

Date: March 24, 2004

To: Illinois Department of Professional Regulation
100 W. Randolph Street, Suite 9-300, Chicago, Illinois 60601

From: Andrea James and Lynn Conway

Subject: J. Michael Bailey performing unlicensed clinical therapy

We are gathering evidence as part of an investigation of possible professional misconduct by Prof. J. Michael Bailey of Northwestern University. With this letter we submit evidence that Mr. Bailey has practiced as a clinical psychologist in the State of Illinois without a license.

The evidence shows that Mr. Bailey interviewed and counseled several young transsexual women and wrote their letters of recommendation for sex reassignment surgery - between 1996 and 2002.

The Harry Benjamin International Gender Dysphoria Association (HBIIGDA) oversees treatment of transsexual people worldwide, and has formal protocols requiring letters of recommendation be submitted to surgeons in order for transsexual clinical patients to undergo sex-reassignment surgery (SRS). See page 3 for the sections of the HBIIGDA "Standards of Care" regarding mental health professionals' qualifications and SRS letter writing, including licensing requirements.

A license is required to practice as a clinical psychologist in Illinois. However, the Springfield Office of the Illinois Department of Professional Regulation has confirmed to us by telephone that Mr. Bailey was not licensed in Illinois at the time he wrote these SRS letters.

As personal mentors of the young women involved (who wish to maintain their privacy), we request that DPR investigate Mr. Bailey for acting as a clinical psychologist without a license. We also request investigation of Mr. Bailey's release of confidential clinical information obtained during the SRS interviews. The evidence herein is submitted in support of these complaints.

The Evidence:

Case 1: [*see page 5*] On April 10, 1996, Mr. Bailey wrote the primary letter for this young transsexual woman. He wrote the letter to Yvon Menard, M.D. in Canada. The woman subsequently had her surgery performed by Michel J. H. Seghers, M.D. in Belgium, using that letter as her clinical case recommendation for SRS.

Case 2: [*see page 6*] On December 7, 1997, Mr. Bailey wrote the primary letter for another young transsexual woman. He wrote this letter to Yvon Menard, M.D. in Canada too. This letter was followed by a "second" (non-primary clinician) letter on December 22, 1997 to Dr. Menard from Wanda Sadoughi, Ph.D., of Downers Grove, Illinois, who referred to her own letter as a "second evaluation" and referred to the earlier letter (from Mr. Bailey) as the "complete psychological evaluation" [*see pages 7 and 8*].

A later note from Mr. Bailey to Dr. Menard responds to an inquiry from Dr. Menard as to whether Case 2 had met the time requirement for primary HBIIGDA clinical counseling [*see page 9*]. This response to Dr. Menard's query documents that it was evident to Mr. Bailey that Dr. Menard thought of Mr. Bailey's letter as the primary clinical psychological letter. The woman subsequently had her surgery performed by Dr. Menard based on these two letters.

Case 3: [see page 10] On December 19, 2002, Mr. Bailey wrote the secondary letter for another young transsexual woman. He wrote this letter to Toby Meltzer, M.D., and the young woman subsequently had her SRS performed by Dr. Meltzer.

It is clear that Mr. Bailey held himself out to these clients and practitioners as rendering clinical psychological services, and that this may not have been for money, but for “other consideration,” namely for acquiring case history information that he revealed (without permissions) in a book published in 2003, or for sex, as alleged by one woman who states she received an “approval letter” and later performed a sexual favor for Mr. Bailey.

Please note that the young transsexual women who have come forward to provide these SRS letters wish their public identities to remain anonymous at the present time. Nevertheless, they are willing to be interviewed in confidence by State investigators, so as to report in person about their interactions with Mr. Bailey and otherwise assist in the DPR investigation.

We can be reached for follow-up at the e-mail addresses and phone numbers below. Ms. Conway can also coordinate local Chicago interactions between the young women and your investigators by arranging confidential meetings, phone calls and other interactions amongst them.

