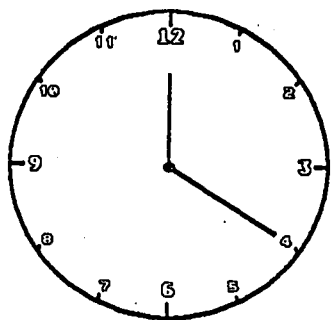




TWENTY MINUTES

MAY 1991

\$2.00

The Transsexual & Employment Discrimination

By David E. Tolbin, Esq.
Advisor to THE GATHERING

There appears to be no successful challenge to any transsexual alleging employment discrimination under the Civil Rights Act of 1964 (specifically Title VII of the act.) It would appear at first blush that this statute would be favorable and protective of transsexuals in the employment sector. We know that the law prohibits discrimination on the basis of race, color, religion, sex and national origin. Our federal courts, however, have consistently ruled that Title VII's prohibition on sex discrimination does not apply to or protect transsexuals as such. Only one trial court in the Northern District of Illinois held that the statute protects transsexuals.

That case was *ULANE vs. EASTERN AIRLINES, INC.* 581 F.Supp. 821 (N.D.Ill 1983). The court ruled that Eastern Airlines had discriminated against Ulane, a transsexual, as a transsexual and a female. Eastern Airlines appealed the case to the U.S. Court of Appeals which reversed the lower court's ruling.

A Federal District Court applying state law in a diversity of citizenship case ruled that Pennsylvania Human Relations Act's ban on sex discrimination would not apply to an employee who was terminated subsequent to surgery to correct a hermaphroditic condition. *WOOD v. C.G. STUDIES INC.* 600 F.Supp. 176 (E.D.Pa 1987).

We now know that the Federal Courts do not view transsexuals as those protected under Title VII's ban on sexual discrimination.

Those of us who have some knowledge of the path of a discrimination case will ask why look first to the Federal Courts? Shouldn't we look first to the Equal Employment Opportunity Commission? What is the function of this government agency more commonly known as the EEOC? The EEOC is the U.S. Governmental Agency charged with the responsibility of enforcing Title VII. The EEOC, which is almost involved before the claim becomes a case, has ruled that prohibition against sex discrimination refers to gender at birth and not to the individuals who have undergone a sex change operation.

In disagreeing with the EEOC's ruling, I urge that a transsexual is a male or female at birth but because of a pre-natal hormonal imbalance appears to be that of the other gender. Accordingly, a transsexual's argument is that she (he) is actually of the gender at birth they allege and that feelings, thoughts, emotions and one's own decision as to who one is and supported by their psychologist and psychiatrist should be conclusive or at least persuasive to the EEOC and the courts.

The EEOC's talk of sex-change operations I find erroneous in that science and medicine with all its advancements and achievements can not to this day make a male a female or a

female a male. This is too simplistic, misleading and more. It is actually reassignment surgery which is life saving so that an individual may be at peace and a productive member of society. How wrong it is for any agency or persons who don't understand the difficulties, suffering and sacrifices that a transsexual must endure before and even after surgery to term the operation a "sex-change." Can we take any man or woman at random from the population and without any more than an operation MAKE this person into the opposite gender? Certainly not! Likewise and carrying my reasoning further we must try to change and educate others, so once a transsexual completes the reassignment surgery that person is called a woman or a man as the case may be, and not a transsexual. When I write of reassignment surgery, I mean that the transsexual has undergone a period of probation of at least one year, preferably two, has been given a psychiatric examination, psychotherapy and counseling before surgery.

(EDITOR'S NOTE...Reprinted from *EN FEMME* and *PASSAGES* as written.)

IN THIS ISSUE

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by Veronica Jean Brown

Transsexual Theatre
by Sarah Seton, M.O.

TWENTY MINUTES

The XX (Twenty) Club, Inc.
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THE STAFF

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Sarah Seton, M.D.

Advisor: Rev. Clinton Jones

CONGRATULATIONS to Lila, our cartoonist, for approval for SRS from the Gender Identity Clinic of New England at the April 18 board meeting. Best wishes in Montreal.

