

R E P O R T
of the
TRANSGENDER PROTOCOL TEAM
of the
San Francisco
Lesbian, Gay, Bisexual, Transgender
Substance Abuse Task Force

**TRANSGENDER
PROTOCOL**

**Treatment Services Guidelines for
Substance Abuse Treatment Providers**

May 9, 1995

ACKNOWLEDGMENTS

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1993 Co-Chairs

**Viva Delgado, Women's Alcoholism Center
Chuck Loudon, Baker Places, Inc.**

1994 Co-Chairs

**Eric Brizee, Drug Abuse & Alcoholism Advisory Boards
Wynne Moore**

1995 Co-Chairs

**Terry Garner, Haight Ashbury Free Clinics
David Lowe, Walden House**

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THE CO-CHAIRS OF THE TRANSGENDER PROTOCOL TEAM

**Dominique Leslie, St. Anthony's Foundation Covenant House
Edward Patterson, Baker Places, Inc., Acceptance Place**

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Tamara Ching, TG Community Task Force
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Adrena Cooper**

*and other members of the transgender community who
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REPORT of the
TRANSGENDER PROTOCOL TEAM of the
San Francisco Lesbian, Gay, Bisexual, Transgender
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1. HISTORICAL PERSPECTIVE

In June 1993, the San Francisco Lesbian, Gay, Bisexual, Transgender Substance Abuse Task Force* (*LGBTSATF*) formed a Transgender Substance Abuse Treatment Policy Group to address reports the Task Force had received from community health outreach workers about consistent and persistent acts of discrimination experienced by transgender clients seeking services at homeless shelters and substance abuse treatment programs funded by the City and County of San Francisco.

These reports of discrimination from transgender clients included, but were not limited to the following:

- 1) incidents of verbal abuse by staff and clients;
- 2) program's failure to provide safety from physical abuse and actual reports of clients being physically abused;
- 3) requirements for the possession of official written medical documentation confirming their presenting gender identification as a condition of admission and the subsequent provision of treatment services;
- 4) requirements to present only in clothing judged appropriate for their biological gender assignment;
- 5) requirements to shower and sleep only in the area appropriate for their biological gender assignment;

Concurrently, testimony before the San Francisco Human Rights Commission confirmed these and other recurring incidents of rejection and discrimination experienced by transgender people (*see appendix page 20*). As a result of the hearings, the Board of Supervisors amended the Administrative Code to prohibit discrimination based on "Gender Identity" (*see appendix page 37*). The Mayor signed the legislation December 30, 1994.

Despite the anecdotal evidence showing that the prevalence of homelessness and substance abuse disorders among the transgender population is greater than that of the general population, many community health outreach workers (CHOWS) report that this client population is very resistant to seeking treatment services. Resistance to treatment is based primarily on their own or peers' reports of past discriminatory experiences with service providers. A distrust of the social service system has also led to an increased prevalence hormone therapy self-administered without medical supervision. The hormones used are attained through an underground distribution system.

Previously, the Transgender Policy Group reported it was unable to move forward towards the goal of constructing and recommending effective transgender policies until the following occurred:

- 1) they had the full support of the LGBTSATF to take on the responsibility of advocating for transgender policy changes;
- 2) an educational session on transgender issues was conducted for members of the LGBSATF;
- 3) the transgender community accepted that the LGBTSATF was the most appropriate body to draft and advocate service delivery policy changes related to transgender clients; and

* *The LGBTSATF added the term Transgender to its name in March 1995.*

- 4) LBTSATF formed a new Transgender *Protocol Team* -- which necessarily included members of the Transgender community -- to draft treatment services guidelines for substance abuse providers.

After meeting the conditions outlined by the Transgender Policy Group, the LBTSATF voted to establish a new Transgender Protocol Team in November 1993. This report is the result.

The purpose of the Transgender Protocol Team was to create guidelines for transgender sensitive treatment offered by those substance abuse treatment agencies receiving funding from the City and County of San Francisco administered by Community Substance Abuse Services.

Upon approval of the guidelines, the LBTSATF would request the Director of Community Substance Abuse Services to require all city-funded substance abuse agencies to implement the transgender sensitive policies and provide access to all phases treatment for transgender clients. The guidelines would serve as a model for other social service agencies, as well.

2. TRANSGENDER SCOPE

In San Francisco --and other places worldwide -- the transgender community uses the term "transgender" as an umbrella term to cover a myriad of gender identities and gender roles. Some of the different gender identities and roles are *transsexual* (pre-operative, post-operative, and non-operative), *crossdresser* (trans-vestite), *drag*, *androgyny*, *female and male impersonators*, *transgenderist* and *gender bender*.

In no case should a service provider staff person make an assumption about a client's gender. They should ask politely what is the client's gender. They should let the client define their gender identity and then use that preferred pronoun or adjective at all times in reference to the client ... even in the client's absence.

TRANSGENDER

Transgender is an umbrella term applied to people whose gender identity differs (somewhat or completely) from their original anatomical gender. Most transgender individuals do not agree on specific definitions and may reject labels of any kind. The definitions listed below are approximations and should not be considered diagnostic.

TRANSSEXUAL

Transsexual refers to a person who identifies with and desires to be the other sex. The desire for gender confirmation surgery is one of the primary indicators for a formal diagnosis of transsexualism. Most transsexuals at least opt for hormonal therapy to achieve secondary sexual characteristics of their desired identity. There are both male-to-female and female-to-male transsexual persons.

CROSSDRESSER

Crossdress (Transvestite, CD or TV) refers to a person who dresses in the attire of the other sex usually for sexual/erotic gratification or personal satisfaction.

FEMALE AND MALE IMPERSONATOR

Female or Male Impersonator is a person who is either straight, gay, lesbian, bisexual or transgender performing a show or act by imitating someone through crossdressing. Many of these performances are career-oriented professionals who lip-sync, dance, or act a role through imitating a celebrity.

TRANSGENDERIST

Transgenderist is a person who usually lives "24/7" (24 hours a day, 7 days a week) in the gender of choice, but may not desire gender confirmation surgery nor hormone therapy. A transgenderist may or may not identify as a transsexual person. Transgenderists who do identify as transsexual often identify as a non-operative transsexual person.

DRAG

Drag is traditionally a gay or lesbian identified person who crossdresses for functional purposes such as social gatherings, parties, prostitution or personal satisfaction.

ANDROGYNY

Androgyny refers to a person who appears neither male nor female, but as a combination of both sexes.

GENDER BENDER

Gender Bender is a person who challenges the boundaries of traditional gender roles and gender identities, such as extremely masculine-acting and masculine-appearing women or extremely feminine-acting or feminine-appearing men. Gender roles are often defined by the culture or environment in which one lives. Gender benders often push these cultural gender roles to the extreme outer rims of these boundaries.

GENDER CONFIRMATION SURGERY (GCS)

Gender Confirmation Surgery (GCS) is also known as Sex Reassignment Surgery (SRS) and refers to a transsexual person who changes her or his anatomical sex from one sex to another via genital surgery. **Penile inversion** (creating a vagina from a penis) for a male-to-female transsexual person and **phalloplasty** (constructing a penis in place of a vagina) for a female-to-male transsexual person are the two major types of genital surgery.

SEXUAL ORIENTATION

Gender identity is separate from **sexual orientation**. A transgender or transsexual person may be heterosexual, homosexual, bisexual or asexual. Sexual orientation is independent of gender and may shift during the client's development. Assumptions about the clients sexual orientation based on their gender should not be made.

3. CULTURAL VARIABLES

Gender is also a social construction. Therefore, cultural and cross-cultural variables must be kept in mind when discussing gender. Many cultures have a certain level of acceptance of gender fluidity, gender identity, gender roles and terms used to describe these conditions. A client who uses terms about gender that the service provider does not understand, they should be asked to clarify and elaborate.

EXAMPLE: A Hawaiian describes herself as "Mahu." Mahu may mean full time transgenderist, or it may mean pre-op transsexual, or it may even be used as a general term for gay, lesbian or transvestite. This definition, therefore, can describe a variety of gender or sexual expressions. The client should be asked to specify on what she means by the term.

4. TREATMENT ISSUES

PRE-OPERATIVE

Pre-operative transgendered people are usually considered transsexuals because they desire to be another sex than that of their birth. They are usually undergoing or desire to undergo hormonal gender reassignment and, eventually, gender confirmation surgery. Hence the term *pre-operative* (before surgery). A pre-operative transsexual person may or not be "24/7", that is, living 24 hours a day, seven days a week, in their gender of choice. Also, pre-operative transsexuals may or may not have the anatomy or appearance of their chosen gender.

For example, a male to female (MTF) pre-operative transsexual may not have developed the breasts of a biological/genetic women. Hormonal reassignment may or may not have started yet. Furthermore, a pre-operative transsexual may not be taking hormones because of the following:

- A) He or she doesn't want to take hormones for their own personal reasons (non-operative transsexuals or full time transgenderists);
- B) Use of hormones may be contra-indicated for medical reasons (e.g., diabetes, HIV, etc.).

Some self-disclosed, pre-operative transsexuals may be on self-administered hormones. Every effort should be made to refer them to a qualified endocrinologist for proper testing and monitoring

of hormonal gender reassignment. This should be done without having to take the client off hormones.

Every effort should be made to keep the client's hormonal levels balanced and consistent. A client in this situation may be referred to Tom Waddell Clinic and/or similar programs.

Many transgendered people are not transsexual, but are full time "transgenderists." A transgenderist sometimes lives 24/7 in their chosen gender, but generally does not take hormones or opt for GCS. The transgenderist and other "gender benders" are the most complicated to serve, especially in terms of providing public accommodations in residential treatment facilities. These people are often less consistent in their gender presentation than pre- or post-operative transsexuals. A gender-bender may present as a female one day, and then as male the next.

The key point is that one's gender orientation or gender role identity is self-defined, not defined by society.

OTHER PRE-OPERATIVE ISSUES

1. Full time living issues: trying out gender roles, clothes, make-up, hair styles etc.;
2. Self esteem issues: feeling good about themselves, how they look, who they are; Self-acceptance and issues of passing;
3. Family issues: "do they accept the new me?" Getting family and significant others to use the preferred name, pronoun, etc.;
4. Employment issues: transition on the job, changing jobs (if job skills are not appropriate for the new gender role;
5. Legal issues: name changes, ID, medical coverage, child visitation and child custody issues including re-unification;
6. Recommendations for surgery: getting letters for GCS from therapists; prohibitive costs for long-term therapy (up to a full year);
7. Housing issues;
8. Discrimination: transgenderphobia.

POST-OPERATIVE

While post-operative transsexual persons may have fewer gender-related problems than pre-operative transsexuals or other transgendered people, there are issues that may arise. A post-operative transsexual person has to "pass" in society and blend in just as any other transgendered person. If a post-operative transsexual person does not blend in society, she or he still could be subjected to discrimination in employment, housing, health care and public accommodations. Furthermore, if people in society know that a person is a post-operative transsexual ("outed or clocked"), she or he can still be subjected to hatred, bigotry or abuse.

In residential treatment facilities, homeless or battered women's shelters, health clinics or other institutional facilities, some post-operative transsexual still are refused services they identify as a post-operative transsexual. Some facilities and agencies will serve only "biological or genetic women or men." They make no provision for serving transsexuals, whether post-operative, pre-operative or non-operative.

Although post-operative transsexuals are afforded the same legal protection as biological women or men, the reality is that prior to the passage of specific legislation that went into effect in San Francisco in January 1995 there was no specific legislation to protect the whole transgendered community from discrimination based on gender identity or gender role.

OTHER POST-OPERATIVE ISSUES:

- 1.) Legal issues - not being able to change birth certificate or gain/regain child custody.
- 2.) Medical issues - follow-up medical care after GCS.
- 3.) Self-esteem issues - passing/not passing.

NON-OPERATIVE

Some transgendered people consider themselves to be non-operative. They may not have a desire to take hormones or have any kind of surgery (breast augmentation/reduction, penile inversion, phalloplasty, etc.). These transgendered people will in all probability describe themselves as transsexual or transgendered. They would accurately fit the description of full time transgenderist as described above.

Other transgendered people, such as cross-dressers and gender benders, may present the most challenge to providers in terms of public accommodations (residential facilities). They are often less consistent in their gender presentation than pre- or post-operative transsexuals or full time transgenderists. For example, one day a gender-bending person may present themselves as a female and the next day as male. The period they present as a certain gender may vary. Throughout, however, services should be consistent with the individual's gender self-identity and role, as defined by the individual, not society.

The key point is that one's gender orientation or gender-role identity is *self-defined*.

OTHER NON-OPERATIVE ISSUES:

- 1.) Societal Accommodation
- 2.) Health/Medical Services
- 3.) Safety Issues

PASSING

Passing or "blending" is relative to the person and situation. Many transgendered people try to pass by achieving the look or appearance of the "average-looking" women or man in that particular society. If this average look is successfully achieved, the transgendered person is considered to be passable in term of blending into society and not "*sticking out like a sore thumb*". What may be considered passing by one transgender person may not be considered passing by another. Passing should be viewed in the same term in which we view the concept of beauty: *it's in the eye of the beholder*. Blending can occur in both the pre-operative and post-operative person.

GENDER CONFIRMATION SURGERY (GCS)

Historically, **Gender Confirmation Surgery** is actually achieved in a very small percentage of those who self-disclose or identify as transsexual. The current HIV/AIDS epidemic has further reduced the already small number of those that elect or have the ability to obtain GCS.

It was only with the invention of modern reconstructive genital surgery that the concept of changing ones genitals to the opposite sex began to catch on, specifically after mass media coverage (or exploitation) of Christine Jorgenson's surgery. Genital reconstruction surgery was pioneered in Germany in the 1930's. In the 50's and 60's, specialists who had studied the German results performed the operation for gender reassignment in Denmark and other socially progressive European countries.

There is continual historical evidence of castration within several ancient (and even modern) cultures; especially in the case of clergy, servants to monarchs, and even for artistic purposes (Castrati in Italy). In the indigenous cultures of the Americas and Asia, however, one's transgendered nature was never altered by either surgical or quasi-surgical means. It was respected and often venerated (e.g., the Zuni Man/Woman We'Wah). The Hijra of India, on the other hand, did practice surgical gender reassignment.

There is a long, spiritual history of acceptance of transgendered people. Pre-historic paintings, artifacts, and written and oral histories clearly show the presence of transgendered peoples. It is a cross-cultural and timeless phenomenon.

Today, transgendered people may see their transgendered nature as a spiritual gift or they may see it as a challenge. Many, if not most, present and live in the gender opposite to their genitals and may use either *transgender* or *transsexual* as a self-description when seeking treatment services.

However, transgendered people have routinely been denied vital and highly therapeutic hormone treatment because they have no intention of surgically altering their genitals.

Therefore, many transgendered clients will self-disclose and present as a transsexual seeking GCS just so that they can get hormonal therapy. This therapy, they hope, will make living (passing/blending) much easier.

BARRIERS TO SURGERY

Transsexuals who desire GCS first face an enormous financial barrier. Surgery can cost from \$10,000 to \$70,000. It is the single most common reason for not proceeding.

Another significant factor why transsexual people do not or can not get GCS is HIV status. The vast majority of surgeons require proof the client/patient is HIV negative before proceeding.

Many female-to-male transgenders are waiting for improved surgical techniques. Current surgical procedures often result in non-functional genitals with poor appearance.

The highly restrictive nature of the Harry Benjamin Standards of Care also requires a recommendation from the client's therapist. This pre-supposes the client can afford therapy.

Most transgendered people find these terms and conditions -- however well intentioned to insure proper patient care they are-- as an impassable series of road blocks. Therapist, doctors and surgeons hold the tickets to their freedom and happiness just out of reach.

MEDICATION

Medications designed to facilitate gender confirmation should be prescribed by a qualified and knowledgeable specialist.

Hormone therapy is the accepted treatment and the use of hormones is an important part of the treatment plan for most transgendered clients. Hormonal confirmation therapy is an accredited medical treatment and is not to be viewed as elective or unnecessary.

To view hormonal confirmation therapy as unnecessary or as an elective therapy for transgendered clients deprives the client of their right to choose. Substance abuse treatment providers should not only *allow* hormonal confirmation therapy, but *encourage* transgendered clients to follow regular and consistent regimens that may have been altered during periods of substance use or abuse. Helping the transgendered client establish and maintain their hormonal treatment plan will facilitate an effective gender confirmation. In turn, it will increase successful treatment outcomes and enhance recovery.

