

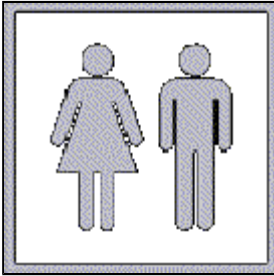
## Letter To The American Psychological Association (APA)



Op-Ed Pages - Guest Columns

Diane Lynn Kearny

Monday, 09 July 2007



***We therefore strongly suggest that those who are diagnosed as born with Harry Benjamin Syndrome (HBS) not be linked in any way with those who suffer from Gender Identity Disphoria. The two conditions being diverse are not at all similar in treatment or understanding. Dr. Benjamin would have and did understand just that.***

**Letter To The American Psychological Association.** For too long now we, who for some time have been classified and diagnosed transsexual, have accepted that we had a deeply set inner need to correct what we felt was a mistake of birth. We accepted the term transsexual as being easily and clearly understood and meaning exactly what it was intended to describe. We either were in preparation or had *trans'ed* our sex. It was never thought that our brain *gender* was the issue for that was accepted as a biological condition set in the womb before birth. The issue was simply that our physical sex did not match our brain sex. We now refer to this anomaly as **Harry Benjamin Syndrome (HBS)**.

Over time our identity has become wrongly linked to those who call themselves 'trans' gender. That is a social construct and not a medical diagnosis as is transsexual. How did this come about we have been asking without forthcoming answers? It seems the answer really might be as simple as it being that those who are elements under the transgender umbrella absorbed transsexuals as if each had common conditions with only slight variations. This if examined intelligently is an absurdity. The linkage only becomes that when those under the transgender banner extend their urges and desires to the extreme and then make claim they are transsexuals when perhaps they might better be described as **autogynephilic**. The harm both in medical care and legal matters has become for those surgically corrected directly attributed to the confusion generated by being added to the GLBT sexual orientation theme as if that fully and solely describes us.

What is more difficult to accept is the claim by some in academia voicing their argument for the acceptance of diversity? Yet, these same people, some who themselves have had surgery to correct their sex,

### The APA Letter

*Central PA, USA.* The accompanying text is an informational letter from Ms. Diane Lynn Kearny to the **American Psychological Association (APA)** (8 June 2007).

The occasion of the letter was a decision by Ms. Kearny and her associates to cancel an appearance at the planned **WPATH 20th International Biennial Symposium** in Chicago, Illinois (5-8 September 2007).

WPATH is the **World Professional Association for Transgender Health** (formerly known as the Harry Benjamin International Gender Dysphoria Association - HBGDA). WPATH publishes **Standards of Care for Gender Identity Disorders**, currently in the sixth version since the original 1979 document.

An increasing number of critics view the WPATH approach as irrelevant to the needs of those on a path toward a sex change.

The Kearny group had scheduled an appearance at the conference to present the proposed *Standards of Care For Harry Benjamin's Syndrome*. However, WPATH requires that both the session presenter and other members of her party who serve as information "posters" register and pay for attendance. According to WPATH, fees are all-inclusive for the entire conference. Kearny

discourage diversity in favor of an all-encompassing transgender blanket. Their claim for support of diversity becomes ludicrous if not hypocritical when they make invalid arguments suggesting all wear the same mask. That is the attitude seen of those who might have extended their fetish to include surgery but not for those whom being whole was the primary goal from earliest childhood.

and her associates declined to pay the fees, calculated as a multiple of all of her group members in attendance.

In addition to this full text reprint of Ms. Kearny's letter to the APA, there are a variety of download links, including the letter included here, as well as an abstract and full text of the paper.

In today's society the transgender are using their status, as if linked with the transition of those who are correcting their sex, in an effort to get laws changed which benefit the transgender and actually long term might be detrimental to those who have corrected his or her sex. Arguments can be made, and have been so made, that all those under the transgender banner, and that has falsely come to include post-surgical, be required to use selected bathrooms in order not to intrude upon born females or males. This is recognized as being transgender law and as such does no favor for those who have had corrective surgery since they would then be treated not as the sex they are but as trans-gender for their lifetime. This must be clearly seen as shackling those who have changed their lives from what had been a torturous past. That is ludicrous and if examined closely can only be seen as the intent of selfish and totally self-serving people who have no regard for those who suffered pain and losses unimaginable that those not HBS could ever fully understand.