We are in the process of uncovering and interviewing more of Mr. Bailey’s clinical clients during the period from 1996 to 2002, and expect to submit additional evidence in the future.

Sincerely,

Ms. Andrea James
Owner, tsroadmap.com
Hollywood, California
<http://www.tsroadmap.com>
andrea AT tsroadmap.com
XXX-XXX-XXXX

Ms. Lynn Conway
Professor of Electrical Engineering and Computer Science, Emerita
University of Michigan, Ann Arbor, Michigan
<http://www.lynnconway.com>
lynn AT ieee.org
XXX-XXX-XXXX

Relevant sections of the HBIQDA Standards of Care regarding clinical competence and training for transgender care and re SRS letter writing.

IV. The Mental Health Professional

The Ten Tasks of the Mental Health Professional. Mental health professionals (MHPs) who work with individuals with gender identity disorders may be regularly called upon to carry out many of these responsibilities:

1. To accurately diagnose the individual's gender disorder;
2. To accurately diagnose any co-morbid psychiatric conditions and see to their appropriate treatment;
3. To counsel the individual about the range of treatment options and their implications;
4. To engage in psychotherapy;
5. To ascertain eligibility and readiness for hormone and surgical therapy;
6. To make formal recommendations to medical and surgical colleagues;
7. To document their patient's relevant history in a letter of recommendation;
8. To be a colleague on a team of professionals with an interest in the gender identity disorders;
9. To educate family members, employers, and institutions about gender identity disorders;
10. To be available for follow-up of previously seen gender patients.

The Adult-Specialist. The education of the mental health professional who specializes in adult gender identity disorders rests upon basic general clinical competence in diagnosis and treatment of mental or emotional disorders. Clinical training may occur within any formally credentialing discipline -- for example, psychology, psychiatry, social work, counseling, or nursing. The following are the recommended minimal credentials for special competence with the gender identity disorders:

11. A master's degree or its equivalent in a clinical behavioral science field. This or a more advanced degree should be granted by an institution accredited by a recognized national or regional accrediting board. The mental health professional should have documented credentials from a proper training facility and a licensing board.
12. Specialized training and competence in the assessment of the DSM-IV/ICD-10 Sexual Disorders (not simply gender identity disorders).
13. Documented supervised training and competence in psychotherapy.
14. Continuing education in the treatment of gender identity disorders, which may include attendance at professional meetings, workshops, or seminars or participating in research related to gender identity issues.

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Two Letters are Generally Required for Genital Surgery. Genital surgery for biologic males may include orchiectomy, penectomy, clitoroplasty, labiaplasty or creation of a neovagina; for biologic females it may include hysterectomy, salpingo-oophorectomy, vaginectomy, metoidioplasty, scrotoplasty, urethroplasty, placement of testicular prostheses, or creation of a neophallus.

It is ideal if mental health professionals conduct their tasks and periodically report on these processes as part of a team of other mental health professionals and nonpsychiatric physicians. One letter to the physician performing genital surgery will generally suffice as long as two mental health professionals sign it.

More commonly, however, letters of recommendation are from mental health professionals who work alone without colleagues experienced with gender identity disorders. Because professionals working independently may not have the benefit of ongoing professional consultation on gender cases, two letters of recommendation are required prior to initiating genital surgery. If the first letter is from a person with a master's degree, the second letter should be from a psychiatrist or a Ph.D. clinical psychologist, who can be expected to adequately evaluate co-morbid psychiatric conditions. If the first letter is from the patient's psychotherapist, the second letter should be from a person who has only played an evaluative role for the patient. Each letter, however, is expected to cover the same topics. At least one of the letters should be an extensive report. The second letter writer, having read the first letter, may choose to offer a briefer summary and an agreement with the recommendation.

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Source:

**The Harry Benjamin International Gender Dysphoria Association's
Standards of Care for Gender Identity Disorders, Sixth Version
February, 2001**

<http://www.hbigda.org/socv6.html>

Case 1:

NORTHWESTERN UNIVERSITY

Department of Psychology
2029 Sheridan Road
Evanston, Illinois 60208-2710
Telephone (708) 491-5190
Fax (708) 491-7859
PSYCHOLOGY@NWU.EDU

April 10, 1996

To: Yvon Menard, M.D.
From: Michael Bailey, Ph.D.