Transgender clients should never be forced to stop their hormonal confirmation therapy as a condition for admission or participation in a substance abuse treatment program.

Transgendered clients who are forced to choose between hormonal confirmation therapy and the substance abuse treatment program, or are made to feel hormonal confirmation therapy is not consistent with recovery, often choose the hormones over the treatment program and/or recovery.

Clients should never be made to feel it's necessary to make this choice!

Hormones may be administered orally in pills or tablets form, as an injectable liquid, or by transdermal patch. The route of administration determined by the specialist is based on many variables as part of an individual treatment plan.

Most male-to-female transsexuals, many male-to-female transgenderist and some male-to-female cross dressers take some form or combination of female hormones. The most commonly

prescribed female hormones are **ESTROGEN** and **PROGESTERONE** which are administered orally. Some doctors also prescribe and administer booster shots of these female hormones.

Most female-to-male transsexuals, many female-to-male transgenderist, and some female-to-male cross dressers take some form of male hormones. The most commonly prescribed male hormone is **TESTOSTERONE**, which comes in liquid injectable form only. In most cases the testosterone hormone is self-administered by the client.

The hormones commonly used in gender confirmation therapy are not considered psychoactive substances. They are not mind altering. During periods of dramatic increases or decreases in hormonal levels or as the hormonal levels balance, however, the client may experience anxiety, sadness, anger or depression. Hormonal mood swings are similar to those experienced by women during pre-menstrual and menstrual cycles.

Transgendered clients may experience mood changes :

- 1) when they begin hormone treatment and continuing until the hormonal levels balance (approximately 30 days);
- 2) when they complete the hormone therapy;
- 3) when receiving female hormonal booster shots and for approximately 48 hours following.

Mood swings will be more prevalent and more pronounced for clients using injectable hormones than in those taking hormones orally.

It's important to allow transgendered clients the opportunity to talk about their hormone-induced mood swings. However, it's also important for service providers to help them see this experience in the context of normal early recovery. It's also important that service providers are able to help the client move past these normal experiences and not allow them to become a central focus of their recovery.

Extreme or irregular mood swings, however, may be an indicator of other mental health problems or issues independent of the hormonal therapy. They should be investigated and addressed.

Effective hormonal therapy must be consistent. Substance abuse treatment providers should never recommend the client change dosage, stop, or alter their therapy. That is the doctor's job.

Other medications -- lithium, Prozac, Elavil or common HIV treatment medications like AZT -- that are used in the treatment of dual or multiple diagnosis clients should not interfere with hormone therapy or vice-versa. But, when in doubt.....CHECK with the proper medical authority. Substance abuse treatment providers are often part of a **TREATMENT TEAM**. It is vital that the counselor, therapist, specialist and doctor all communicate on a regular basis.

5. FACILITY ISSUES

HOUSING

Transgendered clients should be housed in a manner consistent with the guidelines of each individual program based upon gender self identity.

EXAMPLE A:

In a program where male clients are housed with other male clients and female clients are housed with other female clients in a dorm or multiple person room:

1. Male to female transgendered client presenting and living as female with a female gender self identity (pre/post/non-operative transsexual *or* transgenderist) should be housed with other females.
2. Female to male transgendered client presenting and living as male with the male gender self identity (pre/post/non-operative transsexual *or* transgenderist) should be housed with other males.

EXAMPLE B:

In a program where male clients are housed with other male clients and female clients are housed with other female clients and single rooms are available:

1. Male to female transgendered clients (as in example A) should be given first access to single rooms (before other female clients).
2. Female to male transgendered clients (as in Example A) should be given first access to single rooms (before other male clients).

Transgender clients should not, however, be separated out nor forced to reveal their biological gender characteristics. They should not be forced to reveal their transgendered status unless they choose to do so.

Always ask the client where they would feel safe being housed.

Example C:

In a program (as in example A or B)

1. A male cross dresses as female for emotional comfort on occasion. He feels himself to be mostly male (may identify as crossdresser, transvestite or drag queen).

He should be housed with other males.

2. A female who dresses in male clothing (drag) and likes to be called "Bill" when she does. She has uncertain gender self identity. She should be asked where she would feel safest being housed. If a single room is available, she should have access to it. When and if her gender identity stabilizes to either male or female, appropriate housing (re)assignments may be made.

The dorm or multiple person rooms of most programs provide an excellent environment in which transgendered clients have a chance to live in their chosen gender role. It is an opportunity for them to observe and practice this gender role (and its many unwritten guidelines) with others already experienced in living it.

If the transgendered client is "out" about their transgender status, other clients of the same gender identity may be asked to volunteer to be housed with the client. However, the first model (above) is more appropriate for all situations. Client resistance to housing arrangements can best be addressed in trainings and education with staff. Clients can be sensitized within group and individual counseling sessions.

BATHROOMS

- A. Transgendered clients should be able to safely use bathrooms consistent with their gender identity at all times.
- B. Transgender clients should be able to use showers consistent with their gender identity at all times. Individual shower should not provide any problems. Group showers, however, may necessitate scheduling shower times to preserve convenience and personal safety.

6. TRAINING & EDUCATION ISSUES

1. All CSAS funded programs should be required to participate in a system-wide training for all staff on transgender issues as soon as possible.
2. Participation in annual trainings and workshops on transgender issues should be required for all CSAS programs.
3. The diversity of the transgender community should be reflected when choosing training staff, speakers and consultants for all trainings and workshops on transgender topics.

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TRANSGENDER SERVICES AND RESOURCES ^{append: 1}

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YOUTH AND YOUNG ADULTS

Gender Minority Youth Project

415-641-8890

Luanna Rodgers, MFCC; counseling for gender-questioning youth 14-23 without ability to pay who are referred by an agency.

Guerrero House

899 Guerrero St., San Francisco, 94110

415-550-4475

Residential program for homeless young adults 18 to 21. Substance abuse counseling. Transgender sensitive staff.

Larkin Street Youth Center

1044 Larkin Street, San Francisco 94109

415-673-0911

Services to homeless youth ages 12 to 23; free medical care, street AIDS/HIV outreach.

LYRIC (Lavender Youth Recreation & Information Center)

3543 - 18th Street #31, San Francisco, 94110

415-703-6150; 703-6152

Social interaction and activities for transgendered gay, lesbian, bisexual youth.

Contact Crystal Irwin for information.

ADULT SUBSTANCE ABUSE SERVICES

A.S.A.P. (a project of the AIDS Health Project)

415-476-7853

Substance abuse services.

18th Street Services

217 Church Street, San Francisco, 94114

415-861-4898

Outpatient individual and group counseling.

Tenderloin AIDS Resource Center

187 Golden Gate Ave., San Francisco, 94102

415-431-7476

Substance abuse support group and individual counseling available to transgendered clients.

TS in Recovery

2185 Market Street (The Meeting Place) Room B, San Francisco 94114

Narcotics Anonymous meeting, Thursdays at 6 PM.

Walden House

415-554-1100

Substance abuse services for HIV+ and HIV- clients. Detox, day treatment, residential.

append: 2
HIV/AIDS SERVICES

Asian AIDS Project

300 Fourth Street #401, San Francisco, 94107
415-227-0946

HIV/AIDS information and prevention education to the Asian/Pacific Islander community, including transgender support. Contact Kiki Whitlock.

Brothers' Network

625 O'Farrell Street, San Francisco, 94109
415-749-6714

HIV/AIDS services for African American transgendered gay and bisexual people.
Contact Doris Robinson

GAPA Community HIV Project

1841 Market Street, 2nd Floor, San Francisco, 94103
415-575-1525

Direct services and case management for Asian/Pacific Islanders HIV/AIDS transgendered clients.
Contact Tamisa A'awapuhi.

Tenderloin AIDS Resource Center

187 Golden Gate Avenue, San Francisco, 94102
415-431-7476

HIV/AIDS counseling, case management, and street outreach.

SUPPORT GROUPS

Asian AIDS Project

300 Fourth Street #401, San Francisco, 94107
415-227-0946

TG Support (Rap) Group targeting Asian/Pacific Islanders, but open to all TG people. Meets last Monday of every month.
Contact Kiki Whitlock.

Diablo Valley Girls

PO Box 272885, Concord, CA

ETVC

PO Box 426486, San Francisco, CA 94142-6486
Educational forums and social gatherings for crossdressers and transsexuals.

FTM

5337 College Avenue, #142 Oakland, CA 94618
Groups for female-to-male transsexuals and crossdressers. Write for newsletter and meeting schedule.

Pacific Center

2712 Telegraph Ave., Berkeley
510-841-6224

Several different gender support groups. Call for schedule.

RGA

PO Box 700730, San Jose, 95170

SGA

PO Box 215456, Sacramento, 95821

Tenderloin AIDS Resource Center
187 Golden Gate Avenue, San Francisco, 94102
415-431-7476

Weekly transgender support groups meet every Wednesday and Friday 1 to 3 PM. Individual counseling also available.

Transformations (sponsored by LYRIC)
703-6150

Meets each Monday, 6 to 8:30 PM. For ages 23 and under. Call for location.

HEALTH CLINICS

Center for Special Problems
1700 Jackson Street, San Francisco, 94109
415-292-2261

Medical care and counseling. It can take several months before receiving an initial intake interview due to long waiting list and high demand for services.

Tom Waddell Clinic; Transgender Tuesday
50 Ivy Street (Lech Walesa), San Francisco, 94102
415-554-2940 or 2950

Transgender clinic is open every Tuesday, 5 to 8 PM. Appointments preferred, walk-ins accepted. comprehensive medical care, including hormone administration and counseling.
Contact Mary Steffan.

EMERGENCY SHELTERS

Episcopal Sanctuary
201 Eighth St. at Howard, San Francisco, 94103
415-863-3893
Emergency housing for homeless.
Contact the Shelter Manager

Multi-Service Center (North of Market)
1001 Polk Street (at Geary), San Francisco, 94109
415-292-2176
Emergency housing for the homeless.
Contact the Center Manager.

St. Anthony Foundation
121 Golden Gate Ave., San Francisco 94102
415-241-2600
Emergency housing for the homeless.
Contact John Bartolome.

OTHER COUNSELING

Center for Special Problems
1700 Jackson Street, San Francisco, 94109
415-292-2261
Support group for Center clients only meets every Monday from 5:15 to 6:30 PM.
Contact Donald Tarver.

append: 4

Gender Dysphoria Program, Inc.

1515 El Camino Real, Palo Alto, 94301

415-326-4645

Counseling for transgendered people, especially those transsexual candidates seeking gender confirmation surgery.

Contact Judy Van Maasdam.

Gender and Self Acceptance Program

PO Box 424447, San Francisco, 94102

415-558-8058

Contact Gianna E. Isreal

LICENSED THERAPISTS WHO WORK WITH TRANSGENDERS

Barbara Anderson	San Francisco	415-776-0139
Rebecca Auge	Oakland	510-835-9820
Lin Fraser	San Francisco	415-922-9240
William Henkin	San Francisco	415-923-1150
Luanna Rodgers	San Francisco	415-641-8890
Anne Vitale	San Rafael	415-456-4452

REFERENCE MATERIAL

Chrysalis Quarterly

c/o Atlanta Educational Gender and Information Services

PO Box 33724, Decatur, GA 30033-0724

ETVC

PO Box 426486, San Francisco, 94142-6486

Newsletter, articles and video tapes on transgender issues.

FTM Newsletter

5337 College Avenue, #142 Oakland, CA 94618

Information for female-to-male transgendered people; published quarterly.

International Foundation for Gender Education

PO Box 367, Wayland, MA 01778

Books on medical, legal and other transgender issues.

A PROVIDER'S POINT OF VIEW

My experience stems from directing two halfway houses for federal prisoners. During that time, I worked with several transgendered persons, mostly transsexuals.

The issue that received the most emphasis was where to house people. In the first halfway house, there were community bathrooms which did not have specific times for anyone to use them. People just had to deal with having someone "different" in the bathroom with them. For the most part, there were no problems. Likewise, with the bedrooms, which were dorm style (sleeping 5 - 8 people per room). I think part of the quick acceptance came from the fact that the residents were just happy to be out of prison and getting on with their lives!

In the second halfway house, there were individual bathrooms in each room and rooms were of varying sizes, so there could be single, double, triple or quadruple rooms. If we had only one transgendered person (that we knew of) in the facility, that person usually got a single room. If we had two, they were roomed together. That sometimes caused problems for the specific people, as they thought they were being "lumped together" based on (perceived) gender identity, and not necessarily on compatibility. Again, the other residents pretty much took a "live and let live" attitude and did not harass anyone.

The staff at both houses were another story.

Ignorance and stupidity raised their ugly heads on a number of occasions. Staff would make disparaging remarks, as well as discriminatory remarks, based on their ignorance of what a transgendered person is and goes through. There was much confusion over gender identity and sexual orientation. Trainings put on by more enlightened staff, as well as by community members, helped reduce a lot of the "fear of the unknown." Still, it was -- and is -- evident that if a transgendered person is serious about treatment, he or she had better be prepared, at least at this time, to have to deal constantly not only with issues of recovery, but also with issues of acceptance around gender identity.

My personal belief is that it is wrong to separate or isolate someone because they happen to be different. I think that transgendered people can be served in residential substance abuse treatment centers while still maintaining their actual gender identity.

I don't believe it is up to the individual to accommodate the agency, but rather up to the agency to accommodate the individual. Other residents who may have issues about sleeping in the same room as someone currently of a different gender -- or who used to be of different gender -- should be encouraged to discover why that is such a big deal to them. Regarding the bathrooms, as long as everyone who uses it is clean and respectful of others, I see no point addressing the issue.

Yolanda Lewis
Substance Abuse Service Provider

Group Dynamics to Consider with Transgender Clients

by Viva Delgado

May 1994

A transgender-sensitive counselor/leader is encouraged to be the facilitator of any group where Transgender people are clients. This includes that the counselor is familiar and comfortable with transgender-focused issues, including the transgender identification continuum. In an effort to provide accessibility, counselors and other service providers are strongly encouraged to obtain on-going transgender sensitivity training.

Construct guidelines for the group and provide clear, legible visual aids to reinforce group agreements.

Such group agreements may include, but are not limited to:

Respecting everyone

Confidentiality

Providing consistent education sessions that speak to diversity, including gender identity, sexual orientation, ethnic culture, spirituality, etc.

Setting up separate times or alternative methods for clients to vent their frustration and anger. These feelings, unexpressed, may lead to resentment, censored recovery and eventual relapse.

Agree to disagree

Verbal, physical abuse, and criticism are unacceptable

The group facilitator must always be aware of the client's ability to speak to their transgender identity. One day, they may be eager and the next day refuse. This needs to be honored.

Counselor ought to be familiar with medications a transgender client may be taking and have knowledge of any side-effects.

Clients and counselors should ask each other for permission before discussing transgender-related issues. For example, "I really identify with your hormone therapy experience, can I talk with you further about that?"

Use "I statements." Don't challenge or discount someone else's truth.

Confrontation or debate specific to opinions regarding sexual identity or behavior is unacceptable.

Any boundaries set must be inclusive, not exclusive. For example, one heterosexual client can openly talk about nights out with the opposite sex, but a transgender client can't talk about their sexual desires or experiences.

Integrate any health care visits into treatment plan, being cautious not to interfere with group counseling sessions.

Provide pictures on the wall and literature on the tables in the group session location or room that speak to the diverse clients you serve or wish to reach, including transgenders.

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TRANSGENDERED YOUTH
FACT SHEET

1. Approximately 3% of the general population has significant feelings of discomfort about their gender (gender dysphoria), cross-dress, or are transsexual. These feelings begin anytime between age three to puberty. This means that 3 out of 100 teenagers served by schools, agencies, counseling, and recreational facilities are experiencing conflict about their gender.
2. The majority of young people experiencing cross-gender feelings are indistinguishable from other youth in their dress and manner. The majority do not cross-dress publicly during adolescence and do not appear effeminate or masculinized. Most have a significant investment in appearing "normal", and keep their feelings to themselves. Usually the only way to know you are dealing with a transgendered youth is to establish with all youth that gender feelings are appropriate to discuss and that you are a caring and non-judgmental person the youth can confide in.
3. Transgenderphobia, that is, fear and hatred of gender non-conformity, keeps many young people from disclosing their cross-gender feelings and causes them much internal distress. Transgenderphobia may be overt, such as peer pressure to fit a gender norm, name calling, harassment, or physical attack. Transgenderphobia may also be covert, such as not considering cross-gendered youth's special needs when developing youth programs, or discriminating against openly transgendered individuals in employment and other positions of responsibility, which in turn prevents them from being role models for gender-conflicted youth.
4. Transgendered youth are not mentally ill. There is no greater incidence of psychosis, personality or mood disorders among the youth population with cross-gendered feelings than there is among the general population. Many transgendered youth however, may internalize society's view of them as bad, crazy, or evil and suffer from feelings of low self worth.
5. More than 50% of all transsexuals have attempted suicide. Transgendered youth are at higher risk than gay and lesbian youth, and at much higher risk than the general population of youth, to suicidal behavior. Youth with cross-gender feelings often feel like they are the only one with these conflicts or

append: 8 may have picked up transgenderphobic messages from society that they are bad or crazy and don't feel like there is anyone they can talk to. Suicide may seem like their only way out.

