

THE TRANSSEXUAL VOICE

AUGUST 1993

\$3.00

ANOTHER NEW BEGINNING (TSV - 13TH YEAR)

This issue completes twelve years of the TRANSSEXUAL VOICE. A lot of connecting and communication has transpired through the years - some good; some not so good - but all a part of the process of getting to where we are in our individual growth.

The March 1986 issue of PHOENIX (no longer published) carried an article by Michelle [REDACTED] in which she states that "I read an editorial by Phoebe Smith entitled "New Goals" which appeared in the February 85 issue of The Transsexual Voice. In her editorial she encouraged those TS's who had become successful in their own lives to "stand up and be counted" and to help those who were still going through the system. I wrote to Phoebe and told her I might be able to help a few Americans obtain the surgery in Belgium, her reply was basically, "Go for it".

Michelle did help many transsexuals obtain their surgery in Belgium much less expensive than it would have been in this country. She also for a time, did a column for the TSV - "THE NURSES' STATION".

The enclosed letter from Michelle to the Ingersoll Gender Center I think should be read by us all. You won't find many Michelle [REDACTED]'s; in fact I don't know anyone else who would OR could do what she did. I do know of someone else who wanted to try - for the wrong reasons.

This brings me to something else I have been want to bring to your attention - don't be fooled by professional-sounding names of groups; i.e. support groups with names that would indicate that it is operated by professionals. They are so-named for a reason and it is not for your gain - but theirs.

I'd like to hear from some of you who haven't had any input in the TSV. Tell us what is going on in your life; problems, achievements, etc.

Phoebe

16 June 1993

Ingersoll Gender Center
1812 E. Madison
Seattle, Wash.
98112

Dear Caryn:

First let me introduce myself. I was the first American TS to be operated on by Dr. Michal Seghers. This occurred in Brussels in November 1984 as a result of my search throughout Europe the previous year, for a Surgeon that was both an excellent technician and affordable. While recuperating in England, I realized how fortunate I had been, and devised a plan to help other American Transsexuals come to Belgium for their surgery. When I approached Dr. Seghers with the idea, he was understandably reluctant to become involved, but eventually gave me permission to investigate the possibilities of such a program. The rest... as they say... is History!

The program, as I conceived and operated it, was a good one. It was designed by an American for other Americans. The premise was simple: Provide a safe atmosphere in which even the most timid traveler could function in. To this end, I selected an American style Apartment Hotel (the Wellington) which, while not elaborate, provided what I had learned was the barest MINIMUM that was required for a comfortable and speedy recovery period post-surgically.

Of course, since I am also a Registered Nurse, I provided 24 hour nursing care. And, as I was specializing in the specific needs of the Pre AND Post Operative TS this resulted in patients who not only were PREPARED for the operation (a very important step), but were returned to functioning status at an accelerated rate.

Perhaps the single most important aspect of the program was the "Single Price for Everything" philosophy. ALL expenses (except airfare) were covered; Meals, Lodging, Transportation, Doctor and Hospital. There was even a 'Night Out' included in the package price. The evening before the girls entered the Hospital I would take them to one of the best Cabarets I know of in Europe for a relaxing evening that included dinner and a floor show. MORE IMPORTANTLY, there was NEVER a single instance of someone having to return to the U.S. before they were physically ready for the trip, simply because their money had run out.

The Brussels Experience was a good program, and I feel some pride in what was accomplished. Unfortunately, there were some who abused both the program and took advantage of me. There was a person named Elizabeth from Deery New Hampshire (last time I heard she was selling used cars) who insisted on calling her boyfriend at least once each day from the hotel room. This person ran up a \$600 phone bill which I had to pay (she refused). Another girl from San Francisco (a Fashion Model and B&D Mistress

named Ann [REDACTED]) needed an additional surgery to correct a pre-existing condition and this cost another \$500 which I had to pay because she didn't have the money. Of course, she promised to reimburse me... but never did. These are but 2 examples of how I was repaid for helping American TS's to get their surgery... there are other examples, but I think you get the point.

