

Harry Benjamin

When men rule(d) the world

www.transhistory.org/history/TH_Harry_Benjamin.html



Harry Benjamin did much to develop medical treatment of transsexuality and related TG issues in the United States & Canada, bringing the German knowledge to North America in the early to mid 20th Century. Originally a German national, Benjamin emigrated to the U.S. just before the first world war in 1913. He was on good terms with [Magnus Hirschfeld](#) the famous German sexologist who coined the terms “Transvestite” and “Transsexual,” and Alfred Kinsey, the famous American sexologist. Benjamin agreed with Hirschfeld that transsexuals were a form of neurological intersex.

Benjamin was a gerontologist, considered an expert on life extension, as well as an endocrinologist and sexologist. Considering that he lived to be 100 years old, the claim may be valid. He served on the Advisory Board for [Foundation for Mind Research](#) which still proudly lists him as emeritus.

In 1966, Benjamin published the seminal book, [The Transsexual Phenomena](#). It is unfortunate that Dr. Benjamin followed the lamentable practice of the first half of the century of using gender pronouns consonant with sex assignment at birth even after transition. The medical standards and ethics body that governs treatment of transsexuals today is named after Dr. Benjamin: The “Harry Benjamin International Gender Dysphoria Association” (or “HBIIGDA”).

The Purpose of the Standards of Care . The major purpose of the Standards of Care (SOC) is to articulate this international organization's professional consensus about the psychiatric, psychological, medical, and surgical management of gender identity disorders. Professionals may use this document to understand the parameters within which they may offer assistance to those with these conditions. Persons with gender identity disorders, their families, and social institutions may use the SOC to understand the current thinking of professionals. All readers should be aware of the limitations of knowledge in this area and of the hope that some of the clinical uncertainties will be resolved in the future through scientific investigation.

The Standards of Care Are Clinical Guidelines. The SOC are intended to provide flexible directions for the treatment of persons with gender identity disorders. When eligibility requirements are stated they are meant to be minimum requirements. Individual professionals and organized programs may modify them. Clinical departures from these guidelines may come about because of a patient's unique anatomic, social, or psychological situation, an experienced professional's evolving method of handling a common situation, or a research protocol. These departures should be recognized as such, explained to the patient, and documented both for legal protection and so that the short and long term results can be retrieved to help the field to evolve.

When the gender identity disorders first came to professional attention, clinical perspectives were largely focused on how to identify candidates for sex reassignment surgery. As the field matured, professionals recognized that some persons with bona fide gender identity disorders neither desired nor were candidates for sex reassignment surgery. The earliest estimates of prevalence for transsexualism in adults were 1 in 37,000 males and 1 in 107,000 females. The most recent prevalence information from the Netherlands for the transsexual end of the gender identity disorder spectrum is 1 in 11,900 males and 1 in 30,400 females.