6. Drug and alcohol abuse is much higher among gender-questioning youth than non-questioning youth. Substance abuse may be attempted to suppress cross-gender feelings, fit in with the crowd, or to feel uninhibited enough to express their cross-gender identity.
7. Gender-questioning youth may be at higher risk for unsafe sex and exposure to sexually transmitted diseases, including HIV disease. Transgendered youth may be heterosexual, homosexual, or bisexual. Many are exploring the nature of their sexual identity: trying to figure out who they are and who to relate to sexually given their cross-gender identity. AIDS prevention efforts have neglected the transgendered youth population. Youth who explore their sexuality without adequate support and information are at risk.
8. Youth who openly express conflict over their gender identity, cross-dress publicly, or are caught cross-dressing suffer a much higher risk of homelessness than other youth. Many families have ejected their transgendered sons and daughters from their homes. Additionally, few family counseling programs know how to handle family stresses generated by a gender-conflicted family member or provide effective intervention to help maintain the family.
9. Openly transgendered youth are more likely to drop out of school than are other youth. Gender non-conforming youth are ridiculed by peers. The school system does not meet these youths' educational needs by providing appropriate support, counseling, and special services to maintain them in the school setting.
10. There are no Bay Area youth programs specifically designed to meet the needs of transgendered youth. There is a lack of systems support: teachers, social workers, and service providers are unfamiliar with the needs and issues of these youth. "Net" or back-up services designed to provide for youth in cases of family distress, such as group and foster home placement services, lack appropriate placements and support services for gender minority youth expelled from home. Gender-questioning youth also have no place to safely meet and socialize with other youth like themselves. They commonly have no peer, young adult, or adult role models from which to learn that they can have a happy and successful future.

LET'S CHANGE THESE FACTS!

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Gender Dysphoria and Discrimination

Gender Dysphoria

Approximately 3% of the general population experiences significant feelings of discomfort concerning their gender identity and behavior. These feelings of discomfort are referred to as gender dysphoria. Just as we have established male and female as polar opposites, we typically think of gender variation in discrete, polarized categories. On one hand is the transsexual, the man or woman "trapped in the wrong body", on the other hand is a middle-aged man in a garter belt and petticoats. There is, in fact, quite a range of cross-gender feelings and behaviors in between. Gender dysphoria affects both males and females, in what we now believe to be approximately equal numbers. Gender dysphoria affects children, adolescents, and adults of all ages. Cross gender feelings and behaviors typically appear between three years of age and puberty and continue in some form throughout the lifetime of the individual. It can be quite challenging for the experienced clinician and the gender dysphoric individual to assess the nature of the individual's gender status, not to mention the confusion that results in the general public or the legal system by trying to do so.

The experience of gender dysphoria tends to shift and change over time in a given individual as they develop, emerge from denial, or experience new options for handling gender. Keeping in mind that every individual is different and may change over time, what follows is a partial description of some of the cross-gender experiences that an individual dealing with cross-gender feelings may have:

- Occasional crossdressing, usually at home privately; little or no interaction with others while in the cross-gender role or attire.
- Frequent, regular crossdressing that includes part-time presentation of self publicly and socially in the cross-gender role.
- Feels neither man, nor woman; experiences a feeling of being both or neither, may present androgenously.
- Cross-living full time in the preferred cross-gender role. May not seek sex reassignment surgery. May be referred for hormone therapy. May seek cosmetic surgery to more convincingly fill the gender role.
- Complete cross gender identity, severe discomfort with body image and primary

and secondary sex characteristics of their birth-gender. Seeks sex reassignment surgery.

Another category often included is the post-operative transsexual. Technically, such a person has entered the ranks of full-fledged womanhood or manhood. The degree to which this actually occurs is fairly high, but varies from individual to individual. Such an individual may still suffer a marginalized status in the eyes of the general public and the law if their situation is known or recognizable.

Looking over the above overlapping and shifting categories one is still tempted to divide into familiar terms: transvestite and transsexual. The complication emerges from knowing that almost every transsexual at some point in his or her life may occupy every one of the behavioral categories; at some point many transvestites may experiment with, or identify with every behavioral category. The implications of this for diverse individuals expressing gender issues and at risk for being discriminated against is clear: be he or she "transvestite" or "transsexual" the individuals at some point may risk losing their employment or housing, or be denied public services.

Clinical Treatment of Gender Dysphoria

A primary part of the work of the gender dysphoric client and the psychotherapist involves self exploration toward the goal of discovering the true self and needs in the area of gender expression, as well as other areas of the client's life. Options are explored, both verbally and frequently in the form of "field work" that may result in the client being in the world part-time in the identified-with cross-gender role: going to groups, meetings with other individuals who have cross-gender feelings or to public places. Self-discovery results, alternatives are "tried on", denial is laid aside and self acceptance is the ultimate goal. If the option of "best-fit" for the client is that of full-time cross-living, with a likelihood of sex reassignment (genital) surgery, the client begins a regimen of ethical treatment standards agreed upon internationally by psychotherapists and surgeons, known as the Harry Benjamin International Gender Dysphoria Association (HBIGDA) Standards of Care. These standards of care require that a client be seen by an appropriately trained and licensed counselor, psychologist or psychiatrist for 3 months prior to being referred for hormone therapy and 6 months before being referred for "top" surgery (such as bilateral mastectomy in a female-to-male transsexual). The candidate for sex reassignment (genital) surgery must live and work full time in the new gender role as a prequalification to sex reassignment surgery and be referred to the surgeon by a psychotherapist who has known them for at least one year. A second concurring assessment is also necessary. As might be expected, a large number of people grapple with gender issues and resolve them satisfactorily without consulting a psychotherapist. Therefore, we cannot depend on a professional diagnosis to define gender status.

The implications for discrimination to occur against any gender minority individual in employment, housing and other public access areas is clear. Gender dysphoric transvestite and transsexual clients are "trying out" the cross-gender role on a full time or part-time basis to assess

append:

seeking sex reassignment surgery must live for a minimum of one year without benefit of genital surgery. They cannot wait until they obtain surgery to work, apply for housing or visit their children, if any. They are required to exist in a sort of "gender limbo." Where as this is sound and careful clinical practice, it places discriminatory possibilities in the individual's path.

Discrimination and Gender Dysphoria

The information outlined above concerning gender dysphoria and its course of development no doubt sparks the reader to hypothesize about the myriad of opportunities for bias, harassment, and discrimination to strike the lives of these individuals:

If you are trying to "find yourself" in terms of your gender, and are a novice at presenting yourself convincingly, what may occur once you're out in the world, even on a part-time basis?

If you are trying to build self-esteem and acceptance and are referred to a group or social with other individuals who have gender issues and want to attend in the cross-gender presentation, even though you've never been out of your house cross-dressed before, what happens if your landlord, boss or a co-worker sees you on your way there and recognizes you?

If you are trying to bring your body and life in synch with your psyche and seek sex reassignment surgery, how much do you disclose and how do you assess what might be acceptable to employers and landlords?

If you are living post-operatively in the gender role that matches your identity, what happens if someone at work figures out your past and begins a campaign of harassment and exposure?

One thing that all people struggling with the issue of gender have in common is the great likelihood that they will experience harassment and discrimination in one or more of the following areas:

- employment
- housing
- health care
- mental health services
- child custody & visitation
- schools
- public restrooms
- restaurant and retail outlets
- law enforcement
- gyms
- residential programs
- bashing

This comes on the top of the already pervasive societal denial and rejection of cross-gender behaviors and feelings: transgenderphobia. The individual experiencing gender dysphoria must overcome oppression, as well as their own internalized transgenderphobia that so often threatens

the individual through denial, substance abuse, suicidality, and other risk behaviors.

To establish legally that it is not alright to disregard the basic human rights of those whose gender does not conform to the mainstream would help eradicate one of the biggest terrors of gender exploration - the loss of job, shelter, and needed services. It would also be a powerful act toward providing individuals working through gender issues the dignity and respect to which they are entitled.

Luanna L. Rodgers, M.A., MFCC is a licensed psychotherapist who has specialized in the area of gender and sexuality. She has provided counseling to youth, families and adults in community service organizations since 1979. She has done outreach to transgendered and at-risk youth and adults in the Tenderloin and coordinated services at Youth Advocates for high-risk youth and their families. Currently, she is affiliated with the San Francisco Department of Social Services and is on the Board of the Tenderloin AIDS Resource Center. She has been in private practice for the past ~~five~~^{six} years, as well as providing clinical supervision, consultation, and training. She is a member of the Transgender HIV Services Coalition, an education and advocacy group. She is also a member of both the Harry Benjamin International Gender Dysphoria Association and Bay Area Gender Associates, groups that maintain ethical standards and advance current treatment methodology and resources for psychotherapists and medical providers in the field of gender dysphoria.

append:

Some Readings On Gender And Gender Dysphoria Useful To Clients And Others

Benjamin, Harry. (1966).

The Transsexual Phenomenon.

New York: The Julian Press, Inc.

Available from Outreach Book Service. 126 Western Ave., Suite 222,
Augusta, ME 04330

Bolin, Anne. (1988).

In Search of Eve: Transsexual Rites of Passage.

South Hadley, Massachusetts: Bergin and Garvey

Brownmiller, Susan. (1984).

Femininity.

New York: Linde/ Simon Schuster.

Devor, Holly. (1989).

Gender Blending: Confronting The Limits of Duality.

Bloomington and Indianapolis: Indiana University Press.

Docter, Richard F. (1988).

*Transvestites and Transsexuals: Toward a Theory of
Cross-Gender Behavior.*

New York: Plenum Press.

Kessler, Suzanne, & McKenna, Wendy, (1978).

Gender: An Ethnomethodological Approach.

New York: John Wiley and Sons.

Stuart, Kim Elizabeth. (1983).

The Uninvited Dilemma: A Question of Gender.

Portland, Oregon: Metamorphous Press, Inc.

Available from Metamorphous Press, Inc. 3249 N.W. 29th Ave.,
P.O. Box 10616. Portland, Oregon 97210 (503) 228-4972

Sullivan, Lou. (1990).

Information for the Female to Male Cross Dresser and Transsexual.

Seattle, Washington: Ingersoll Gender Center.

Available from Ingersoll Gender Center. 1812 E. Madison
Seattle, Washington 98122-2843. (206) 329-6651

GENDER MINORITY YOUTH AND HIV DISEASE
Risk Assessment and Intervention

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Gender minority youth are those youth we all have worked with - or will in the future work with - who experience uncertainty or conflict over whether they are "really", in their soul and psyche, male or female. They are the young people who crossdress or dream of doing so. They experiment with "butch" and "femme" in a way that is internally meaningful to them, rather than as a social or political statement, camp, or role-playing. Tony may use the name "Angelica", and Barbara may ask to be referred to as "Sid". They may use pronouns to describe themselves and each other that conflict with the way you and the rest of the world see them. It is both daring and frightening for a young person to become so open about their cross-gender feelings that service providers, and perhaps the general public, know of their dilemma. It is also a dilemma full of risks. The gender minority youth who are visible to you are those who "came out" early in their adolescence or are currently in the process of "coming out" about their gender identity. Most have already faced the risk of ostracism, abuse, or rejection by family and peers. Many have lost family and friends in pursuit of their identity.

In the young person's pursuit of an alternative gender identity there are few supports. When is the last time you saw a billboard with a happy, smiling crossdressed or transsexual person advertising Coca Cola, counseling services, or anything at all? Where are the "out" and open transgendered community leaders? Which library carries the history books about the accomplishments of people who have crossed, blurred, or blended the gender line? Where is the visibility; where are the role models for these young people in search of a future? Both the youth who are out and visible and those who are keeping their gender issues a secret are very aware that our culture is not one that allows easy passage between genders or flexibility in gender roles. They may feel either invisible or a spectacle because our culture does not routinely talk about gender feelings and transitions. These youth are confronted with cultural biases and attitudes for which there is not even a name. Could it be called "transgenderphobia", like "homophobia", in essence? A better question might be, "Need a name be given to fears that need not exist?" Fear and rejection does exist, however, and many of these youth face

multiple prejudices: transgenderphobia (concerning their cross-gender feelings and behaviors) and homophobia (concerning their sexual identity, or perceived sexual identification). Gender minority youth of color also experience racism and the brunt of cultural expectations.

Gender identity, confusion and discomfort (gender dysphoria) begins at an early age. Many gender minority adolescents have as their earliest childhood memories feelings of being a member of that group which, they were soon to discover, biology would not allow them easy entry. They enjoy the feeling of being a little boy or girl before they were aware that this was not so. Between the ages of 3 to 5, however, they learn that it is not okay to have these feelings. Little boys line up "here" to go to the bathroom, little girls over "there", with no mixing or changing lines. Boys roughhouse. Girls dress dollies. These messages seem to get through even in our post-feminist, gender-neutral era of child-rearing. For the gender conflicted child, these messages are painfully heard and taken in with anguish. Conformity, secrecy, and over compensation by being hypermasculine or feminine is attempted. Those who do not appear gender-appropriate are ridiculed by peers. Those who do conform to gender norms feel alone with their hidden identity. All are terrified because they see no one like themselves. Health, sexuality, and family life classes do not talk about them. Who they are and what they feel is taboo.

It is time to break the silence. We know now that Silence = Death, and this is nowhere more true than for the gender-questioning youth. In response to the pressure of societal rejection, the silence or censure of caregivers, low self-esteem, depression, and desperation, many gender minority adolescents and young adults engage in risk behaviors which potentially expose them to the HIV virus. Much like the gay and lesbian youth population, a higher percentage of gender minority youth, than other youth, are homeless and are estranged from their families or have conflictive family relationships. A greater percentage of gender minority youth who are "out" with their cross-gender behavior are attempting to survive on the streets. Families reject them. Peers ridicule them. School teachers are puzzled as to how to manage them in a classroom setting with other students. Service providers generally lack training in their needs and issues.

Carrying a great sense of not belonging anywhere, gender minority youth (particularly young male to female crossdressers) are at risk of connecting with the only visible example of transsexual/transvestite community existing in any big city: transsexual prostitutes. After connecting with this group, intervention is extremely difficult. It is a matter of alliance: "us" and "them". the young gender-searching person may feel, "They didn't want us. They didn't know what we were going through. They can't help us now." Unfortunately, the newly identified with role-model group shows every indication

of suffering from "internalized transgenderphobia". Many are engaged in unsafe sex practices, abusive relationships, unstable living situations, IV drug use and alcohol abuse. They fear they cannot find employment or acceptance outside of a high crime, inner city area, like San Francisco's Tenderloin.

Drug and alcohol abuse is higher among gender-questioning youth than non-questioning youth, though usage may compare to gay and lesbian youth who are conflicted about their sexual identity. It has long been known that substance abuse increases the likelihood of suicidal ideation and impulse. The "Lethal Triangle" of identity questioning, substance abuse, and suicidal risk is strongly evident in the case of gender conflicted youth. There have been few research studies targeting transsexual or gender conflicted youth. One study found that 53% of 72 transsexuals surveyed had made suicide attempts (Huxdly and Brandon, 1981). Harry (1986) feels that "transsexuals may be at higher risk than homosexuals and much higher risk than the general population to suicidal behavior."

An expanded definition of suicide established in 1988 at a San Francisco Conference on minority youth and suicide concluded that "suicide is participating in a high-risk, potentially life threatening situation on a daily basis." Certainly that definition describes a large number of gender-questioning youth, who feel alone, confused, and are struggling to find their way through an identity maze with no blueprint. Burdened by rejection from others and by internalized self-hatred, they are vulnerable to exploitation. Low self-esteem and a lack of resources may propel them toward trying to cope with their dilemma through substance abuse and by seeking validation through sexual contacts. These sexual contacts are frequently unplanned and may occur when the young person is drunk or high on drugs. Sexual identity searching often accompanies cross-gender feelings and the young person may have difficulty assuming responsibility for his or her sexuality. Safe sex measures, such as condom and dental dam use, are not planned for or implemented.