The bottom line was... "THE bottom line". When I could no longer afford to subsidize the surgery of others, I had no choice but to close up shop and return to the U.S.A. It was a difficult decision, especially since I knew that many more would be coming for the Surgery and be forced to re-invent the wheel. I knew there would be those who would try to do things more cheaply, and those who would not tolerate the experience very well. I also knew the ones who were the most poorly prepared, would be the ones who would return to the U.S. with their OWN bad experience(s) in mind, and write about THEIR problems so others could be misled with all the wrong ideas. Did I care?, Certainly! Did it make any difference in my decision? No!... when you're broke, you're broke.

At the end of May, 1993 I returned to Brussels for 3 weeks when I accompanied a girl from Florida who graciously paid my Airfare and some of my expenses in return for my services. This was the first time I had an opportunity to SEE for myself what had happened to the program that I devised with such careful thought... and I was APPALLED.

I met some girls who were NOT prepared for the surgery, either emotionally OR physically. I saw one who had obvious emotional problems, and another with (what Dr. Seghers eventually concluded) forged documents. Perhaps 80 percent had never been outside the U.S. before, had ignored most of the instructions sent them in the cover letter by Dr. Seghers, AND even though only 1 of the girls spoke some French, NONE of them had brought a French/English dictionary.

Some of the Girls were staying at the Derby (probably the BIGGEST mistake they made), a few used the Wellington, one was at the Amorial (a good hotel, but more expensive than the Wellington and without cooking facilities) and one was staying at a Pension in a private home (also a mistake). ALL were throwing money away on needless expenses because they lacked the knowledge to operate in a foreign country. Many, if not most, of the girls could not even figure out the exchange rate... Some insisted of leaving huge tips because they did not know that this is figured into the price of EVERYTHING in Europe.

All in all, I saw that a 'system' of Chaos has developed because of bad information that has been passed around in the U.S. by those who were least qualified to give accurate and timely information. Those with bad experiences OF THEIR OWN MAKING, are trying to give advise to others.

Since nature abhors a vacuum, defective and inadequate information has rushed in to take the place of REAL data, and the result is pretty much as you would expect... A program that was thoughtfully conceived, well documented and loving implemented, has been tossed

out by a bunch of amateur travelers who have made their first (and probably last) trip outside the U.S. in a manner that predisposes them to have a bad experience, and then to make matters worse, they return home as an 'Expert' on the Brussels Experience and pass their limited (and sometimes bad) experience on to others.

Now, having given a general overview of who I am, and my purpose for writing this letter, perhaps I can move to the specific; a brochure you are printing and selling entitled "The Brussels Experience".

Although I have been told before that your brochure closely resembled the one I wrote in 1985 and provided FOR FREE to those planning the trip to Brussels, I didn't realize HOW close to my original information package your brochure really WAS. Perhaps I should have investigated these charges before, but I was satisfied to think the information I had so thoughtfully written some years ago, was still being disseminated to those who needed it the most... and ignored the news of your pamphlet feeling it was in the best interests of all concerned... Ignored it, that is, until I was given a copy during my recent trip to Brussels and had the opportunity to actually READ IT.

First of all, while your circular "The Brussels Experience" proposes to be a composite of the experiences of 10 people who had their surgery in Brussels in 1988 and 1989, an alarming amount of the information contained in it appears to have been taken DIRECTLY and WITHOUT CHANGE from my original work. To compound matters, you have not AT ANY POINT given me credit for WRITING YOUR BROCHURE, and to make matters worse, you have then copyrighted MY MATERIAL as being your own. If yours was a commercial venture, I think there is little doubt as to what my actions against you would be.

However, after reading your pamphlet, I find it to be of such LIMITED VALUE, that I feel it might be best if you merely stopped selling it.

"The Brussels Experience" does have some unique information... limited mostly to getting around Brussels by public transportation (even this is flawed because NO MENTION of a monthly card called an ABONNEMENT is made... probably because you didn't even KNOW about this). However, much of the information you give is either GARBAGE (you really DON'T need to bring a 'Donut' to sit on) OR the information is downright DANGEROUS... (Staying in the hotel for several days to 'rest' is the best way to NOT BE FUNCTIONAL when it comes time for the trip home).

