "gender expression or identity" is found in sec. 4, paragraph 15. Gov. Christine Gregoire signed the bill into law on Jan. 31, 2006. Her remarks can be found on the governor's Web site: www.governor.wa.gov. For coverage of the pivotal legislative vote, see Chris McGann, "A Long-Awaited Win for Gay Rights: Senate OKs State Anti-Bias Bill," *Seattle Post-Intelligencer*, Jan. 28, 2006, p. A1.

²⁷ See Elizabeth Weill-Greenberg, "Frank says trans issue stalled Senate hate crimes measure," *The Washington Blade*, Dec. 21, 2005.

²⁸ For background, see Kristen A. Graham, "At Last, a Substitute Finds Her True Self," *The Philadelphia Inquirer*, March 21, 2006, p. B1.

²⁹ Dr. Renee Richards, "The Liaison Legacy," *Tennis Magazine*, March 1999, p. 31.

³⁰ Transgender Law Center, *op. cit.*, pp. 2-3.

³¹ *Ibid.*, p. 3.

³² For background, see Sandra Stencel, "Homosexual Legal Rights," *Editorial Research Reports 1974* (Vol. I); and W. B. Dickinson Jr., "Negro Voting," *Editorial Research Reports 1964* (Vol. II); Richard L. Worsnop, "Sexual Revolution: Myth or Reality," *Editorial Research Reports 1970* (Vol. I), all available from *CQ Electronic Library Plus Archive*, <http://library.cqpress.com>.

³³ Internal Revenue Service, "Request for Chief Counsel Advice: Medical Expense Deduction," No. 200603025, released Jan. 20, 2006, cited at Transgender Law and Policy Institute, Jan. 25, 2006 (www.transgenderlaw.org).

Bibliography

Selected Sources

Books

Bloom, Amy, *Normal: Transsexual CEOs, Crossdressing Cops, and Hermaphrodites with Attitude*, Random House, 2002.

The book comprises separate magazine-length profile-essays of transsexuals, cross-dressers and hermaphrodites. Bloom is an author and practicing psychotherapist. Includes four-page bibliography.

Califa, Patrick, *Sex Changes: The Politics of Transgenderism* (2d ed.), Cleis Press, 2003.

Califa, a transgender author, therapist and activist, provides a well-researched contemporary history of transsexuality along with a strongly argued thesis that diversity in gender identity is “a rich and valuable part of human physicality and society.” Includes chapter notes, 11-page list of cited works.

Currah, Paisley, Richard M. Juang and Shannon Price Minter (eds.), *Transgender Rights*, University of Minnesota Press, 2006 [forthcoming September 2006].

The 15 essays comprehensively cover the transgender civil rights movement, including legal protections for transgender people, the history of transgender communities and the politics of transgender advocacy. Includes detailed chapter notes and the text of the proposed International Bill of Gender Rights. Currah is associate professor of political science at Brooklyn College, City University of New York, and Minter is legal director of the National Center for Lesbian Rights; they are both founding members of the Transgender Law and Policy Institute. Juang is an assistant professor of English at Susquehanna College.

Green, Jamison, *Becoming a Visible Man*, Vanderbilt University Press, 2004.

The transgender author and public speaker provides an informative account of female-to-male transitions, including his own, along with insightful commentary on gender identity and expression and public attitudes toward the issues. Includes seven-page bibliography.

Karasic, Dan, and Jack Drescher (eds.), *Sexual and Gender Diagnoses of the Diagnostic and Statistical Manual (DSM): A Reevaluation*, Haworth Press, 2006.

The book provides a thorough and balanced review of the debate over the sexual and gender diagnoses in the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* and proposals to revise those diagnoses in the new edition due out in 2011. Drescher is training and supervising analyst at the William Alanson White Institute in New York City; Karasic is a clinical pro-

fessor of psychiatry at the University of California in San Francisco.

Rudacille, Deborah, *The Riddle of Gender: Science, Activism, and Transgender Rights*, Pantheon, 2005.

Rudacille, a science writer at Johns Hopkins University, provides a thorough and lucid account of transgenderism from early history through the 19th- and 20th-century discoveries of the biological basis of sex differences and the late-20th-century debates over diagnosis, treatment and legal status of transgender people. Includes notes, five-page bibliography.

Articles

McHugh, Paul, “Surgical Sex,” *First Things*, Jan. 26, 2005.

McHugh, who closed the gender identity clinic at Johns Hopkins University School of Medicine when he headed the department of psychiatry in the 1970s, argues strongly against assisting patients with sex-change therapies or surgeries. *First Things* is published by the conservative Institute on Religion and Public Life.