SUMMARY OF RISK FACTORS LEADING TO THE LIKELIHOOD OF EXPOSURE TO HIV

- * "Transgenderphobia" - societal prejudice toward gender non-conformity and gender transitioning. This takes the form of both overt hostility, such as censure and ostracism, as well as covert forms, such as silence about gender identity issues and a lack of visible role models.
- * Internalized "transgenderphobia" - the gender minority person's internalization of society's negative images of gender variation and the resultant self-hatred and self-doubt.

- * Conflict with family over gender identity. Possible rejection by family.
- * Possibility of homelessness if the gender minority youth is expelled from their home by a rejecting family.
- * Ridicule by peers for gender non-conformity. Loss of friends.
- * Difficulty remaining in a traditional classroom setting due to conflict with peers or school administrators. Dropping out of school.
- * Lack of systems support: teachers, social workers, therapists, and service providers unfamiliar with needs and issues of gender minority youth.
- * Overall loosening and falling away of social supports the young person has previously relied on: family, friends, school.
- * "Net" or backup services designed to provide for youth in cases of family distress, such as group and foster home placement services, lack appropriate placements and support services for gender minority youth expelled from home.
- * Difficulty obtaining employment for gender minority youth beginning to cross-live but inexperienced in cross-gender presentation skills.
- * Fear, secrecy, and misunderstanding surrounding the topic of gender identity issues make it difficult for the young person to disclose, "come out" or seek assistance.
- * Substance abuse as an attempt to forget gender conflicted feelings or to numb guilt associated with cross-dressing and cross-gender feelings.
- * Suicide ideation and impulse, made even more lethal through the combination of substance abuse and identity searching in an atmosphere of societal prejudice: the "Lethal Triangle".
- * Invisibility of healthy cross-gender role models. The young person's search for affiliation with other gender minority individuals often leads to alliance with transsexual/transvestite prostitutes who are highly visible, but engaged in a variety of high risk behaviors.

- * Unsafe sex. Sex is often engaged in with a lack of planning and responsibility as the young gender minority person explores their sexual identity and seeks validation in their cross-gender role.

Research has not documented the HIV infection rate and the number of diagnosed AIDS cases among the transsexual and transvestite population. Case workers for the San Francisco Public Health Department responsible for testing for STD and HIV infection disclosed to this writer they are seeing a high rate of both STD and HIV infection in the gender minority clients they serve at an inner city clinic site.

My own experience with gender minority youth, whom I first began working with in 1979, has made me extremely concerned for their well-being and safety. Some of the gender-conflicted young people I met and worked with at a San Francisco adolescent counseling and residential facility have died from HIV disease; many more have an AIDS diagnosis. Some are afraid to be tested. Others have not wanted to know. Several have ignored symptoms, gotten what seemed like a sudden overwhelming infection and died within days. These are our children at risk who fell between the cracks of family support and community resources while struggling to find themselves.

What can we offer young gender-questioning people to help them in safe self-discovery and prevent them from behaviors placing them at risk for HIV infection and other harm?

RECOMMENDATIONS

- * Examine your own attitudes and feelings about gender non-conformity and cross-gender behavior. Your non-judgemental attitude can be very healing to a youth who has not experienced this from other adults.
- * Receive training and inform yourself about basic issues confronting gender minority youth.
- * Don't be afraid to discuss gender issues with youth. Many youth will not be bold enough to open up the topic. Your willingness to discuss the subject will let youth know that you are a safe person to talk with.
- * Be aware of the silent majority of youth with gender issues who you see but aren't aware of because they are not cross-dressing publicly.
- * Always do a thorough risk assessment whenever you have a youth presenting with any aspect of the "Lethal Triangle": suicidal ideation and behavior, substance

abuse and identity searching. If you know a youth has sexual or gender identity issues always assess for substance abuse and suicidal risk. If a youth is abusing substances, assess for identity conflict and suicide risk. If a youth is presenting as at risk for suicide, assess the role that may be played by substance abuse and identity conflict.

- * Bring into your agency setting the presence of gender variation. Do you have pictures of cross-gendered or gender-blending people displayed? Even pictures of certain rock musicians and performers (Cinderella, certain David Bowie pictures, Doris Fish) may help a young person open up about their own feelings.
- * Work toward presenting healthy role-models for cross-gendered youth. In time these may be openly transgendered staff members, or Big Sisters and Brothers. You can start immediately, however, by being able to describe a range of possibilities and opportunities available to the gender-conflicted young person and the very real knowledge that people do sort out gender issues satisfactorily and live full, productive and connected lives with good careers and supportive loved ones. Currently some books, magazines, and groups offer this information as well.
- * Be respectful of the young person's struggle. Let their process unfold naturally. Do not try to label who they are. Use the name and pronoun that they request to be called.
- * Learn about what resources are available in your community for gender minority youth.
- * Develop cross-gender relevant services: substance abuse, sexuality, HIV prevention and HIV+ groups for gender minority youth.
- * Keep in mind the role that gender identity plays in all aspects of life. For instance, when doing HIV prevention education make sure a young male to female crossdresser is not erroneously placing "herself" in a lower risk category because, "Women don't get AIDS".
- * Make sure every gender minority youth receives full and frequent information on HIV risk reduction through education about condom and dental dam use, bleach and cleaning of works, and has access to these items.
- * Advocate for gender minority youth within their systems. Families, schools, placements, and other service providers you come in contact with need information and additional services for this

Findings and Recommendations

Findings

The Human Rights Commission, having conducted a public hearing on May 12, 1994, to investigate discrimination against the Transgender Community, and having considered verbal and written testimony, hereby finds:

1. That the City and County of San Francisco, by legislation, policy and practice, has consistently valued diversity and tolerance and has worked to eradicate discrimination based on prejudice in employment, housing, and public accommodations.
2. That the term Transgender is used as an umbrella term that includes male and female cross dressers, transvestites, female and male impersonators, pre-operative and post-operative transsexuals, and transsexuals who choose not to have genital reconstruction, and all persons whose perceived gender or anatomic sex may conflict with their gender expression, such as masculine-appearing women and feminine-appearing men.
3. That gender identity is different from sexual orientation, and sexual orientation discrimination ordinances do not protect transgendered persons. Gender identity is the deeply felt knowledge of an individual that he or she is male or female; in transgendered persons, the gender identity and the anatomic sex may not be in alignment. Sexual orientation is not an indicator of gender identity: for example, a male-bodied person who is attracted to men and has a male gender identity is not considered transgendered; a male-bodied man who is attracted to women and who has a female gender identity which is expressed through cross-dressing and/or the desire to live full-time as a woman, is considered transgendered. It is the expression of gender identity that results in discrimination because that expression is perceived as conflicting with the expectations placed upon the individual solely because of the form of his or her body, particularly the genitals.
4. That actual and legal discrimination do currently exist in the City and County of San Francisco with regard to gender presentation and transgender or transsexual status or identity.
5. That existing laws and policies often undermine the dignity and privacy of, and do not include protections for, transgendered persons. The sovereign dignity of the individual and his or her right to privacy are cornerstones of American values.
6. That there are no accurate statistics reflecting the demographics of the transgendered population, but informal surveys of the membership of local transgender organizations and of local community service agencies indicate that there are approximately 6000 transgendered individuals in San Francisco. This number is increased substantially by including persons who may be perceived as transgendered and may therefore experience adverse discrimination.

7. That transgendered persons are present in every demographic group: every race, every class, every culture, every sexual orientation, and every epoch of recorded history includes evidence of the existence of transgendered persons.
8. That in the current social climate, persons who are perceived to be transgendered are considered by some as less than human and therefore assumed to be fair game for objectification, violence, and discrimination. Hate violence is perpetrated against transgendered persons as much as, if not more than, any other group.
9. That the efforts of the Human Rights Commission to address complaints involving transgendered persons are seriously hampered by lack of legislation to support and protect the basic human rights of transgendered persons. In some cases, the Commission has been successful in mediating resolution, but without the force of law the power of the Commission to compel humane treatment is severely limited.
10. That some transgendered persons may be driven to suicide in response to the severe discrimination they may face on a daily basis.
11. That many members of the transgender community are afraid to testify at public hearings for fear of retribution against themselves or their families, especially for fear of loss of employment and loss of child custody.
12. That transgendered persons are subject to severe discrimination in employment, housing and public accommodations.
13. That transgendered persons have experienced harassment by members of the San Francisco Police Department and the Sheriff's Department, and that it is possible that crimes against transgendered persons have not always been taken seriously by these agencies.
14. That transgendered persons have experienced great difficulty in obtaining medical and social services from hospitals, public health agencies, rape crisis centers, battered women's shelters, homeless shelters, and other organizations in San Francisco. Many of these providers treat transgendered patients and clients with great reluctance, sometimes pointedly harassing them and embarrassing them in waiting rooms, or condoning harassing behavior on the part of other patients and clients.
15. That representatives of some City and County agencies admit their employees are not uniformly educated about or sensitive to the needs of transgendered persons.
16. That the transgender community is often aligned with the Lesbian/Gay/Bisexual community, but still experiences discrimination within the Lesbian/Gay/Bisexual community and its institutions.
17. That both the news media and entertainment media tend to perpetuate stereotypes in their coverage or treatment of transgendered persons and issues. The ill-informed biases expressed in the media then become a sanction perpetuating discrimination.
18. That some transgendered women who are raped, battered, homeless, or otherwise in need of services, as well as transgendered men who require medical attention for

female anatomy, are frequently denied services from women's support agencies based on their transgender status or identity. While some agencies providing services for women are working to educate themselves with respect to the transgender community and to combat the internal prejudices that lead to denial of services to the transgendered community, the Commission finds that greater effort must be made to eliminate discrimination based on transgender status or identity.

19. That transgendered youth frequently are unable to find sources of support for their difference. Feminine boys are often harassed and tortured by their peers and by their parents. Masculine girls are usually teased and/or ignored. Both boys and girls are called queer and left alone to traverse the difficult terrain between gender identity and sexual orientation. With no language to talk about their feelings, no social support, and little (if any) education about sex and gender, transgendered youth are at high risk for attempting suicide, being rejected by family or peers, becoming runaways, becoming subject to medical incarceration, getting stuck on the bottom rungs of the economic and social ladder in this society. One agency in San Francisco reported receiving nearly 2000 calls in the past year from transgendered or gender-questioning youth. These youth express deep isolation, the desire to connect with other youth who share their feelings, and a desperate need to escape harassment, abuse and rejection because of who they are. The demand for transgender services is roughly 20% of the total demand for youth services at this agency which serves lesbian, gay, bisexual, and transgendered youth. This indicates that comprehensive gender-issues-related social services are necessary for the community-at-large.

20. That once an individual is labeled with the medical diagnosis transsexualism, insurance companies discriminate against them by excluding them from coverage for the necessary treatments and procedures and for any complications or conditions that may arise from these treatments and procedures.

21. That the economic hardship imposed on some transgendered (particularly male-to-female transsexual) persons due to discrimination in employment and in medical and insurance services frequently forces them to live in poverty or to turn to sex work to survive.

22. That the wives, partners, husbands, children, and other loved ones of transgendered people feel the intolerance and harassment shown by people out of ignorance just as deeply as does the transgendered person. They fear for their own safety and security as well as for that of the transgendered person they love and on whom they may depend economically.

23. That transgendered parents live with an often debilitating fear of the loss of custody or contact with their children, and may in fact lose that custody or contact solely because of prejudice. There is no evidence to show that transgendered persons as a class are not fit parents. This discrimination is arbitrary and may unnecessarily damage the relationship between parent and child.

24. That legislation to protect the transgendered community has been enacted in other locations: Minneapolis in 1974, Seattle in 1986, Santa Cruz in 1992, and Minnesota in 1993.

25. That Proposition L did give protection to the employees of the San Francisco City and County government against discrimination based on gender identity. Since Proposition L was passed in 1993 by a vote of the People of San Francisco, it is their will to protect transgendered persons.

26. That professionals who may serve the transgendered may also become stigmatized by their peers for their association with the transgendered community, and this stigmatization, or fear of it, often prevents attorneys, physicians, nurses, psychotherapists, etc., from treating or serving transgendered patients or clients. Attorneys, in particular, are reluctant to advocate on behalf of transsexuals whose surgical treatment has gone awry.

27. That the Human Rights Commission needs to work actively with employers, businesses, non-profit organizations, and public agencies to educate them as to the validity of the transgender experience and the value of cultural diversity in the area of gender, and to lead the way in demonstrating how the myths and prejudices surrounding the transgender community can be broken down to reveal the human beings who are struggling for their civil rights.

Recommendations

1. That the City and County of San Francisco develop and enact legislation amending the City's Human Rights Ordinances to add "gender identity" as a protected class with the intention of granting specific human rights protection to persons who are transgendered, and empower the Human Rights Commission to serve as the administrative agency to investigate and mediate discrimination claims that arise.

2. That the City and County of San Francisco budget for a position with the Human Rights Commission for the purpose of coordinating education and investigating and mediating claims, and that outreach be done to the transgender community in the hiring process for this position to ensure that transgendered applicants are considered.

3. That the Human Rights Commission ensure that its staff is adequately trained in transgender issues to enable them to perform transgender sensitivity trainings in San Francisco and to investigate and mediate discrimination claims.

4. That the Human Rights Commission produce and distribute information and resource materials for transgendered persons, their families, and their associates concerning their legal and civil rights.

5. That the Human Rights Commission serve as a clearing house for the general public and the media to contact for information regarding transgender education and human rights.

6. That the City and County of San Francisco conduct sensitivity training for its employees to demystify the subject of transgender experience and prepare both management and front-line employees to appropriately handle situations that may arise involving transgendered persons or the reactions of others to them.

7. That employees of the City and County of San Francisco are made to understand that discrimination against transgendered people is grounds for disciplinary action.
8. That the San Francisco Police and Sheriff's Departments conduct transgender sensitivity training for all personnel to ensure that transgendered persons are treated with respect, that their complaints are taken seriously and acted upon with reasonable dispatch, that if a transgendered person is detained or incarcerated he or she is housed in a manner which is consistent with the individual's gender identity, that his or her prescribed medication is provided, and that if the transgendered person's safety is compromised or at risk, he or she will be immediately protected and not subject to any physical or psychological harm perpetrated by other inmates or officers. Transgendered persons should have the right to be placed in protective custody upon request.
9. That the San Francisco Police and Sheriff's Departments use terminology that is appropriate to an individual's gender identity on departmental forms and police reports, and refrain from insulting or compromising the privacy and dignity of persons who may have physical anomalies. It is respectful to ask a person whose gender identity is in question which gender they prefer; it is not respectful to ask "What are you?," or to make assumptions and enter descriptions of physical anomalies as part of a report, except when such anomalies are material to an investigation.
10. That the Office of Citizen Complaints conduct transgender sensitivity training for its personnel for the purpose of improving relations with the transgender community and improving the Office's ability to comprehend and process complaints filed by transgendered persons.
11. That the Department of Social Services conduct transgender sensitivity training for its personnel to ensure that transgendered persons are treated with respect, that their complaints are taken seriously and acted upon with reasonable dispatch, that their fitness as parents is not judged solely on the basis of prejudice against transgendered persons, and that transgendered clients do not endure physical or psychological abuse in the process of obtaining services.
12. That arbitrary gender-specific dress codes should not be imposed where they are not necessary: Employers approached by employees who are undergoing a gender transition should assist the employee by accepting their gender identity as expressed by their clothing and helping other employees to understand the transition process. In such instances in which there is a reasonable requirement for a dress code or for specific gender separation in facilities (such as locker-room dressing areas, etc.) then reasonable accommodations should be made so that the transgendered person's dignity and privacy are preserved, and the concerns of others are also considered. All of the parties should work cooperatively to address the issue.
13. That employers, businesses, and public agencies not restrict the access of transgendered persons to public restroom facilities that are appropriate to the person's gender identity. Like anyone else, transgendered persons using restroom facilities are primarily concerned with relieving and grooming themselves, and with ensuring their own personal safety.