Unfortunately, not only is much of the REALLY IMPORTANT information now wrong, but it HAS BEEN incorrect for quite some time. The cost of the surgery & hospital has gone up... and is scheduled to rise again in the VERY near future due to an across the board increase in HOSPITAL ROOM RATES. Even the hospital is different, in that Foundation Lambert is being used instead of St. Joseph's Hospital. The SURGERY is almost COMPLETELY DIFFERENT than that being done even a year ago, and the post

operative care has almost COMPLETELY CHANGED from what your brochure states. In short, your "Authoritative Brochure" is not only SERIOUSLY FLAWED in the light of what is currently being done... but IT IS POTENTIALLY DANGEROUS to the health and happiness of anyone who is using it as a planning guide for their trip to Brussels.

There are, in fact, so many inaccurate statements in "The Brussels Experience" that it's usage for anything beyond a rough approximation of what to expect would border on being legally actionable.

It concerns me deeply that your brochure has been, and still is, causing needless suffering by those who use it. The changes are so great between what YOU say the conditions are and what is ACTUALLY being done, that anyone who is attempting to use it for a guide is being set up for a bad experience. At the VERY LEAST, you should have a disclaimer ON EACH PAGE, and preferably... you should discontinue selling your pamphlet entirely, unless and until it is completely rewritten... preferably in YOUR words the next time, and NOT MINE!

I feel very strongly that the information and 'advice' you are giving is seriously flawed, and on the basis of my own observations, and my professional feeling as a Nurse, I feel it is necessary to get my knowledge of the actual facts into the hands of those who need it.

Should you, or anyone else who either agrees or disagrees with me, wish to contact me to discuss this problem, my address appears below. I ask only that anyone, other than yourself, Caryn, include a S.A.S.E..

Sincerely

A handwritten signature in cursive script, appearing to read "Michelle", followed by a large black rectangular redaction box.

Michelle [redacted] RN
P.O. Box 892
St. Petersburg, FL
33731-0892

Copy:

Dr. M. Seghers
Montgomery Foundation
TS Voice
V. Brown
I.F.G.E.

JANICE BEBE DORN, M.D., Ph.D.
4647 N. 32nd Street
Suite 250
Phoenix, Arizona 85018
(602) 224-9277

Dear Gender Unique, Donna [REDACTED]:

I was deeply moved by your letter, the sense of frustration you feel about not being understood by the medical profession and your intense suffering.

I think you would be very interested to read from a recent book entitled "Women Who Run With The Wolves" by Clarissa Pinkola Estes, Ph.D., Chapter 14, La Silva Subteranea, Initiation in the Underground Forest. In this chapter we read the story of a young girl whose hands were chopped off by her father because of his fear of losing everything and his desire to make a contract with the devil. The devil, in this case, represents the dual nature of a woman's soul. That dual nature haunts her and heals her. In this analysis the devil represents a natural enemy of the psyche (soul) of a woman. The so-called contra naturum (against nature) aspect opposes the development of self and attempts to kill the soul. It represents a force split off from its life-giving aspect that must be overcome and contained. It is an image which often appears in dreams and which forces an individual to come to grips with her true self.

The reading of this particular book can be somewhat complicated and abstract because it is based on the philosophy of Carl Jung who dealt a great deal with mythology. However, I encourage you to read it. On page 427 of the book you will find the story of Haefestus. Haefestus and the little girl who had her hands chopped off are considered to be brother and sister. Both of them have parents who are unaware of their value. When Haefestus was born, his father Zeus immediately stated that Haefestus would be given away. The mother complied. Haefestus became a goldsmith and a silversmith and was able to achieve great things. Then, his mother and father had a fight because the father, Zeus, was very jealous of the son, Haefestus. When Haefestus took his mother's side in the disagreement, Zeus threw Haefestus down to the foothills shattering his legs. Haefestus was now crippled, but he refused to give up and die. Instead, he fought back. He made himself a pair of legs fashioned of silver and gold and he went forth to create many magical things and become a god of love and of mystical restoration. Haefestus is your patron. He is the patron of all humans that are dismembered, split, sundered, cracked, or chipped. He has a special love for those who are born crippled. For you, Donna, being crippled means that your heart and dreams are broken.