Hope you had your VCR's programmed for Monday, April 29 at 4pm for the DONAHUE Show. The guests included Paddy and Veronica of Take a Walk on the Wildside to discuss their unique marriage (see the February issue of *Twenty Minutes*). If not keep an eye out for the reruns.

All the news that's print to fit.

This newsletter is funded entirely through subscriptions and the sales of educational materials. All written contributions welcome. A backlog of material may prevent the immediate publishing of submitted articles. *Twenty Minutes* is not responsible for the opinions expressed or accuracy of information provided by the writers of unsolicited or solicited materials. Parts of this newsletter may be reproduced provided source credit is given. *Twenty Minutes* was founded by Veronica Jean Brown.

XX CLUB CALENDAR

MEETINGS

Saturday, May 11

Saturday, May 25

Saturday, June 8

Saturday, June 22

Regular meetings of the XX Club are held the second and fourth Saturdays of the month at 2 PM sharp to 5 PM.:

Christ Church Cathedral
45 Church Street
Hartford, CT 06103

(Located at the corner of Church and Main Streets in the downtown area across from G. Fox.) There is NO SMOKING allowed during the meetings, although smoking is permitted during breaks and after the meetings. The XX Club attempts to provide peer support and practical information about making the gender transition, as well as information about the Gender Identity Clinic of New England. Parents, siblings, spouses and significant others are also welcome to attend.

LOUIS SULLIVAN DIES

ETVC sadly advises you of the death of one of our community's leaders, Mr. Louis G. Sullivan, a female to male transsexual who gained the love and respect of all who were given the opportunity to know him or read his various books. He died Saturday, March 2, at his home in San Francisco from the complications of AIDS. He was 39.

Mr. Sullivan gained widespread notice in 1990 for his book, the "Biography of Jack B. Garland", a turn-of-the-century female cross dresser who worked as a woman journalist in Stockton and San Francisco and later served as a male in the Spanish-American War.

Mr. Sullivan was the founder and director of San Francisco's FTM, the first and only international support group for female-to-male transsexuals. He was active in the San Francisco Gay Historical Society and was also closely involved with ETVC, a 400-plus member transsexual and transvestite support group in San Francisco.

TREASURER'S \$

REPORT

Balance - from March \$1808.79

INCOME:

Collections - meetings	.00
Newsletter subscriptions	30.00
Brochures & Reprints	27.25
Video sales	.00
Donations	.00
Savings interest	8.94
Total Income	\$ 66.19

EXPENSES:

Refreshments	.00
Newsletter & brochures	.00
Postage	58.03
Supplies	11.53
Video Production	.00
Bank Fee	.00
Total Expenses	\$ 69.56

Net Loss for April \$ -3.37

Balance - end of April \$1805.42

When the Need Is To Stand Firm

I have taken a stand after long and prayerful meditation, and now there are those who would have me topple over.

I know that I must be strong, not merely stubborn. Even though voices all around me may plead for a change of heart - may point out the "unreasonable" ways of my decision - may in fact even rock me to and fro - my feet remain planted firmly in truth. My strength is not my own but from the faith in good within me.

I never have the feeling of faltering - only the awareness of divine strength to carry me through that which is mine to do.

I am secure in the knowledge that my God will give me the right answers to the questioning of the world. I am confident that the end result will be a blessing for all.

I am strength! Thank You, God.

(Reprinted from *Very Practical Meditation* by Serene West, The Donning Company/Publishers, 1981)

CT LESBIAN/GAY PRIDE FESTIVAL

Saturday June 15, 1991

Downtown Hartford. Starts at 1:00 pm.

Transsexuals & Employment ...Avoiding Job discrimination

by Sonia

So many transsexuals complain about job discrimination, but much of this is due to the manner in which they handle (or fail to handle) their transition.