14. That the Department of Public Health conduct transgender sensitivity training for all personnel to ensure that transgendered persons are treated with respect and dignity, that their complaints are taken seriously and acted upon with reasonable dispatch, that their physical health needs are not overlooked due to prejudice against transgendered persons, that transgendered clients and patients do not endure physical or psychological abuse in the process of obtaining services.
15. That the Department of Public Health continue to conduct inservice trainings covering the treatments, medications, procedures, and new medical, social, and psychological developments with respect to the transgendered community.
16. That medical service providers, including hospitals, clinics, and private practitioners, ensure that they and their support staff are adequately trained to handle transgendered patients, to protect their health, and to ensure that their programs eliminate all unnecessary forced disclosure of transgender status as a requirement for receipt of services, to ensure that transgendered persons are not disqualified from receiving services based upon transgender status or identity, or upon perceived transgender status or identity, and to ensure that transgendered persons are treated with dignity and respect regardless of what surgery or treatments they have had or have not had.
17. That the Department of Public Health and all other medical service providers refrain from treating transgendered patients and clients as if they are "on display" or otherwise objectify them or subject them to dehumanizing treatment, preserving the client or patient's dignity, privacy and confidentiality, and that they also require employees and contractors to comply with this non-discrimination policy.
18. That the Department of Human Resources ensure that its investigators are trained in transgender issues, publicize to City and County employees the rights of transgendered persons, and ensure that transgendered persons are not disqualified from employment, or discriminated against by any City agency, based upon transgender status or identity, or upon perceived transgender status or identity.
19. That the administrators of homeless shelters, battered women's shelters, substance abuse treatment programs, rape crisis centers, and other providers of social services in San Francisco ensure that their staff is trained in transgender sensitivity, that their program eliminates forced disclosure of transgender status as a requirement for receipt of services, and ensure that transgendered persons are not disqualified from receiving services based upon transgender status or identity, or upon perceived transgender status or identity.
20. That private employers in San Francisco add "gender identity" to their lists of protected classes and provide sensitivity trainings, institute hiring outreach to the transgendered community by advertising in local transgender community publications, and ensure that their transgendered employees, customers, and clients are treated with respect.
21. That the Lesbian, Gay, and Bisexual communities educate themselves concerning transgender issues and experience, and encourage their political clubs to more actively fight for transgender rights, and that Lesbian, Gay, and Bisexual businesses and

organizations affirmatively encourage the participation of transgendered employees, clients and members.

22. That the transgender community continue and strengthen its efforts to educate others with respect to gender identity and its distinction from sexual orientation, and with respect to the empowering inclusivity that is uniquely the province of the transgendered.

23. That philanthropic and grant-making organizations and individuals consider funding transgender-related projects and social services.

24. That insurance companies acknowledge that transsexualism is a medical condition for which medical treatment is warranted and for which insurance coverage should be available. To serve as a model for other insurance carriers, the Commission recommends that the Health Services System Board modify the City Plan to cover transsexual treatment and procedures.

25. That while the Commission does not intend to recommend that all transgendered persons be regarded as disabled, the Commission does recommend that if a transgendered person does become disabled, for instance as the result of transsexual-related treatment or procedures, or for any other reason, that treatment for the resulting condition should be covered under the Americans with Disabilities Act, and the Commission recommends that the City lobby Congress and the State Legislature to amend federal and State disability laws accordingly.

26. That the District Attorney budget an increased amount for Community United Against Violence (CUAV) to enable its administrators to hire additional staff to provide outreach, education, and client services involving transgendered persons.

27. That public and private school administrators ensure that the condition of being transgendered is presented as another aspect of human biology that occurs naturally throughout society, and provide support services and/or referrals to transgendered and questioning youth so they do not have to suffer in isolation.

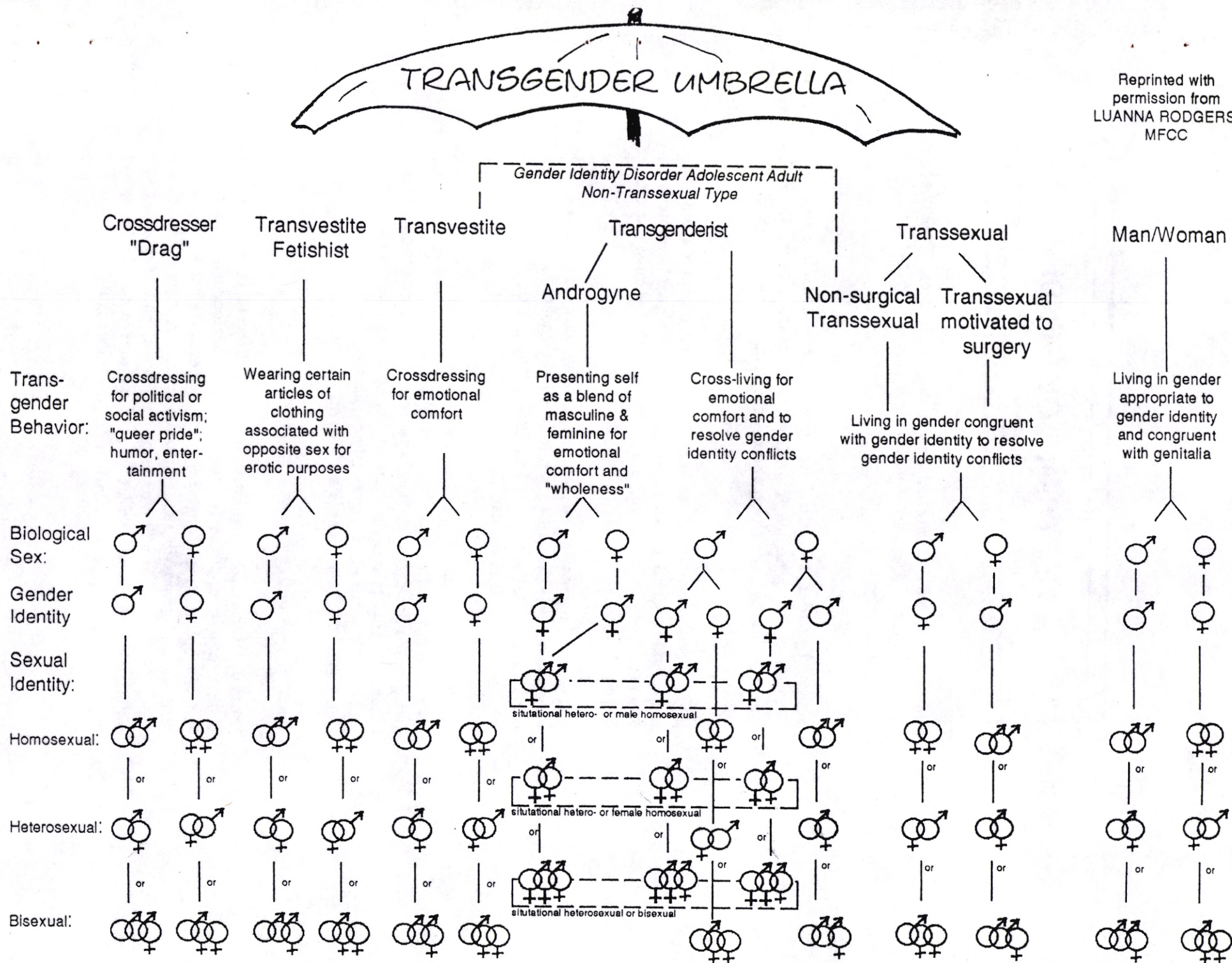
28. That professionals serving transgendered persons should be held to their professional ethics: it is one thing to avoid transgendered clients because of lack of expertise—it is discrimination to avoid them because of aversion to their condition. For example, attorneys should represent transgendered persons as they would anyone else, by seeking appropriate damages as they would in any other case in which the client has suffered injury. The Commission therefore also recommends that any State board or licensing agencies take the appropriate measures to prohibit discrimination against transgendered persons as patients or clients and as members of the associations.

29. That while there is a presumption of confidentiality by insurance companies, physicians, therapists, counselors, and social service agencies, etc., because of the potential consequences of involuntary disclosure of an individual's transgendered status it is doubly important that persons who are privy to such information about a client or patient should respect the privacy and confidentiality of transgendered persons

and must not use knowledge of an individual's transgendered status to harm or control her or him.

30. That transgendered persons should not have to be certified by medical, psychological, or other service providers in order to enjoy the rights and privileges of society.

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A GLOSSARY OF GENDER

Note—this is an evolving document, and while input from various segments of the community was solicited, some definitions may be incomplete.

assigned gender at birth - the gender one is considered to be at birth, due to the presence of whatever external sex organs. Once this determination is made, it becomes a label used for raising the child in either one gender image or the other.

bigendered - meaning those who feel they have both a male and a female side to their personalities. Some "bigendered" people cross-dress (see), while other evolve into transsexuals and have sex change operations.

Christine Jorgensen - wasn't the first to have sex-reassignment surgery, but was the first person to be widely known for having done so. News of her sex change in 1952 brought hope to many other transsexuals around the world.

clock(ed) - you are *clocked* when someone detects you are transgendered, as in the following example: an MTF TS is in public, living in the preferred female image, when someone calls out, "that's a man". This is embarrassing at the least, and devastating at the worst. The word *clock* apparently comes from the phrase, "read me like a clock". *Read* (see) is a synonym. Contrast with *pass* (see).

clock my T - means I was clocked (see).

cross-dresser (CD) - someone who from time to time wears the clothes of the opposite (of their physical anatomical) gender, to relieve gender discomfort (see). Cross-dressers want to appear as "convincing" as possible as their other selves. A large subset of this group are men who enjoy dressing as women, and have otherwise ordinary marriages with wives who are not transgendered. Many say this term is preferable to *transvestite*, which means the same thing.

cross-dress(ing) - wearing the clothes of the opposite (of your physical anatomical) gender.

cross-living - living full-time in the preferred gender image, opposite to one's assigned sex at birth, generally in preparation for a sex change operation. This is a way of making sure a sex change is a sincerely desired goal, not just a passing fancy (or to put it another way, to make sure one is a true transsexual-see). 18 months of cross-living is enough to be absolutely sure one knows what the rest of one's life is going to be like, although frequently a year or less is plenty.

direction - which way one is crossing the gender line. MTF (see) is one direction, FTM (see) is the other.

drab - means DRessed As Boy, referring to men's clothes or in men's clothes, used mainly by gender benders and cross-dressers of both directions. Not used as frequently as the word *drag*.

drag - originally used [1] in Shakespeare's Globe Theatre to mean DRessed As Girl, referring to male actors (there were no actresses) playing female roles. Now [2] mainly used by gender benders and cross-dressers of both directions to mean women's clothes or in women's clothes. Also [3] refers to any specialized type of clothing as in, "my father walked in in full military drag".

drag queen - [1] a gay man who from time to time wears women's clothes, generally without attempting to be "convincing". [2] Some people who are more accurately referred to as MTF cross-dressers or transsexuals are sometimes called drag queens.

	NOT T G	TRANSGENDERED			
		GENDER BENDER	CROSS DRESSER	TS	
				IN TRANSITION	POST- OP
BI					
GAY/LESB.					
HETERO					

estrogen - the "female" sex hormone. Actually, both men and women have estrogen in their systems, women just have a great deal more of it. Estrogen can be administered in both pill and injection form.

former transsexual - some say that (1) once a transsexual has completed surgery, they are no longer transsexuals. (Contrast with definition 2 of *transsexual*--see.) A compromise view might be that a former transsexual is (2) one who has completed surgery, and no longer wants anything to do with the transsexual community.

FTM - (1) female-to-male (transvestite or transsexual). Example: Billy Tipton. (It is more politically correct to use the abbreviation rather than the complete phrase, except to explain it to someone who doesn't know what FTM stands for.) Also abbreviated as F2M. FTM is also (2) the name of a group that is for FTM TS's and TV's.

full-time transvestite - same as definition 1 of *transgender* (see).

gender - there are perhaps five broad categories of gender: (1) physical anatomy, or sex organs, (2) secondary sex characteristics that develop at and after puberty, (3) fashion choices, (4) movement and behavior, and (5) the mind including gender identity. Sometimes we have to make it clear which of these we're talking about. *Gender* is also used as a prefix--see the following definitions.

gender assignment - see *assigned gender at birth*.

gender bender - anyone crossing the gender line who does not care about appearing "convincing". Example: a man wearing a dress, who looks like a man wearing a dress, and doesn't care if he does look like a man wearing a dress. *Drag queens* (see) are the major group within this category.

gender clinic - a medical clinic where transsexual health care services (at least hormones or hormone prescriptions) are made available. Counseling may or may not be part of the services available there. Surgery is usually referred out elsewhere.

gender community - the community of *all* cross-dressers, transsexuals, and gender benders, and anywhere they meet.

gender discomfort - like gender dysphoria (see), but not quite that bad. Occasional cross-dressing often provides sufficient relief.

gender dysphoria - literally, it's being unhappy with the gender you are (physically anatomically, prior to changing anything). Full-blown gender dysphoria syndrome is the same as transsexualism.

gender identity - the hard-to-define sense of "being" male or "being" female that is usually in accord with, but sometimes opposed to, physical anatomy. There is no clear agreement on how gender identity is formed, but most current theories say that gender identity is formed before birth.

gender image - the way one presents themselves to the world, as either male or female.

genetic - (1) refers to the chromosomal endowment of the individual, with emphasis on the sex chromosomes (XX in women and XY in men). This word is also used to mean (2) someone who is not transgendered, for example, "This is Georgiana, a cross-dresser, and her partner Lil, who is a genetic woman" or worse yet, "She's genetic." Since we are all genetically *something*, the use of *genetic* this way is both politically and technically incorrect.

Harry Benjamin, Dr. - an endocrinologist, sexologist, and gerontologist, and one of the first researchers in transsexualism. He coined the word *transsexual* in 1953. In 1966, his book *The Transsexual Phenomenon* was published, the first serious work on the subject.

Harry Benjamin International Gender Dysphoria Association (HBIGDA) - this is an organization of providers of transsexual services, including psychotherapists, endocrinologists, and surgeons. This group is the "establishment" in the field of sex change. They have published their *Standards Of Care* (see) regarding how to go about providing transsexual services, and to whom.

HBIGDA - Harry Benjamin International Gender Dysphoria Association (see).

In transition - see *transition*.

Incurable transsexual - any transsexual with no hope of access to sex-reassignment techniques, including those living in countries without access to western-style medical care, and all transsexuals who lived and died before 1952.

intersex - born with the (full or partial) sex organs of both genders, or with underdeveloped or ambiguous sex organs. About 4% of all

births are intersex to some degree. (This word replaces the politically incorrect *hermaphrodite*.)

Irreversible - no sex change can change a person 100% into the opposite anatomical gender. An MTF can never bear a child, an FTM can never sire one. While there is technically nothing to stop a post-op from "going back", the results are not the same as when one started—one ends up essentially like a post-op of the opposite direction. This is what is meant by *irreversible*, and is one of the reasons why many providers make transsexual services hard to obtain.

manufactured transsexual - some babies are born with (full or partial) sex organs of both genders, or with underdeveloped or ambiguous sex organs (see *intersex*). Usually, the doctor decides "what it's going to be", and performs "corrective" surgery without even consulting or getting the approval of the parents. A few of these babies grow up deciding "they took away everything I wanted, and left me with the parts I have no use for". These people are the manufactured transsexuals.

MTF - male-to-female (transvestite or transsexual). Example: Christine Jorgensen. (It is more politically correct to use the abbreviation rather than the complete phrase, except to explain it to someone who doesn't know what MTF stands for.) Also abbreviated as M2F.

new man - (1) post-operative FTM transsexual. Also used sometimes to mean (2) an FTM transsexual who is well along in the transition process.

new woman - (1) post-operative MTF transsexual. First used in a 1952 newspaper article in reference to Christine Jorgensen. Also used sometimes to mean (2) an MTF transsexual who is well along in the transition process.

non - a word used by transsexuals to mean a person who is not transsexual. Example: "Me? I'm not a non." *Not* politically correct. This word is short for nontranssexual, which is not politically correct either. The politically correct phrase is "person who is not transsexual".

non-op - same as nonsurgical transsexual (see).

nonsurgical transsexual - transsexuals who seek sex reassignment through hormones and who cross-live, but stop just short of surgery.