To me, your suffering is so intense that it assumes the character of an actual physical injury--being crippled. You see yourself as the crippled woman inside totally frustrated because you

are unable to be the crippled woman outside, i.e., your true self. At age 57 it is remarkable that you have been able to endure for so long without mutilating yourself like Helen did as described in your letter. Your conflict and fear have contributed significantly to the development of your panic attacks and agoraphobia. In addition, your conflict has also contributed to three mental breakdowns and the resulting fact that you are now on Social Security Disability. I do not understand why when you had the leg braces from 1970-1986, you decided to throw them away. Maybe you were so guilt-ridden and conflicted that you felt you could rid yourself of feelings which have been with you since childhood. An interest of this long-standing nature can not be easily disregarded. To do so is to cause yourself more pain than you already have.

In Greek mythology in the underworld there is a river which is called Lethe. If you drink the waters of this river you forget everything that has been said and done. Psychologically, this means that you will fall asleep to your actual life. The communicating function of your brain becomes sleepy, lies down, falls asleep, forgets, and dies. This means that if an individual is not true to him or herself then she is not really alive.

From another point of view, it may be that your childhood fascination with crutches (particularly the fact that these crutches were held in a horizontal fashion) is a symbolic representation of the penis. You need to feel that penis from another person somehow interacting with you, particularly when you talk about the length of the crutches and the fact that from that day on, approximately 54 years ago, your life was changed forever. You stated that you wanted a pair of crutches and you were fascinated by them. Classical Freudian psychoanalytic thinking would relate this to the fact that you are most probably a heterosexual transsexual. That is that you are genetically male, genderly female, and that you are attracted to males and wish to come in contact with a penis. The Freudian psychology would relate the leg braces and the crutches to the desire to be constantly in contact with a penis. The fact that you were cross-dressing and wearing long leg braces and walking with crutches in private would indicate to me that there was some sexual connotation to this practice.

From another point of view, specifically that of the anthropologists, the desire that you express may be to signal helplessness or pain and to reach out to others on this level. In a sense it is an invitation to intimacy and it may encourage someone to touch you with more than friendliness in mind. It could be a sex signal which has to do with your appearance, your behavior, your posture, your gestures, and actions. According to Desmond Morris, the author of "Intimate Behavior", the interest and desire in amputees stems from a process called

"malimprinting". He relates that, during childhood, either the mother or the father or both were too busy to provide love and attention to the child and the child found the love in a "surrogate mother" who happened to be a one-legged woman. I would be interested to know if you have had any sexual experiences with any amputees. There is a large amount of information on amputee sexual activity and a fairly large segment of the population who are monopodomaniacs or apodomaniacs. I refer you to the work of Michael de Montaigne (1533-1592), Chapter 11 of Book III of his Essays entitled "On Cripples". He extols the virtues of the cripple saying that since the legs and thighs of crippled women, because of their imperfection, don't get the nourishment that is due them, the genitals are fuller, more nourished, and more vigorous.

Monopedmania probably stems from one of three sexual factors that on the libido and produce quite profound results.

First, each of us when viewed physically by the opposite sex is, in a figurative sense, an amputee. The outward appearance of the male and female depends on the absence or presence of the primary and secondary sex organs. The male has a penis and testicles, the female has nothing clearly visible in that area of her body.

Conversely, the female with her breasts is displaying to the male parts he does not have. This visual difference was well understood, but what might happen if this difference is sharply increased by the absence of one or more limbs? Limbs, after all, account for a considerable amount of the human form. Well, in some cases this difference can increase the attractiveness which in turn makes the amputee that much more appealing in the eyes of certain beholders. This is an interesting theory.

Secondly, many men and women have a highly developed maternal instinct. Because an amputee has a certain amount of visible helplessness his or her appeal to such people may be increased.

Thirdly, there are those who have a serious interest in the sexual practice of "bondage" in which the sex partner is tied up and rendered helpless. Since the amputee is already helpless, people who find this appealing may find the amputee more attractive.

There is an organization and a periodical entitled "The American Amputee Quarterly". This publication may be requested from Carl E. Gullans, President, American Amputee Association, 852 Lafayette Rd., Hampton, NH. In addition, I should also like to refer you to the book entitled "Out on A Limb" by amputee, Louise Baker which is a humorous book and an article in 1968 Good Housekeeping, and also an article about the amputee beauty queen, Roberta Scott. There have been several famous

women, including the late actresses Sarah Bernhardt and Susan Ball, who went through life as amputees.