Reports and Studies

Currah, Paisley, and Shannon Minter, *Transgender Equality: A Handbook for Activists and Policymakers*, National Center for Lesbian Rights/Policy Institute of the National Gay and Lesbian Task Force, 2000.

The 100-page report, available at www.transgenderlaw.org, covers the history and then-current status of the transgender movement. Includes endnotes, organization list and other reference materials.

Human Rights Campaign, *Transgender Americans: A Handbook for Understanding*, November 2005.

The 50-page pamphlet, available at www.hrc.org, provides an overview of transgender history and advocacy along with brief “stories” and photographs of transsexual individuals. Includes endnotes.

Traditional Values Coalition, “A Gender Identity Disorder Goes Mainstream,” April 2005.

The four-page “special report” by the socially conservative Christian lobbying organization, available at www.traditional-values.org, argues that transgender individuals “need professional help, not societal approval or affirmation.” Ongoing criticism of transgender advocacy through press releases and other statements can be found on the coalition’s Web site as well as the Web site of the Culture and Family Institute, an affiliate of the conservative Concerned Women for America (www.cwfa.org).

The Next Step:

Additional Articles from Current Periodicals

Courts

Mitchell, Kirk, "Inmate Sues State Prison to Get Sex-Change Operation," *Chicago Tribune*, March 29, 2006, p. 6.

Christopher "Kitty" Grey, an inmate at Colorado's Limon Correctional Facility, has asked the state's Supreme Court to grant him a sex-change operation, saying he is a woman in a man's prison.

Renaud, Jean-Paul, "Transgender People Are Finding It's Tougher to Change a Name," *Los Angeles Times*, Aug. 28, 2004, p. B6.

Increasing concerns about identity theft are making it difficult for transgender people to change their name to match their preferred gender; the California Supreme Court only grants such changes with proof of surgery and a \$300 fee.

Simmons, Ann M., "Couple Sue Over Marriage Rule," *Los Angeles Times*, Dec. 6, 2004, p. B3.

A Los Angeles couple is suing U.S. immigration services for denying residency to the husband, a non-U.S. citizen, because the wife underwent a sex change to become a woman.

Stetson, Erik, "Couple Navigating Murky Legal Ground," *Chicago Tribune*, Feb. 2, 2005, p. A3.

Since Michael Howden underwent a sex change to become a woman, the status of his marriage is in question: Is it a heterosexual or a same-sex marriage?

Gender Identity Disorder

Reeves, Hope, "Youth Permitted to Dress As Female," *The New York Times*, Jan. 10, 2003, p. B7.

New York's Supreme Court ruled that a 17-year-old male living in a foster-care home may dress as a woman after a psychiatrist diagnosed him with gender identity disorder.

Scott, Megan, "The Price and Pain on the Road to Transformation," *St. Petersburg Times (Florida)*, Feb. 25, 2005, p. E3.

Twenty percent of the 3,000 people diagnosed with gender identity disorder in the United States have gender-altering surgery.

Thomas, Ralph, "Tax Dollars and a Sex Change: A Story of One Patient," *The Seattle Times*, April 11, 2006, p. A1.

Washington Medicaid officials acknowledge gender identity disorder is a real and serious medical condition but also say sex-change surgery is risky and unproven, furthering the debate over whether taxpayers should pay for sex-change operations.

Legislation

Budoff, Carrie, "Rendell Broadens Protection Against

Gender-Identity Bias," *The Philadelphia Inquirer*, July 29, 2003, p. B1.

Democratic Gov. Edward Rendell of Pennsylvania issued an executive order to protect the 80,000 employees in his Cabinet agencies from discrimination based on "gender identity or expression."

Workplace Issues

Dwyer, Kelly Pate, "An Employee, Hired as a Man, Becomes a Woman. Now What?" *The New York Times*, July 31, 2005, p. 1.

Employers are struggling with what to do when employees announce they are switching genders.

Geranios, Nicholas K., "Discrimination Trial Wraps Up," *The Seattle Times*, May 18, 2005, p. B4.

A federal judge will decide if a U.S. Customs and Border Protection employee, Tracy Nichole Sturchio, who underwent a sex change, suffered discrimination from co-workers.

Lewis, Diane E., "Firm Offers Transgender Protections," *The Boston Globe*, July 29, 2005, p. C1.

Raytheon Co. became the first of the nation's six big defense firms to expand its equal-opportunity employment policy to include transgender and transsexual workers.

Loviglio, Joann, "Officer Navigating Sex Change," *The Philadelphia Inquirer*, March 1, 2004, p. B10.

Heladio Gonzalez, a 36-year member of the Philadelphia police force, is preparing for gender-reassignment surgery, making her the first transgender officer in department history.

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