Some (1) have concerns about major surgery which is not always successful. Others (2) have been unable obtain the money necessary and have essentially given up on this final step (are "in limbo"). Yet others (3) feel they are complete without surgery and are the same as definition 1 of *transgender* (see). Others still (4) cannot have surgery due to special health problems, such as AIDS.

pass - means to be in your preferred gender image, and to be able to do so convincingly. Example—an FTM TV who looks like a man, not like a woman.

passing woman - (1) chiefly used in the historical sense to refer to a non-transgendered woman living as a man in order to have access to careers and lifestyles only available to men at that time. (2) Some historical figures who would today be more accurately called *FTM transsexuals* or *transsexual men* are sometimes referred to as passing women.

post-op - a transsexual who has had their sex change operation(s), and now has the physical anatomy they desire.

pre-op - a transsexual who has not yet had their sex change operation(s), but who is working towards it.

read - a synonym for clock(ed) (see). Examples: "I was read yesterday. I hope they don't read me today." This word has been mainly replaced by clock(ed).

sex-reassignment surgery (SRS) - sex change operation.

Standards Of Care (SOC) - (1) a set of guidelines established by HBGDA (see) regarding the way transsexual services are made available. These guidelines are slanted towards making it difficult to obtain a sex change, under the idea that only the most qualified and most persistent should be allowed to proceed. Some feel these guidelines are too restrictive. (2) The Transgender Law Conference has issued an alternative Standards Of Care which amount to little more than signing an informed consent form.

testosterone - the "male" sex hormone. Actually, both men and women have testosterone in their systems, men just have a great deal more of it. Some testosterone is necessary to have a sex drive. Since it is destroyed by stomach acid, most supplemental testosterone is delivered via injections.

T-friendly - any organization or institution that is accepting of the transgendered peoples and their needs. Contrast with *transphobic* (see).

transgender (TG) - originally, this word meant (1) what is also known as full-time cross-dressers or nonsurgical transsexuals, people who live and work in the opposite (of their physical anatomical) gender continuously and for always. Now it also means (2) the group of *all* people who are inclined to cross the gender line, including transsexuals, cross-dressers, and gender benders together. This is the main way the word is used today, and is referred to as the "umbrella definition" as it covers everyone. A few use the word *transgender* as (3) a synonym for *transsexual*.

transgenderist - same as definition 1 of *transgender* (see). Those who mean definition 1 of *transgender* now use *transgenderist* to avoid confusion.

Transgender Nation (TN) - see the end of this document.

transition - the process of changing sex, including hormones, cross-living (see), and finally surgery. A practical minimum for this process is about two years, but usually it takes longer, sometimes much longer.

transphobia/transphobic - the groundless fear and hatred of cross-dressers, transsexuals, and gender benders and what they do, and everything that results from this, from disrespect, to denial of rights and needs, to violence.

transsexual (TS) - anyone who (1) wants to have, (2) has had, or (3) should have a sex-change operation. (The third definition is for those in denial.) This word also (4) includes nonsurgical transsexuals (see). TS's want to appear "convincing" as their new selves. This word was coined in 1953 by Dr. Harry Benjamin (see).

transsexual health care - hormones and sex reassignment surgery are the essentials. Many transsexuals believe counseling is *not* an essential item, but believe it should be available to those who want it.

transsexual female/woman - an MTF TS. The medical literature tends to use the extremely demeaning term *male transsexual* to mean the same thing. Note that you can tell the preferred form is in use when the gender word comes *after* the "T" word.

transsexual male/man - an FTM TS. The medical literature tends to use the extremely demeaning term *female transsexual* to mean the same thing. Note that you can tell the preferred form is in use when the gender word comes *after* the "T" word.

transvestite (TV) - same as *cross-dresser* (see). Most feel that *cross-dresser* is the preferred term.

true transsexual - one who will be happy living the rest of their lives (after surgery) in their new gender image, as opposed to one for whom a sex change is just a passing fancy.

Transgender Nation San Francisco

This glossary was compiled by Transgender Nation San Francisco. We are a diverse group of transgendered and non-transgendered people united in anger and resolved to directly empower all transgendered people by direct political action. Our address is 584 Castro St. #288, San Francisco, California, 94114-2588, and we can be contacted at 415-586-6409.

FILE NO. 97-94-37.2

(Gender Identity Discrimination)

AMENDING ARTICLE 33 OF THE SAN FRANCISCO POLICE CODE BY AMENDING
SECTIONS 3301, 3302, 3303, 3304, AND 3305 THEREOF TO PROHIBIT
DISCRIMINATION BASED ON GENDER IDENTITY IN EMPLOYMENT, PUBLIC
ACCOMMODATIONS, AND HOUSING AND ADDING SECTION 3312 THERETO TO LIMIT
CITY LIABILITY TO INCARCERATED PERSONS FOR CLAIMS ARISING FROM THE
CITY'S DUTY TO PROTECT THE HEALTH AND SAFETY OF SUCH PERSONS AND
AMENDING CHAPTERS 12A, 12B, AND 12C OF THE SAN FRANCISCO
ADMINISTRATIVE CODE BY AMENDING SECTIONS 12.A.1, 12.A.2, 12.A.3,
12.A.4, 12.A.5, 12.B.1, 12.B.2, 12.C.1, 12.C.2 AND 12.C.3 THEREOF TO
ADD GENDER IDENTITY DISCRIMINATION TO THE MISSION OF THE HUMAN
RIGHTS COMMISSION AND TO PROHIBIT DISCRIMINATION ON THE BASIS OF
GENDER IDENTITY IN CITY CONTRACTS.

NOTE: Additions are underlined; deletions are
in ((double parentheses)).

Be it ordained by the people of the City and County of San Francisco:

Section 1. Article 33 of the San Francisco Police Code is
hereby amended by amending the title and Sections 3301, 3302, 3303,
3304, and 3305 to read as follows:

PROHIBITING DISCRIMINATION BASED ON RACE, RELIGION
COLOR, ANCESTRY, AGE, SEX, SEXUAL ORIENTATION, GENDER IDENTITY,
DISABILITY OR PLACE OF BIRTH

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SEC. 3301. POLICY. It is the policy of the City and County of
san Francisco to eliminate discrimination based on race, religion,
color, ancestry, age, sex, sexual orientation, gender identity or
place of birth within the City and County.

SEC. 3302. FINDINGS. After public hearings and consideration
of testimony and documentary evidence, the Board of Supervisors
finds that discrimination based on race, religion, color, ancestry,
age, sex, sexual orientation, gender identity, disability or place
of birth exists in the City and County of San Francisco. The Board
finds further that such discrimination poses a substantial threat to
the health, safety, general welfare of this community. Such
discrimination foments strife and unrest, and it deprives the City
and County of the fullest utilization of its capacities for
development and advancement. The Board finds further that existing
state and federal restraints on arbitrary discrimination are not
adequate to meet the particular problems of this community, nor that
it is necessary and proper to enact local regulations adapted to the
special circumstances which exist in this City and County.

SEC. 3303. EMPLOYMENT. (a) Prohibited Activity. It shall be
unlawful for any person to do any of the following acts wholly or
partially based on race, religion, color, ancestry, age, sex, sexual
orientation, gender identity, disability or place of birth of an
employee or applicant for employment:

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(1) By an employer: To fail or refuse to hire, or to discharge any individual; to discriminate against any individual with respect to compensation, terms, conditions or privileges of employment, including promotion; or to limit, segregate or classify employees in any way which would deprive or tend to deprive any individual or employment opportunities, or otherwise adversely affect his/her status as an employee;

(2) By an employment agency: To fail or refuse to refer for employment any individual; or otherwise to discriminate against any individual;

(3) By a labor organization: To exclude or expel from its membership or to otherwise discriminate against any individual; or to limit, segregate or classify its membership; or to classify or fail or refuse to refer for employment any individual in any way which would deprive or tend to deprive such individual or employment opportunities, or would limit such employment opportunities, or otherwise adversely affect his/her status as an employee or as an applicant for employment;

(4) By an employer, employment agency or labor organization:

(i) To discriminate against any individual in admission to, or employment in any program established to provide apprenticeship or other training or retraining, including any on-the-job training program;

(ii) To print, publish, advertise or disseminate in any way, or cause to be printed published, advertised or disseminated in

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any way, any notice or advertisement with respect to employment, membership in, or any classification or referral for employment or training by any such organization, which indicates an unlawful discriminatory preference.

(b) Bona Fide Occupational Qualification Not Prohibited; Burden of Proof.

(1) Nothing contained in this Section shall be deemed to prohibit selection or rejection based upon a bona fide occupational qualification.

(2) In any action brought under Section 3307 of this Article (Enforcement), if a party asserts that an otherwise unlawful discriminatory practice is justified as a bona fide occupational qualification, that party shall have the burden of proving: (1) that the discrimination is in fact a necessary result of a bona fide occupational qualification; and (2) that there exists no less discriminatory means of satisfying the occupational qualification.

(c) Exceptions.

(1) It shall not be an unlawful discriminatory practice for an employer to observe the conditions of a bona fide seniority system or a bona fide employee benefit system, provided such systems or plans are not a subterfuge to evade the purposes of this Article; provided, further, that no such system shall provide a pretext to discriminate against an individual because of his or her race, religion, color, ancestry, age, sex, sexual orientation, gender identity, disability or place of birth.

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(2) Nothing in this Section shall be construed to apply to employment by any business which employs five or fewer employees including the owner and any management and supervisory employees.

SEC. 3304. HOUSING. (a) Prohibited Activity. It shall be unlawful for any person to do any of the following acts wholly or partially based on race, religion, color, ancestry, age, sex, sexual orientation, disability or place of birth:

(1) To interrupt, terminate, or fail or refuse to initiate or conduct any transaction in real property, including but not limited to the rental thereof; to require different terms for such transaction; or falsely to represent that an interest in real property is not available for transaction;

(2) To include in the terms or conditions of a transaction in real property any clause, condition or restriction;

(3) To refuse to lend money, guarantee the loan or money, accept a deed of trust or mortgage, or otherwise refuse to make available funds for the purchase, acquisition, construction, alteration, rehabilitation, repair or maintenance of real property; or impose different conditions on such financing; or refuse to provide title or other insurance relating to the ownership or use of any interest in real property;

(4) To refuse or restrict facilities, services, repairs or improvements for any tenant or lessee;

(5) To make, print, publish, advertise or disseminate in any

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way, or cause to be made, printed or published, advertised or disseminated in any way, any notice, statement or advertisement with respect to a transaction or proposed transaction in real property, or with respect to financing related to any such transaction, which unlawfully indicates preference, limitation or discrimination based on race, religion, color, ancestry, age, sex, sexual orientation, gender identity, disability or place of birth.

(b) Exceptions.

(1) Nothing in this Article shall be construed to apply to the rental or leasing of any housing unit in which the owner or any member of his or her family occupies one of the living units and:

(1) it is necessary for the owner to use either a bathroom or kitchen facility in common with the prospective tenant; or (2) the structure contains less than three dwelling units.

(2) Nothing in this Article shall be deemed to permit any rental or occupancy of any dwelling unit or commercial space otherwise prohibited by law.

SEC. 3305. BUSINESS ESTABLISHMENTS AND PUBLIC ACCOMMODATIONS.

(a) Prohibited Activity. It shall be unlawful for any person to do any of the following acts wholly or partially based on race, religion, color, ancestry, age, sex, sexual orientation, gender identity, disability or place of birth of a customer:

(1) To deny, directly or indirectly, any person the full and equal enjoyment of any business establishment or place of public

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1 accommodations;

2 (2) Except as otherwise permitted by law, to deny, directly or
3 indirectly, any person admittance to the premises of the business
4 establishment or place of public accommodations. No business
5 establishment or place of public accommodations requesting or
6 requiring identification documents to demonstrate or confirm a
7 person's proof of age may deny admittance to any person displaying
8 one valid identification document as proof of age. For purposes of
9 Section 3305(a)(2), the term "valid identification document" means a
10 document which contains the name, date of birth and picture of the
11 person presenting the document, and is issued by a federal, state,
12 county or municipal government, or subdivision or agency thereof,
13 including, but not limited to, a motor vehicle operator's license or
14 identification card issued to a member of the Armed Forces;

15 (3) To make, print, publish, advertise or disseminate in any
16 way, or cause to be made, printed, published, advertised or
17 disseminated in any way, any notice, statement or advertisement with
18 respect to any business establishment or public accommodation which
19 indicates that the full enjoyment of such establishment or
20 accommodation will be unlawfully refused an individual.

21
22 Section 2. Article 33 of the San Francisco Administrative Code
23 is hereby amended by adding Sections 3312 to read as follows:
24
25

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1 SEC. 3312. CITY LIABILITY LIMITED. The addition of "gender
2 identity" to this ordinance shall not be construed to interfere with
3 the City's duty to protect the health and safety of incarcerated
4 persons. To this end, the prohibition on gender identity
5 discrimination in this ordinance shall not be construed to impose
6 any duty on the City, its officers or its employees for breach of
7 which they are liable to any incarcerated person who claims that
8 such breach proximately caused an injury which arose, while such
9 person was in the custody of the City, from actions of its officers
10 or employees intended to protect the health and safety of the person.
11

12 Section 3. Chapter 12.A. of the San Francisco Administrative
13 Code is hereby amended by amending Sections 12.A.1, 12.A.2, 12.A.3,
14 12.A.4, and 12.A.5 to read as follows:
15

16 SEC. 12A.1. FINDINGS. The population of this City and County is
17 composed of people of various racial, religious, and ethnic groups.
18 In this City and County the practice of discrimination on the
19 grounds of race, religion, color, ancestry, age, sex, sexual
20 orientation, gender identity, disability or place of birth and the
21 exploitation of prejudice related thereto adversely affects members
22 of minority groups.

23 Such discriminatory practices are inimical to the public
24 welfare and good order in that they: (a) Impede social and economic
25 progress for the entire citizenry by preventing members of minority

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1 groups from achieving full development of their individual
2 potentialities and from contributing fully to the cultural and
3 business life of the community; (b) constantly frustrate, degrade
4 and embitter members of minority groups, thereby diminishing their
5 initiative and interests in the community; and (c) tend to create
6 intergroup hostilities and antisocial behavior.

7 The products of discrimination accumulate continuously, with
8 the result that the social, economic and educational gaps between
9 those suffering discrimination and the majority of the community
10 constantly widen. As a result, mere prohibition of future and
11 present discrimination, while essential, will not reduce the
12 inequalities and disadvantages which a history of discrimination has
13 produced. Accordingly, affirmative remedial action must be
14 initiated, encouraged and coordinated.

15 Experiences of other urban centers throughout the nation have
16 proved the need for and effectiveness of commissions empowered to
17 study community race relations problems, to work with interested
18 citizens to develop programs to ameliorate tensions and reduce
19 cultural, social and economic disadvantages and to encourage and
20 coordinate implementation of such programs consistent with the needs
21 and rights of members of both the majority and the minority.
22 A substantial number of the aforementioned evils in this City and
23 County are beyond the regulation of applicable State, and insofar as
24 State, law is applicable, voluntary compliance therewith should be
25 fostered by a local human relations commission.

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1 SEC. 12A.2. DECLARATION OF POLICY. It is hereby declared:

2 That the policy of the City and County of San Francisco is to
3 act to give effect to the rights of every inhabitant of the City and
4 County to equal economic, political and educational opportunity, to
5 equal accommodations in all business establishments in the City and
6 County and to equal service and protection by public agencies;

7 That an instrumentality should be established to give effect to
8 such rights, to eliminate prejudice and discrimination because of
9 race, religion, color, ancestry, age, sex, sexual orientation,
10 gender identity, disability, or place of birth, to inform the
11 inhabitants of the City and County of developments in human
12 relations, to provide expert advice and assistance to the officers,
13 agencies, boards, departments and employees of the City and County
14 in undertaking ameliorative practices to keep peace and good order
15 and to officially encourage private persons and groups to promote
16 and provide equal opportunity for and good will toward all people.

17
18 SEC. 12A.3. SCOPE OF ORDINANCE. This ordinance applies to all
19 discriminatory practices and to resulting intergroup tensions
20 specifically covered by the provisions of this ordinance that occur
21 within the territorial limits of or within any agency under the
22 jurisdiction of the City and County of San Francisco and to the
23 extent permitted by law, to activities outside this City and County
24 which reasonably affect such practices and tensions within said
25 territorial limits. Nothing in this ordinance, however, shall be

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1 interpreted or applied so as to create any power or duty in conflict
2 with the preemptive effect of any federal or State law.

3 (a) As used in this Chapter, the term:

4 "Age" refers to and shall include any person who has attained
5 the age of 40 years and has not attained the age of 65 years.

6 "Sex" shall mean the character of being male or female.

7 "Sexual orientation/ shall mean the choice of human adult
8 sexual partner according to gender.