I hope that this information has been helpful to you and I would be very interested in the comments of Dr. Wolman and other readers. This is a fascinating letter and a fascinating concept which certainly would benefit from study and research. Of course the problem is, as Phoebe said, that most certainly society doesn't want to know about it. They may not--but we do.

Yours truly and best of luck,



Janice B. Dorn, M.D., Ph.D.

Diplomate, American Board of
Psychiatry and Neurology

Diplomate, American Society
of Addiction Medicine

Diplomate, Addiction Psychiatry
American Board of Psychiatry & Neurology

Certified Medical Review Officer
American Society of Addiction Medicine

JBD/jh

PERSONALS

WHITE MALE, MID 30'S, 5'8", TRIM, DARK FEATURES, HEALTHY AND HANDSOME, SEEKING A PRE-OP OR POST-OP TRANSSEXUAL FOR FRIENDSHIP AND POSSIBLE RELATIONSHIP. MY INTEREST ARE DIVERSE AND INCLUDE MUSIC, THEATER, VARIOUS SPORTS, ANIMALS, SHOPPING, STIMULATING CONVERSATIONS, AND HUMOR; BUT NOT SMOKING AND DRUGS. I AM WELL EDUCATED, A SUCCESSFUL PROFESSIONAL AND EXECUTIVE TYPE. MY FRIENDS CONSIDER ME TO BE HONEST, INTELLIGENT, CONSIDERATE AND WITTY. I'D PREFER TO MEET SOMEONE UNDER 35, WHO LIVES IN MICHIGAN OR OHIO. PLEASE SEND PHOTO AND LETTER TO P. O. BOX 212, BLOOMFIELD HILLS, MI. 48303.

I WOULD LIKE TO MEET A FEMALE-TO-MALE FOR THE PURPOSE OF DEVELOPING A RELATIONSHIP; PLATONIC AT FIRST BECAUSE I'M PRE-OP. I CAN RELOCATE IF NEEDED. I AM A SINGLE WHITE MALE-TO-FEMALE, AGE 43. WRITE KIM [REDACTED], P. O. BOX 564, LAKE CITY, S.C. 29560.

SEND YOUR ARTICLES, QUESTIONS IN GENERAL, OPINIONS, (FREE) PERSONAL LISTINGS, ETC. TO ME AT P. O. BOX 16314, ATLANTA, GA. 30321. THANK YOU! PHOEBE

AEGIS

**American
Educational
Gender
Information
Service**

2 July, 1993

Phoebe Smith
P.O. Box 16314
Atlanta, GA 30321

Dear Phoebe:

Ms. Dallas Denny, M.A.
Executive Director

P.O. Box 33724
Decatur, Ga. 30033
404-939-0244

I would like to thank you for printing our questionnaire on the Standards of Care and two of our public service ads in the June, 1993 issue of The Transsexual Voice. Thank you also for running our ad for Chrysalis Quarterly, our magazine. And congratulations on so many years of putting out the magazine.

In response to the plea for information by Donna [REDACTED] in her article "Gender Unique," in which she wrote about her "crippled woman" fetish, I am aware of two articles in the medical literature which deal with handicap as sexual preference. I hope they help her. They are as follows:

Everaerd, W. (1983). A case of apotemnophilia: A handicap as sexual preference. American Journal of Psychotherapy, 37(2), 285-293.

Money, J., Jobaris, R., & Furth, G. (1977). Apotemnophilia: Two cases of self-demand amputation as a paraphilia. Journal of Sex Research, 13(2), 115-125.