The current **WPATH** is for many a sexual orientation or gender variant house of cards. It disallows those with a medical condition (HBS) from obtaining any valuable help or even information that directly pertains to our condition unless we first link to the transgender concept. It seems to foster tunnel vision and leads many to think that the transgender social construct applies to all, including HBS. Somehow, instead of dealing with those born with a medical anomaly, society is being led to believe that transgender explains the move of each person up a created social ladder of choices from perhaps a simple transvestite to those many transgender perceive as elitists simply as a result of having had surgical correction. That as we see it is exactly the autogynephilic position but definitely does not measure or deal with those affected by **Harry Benjamin Syndrome**. To be born with a neurological intersex abnormality is entirely different than to acquire a gender variant outlook on life usually generated by the onset and stimulation of adolescence.

We, who were born with HBS, know full well that we did not grow into becoming what we always knew ourselves to be. We were challenged from birth with the inner mindset opposite that of our physical body. It had nothing to do with the term transgender that was coined and featured as a description for those with a gender identity problem; and a term that was coined by a transvestite and advanced by him through his magazine, *Transvestia*. He, like most transgender, simply wanted to mimic the opposite sex; he did not need to correct what for us was inherent from birth. Ours was not a confusion of brain gender, as in his case, but a contradiction; our physical sex did not match that of our neurological sex. HBS is not gender transference as it seems to be under the transgender construct but a physical manifestation created in the womb as a congenital biological anomaly.

We do not feel ourselves in community with transgenderism. Because we feel that ours is a result of a mistake in the womb others have taken our message as being one of elitism. We are accused and ridiculed as being separatists and all the while we are told that we too are transgender and mocked for trying to explain our feelings. It is not enough for us to proclaim that we knew from an early age that we were born incomplete but now we are expected to align ourselves with those in the transgender community or face ridicule and scorn from them. That is offensive to us especially when many in that community are those driven by sexual or fetish interests and others who take on opposite sex characteristics without there being any driven inner need for them to be whole but only to create an illusionary lifestyle.

We strongly suggest that our birth condition not be linked in any manner with those under the transgender elements of gender confusion. We clearly see the necessity that our condition be taken out of the control of the GLBT influence in the APA and instead be listed as a separate intersex condition under the guidelines of the APA or another medical entity not associated with gender variants but one that establishes us as being under the description of neurological intersex which clearly needs to be defined under a SOC not at all related to transgenderism. Oddly many of us after corrective surgery were actually found to be physically intersex as well but by then we were classed as transsexual since we had changed what had been the legal declaration of our sex at birth; therefore it was seen as a change of sex from that so formed at birth. And to add insult to injury we were then referred to as being trans-gender, which of course is an absolute absurdity. Our brain gender was inherent and intact; our physical sex was the conflicting issue in need of correction.

Many of those treated by [Dr. Harry Benjamin](#) and his associates knew full well that he would have understood the transgender without scorn nor abuse but he would never have put transsexual patients under the same identity label or consider them to be behaviorally similar, (this author is one of those patients). The fact of the matter simply is quite clear to those of us who were born with HBS. The advocate who coined transgender communicated to this author she was delusional for wanting a 'sex change' and made it very clear that his term of transgender would not welcome or include transsexuals. It would allow those elements under the TG umbrella to adopt a substitute masking identity so that they would be removed from the stigmatism of the individual gender deviant terms that had been plaguing them and brought them ridicule.

So, at that time transsexuals were clearly identified and the elements under the transgender umbrella found a collective identity of their own without being confused with transsexuals. We fully understand that because now we too find ourselves facing the same difficulty by being wrongly considered as a sub-set under the transgender model and mixed and matched as if we too are part of their differing gender moods, urges and desires. It detracts from our legal and medical requirements as well because of the confusion generated. Once we have had surgical correction there is no longer a 'trans' part of our lives; our physical sex and mental gender have finally been joined. The transition, except for the common adjustments that might be compared with adolescence, has been set in place. So we must ask, why then are we somehow confused with those that we had no comparative identity with, - the

transgender?

