



MEDICAL CENTER PLAZA
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Judy Jennings
Executive Secretary

April 21, 1989

E. Ryan Ekstrom

[REDACTED]
Greenfield Center, New York 12833

Dear Mr. Ekstrom:

Because of the unique and advanced operations developed by the GIA surgeons in 1969 - 71, surgical sex reassignment from female-to-male has always included construction of a penis, with the potential for urination and successful intercourse. Because of the blood supply requirements for this surgery, hysterectomy and ovary removal is accomplished at the same time, through the same incision by a separate surgical team. Breasts resection, using techniques developed by our surgeons to form a male appearing chest wall is also accomplished at the same time, or as a separate operation.

The neopenis that is constructed will be able to "pass" in the normal social settings, sooner or later, will probably be useful for intercourse, and may be useful for urination. Although innumerable improvements in the operative techniques have occurred over the past twenty (20) years, including the results overall, these limitations still apply. When the individual has had previous abdominal surgery (particularly hysterectomy) that may interfere with the blood supply to the operative techniques, usually result in successful surgical sex reassignment, although more operative stages may be required.

Because the operations are individually designed for each patient, based upon the surgical principles, they have never been published, although the operative techniques have been taught to a number of other surgeons. When the operations become more standardized, they will be published for use by the average surgeon.

Since we respond to each patient on an individual basis, there are no "brochures". While the GIA has psychiatrists and psychologists involved in the preoperative evaluations, the GIA itself does not offer psychiatric or psychologic counseling, since that would represent a conflict of interest. Although the psychiatrists and psychologists who work with the GIA are available for individual treatment relationships, we work equally well with local experts in your home community. Although surgical sex reassignment requires emotional and psychologic stability, that does not mean that psychiatric

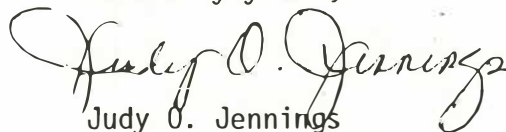
treatment is required in advance of surgery. Once again, everything is individualized.

Finally, the surgical sex reassignment fees are based upon the CPT-4 codes, accepted by the insurance carriers in determining usual, customary and reasonable fees. Use of these codes ensures justifiable fees, based upon the work actually done. Again, the GIA is proud to have been one of the leaders in this field for the past twenty (20) years. In general, the major first stage (including breast removal, penis and urethral construction, and hysterectomy and ovary removal), cost about \$25,000.00, including hospitalization, and surgical charges. Valid insurance will pay for these charges, based upon the terms of the individual contract.

As you can see from this discussion, the reason that there is no specific information "up north", is that we have always maintained a low profile, refusing to "sell surgery" so that we can devote our full time and attention to each patient on an individual basis. That attitude and approach includes long term postoperative care and attention to any problems and complications. As a consequence, we see and take care of many patients with incomplete or failed surgery from all over the western hemisphere.

If you feel that this information would be of benefit to Rupert Raj, please do not hesitate to send it to him. If we can supply you with any further information, please do not hesitate to write directly to me.

Cordially yours,



Judy O. Jennings
Executive Secretary
GENDER IDENTITY ASSOCIATION

JOJ:tmc
Transcribed: 4/26/89