Finally, in reply to the letters by Carol [REDACTED] and Sarah (no last name), I can only say to Carol that surgeons, being physicians, are sworn to "do no harm," and that means psychological as well as physical harm. Before the Standards of Care appeared in 1979, there were many instances of SRS regrets. I am unaware of such regrets in anyone who has followed the Standards. The Standards do not require wearing dresses or makeup. There are any number of ways of being a woman, and the Standards allow that. What they are meant to do is to protect those who, like Sarah, think that surgery will magically make her comfortable with herself. Sarah is correct in that the way she dresses and behaves is nobody's business but her own, but whether or not she gets surgery is the surgeon's business, and he must be satisfied that he is not doing something that she will regret later. Sarah's genitals are not something other people need see, and altering them will make no major difference in whether people perceive her to be a woman or a man. SRS alone will not make her a woman; it will merely make her a man with a vagina. She can and should be a woman long before surgery, and if that

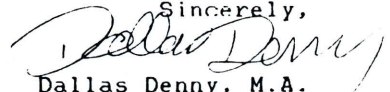
*aegis (eɪsɪ), n. 1. in
Greek mythology, a
shield or breastplate
used by Zeus and later,
by his daughter Athena;
hence 2. a protection;
3. sponsorship, auspices*

means that she needs to face the possibility of making a living as a woman, then that's what she needs to do. As much as she thinks she knows what it's like to be a woman, she won't until she actually gets out there and walks the walk and talks the talk. And it's not SRS which will enable her to do so, but hormones and electrolysis. Her notion that licorice root is going to feminize her to any significant extent makes no more sense than her notion that estrogen causes the brain to "take on too much water."

Finally, Sarah is correct in that some transsexual persons have difficulty in achieving a satisfactory feminine appearance. It's the reaction of people on the street to that appearance that provides the necessary feedback to enable the individual to know how people react to them. Then and only then can a rational decision be made about surgery.

There really are no shortcuts in transsexualism. We can complain about not having enough money and about professionals who will not "help" us, but those of us who are serious work hard and save money and have electrolysis and establish viable lives in the new gender and travel halfway around the world to obtain services, if we need do. Those who aren't willing to do this can complain and gripe, but it won't get them anywhere.

Sincerely,



Dallas Denny, M.A.

Licensed Psychological Examiner

P.S. I myself am transsexual, post-op three years now. I look and act and sound normal as a woman, and work in a professional capacity. I'm a happy and fulfilled woman. But if I hadn't done the work I would be an unhappy and unfulfilled man to this very day. Things didn't happen for me until I made them happen. That meant coming to grips with the fact that nobody was going to hand me my sex reassignment on a silver platter. That's the way it works, folks. You're in the driver's seat, and if you don't make it, there's no one to blame but the driver.

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Medical Advisory Bulletin

5/21/93

For immediate release

Dr. John Brown: A Surgeon to Avoid

The Problem

The New Woman Surgical Center in Tijuana, Mexico advertises male-to-female sex reassignment surgery at an inexpensive price. The reality is that the quality of work and aftercare at the center have been reported to be very poor, and even life threatening, as documented in *Alicia's TV-Girl Talk* and *TV-TS Tapestry*. One of the surgeons is reported to be none other than John Brown, who has a long history of mutilating sex reassignment and other plastic operations.

Advisory

We are urging caregivers to avoid making referrals to the New Woman Surgical Center. Those who may be planning sex reassignment or other plastic surgeries should avoid the New Woman Surgical Center. Legitimate surgery is available at similar prices.

As Brown may be using an alias, we suggest that transgendered persons make sure of the qualifications of their surgeon and, in fact, avoid Mexico entirely as a place for sex reassignment surgery. Don't be fooled by New Woman "Information Centers" in Las Vegas or elsewhere in the United States.

Discussion

Brown retreated to Tijuana after he lost his California medical license, doing sex reassignment surgery in disregard of the law and accepted medical standards. The quality of his work was very bad, and aftercare was very bad, also. Many of his patients ended up with colostomies because of rectovaginal fistulae, and most required revision surgery. Patients who ran out of money were often put out on the street. Brown was featured on national television and in a number of magazines because of his unethical practices. He stopped only when he was imprisoned.

We will be happy to provide a list of qualified sources for sex reassignment surgery to caregivers and to consumers in accordance with the Standards of Care of the Harry Benjamin International Gender Dysphoria Association, Inc.

Ms. Dallas Denny, M.A.
Executive Director

P.O. Box 33724
Decatur, Ga. 30033
404-939-0244

aegis (e'jis), n. 1. in Greek mythology, a shield or breastplate used by Zeus and later, by his daughter Athena; hence, 2. a protection.
3. sponsorship; auspices.