It has become apparent to many that there has been formed a grouping of professional transgenderists, some of whom have had genital surgery. Their lifestyle seemingly is to live as a constant reminder to all to what and who they had been in the past. The only difference seems to be the change of genitalia. They live in the world of transgenderism and that is what the public sees as representative of all of those who transitioned to reach completion ... to forever live under the label of 'trans' this or 'trans' that. This is harmful especially when all who have had surgery are also seen as being transgender and all that means: transvestite, drag queen, she-male, cross-dresser, fetishist, sex-worker, gender queer, etc. It also damages the credibility of all who have had surgery to finally join their sex to their birth gender. It links them to fetishists, sexual deviants, opportunists under the transgender canopy, etc.

Most of us simply wanted to live our lives as we should have been born. To add us to the mix and match of transgenderism is insulting for it marks us as being no different in goals and attitudes and that too is what affects our standing under law and medicine. We, those who were born HBS, do not mimic the opposite sex. We are now complete in that our physical sex has been changed to match our birth brain gender. That is unacceptable to transgender advocates since they opt for choice whereas we know the choice was denied us in the womb. Some of them even are against further research to show a definitive cause for HBS. That they fear would deny them choice to further what appears to us as being an extension of their fetishism.

We therefore strongly suggest that those who are diagnosed as born with **Harry Benjamin Syndrome (HBS)** not be linked in any way with those who suffer from Gender Identity Disphoria. The two conditions being diverse are not at all similar in treatment or understanding. Dr. Benjamin would have and did understand just that.

He would also have been honored that the condition he treated to the end days of his life now takes his name in honor of him, **Harry Benjamin Syndrome (HBS)**, rather than be discarded as has been done by the transgender advocates in removing his name as was done by replacing HBIGDA with WPATH which instead honors the coinage of a transvestite. Our position is not meant to be insulting or abusive to gender variants but reflective of truth as we see it. It is now those of us born HBS who suffer the abuse and insults by being classified as being no different than those who, for the most part, are gender deviants.

We have prepared in answer to a request from WPATH a submission paper in the form of an abstract. We have recently been notified that our paper was accepted to be posted at the upcoming WPATH Symposium to be held in Chicago Sept. 5th through Sept. 8th and that we were invited to attend and be present during its posting on Sept. 7th. [*ed.: all dates 2007*] Then the hammer fell which we see as simply a matter of greed. They first invite us to submit a paper then we are charged an admission to do so. Not one fee mind you but a \$550.00 fee for each and every one of our presentation group much the same as if we would be attending all of the Symposium functions that are being geared towards furthering the

transgender propaganda machine. We are in total disagreement with many of those who have been invited to speak at the Symposium and to force us to support them in the form of an extravagant \$550.00 per person fee is a travesty. I personally wonder if the transgenderists (a surgeon and a transgender advocate who even considers Christine Jorgenson a transgender comes to mind), who have been invited to give their TG laden speeches, also were required to pay the \$550.00 fee to do so? I doubt it!

A reasonable submission fee to cover the presentation ceremony as planned would seem fair. But, to force each of us to pay for those other events that we have no intention of attending is a crime. First, we are invited to submit a paper, and then we are charged an outrageous fee to do so in addition to our other out of pocket, (non expense account), costs in order to be present at the poster presentations. That is chutzpah!

Sincerely,

Diane L. Kearny  
Board Member

[HarryBenjaminSyndrome-info.org](http://HarryBenjaminSyndrome-info.org)

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*Letter To The American Psychological Association.* Diane Lynn Kearny. **TS-Si.org** (8 June 2007).

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### ***PDF Downloads***

[Letter To The American Psychological Association](#)

[Standards of Care For Harry Benjamin's Syndrome](#)

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The HBS [Standards Of Care \(SOC\)](#) and other materials are reprinted with permission of The [Harry Benjamin Syndrome Informational Resource](#). TS-Si attempts to stay current with any changes in the text. However, in case of any conflicts, the author version located at the [resource website](#) prevails.

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The author's full legal name has been withheld at her request. TS-Si verified the special circumstances that prevent full disclosure of her identity in the public prints. Readers with questions or comments can contact her via the [Contact Form](#).

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