9 "Gender identity" shall mean a person's various individual
10 attributes as they are understood to be masculine and/or feminine.

11 "Disability" is a physical or mental impairment which
12 substantially limits one or more major life activities, is regarded
13 as having such an impairment, or has a record of such an impairment.

14 "Qualified Disabled Employee" shall mean a person able to perform
15 the essential functions of a job with reasonable accommodation.

16
17 SEC. 12A.4. ESTABLISHMENT; APPOINTMENT; TERMS; EXECUTIVE
18 SECRETARY. (a) There is hereby established a commission to be known
19 as the Human Rights Commission of the City and County of San
20 Francisco (hereinafter called "Commission"), consisting of 15
21 members broadly representative of the general public and the
22 employer, labor, religious, racial, age, sex, sexual orientation,
23 gender identity, disabled and ethnic groups in the City and County,
24 to be appointed by the Mayor. Four of the members who are first
25 appointed shall be designated to serve for terms of one year, four

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1 for two years, four for three years and three for four years from
2 the date of their appointments. Thereafter, members shall be
3 appointed as aforesaid for a term of office of four years, except
4 that all of the vacancies occurring during a term shall be filled
5 for the unexpired term. A member shall hold office until his or her
6 successor has been appointed and has qualified. The Commission shall
7 elect a chair from among its members. The term of office as chair of
8 the Commission shall be for the calendar year or for that portion
9 thereof remaining after each such chair is designated or elected.
10 The compensation of members of said Commission shall be \$25 for each
11 meeting of the Commission actually attended by said members;
12 provided, however, that no member shall be paid for attending more
13 than four Commission meetings in any one calendar month.
14 (b) The position of Executive Secretary to the Commission
15 shall be established pursuant to and subject to Sections 3.500 and
16 8.200 of the Charter of the City and County of San Francisco. The
17 person occupying such position shall be appointed by the chair of
18 the Commission with the approval of a majority of the members of the
19 Commission. The position of Executive Secretary to the Commission
20 shall be exempted from the residency and electoral requirements of
21 Section 16.98 of the San Francisco Administrative Code. All staff
22 personnel shall be under the immediate direction and supervision of
23 the Executive Secretary.
24
25

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append: 42

1 SEC. 12A.5. POWERS AND DUTIES. In addition to the other
2 powers and duties set forth in this ordinance, the Commission shall
3 have the power and duty to:

4 (a) Study, investigate, mediate and hold public hearings on
5 community-wide problems arising in this City and County which may
6 result in intergroup tensions or discrimination because of race,
7 religion, color, ancestry, age, sex, sexual orientation, gender
8 identity, physical disability or place of birth. In the performance
9 of its duties under this Subsection, the Commission, as permitted by
10 law, may require by subpoena ad testificandum setting forth the
11 specific nature of its inquiry, the attendance and testimony under
12 oath of any person directly involved in or concerned with
13 discrimination within the scope of this ordinance whose presence and
14 testimony is reasonably necessary to its inquiry; provided, however,
15 that any such inquiry involving any agency, board, or officer of the
16 City and County shall be governed by the provisions of Subsection

17 (f) hereof. In case of the refusal of any person to attend or
18 testify as required by a subpoena ad testificandum issued by the
19 Commission, the Commission may proceed to petition for a court order
20 pursuant to Section 1991 of the California Code of Civil Procedure.

21 (b) Prepare and disseminate educational and informational
22 material relating to prejudice and discrimination and ways and means
23 of eliminating such prejudice and discrimination.

24 (c) Furnish cooperation, information, guidance and technical
25 assistance to other public agencies and private persons,

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1 organizations and institutions engaged in activities and programs
2 intended to eliminate prejudice and discrimination.

3 (d) Consult with and maintain contact with other public
4 agencies and with representatives of employers, labor unions,
5 property owners associations, realtor associations, religious
6 denominations and institutions, professional associations, national
7 origin groups, community organizations concerned with interracial,
8 interreligious and intercultural understanding, social welfare
9 organizations and such other private organizations and institutions
10 as the Commission shall deem advisable to further the objectives of
11 this ordinance.

12 (e) Cooperate with and make written recommendations to City
13 and County agencies, boards and officers, as well as the agencies,
14 boards or officers operating under State law within the City and
15 County of San Francisco, towards the development and implementation
16 of programs and practices for the purpose of furthering the
17 objectives of this ordinance. The Commission and the affected
18 agency, board or officer shall submit reports of progress in
19 establishing and implementing such programs and practices as are
20 from time to time requested by the Mayor through the chair of the
21 Commission.

22 (f) Subject to the approval of the Mayor or the Chief
23 Administrative Officer where appropriate, request of any City and
24 County agency, board or office information, services, facilities and
25 any other assistance for the purpose of furthering the objectives of

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1 this ordinance. All such requests shall be promptly complied with by
2 the affected agency, board or officer.

3 (g) Investigate and, with the assent of the parties, mediate
4 all incidents of discrimination within the scope of this ordinance
5 to the extent such functions are not within the exclusive
6 responsibilities of the California Fair Employment Practices
7 Commission or any Federal or other State agency, and make specific
8 and detailed recommendations to the interested parties as to the
9 method of eliminating such discrimination. The Commission shall also
10 be authorized to investigate complaints of discrimination brought by
11 citizens involving agencies, boards or officers operating under
12 State law within the City and County of San Francisco, and, where
13 appropriate, to make written recommendations to said agencies or to
14 represent citizens before said agencies.

15 (h) Prepare, encourage and coordinate programs of voluntary
16 affirmative action to reduce or eliminate existing inequalities and
17 disadvantages in the City and County resulting from past
18 discriminatory practices.

19
20 Section 4. Chapter 12.B. of the San Francisco Administrative
21 Code is hereby amended by amending Sections 12.B.1 and 12.B.2, to
22 read as follows:

23 SEC. 12B.1. ALL CONTRACTS TO INCLUDE NONDISCRIMINATION
24 PROVISIONS; DEFINITIONS. All contracting agencies of the City and
25 County of San Francisco, or any department thereof, acting for or on

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1 behalf of the City and County, shall include in all contracts,
2 franchises, leases, concessions or other agreements involving real
3 or personal property, hereinafter negotiated, let, awarded, granted,
4 renegotiated, extended or renewed, in any manner or as to any
5 portion thereof, a provision obligating the contractor, franchisee,
6 lessee, concessionaire, or other party of said agreement not to
7 discriminate on the ground or because of race, color, creed,
8 national origin, ancestry, age, sex, sexual orientation, gender
9 identity, disability or Acquired Immune Deficiency Syndrome or AIDS
10 Related Condition (AIDS/ARC), against any employee of, or applicant
11 for employment with, such contractor, franchisee, lessee, or
12 concessionaire, and shall require such contractor, franchisee,
13 lessee or concessionaire to include a similar provision in all
14 subcontracts, or subleases or other subordinate agreements let,
15 awarded, negotiated or entered into thereunder.

16 (a) Definitions. As used in this Chapter the term "Age"
17 refers to and shall include any employee or applicant for employment
18 who has attained the age of 40 years and has not attained the age of
19 65 years. For the purposes of this Section, discrimination because
20 of age shall mean dismissal from employment of, or refusal to employ
21 or rehire any person because of his or her age, if such person has
22 attained the age of 40 years and has not attained the age of 65
23 years, if the person is physically able and mentally competent to
24 perform the services required. Age limitations of apprenticeship
25 programs in which the State or its political subdivisions

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1 participate shall not be considered discriminatory within the
2 meaning of this Section.

3 "Contract" shall mean and include an agreement to provide
4 labor, materials, supplies or services in the performance of a
5 contract, franchise, concession or lease granted, let or awarded for
6 and on behalf of the City and County of San Francisco.

7 "Contractor" means any person or persons, firm, partnership,
8 corporation, or combination thereof, who submits a bid and/or enters
9 into a contract with department heads and officers empowered by law
10 to enter into contracts on the part of the City and County for
11 public works or improvements to be performed, or for a franchise,
12 concession or lease of property, or for goods, services or supplies
13 to be purchased, at the expense of the City and County or to be paid
14 out of moneys deposited in the treasury or out of trust moneys under
15 the control or collected by the City and County.

16 "Subcontractor" means any person or persons, firm, partnership,
17 corporation or any combination thereof, who enters into a contract
18 or agreement with the contractor to perform a substantial specified
19 portion of the contract for public works, improvements, supplies,
20 goods or services, or for a lease, franchise or concession, let,
21 granted or awarded for or on behalf of the City and County in
22 accordance with the plans and specifications of such contract. Such
23 term shall include any contractor who enters into a contract with
24 any subcontractor for the performance of 10 percent or more of the
25 subcontract.

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1 "Gender identity" shall mean a person's various individual
2 attributes as they are understood to be masculine and/or feminine.

3 "Subcontract" shall mean and include an agreement or contract
4 under or subordinate to a prime contract, franchise, lease, or
5 concession granted, let or awarded for or on behalf of the City and
6 County of San Francisco.

7 "Concession" includes a grant of land or other property by or
8 on behalf of the City and County of San Francisco to a person for
9 the purpose or use specified in said grant.

10 "Concessionaire" shall mean and include a person who is the
11 grantee or beneficiary of a concession as herein defined.

12 "Franchise" shall mean and include a right or privilege
13 conferred by grant from the City and County of San Francisco, or any
14 contracting agency thereof, and vested in and authorizing a person
15 to conduct such business or engage in such activity as is specified
16 in said grant.

17 "Franchisee" shall mean and include a person who is the grantee
18 or beneficiary of a franchise as herein defined.

19 "Lease" shall mean and include a contract by which the City and
20 County of San Francisco, or any contracting agency thereof, grants
21 to a person the temporary possession and use of property, for
22 reward, and the latter agrees to return the same to the former at a
23 future time.

24 "Lessee" shall mean and include a person or tenant taking
25 possession of property under a lease as herein provided, and further

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1 included a bailee under a bailment agreement providing a rental for
2 personal property.

3 "Sublease" shall mean and include a lease by which a lessee or
4 tenant grants or lets to another person part or all of the leased
5 property for a shorter term and under which said lessee or tenant
6 retains some right or interest under the original lease.

7 "Sex" shall mean the character of being male or female.

8 "Sexual orientation" shall mean the choice of human adult
9 sexual partner according to gender.

10 "Disability" is a physical or mental impairment which
11 substantially limits one or more major life activities, is regarded
12 as having such an impairment, or has a record of such an impairment.

13 "Qualified Disabled Employee" shall mean a person able to
14 perform the essential functions of a job with reasonable
15 accommodation.

16 "Supplier" means any person or persons, firm, partnership,
17 corporation, or any combination thereof, who submits a bid or enters
18 into a contract with the awarding agency of the City and County, or
19 who submits a bid or enters into a contract with any contractor,
20 subcontractor, lessee, sublessee, franchisee or concessionaire
21 engaged in the performance of a contract let, awarded or granted by
22 or on behalf of the City and County, for the supplying of goods,
23 materials, services, equipment or furnishings.

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1 SEC. 12B.2. NONDISCRIMINATION PROVISIONS OF CONTRACT. Every
2 contract or subcontract for or on behalf of the City and County of
3 San Francisco, as provided in Section 12B.1 hereof, shall contain
4 the provisions following which shall be known as the
5 nondiscrimination provisions of such contract.

6 In the performance of this contract, the contractor,
7 subcontractor or supplier agrees as follows:

8 (a) Wherever the work is performed or supplies are
9 manufactured in the United States, the contractor, subcontractor or
10 supplier will not discriminate against any employee or applicant for
11 employment because of race, color, religion, ancestry, national
12 origin, age, sex, sexual orientation, gender identity, disability or
13 AIDS/ARC. Discrimination on the basis of sex includes sexual
14 harassment as defined in Section 16.9-25(b) of this Code. The
15 contractor, subcontractor or supplier will take affirmative action
16 to ensure that applicants are employed, and that employees are
17 treated equally during employment, without regard to their race,
18 color, religion, ancestry, national origin, age, sex, sexual
19 orientation, gender identity, disability or AIDS/ARC. Such action
20 shall include, but not be limited to, the following: Employment,
21 upgrading, demotion or transfer; recruitment or recruitment
22 advertising; layoff or termination; rate of pay or other forms of
23 compensation; and selection for training, including apprenticeship.
24 Nothing in this ordinance shall require or prohibit the
25 establishment of new classifications of employees in any given

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craft. The provisions of this Section with respect to age shall not apply to (1) termination of employment because of the terms or conditions of any bona fide retirement or pension plan, (2) operation of the terms or conditions of any bona fide retirement or pension plan which has the effect of a minimum service requirement, (3) operation of the terms or conditions of any bona fide group or insurance plan. The contractor, subcontractor or supplier agrees to post in conspicuous places, available to employees and applicants or employees and applicants for employment, notices in such form and content as shall be furnished or approved by the awarding authority setting forth the provisions of this Section.

(b) Except as in this Section provided or in cases where the law compels or provides for such action any provisions in any contract agreement or undertaking entered into on or after the effective date of this Chapter which prevent or tend to prevent the employment of any person solely by reason of his or her age, who has attained the age of 40 years and has not attained the age of 65 years shall be null and void.

(c) The contractor, subcontractor or supplier shall provide reasonable accommodation for qualified applicants for employment and for qualified disabled employees. Said contractor, subcontractor or supplier need not provide reasonable accommodation if such would present an undue hardship. An undue hardship may include but not be limited to de minimis cost, violation of the seniority rights of other co-workers as established by a bona fide seniority system, or

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would present a health or safety risk to the employee or co-employees. The burden of establishing an undue hardship rests on the employer.

(d) The contractor, subcontractor or supplier will in all solicitations or advertisements for employees placed by or on his or her behalf, state that qualified applicants will receive consideration for employment without regard to race, creed, color, ancestry, national origin, age, sex, sexual orientation, gender identity, or disability. Any solicitations or advertisements that satisfy similar requirements under federal law, subject to the approval of the awarding authority, will also satisfy this requirement.

(e) The contractor, subcontractor or supplier will send to each labor union or representative of workers with which he or she has a collective bargaining agreement or other contract or understanding, a notice, in such form and content as shall be furnished or approved by the awarding authority, advising the said labor union of workers' representative of the contractor's, subcontractor's or supplier's commitments under this Section, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

(f) The contractor, subcontractor or supplier will permit access to his records of employment, employment advertisements, application forms, and other pertinent data and records by the awarding authority, the Fair Employment Practices Commission or the

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San Francisco Human Rights Commission, for the purposes of investigation to ascertain compliance with the nondiscrimination provisions of this contract, and on request provide evidence that he or she has or will comply with the nondiscrimination provisions of this contract.

(g) That contractor, subcontractor or supplier shall be deemed to have breached the nondiscrimination provisions of this contract upon:

(1) A finding by the director of the San Francisco Human Rights Commission, or such other official who may be designated by the Human Rights Commission, that contractor, subcontractor, or supplier has wilfully violated such nondiscrimination provisions; or

(2) A finding by the Fair Employment Practices Commission of the State of California that a contractor, subcontractor or supplier has violated any provision of the Fair Employment Practices Act of California or the nondiscrimination provisions of this contract; provided, that the Fair Employment Practices Commission has issued a final order pursuant to Section 1426 of the Labor Code, or has obtained a final injunction pursuant to Section 1429 of the Labor Code; provided further, that for the purposes of these provisions, an order or injunction shall not be considered final during the period within which (1) appeal may be taken, or (2) the same has been stayed by order of court, or (3) further proceedings for vacation, reversal or modification are in progress before a competent administrative or judicial tribunal.

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(3) Upon such finding by the Director of the Human Rights Commission, or other official designated by the Human Rights Commission, or the Fair Employment Practices Commission, the awarding authority shall notify the contractor, subcontractor or supplier that unless he or she demonstrates to the satisfaction of the Director of the San Francisco Human Rights Commission, or other official designated by the Human Rights Commission, within such reasonable period as the Human Rights Commission shall determine, that the violation has been corrected, action will be taken as set forth in subparagraph (h) and (i) hereof.

(4) The Human Rights Commission shall, within ten days of the date of issuance of any finding by the Director of the Human Rights Commission or other official designated by the commission in the enforcement of this chapter, mail to any person or persons affected by said finding, a copy of said finding, together with written notice of his right to appeal. Notice of appeal must be filed in writing with the chairman of the Commission within 20 days of the date of mailing said copy and notice.