CONNECTIONS

THE CONNECTION SECTION WILL BE USED TO LOCATE PEOPLE (OTHER THAN FOR PERSONAL RELATIONSHIPS) SUCH AS ROOMMATES, BIG SISTER/BIG BROTHER, JOBS WANTED; ETC. ALSO, IF YOU WOULD LIKE TO BE A BIG SISTER OR BROTHER(I'M GOING TO FIND A BETTER WORD FOR THIS ONE), THIS IS THE PLACE TO OFFER YOUR FRIENDSHIP. IF YOU ARE IN A POSITION TO HIRE A TRANSSEXUAL POST-OP OR PRE-OP, PLEASE, PLEASE LET IT BE KNOWN.

THERE IS NO CHARGE FOR THIS COMMUNICATION, BUT PLEASE DO INCLUDE S.A.S.E. FOR MAIL THAT IS TO BE FORWARDED.

ROOMMATE WANTED - ONE BEDROOM APARTMENT, CAN CONVERT LIVING ROOM INTO BEDROOM. WALL-TO-WALL CARPET, AIR CONDITIONED, FULLY EQUIPPED KITCHEN AND POOL. CALL SHELBY [REDACTED].

NEED ROOMMATE IN ORDER TO RELOCATE AND GO FULLTIME. CONTACT: KIM, P. O. BOX 564, LAKE CITY, S.C. 29560.

I'M LOOKING FOR A WEALTHY INDIVIDUAL WHO MIGHT BE INTERESTED IN SPONSORING AN OPERATION FOR A BLACK, PRE-OP TRANSSEXUAL IN THE MODELING AND ENTERTAINMENT FIELD. WRITE TO: PRESTON, [REDACTED] SHREVEPORT, LA. 71129.

ROOMMATE WANTED - GAY MALE (TRANSSEXUAL INCLINATIONS IN REMISSION) WITH FOUR CATS, HAS EXTRA BEDROOM IN TWO FLOOR APARTMENT IN NEW BRUNSWICK, NEW JERSEY; \$350.00/MONTH, PLUS ONE-HALF UTILITIES - NEGOTIABLE IN EXCHANGE FOR LIGHT HOUSEWORK. WILL BE HELPFUL, SUPPORTIVE, AND SENSITIVE TO SPECIAL PROBLEMS AND NEEDS OF TRANSSEXUAL. ANGEL, [REDACTED].

I AM SEEKING SOMEONE IN THE FASHION INDUSTRY FOR INFORMATION REGARDING A LADIES BOUTIQUE. I MIGHT BE INTERESTED IN A PARTNER(S). REPLY TO BOUTIQUE % TS VOICE.

PRE-OP TRANSSEXUAL DESIRES FULL-TIME EMPLOYMENT AS COMPANION OR HOUSEKEEPER OR ??? CAN RELOCATE. FREE TO TRAVEL. NEED FINANCIAL HELP FOR BREAST IMPLANTS AND COSMETIC SURGERY. WILL WORK OFF DEBT. WRITE ROBIN L. [REDACTED] P. O. BOX 2072, SOUTHEASTERN, PA. 19399

I WOULD LIKE TO CORRESPOND WITH SPOUSES OF TRANSSEXUALS, PRESENT OR FORMER, ESPECIALLY THOSE WHO HAVE OR HAVE HAD POSITIVE RELATIONSHIPS. ALSO, I WOULD LIKE TO HEAR FROM TRANSSEXUALS THEMSELVES, WHO HAVE POSITIVE RELATIONSHIPS WITH THEIR SPOUSES OR FORMER SPOUSES. I WOULD LIKE TO SHARE EXPERIENCES AND RELATE COMMON 'MILESTONES'. I AM VERY INTERESTED IN KNOWING IF THERE ARE ANY OTHER TRANSSEXUALS OUT THERE WHO ARE TRYING TO LIVE IN THEIR BIOLOGICAL ROLES HAVING MADE, FOR WHATEVER REASON (TOO EXPENSIVE, FEAR THE RADICAL SURGERY, ETC.), A DECISION NOT TO PURSUE THE ACCEPTED TREATMENT OF HORMONE THERAPY AND SURGERY. REPLY TO M.E. % TSV.

Dear Phoebe,

The letter from Sarah (June 1993, pp.8-9) is on the mark.