Re: [REDACTED]

Dear Dr. Menard:

This letter is in reference to [REDACTED] and her wish to obtain sex reassignment surgery. I am an associate professor of psychology at Northwestern University, and I have expertise in issues related to both sexual orientation and gender identity. (Please see my curriculum vitae, enclosed.) I have interviewed [REDACTED] on two occasions, for a total of four hours. I have inquired about her history, her present circumstances, and her state of mind.

First of all, [REDACTED] fits the classic pattern of homosexual transsexualism. She has always felt more comfortable with a feminine than a masculine identity. She has lived as a woman for approximately four years and is certain that this is her preferred role. She has gone to substantial lengths to feminize her body, and sex reassignment surgery is the logical next step in that process. She seems aware of potential limitations to the surgery but has rationally decided that despite those limitations she would like to proceed.

I found [REDACTED] to be intelligent, rational, and articulate, and believe that she understands well the important issues involved in her decision. I know it is impossible to predict outcome perfectly, but I am confident that [REDACTED] will adjust well to surgery, if you allow her to have it.

Please contact me (847-491-7429) if you have any further questions.

Sincerely,


J. Michael Bailey
Associate Professor



COLLEGE OF ARTS AND SCIENCES

Case 2:

NORTHWESTERN UNIVERSITY

Department of Psychology
2029 Sheridan Road
Evanston, Illinois 60208-2710
Telephone (847) 491-5190
Fax (847) 491-7859
E-mail psychology@nwu.edu

December 2, 1997

Yvon Menard
1003 Boul St. Joseph Est
Montrea, Canada
H2J 1L2

Re: [REDACTED]

Dear Dr. Menard:

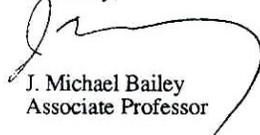
This letter is in reference to [REDACTED] and her wish to obtain sex reassignment surgery. I am an associate professor of psychology at Northwestern University, and I have expertise in issues related to both sexual orientation and gender identity. (Please see my curriculum vitae, enclosed.) I have interviewed [REDACTED] at length, for several hours. I have inquired about her history, her present circumstances, and her state of mind.

First of all, [REDACTED] fits the classic pattern of homosexual transsexualism. She has always felt more comfortable with a feminine than a masculine identity. She has lived as a woman for approximately 3 years and is certain that this is her preferred role. She has been receiving female hormones during that time, and sex reassignment surgery is the logical next step in that process. She seems aware of potential limitations to the surgery but has rationally decided that despite those limitations she would like to proceed.

I found [REDACTED] to be intelligent, rational, and articulate, and believe that she understands well the important issues involved in her decision. Among the transsexuals I have interviewed, [REDACTED] is particularly well adjusted. She currently has a job and has a supportive social network. I know it is impossible to predict outcome perfectly, but I am confident that [REDACTED] will adjust well to surgery, if you allow her to have it.

Please contact me (847-491-7429) if you have any further questions.

Sincerely,



J. Michael Bailey
Associate Professor

Case 2 (cont.):

WANDA SADOUGHI, Ph.D.

INDIVIDUAL • RELATIONSHIP • GROUP
COUNSELING

3825 HIGHLAND AVE
SUITE 2A
DOWNERS GROVE, IL 60515

PHONE
708-852-9220
FAX 630-852-9

December 22, 1997

Yvon Menard, M.D.F.R.C.S.
Chirurgie Plastique Et Reconstructive
1003 Boul St. Joseph Est. Mtl. Que. H2j 1L2

Re: [REDACTED]
D.O.B. [REDACTED]

Dear Doctor Menard:

[REDACTED] came to see me twice (11-15-97 and 12-13-97). She indicated that she is ready to undergo sex reassignment surgery and that one complete psychological evaluation was already forwarded to you, but requested a brief consultation with me in order to meet the requirement for a second evaluation. As you are aware by now, I am from the original Cook County Hospital Gender Dysphoria Program in Chicago.