(5) For purpose of appeal proceedings under this Section, a quorum shall consist of eight members of the Commission. The vote of the majority of the full Commission shall be necessary to affirm reverse or modify such decisions, order or other action rendered hereunder. Should a member of the Human Rights Commission be designated under Section 12B.2(f)(1) of this contract, that commissioner may not participate in an appeal under this Section

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1 except as a witness.

2 (6) The presiding officer of the Commission shall have the
3 power to administer oaths to witnesses in appeals before the
4 commission under this Section. In the event that any person shall
5 fail or refuse to appear as a witness in any such proceeding after
6 being requested to do so, and if it shall appear to the Commission
7 that his or her testimony, or books, records, documents or other
8 things under his or her control are material and relevant as
9 evidence in the matter under consideration by the Commission in the
10 proceeding, the presiding officer of the Commission may subpoena
11 such person, requiring his or her presences at the proceeding, and
12 requiring him or her to bring such books, records, documents or
13 other things under his or her control.

14 (7) All appeals to the Human Rights Commission shall be open
15 to the public. Records and minutes shall be kept of such proceedings
16 and shall be open to public inspection. Upon reaching a decision in
17 any appeal, the Commission shall give written notice thereof to the
18 Director of the Human Rights Commission, or other official
19 designated by the Human Rights Commission, and the appellant or
20 appellants. The decision of the Commission shall be final unless
21 within 15 days of the filing and service of written notice thereof
22 appropriate legal proceedings are filed in a court of competent
23 jurisdiction by any party to this contract.

24 (8) If any contractor, subcontractor or supplier under
25 contract to the City and County of San Francisco shall fail to

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1 appear at an appeal proceeding of the Commission after having been
2 given written notice to appear, such failure to appear shall be
3 grounds for cancellation of the contract or subcontract and such
4 contractor, subcontractor or supplier shall be deemed to have
5 forfeited all rights, benefits and privileges thereunder.

6 (9) The Human Rights Commission of San Francisco shall
7 promulgate rules and regulations for the implementation of the
8 nondiscrimination provisions of this contract, and such rules and
9 regulations shall, so far as practicable, be similar to those
10 adopted in applicable federal executive orders.

11 (h) There may be deducted from the amount payable to the
12 contractor, subcontractor or supplier by the City and County of San
13 Francisco under this contract a penalty of \$50 for each person for
14 each calendar day during which such person was discriminated against
15 in violation of the provisions of this contract. In addition to any
16 other penalties herein provided for the violation of the
17 nondiscrimination provisions of this contract or for the failure of
18 any contractor, subcontractor or supplier to abide by the rules and
19 regulations herein contained, this contract may be forthwith
20 cancelled, terminated or suspended, in whole or in part, by the
21 contracting agency upon the basis of a finding as set forth in
22 Section 12B.2(f) that the contractor, subcontractor or supplier has
23 discriminated contrary to the provisions of this contract, and all
24 moneys due or to become due hereunder may be forfeited to, and
25 retained by, the City and County of San Francisco.

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(i) A breach of the nondiscrimination provisions in the performance of this contract shall be deemed by the City and County of San Francisco to be material breach of contract and basis for determination by the officer, board or awarding authority responsible for the awarding or letting of such contract that the contractor, subcontractor or supplier is an irresponsible bidder as to all future contracts for which such contractor, subcontractor or supplier may submit bids. Such person, firm or corporation shall not for a period of two years thereafter, or until he shall establish and carry out a program in conformity with the nondiscrimination provisions of this contract, be allowed to act as a contractor, subcontractor or supplier under any contract for public works, goods or services for or on behalf of the City and County of San Francisco.

(j) Nothing contained in this contract shall be construed in any manner so as to prevent the City and County of San Francisco from pursuing any other remedies that may be available at law.

(k) Nothing contained in this contract shall be construed in any manner so as to require or permit the hiring of aliens on public works as prohibited by law.

(l) The contractor, subcontractor or supplier will meet the following standards for affirmative compliance:

(1) If the contractor, subcontractor or supplier has been held to be an irresponsible bidder under Section 12B.2(1) hereof, he or she shall furnish evidence that he or she has established and is carrying out a program in conformity with the nondiscrimination

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provisions of this contract.

(2) The contractor, subcontractor or supplier may be required to file with the Human Rights Commission a basic compliance report, which may be a copy of the federal EEO-1, or a more detailed report as determined by the Commission. Wilful false statements made in such reports shall be punishable as provided by law. No contractor, subcontractor or supplier shall be held in nonconformance for not filing such a report with the Human Rights Commission unless he or she has been specifically required to do so in writing by the Human Rights Commission.

(3) Personally, or through his or her representatives, the contractor, subcontractor or supplier shall, through negotiations with the unions with whom he or she has collective bargaining or other agreements requiring him or her to obtain or clear his or her employees through the union, or when he or she otherwise uses a union as an employment resource, attempt to develop an agreement which will:

(a) Define and outline responsibilities for nondiscrimination in hiring, referral, upgrading and training.

(b) Otherwise implement an affirmative antidiscrimination program in terms of the unions' specific areas of skill and geography, such as an apprenticeship program, to the end that minority workers will be available and given an equal opportunity for employment.

(4) The contractor, subcontractor supplier or trade

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1 association shall notify the contracting agency of opposition to the
2 nondiscrimination provisions of this contract by individuals, firms
3 or organizations during the term of this contract.

4
5 Section 5. Chapter 12.C of the San Francisco Administrative
6 Code is hereby amended by amending Sections 12.C.1, 12.C.2, and
7 12.C.3 to read as follows:

8
9 SEC. 12C.1. ALL PROPERTY CONTRACTS TO INCLUDE
10 NONDISCRIMINATION PROVISIONS. All contracting agencies of the City
11 and County of San Francisco, or any department thereof, acting for
12 or on behalf of the City and County, shall include in all contracts,
13 franchises, leases, concessions or other agreements involving the
14 lease, rental, or other use of real property and improvements
15 thereon of the City and County of San Francisco, for a period
16 exceeding 29 days in any calendar year, whether by singular or
17 cumulative instrument, a provision obligating the contractor,
18 franchisee, lessee, concessionaire, or other party of said agreement
19 not to discriminate on the grounds or because of race, color, creed,
20 national origin, ancestry, age, sex, sexual orientation, gender
21 identity, disability or Acquired Immune Deficiency Syndrome or AIDS
22 Related Condition (AIDS/ARC), against any person seeking
23 accommodations, advantages, facilities, privileges, services, or
24 membership in all business, social, or other establishments or
25 organizations, operating from or making use of said real property,

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1 and shall require such contractor, franchisee, lessee, or
2 concessionaire to include a similar provision in all subcontracts,
3 subleases, or other subordinate agreements for a period exceeding 29
4 days in any calendar year, whether by singular or cumulative
5 instrument, let, awarded, negotiated or entered into thereunder.

6
7 SEC. 12C.2. DEFINITIONS. As used in this Chapter the term:
8 "Age" for the purpose of membership refers to and shall include any
9 person who has attained the age of 18 years, except for bona fide
10 senior citizen organizations.

11 "Contract" shall mean and include an agreement to operate from
12 or make use of real property of the City and County of San Francisco
13 in the operation of a business, social, or other establishment or
14 organization.

15 "Contractor" means any person or persons, firm, partnership,
16 corporation, or combination thereof, who enters into a contract to
17 operate from or make use of real property of City and County of San
18 Francisco in the operation of a business, social, or other
19 establishment or organization.

20 "Subcontractor" shall mean and include an agreement or contract
21 under or subordinate to a prime contract, franchise, lease, or
22 concession to operate from or make use of real property of the City
23 and County of San Francisco in the operation of a business, social
24 or other establishment or organization.

25 "Concession" includes a grant of land or other property by or

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1 on behalf of the City and County of San Francisco to a person for
2 the purpose or use specified in said grant.

3 "Concessionaire" shall mean and include a person who is the
4 grantee or beneficiary of a concession as herein defined.

5 "Franchise" shall mean and include a right or privilege
6 conferred by grant from the City and County of San Francisco, or any
7 contracting agency thereof, and vested in and authorizing a person
8 to conduct such business, social, or other activity as is specified
9 in said grant.

10 "Franchisee" shall mean and include a person who is the grantee
11 or beneficiary of a franchise as herein defined.

12 "Gender identity" shall mean a person's various individual
13 attributes as they are understood to be masculine and/or feminine.

14 "Instrument" shall mean and include a contract, franchise,
15 lease, concession or other agreement to operate from or make use of
16 real property of the City and County of San Francisco in the
17 operation of a business, social or other establishment or
18 organization.

19 "Lease" shall mean and include a contract by which the City and
20 County of San Francisco, or any contracting agency thereof, grants
21 to a person the temporary possession and use of property, for
22 reward, and the latter agrees to return the same to the former at a
23 future time.

24 "Lessee" shall mean and include a person or tenant taking
25 possession of real property under a lease as herein provided.

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1 "Sublease" shall mean and include a lease by which a lessee
2 tenant grants or lets to another person part or all of the leased
3 real property for a shorter term and under which said lessee or
4 tenant retains some right or interest under the original lease.

5 "Real Property" shall mean and include land in which the City
6 and County of San Francisco holds a legal interest and improvements
7 to said real property.

8 "Sex" shall mean the character of being male or female.

9 "Sexual orientation" shall mean the choice of human adult
10 sexual partner according to gender.

11 "Disability" is a physical or mental impairment which
12 substantially limits one or more major life activities, is regarded
13 as having such an impairment, or has a record of such an impairment.

14 "Qualified Disabled Employee" shall mean a person able to
15 perform the essential functions of a job with reasonable
16 accommodation.

17 "Tenant" shall mean the person or persons, firm, partnership,
18 corporation or combination thereof who enter into a contract,
19 franchise, lease, concession or other agreement involving the lease,
20 rental or other use of real property and improvements thereon of the
21 City and County of San Francisco.

22
23 SEC. 12C.3. NONDISCRIMINATION PROVISIONS OF PROPERTY
24 CONTRACT. Every contract, franchise, lease, concession or other
25 agreement entered into by any agency of the City and County of San

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1 Francisco, or any department thereof, involving the lease, rental,
2 or other use of real property and improvements thereon of the City
3 and County of San Francisco for a period exceeding 29 days in any
4 calendar year, whether by singular or cumulative instrument, shall
5 contain the provisions following, which shall be known as the
6 nondiscrimination provisions of such property contract.

7 In the performance of this contract, the tenant agrees as
8 follows:

9 (a) The tenant or subtenant will not discriminate against any
10 person seeking accommodations, advantages, facilities, privileges,
11 services, or membership in the business, social or other
12 establishment or organization operated by the tenant or subtenant on
13 the real property of the City and County of San Francisco, on the
14 ground or because of race, color, creed, national origin, ancestry,
15 age, sex, sexual orientation, gender identity, disability or
16 AIDS/ARC. Services provided by tenant or subtenant shall be provided
17 for regardless of disability of persons otherwise entitled to or
18 qualified for such services.

19 (b) Should the tenant or subtenant operate as a membership
20 organization, the tenant will permit access to his membership
21 records, rules, regulations and other pertinent data, by the
22 awarding authority, or the San Francisco Human Rights Commission,
23 for the purpose of investigating to ascertain compliance with the
24 nondiscrimination provisions of this contract, and on request
25 provide evidence that the tenant has or will comply with the

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1 nondiscrimination provisions of this contract.

2 (c) That tenant or subtenant shall be deemed to have breached
3 the nondiscrimination provisions of this contract upon:

4 (1) A finding by the Director of the San Francisco Human
5 Rights Commission or such other official who may be designated by
6 the Human Rights Commission, that tenant has wilfully violated such
7 nondiscrimination provisions.

8 (2) Upon such finding by the Director of Human Rights
9 Commission or other official designated by the Human Rights
10 Commission, the awarding authority shall notify tenant or subtenant
11 that unless he demonstrates to the satisfaction of the Director of
12 Human Rights Commission or other official designated by the Human
13 Rights Commission within such reasonable period as the Human Rights
14 Commission shall determine, that the violation has been corrected,
15 action will be taken as set forth in Subparagraph (d).

16 (3) The Human Rights Commission shall, within ten days of the
17 date of issuance of any findings by the Director of Human Rights
18 Commission or other official designated by the Commission in the
19 enforcement of this Charter, mail to any person or persons affected
20 by said finding, a copy of said finding, together with written
21 notice of his right to appeal. Notice of appeal must be filed in
22 writing with the Chairman of the Commission within 20 days of the
23 date of mailing said copy and notice.

24 (4) For purposes of appeal proceedings under this Section, a
25 quorum shall consist of eight members of the Commission. The vote of

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1 the majority of the full commission shall be necessary to affirm,
2 reverse or modify such decisions, order or other action rendered
3 hereunder. Should a member of the Human Rights Commission be
4 designated under Section 12B.2(c)(1) of this contract, that
5 Commissioner may not participate in an appeal under this Section
6 except as a witness.

7 (5) The presiding officer of the Commission shall have the
8 power to administer oaths to witnesses in appeals before the
9 Commission under this Section. In the event that any person shall
10 fail or refuse to appear as a witness in any such proceeding after
11 being requested to do so, and if it shall appear to the Commission
12 that his testimony, or books, records, documents or other things
13 under his control are material and relevant as evidence in the
14 matter under consideration by the Commission in the proceeding, the
15 presiding officer of the Commission may subpoena such person,
16 requiring his presence at the proceeding and requiring him or her to
17 bring such books, records, documents or other things under his
18 control.

19 (6) All appeals to the Human Rights Commission shall be open
20 to public inspection. Upon reaching a decision in any appeal, the
21 Commission shall give written notice thereof to the Director of the
22 Human Rights Commission, or other official designated by the Human
23 Rights Commission, and the appellant or appellants. The decision of
24 the Commission shall be final unless within 15 days of the filing
25 and service of written notice thereof appropriate legal proceedings

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1 are filed in a court of competent jurisdiction by any party to this
2 contract.

3 (7) If any tenant or subtenant under contract to the City and
4 County of San Francisco shall fail to appear at an appeal proceeding
5 of the Commission after having been given written notice to appear,
6 such failure to appear shall be grounds for cancellation of the
7 contract or subcontract and such tenant or subtenant shall be deemed
8 to have forfeited all rights and benefits and privileges thereunder.

9 (8) The Human Rights Commission of San Francisco shall
10 promulgate rules and regulations for the implementation of the
11 nondiscrimination provisions of this contract, and such rules and
12 regulations shall, so far as practicable, be similar to those
13 adopted in applicable federal executive orders.

14 (d) A breach of the nondiscrimination provisions in the
15 performance of this contract shall be deemed by the City and
16 County of San Francisco to be a material breach of contract and
17 basis for determination by the officer, board or awarding authority
18 responsible for the awarding or letting of such contract that the
19 tenant or subtenant is an irresponsible tenant, lessee, franchisee
20 or concessionaire as to all future contracts for the use of real
21 property. Such person, firm or corporation shall not, for a period
22 of two (2) years thereafter, or until he shall establish and carry
23 out a program in conformity with the nondiscrimination provisions of
24 this contract, be allowed to act as a tenant or subtenant under any
25 contract involving the lease, rental or other use of real property

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and improvements thereon, of the City and County of San Francisco.

(e) Nothing contained in this contract shall be construed in any manner so as to prevent the City and County of San Francisco from pursuing any other remedies that may be available at law.

APPROVED AS TO FORM:

LOUISE H. RENNE, City Attorney

By: *John H. Friedlander*
Deputy City Attorney

Board of Supervisors, San Francisco

Passed for Second Reading

December 12, 1994

Ayes: Supervisors Alioto Bierman
Hallinan Hsieh Kaufman Kennedy
Leal Migden

Absent: Supervisors Conroy Maher
Shelley

Finally Passed

December 19, 1994

Ayes: Supervisors Alioto Bierman
Hallinan Hsieh Kaufman Kennedy
Leal Maher Migden

Absent: Supervisors Conroy Shelley

I hereby certify that the foregoing ordinance was finally passed by the Board of Supervisors of the City and County of San Francisco

John H. Taylor
Clerk

Frank R. Fisher
Mayor

File No.
97-94-37.2

DEC 30 1994
Date Approved

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R E P O R T
of the
TRANSGENDER PROTOCOL TEAM
of the
San Francisco
Lesbian, Gay, Bisexual, Transgender
Substance Abuse Task Force



Lesbian, Gay, Bisexual & Transgender Substance Abuse Task Force
1380 Howard Street, 4th Floor
San Francisco, CA 94103