Unfortunately, many of the persons working in the TS field as therapists or other functionaries are doing a great disservice to their clients and are giving poor advice or wrong advice. These therapists are usually self-proclaimed "TS experts" and really are frauds. Many have Ph.D. degrees— one with a large clientele has a degree of Doctor of Education.

The one thing that they have to protect their practice is the "Standards of Care." This not only is used to replace the lack of understanding of patients, but sometimes to extend the period of treatment or therapy to satisfy their avarice or greed.

It would seem that today there are more medicos helping patients with their transitions than are those knowledgeable about the "Standards of Care." Some of this is due to training in the Medical and Health Care educational establishments and partly due to disdain of the number of non-medically trained members allowed into the Harry Benjamin International Gender Dysphoria Association.

Sarah is absolutely right about the year of cross dressing. A year of cross dressing, may be desirable for a young person who has not established a career, but it is impossible for those who are already in a profession.

Years before I could consider my own surgery, I talked with a post-op. She told me that she worked for the post-office and they would not permit her to use a women's rest room until she had surgery. To keep her job, she had to make the change overnight after her surgery.

I also had a career and a family to support. I cross dressed **off-the-job** for several years, while I had the hormone therapy and preliminary surgical procedures. Unfortunately, I was accosted by a rather nasty male colleague while I was shopping for a new handbag at a Macy's in a large shopping mall. The next day I went to the project manager who had originally hired me (the person who hires you will usually back you up to avoid egg in the face from other personnel or executives for not having prior knowledge), telling him just what my plans and intentions were.

Cross dressing on the job would only have subjected me to dismissal.

As a result of my restraint, a few months later while lying in bed in Trinidad, Colorado, my engineering colleagues were in line on the telephone to wish me congratulations and a tremendous bouquet from my company arrived to grace the ward.

The "Standards of Care" demand for the year of cross living should be adapted for the circumstances and not blindly applied, especially by non-medically trained persons.

With all good wishes and appreciation for the great job you do with the **TS Voice**,

Sandra F.

P.S. After I returned to work, I learned that some of the men had been betting on what my legs would look like!

I retired, then started my own electronic publishing business, mainly for engineering organizations. It was only possible to start because of my recognition in the engineering field by my colleagues who knew me before and after.

Dear Dr. Wollman;

I'm a genetic male who's been living full-time as a woman most of my adult life. As I get older (I'm 27 now) my facial hair is becoming more and more of a problem. I'd like to continue living as a woman without having sex reassignment surgery. I've tried electrolysis but don't have the time or money to devote to it. I've also been on and off hormones for several years - mostly off because unlike "true TS's" I enjoy having erections and (male) orgasms. So not I'm considering castration.

My two main concerns about the aftereffects of castration are if it will significantly reduce growth/regrowth of facial hair. I don't want to go through with it if it won't bring about a dramatic reduction of facial hair; and secondly how will it affect my sexual ability. I realize without testosterone my sex drive will diminish ut will it interfere with my ability to maintain an erection and achieve an orgasm.

Another concern is if it will encourage any breast development and how much it will affect my body fat. I worry that I'll gain too much weight. My mother and both my sisters are on the hairy side so I'm curious if male/female hormones have any effect on metabolism.

Last, I've heard that men who've had vasectomies are at more risk for prostate cancer. Is there any research on such a thing in post-ops who still have their prostate gland?

I appreciate your time. A. [REDACTED]

Dear A. [REDACTED]

In answer to your first questions; castration does not reduce facial hair.

Answers to question #2 - Castration will interfere negatively with your libido; #3 - Castration will not encourage breast enlargement; nor affect fat metabolism.

The latest studies indicate that males who have had vasectomies are no more likely to develop prostate cancer than those who have not had a vasectomy.

Male-to-female post-ops do not have prostatic tissue after years of estrogen and sex reassignment surgery.

Leo Wollman, M.D.

PLEASE SEND YOUR QUESTIONS FOR DOCTOR LEO WOLLMAN AND DOCTOR JANICE DORN TO THEM VIA TS VOICE. YOUR QUESTIONS WILL BE FORWARDED UNOPENED TO THEM. THEIR ANSWERS WILL APPEAR IN THE NEXT ISSUE OF TS VOICE.

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