[REDACTED] appearance is very convincingly female. She is attractive and her vocalization is very much that of a female. She seemed to be at ease and volunteered information readily. The interview did not suggest the presence of any major psychiatric disorders. No thought pathology was detected. Her speech was spontaneous and well organized. There was no apparent depression or high level of anxiety. Experientially, she denied presence of affective disorder or having experienced serious emotional problems as a result of her condition. According to [REDACTED] her desire to be a female started very early in her childhood.

Her family, including her siblings understand her condition and have accepted it. Her [REDACTED] will help her during convalescence. However, some of the family members will be informed of her surgery postoperatively.

Currently, she is working as a [REDACTED] and will continue to do so in the future. She does have aspirations to take [REDACTED] courses and have a better job. She has relationships with men as a female, but according to her has postponed any sexual contact until after her surgery.

[REDACTED] does not have unrealistic expectations from the surgery. She is aware that many transexuals do not have a satisfactory sexual response postoperatively. She claims that her gender identity is female and the surgery will adjust the body accordingly.

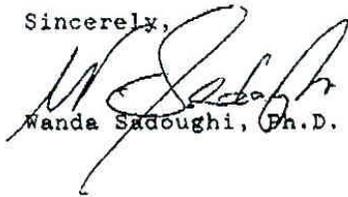
Case 2 (cont.):

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If any further information is necessary, please do not hesitate to contact me.

With my best professional regards.

Sincerely,



Wanda Sadoughi, Ph.D.

Case 2 (cont.):

January 7, 1998

To: Dr. Yvon Menard (514 288 3547)

From: Dr. Michael Bailey (847 491 7429, office; 847 491 7859 fax)

This is to clarify my earlier letter concerning [REDACTED]. I first saw [REDACTED] more than six months ago. Please let me know if you have any other questions or needs.

Case 3:

NORTHWESTERN UNIVERSITY

DEPARTMENT OF PSYCHOLOGY
2029 SHERIDAN ROAD
EVANSTON, ILLINOIS 60208-2710
(847) 491-5190
FAX: 491-7859

J. Michael Bailey
Professor of Psychology
(847) 491-7429
email: jm-bailey@northwestern.edu

December 19, 2002

Toby Meltzer, M.D.
1500 SW First Ave.
Suite 1120
Crown Plaza
Portland, OR 97201

Re: [REDACTED]

Dear Dr. Meltzer:

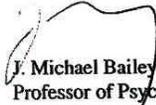
This letter is in reference to [REDACTED] and her wish to obtain sex reassignment surgery. I am a professor of psychology at Northwestern University, and I have expertise in issues related to both sexual orientation and gender identity. (Please see my curriculum vitae, enclosed.) I first met [REDACTED] in the summer of 1999, and since then I have interviewed her at length, for several hours. I have inquired about her history, her present circumstances, and her state of mind.

First of all, [REDACTED] fits the classic pattern of nonhomosexual transsexualism. Although her other-directed sexuality has been toward women, she has increasingly felt gender dysphoric, to the point where she decided to transition to womanhood. She has lived as a woman for nearly 2 years. She is certain that this is her preferred role. She has received breast implants and nose surgery and receives female hormones. Sex reassignment surgery is the logical next step in that process. She seems aware of potential limitations to the surgery but has rationally decided that despite those limitations she would like to proceed.

I found [REDACTED] to be intelligent, rational, and articulate, and believe that she understands well the important issues involved in her decision. She has good life skills and seems to be financially competent. She knows several other transsexuals who have gone through sex reassignment, and they have advised her at length. She knows what she is getting into. I know it is impossible to predict outcome perfectly, but I am confident that [REDACTED] will adjust well to surgery, if you allow her to have it.

Please contact me (847-491-7429) if you have any further questions.

Sincerely,


J. Michael Bailey
Professor of Psychology