Just before beginning my transition, I lost a job due to discrimination. At the time, very few people knew of my transsexualism, but there were certain visible signs: I had long hair and nails, and my personality was not exactly 'butch'. I was employed as the manager of a candy store in a shopping mall, and when it came to serving customers, there were very few individuals more dedicated than I. Nonetheless, there were complaints from some people such as, "That young man (yeeuch) looks like some kind of no-good hippie." Although I did have long hair, it was always kept clean and styled. The shopping mall manager also took it upon himself more than once to complain about my appearance to the owner of my store. The resulting discussions with my boss were not all that pleasant, and eventually my hours were cut back so far that I was forced to resign.

Due to the combination of the economy and my increasing inability to present myself, both physically and psychologically as a male, I was still unemployed when I transitioned two months later.

I had recently moved back into my mother's home, (thus ending a soured love relationship) and had no real financial obligations. I was at first happy to have a chance to lay back and relax, but I did have to start thinking about how I was going to pay for my SRS. (Yes, it is true what they say about there being no such thing as a free lunch.) What I eventually realized was that I had to get a job.

Now, remembering that I had never actually had any work experience as a female, the first thing I had to do was to set about creating references for my new identity. The simplest way to do this was to ask my former employers if they were willing to give me references with the proper pronouns. (If you have read any of my articles dealing with names, you know that I had been working under an androgynous name for at least a year beforehand.) Surprisingly, I found that without exception, they were willing to co-operate.

I believe that the reason I succeeded at this when so many others have failed is to be found in the way in which I went about it. I did not act as if they OWED me a reference. I neither rubbed my condition in their faces nor did I threaten to sue them if they refused to help. I simply explained my situation to whichever superior I felt would be most sympathetic at each company. It is important to note that I did this over the telephone for two reasons. First, to avoid shocking my former boss with my new

appearance, and second to avoid having to explain to, or be seen by any of my other former superiors or co-workers.

With my new 'paper trail' in place, I began my job hunt. I combed the want-ads and sent out dozens of resumes. I then began collecting rejection letters. I knew that if anyone rejected me from my resume alone, it had nothing to do with my transsexualism, but that still didn't make me feel any better.

After two months, I finally got a call to do a freelance video job for a local production company. At last, here it was! My first job as a female! (Even if it was only one day.) I was determined to do the best possible work that I was capable of. No matter how small a part I played in the show, I was going to be the best crew member there.

When I arrived at the set, I was all at once surprised, shocked and scared. I saw that I would be working under a person who I had parted with a year or so earlier under not-so-friendly terms. This person knew that I was TS, and had never been very supportive of the idea. So, when he referred to me as 'she' and 'her' all day long, I could hardly believe my ears! The day went by without any related problems. I never received any more calls from that particular company, and I figured that they had been told about my transsexualism behind my back. In time however, I learned that the owner of the company had, in fact given me a glowing reference which helped me get my current job.

The next interview I went to was for a position as a production assistant at a local TV station. I was very nervous about my presentation, but I was able to pass it off as general job-hunting jitters. There wasn't anything wrong with my appearance or voice, but I was still nervous about how I was coming across. I did not get hired for that job, but I can honestly say this was because she simply found someone who she liked better.

A month later I received a phone call from the chief photographer of the same station. I was much calmer during this interview, and it turned out I was exactly the person he was looking for... highly skilled, friendly personality, tall, and FEMALE. That's right, one of the reasons I got the job was that he was specifically looking for a girl to fill the position. The company policy was to keep a balance between the numbers of males and females in all departments, and the person I replaced was a woman.

I guess what all of this shows is that with the right attitude and approach, you can minimize the discrimination that so often plagues transitioning transsexuals in the job market. If you are careful about who you tell and how you explain your condition, you may just find that you will avoid much of the embarrassment that so many others experience. Although prejudice against transsexuals is common, they can't discriminate against you if they don't know about your gender dysphoria.

TRANSSEXUAL THEATRE

Copyright 1990 - Sarah Seton, M.D.

"In the animal world, the rule is eat or be eaten; in the human world, define or be defined."

T. Szasz, M.D.¹

Nothing is more inflexible than what has never been defined but has been taken for granted. With definitions one can argue, with assumptions one cannot. No one knows that better — or has learned this more painfully — than the transsexual.

J. Hoenig, M.D.²

"I have been a tragic figure ... a clown."

Renee Richards, M.D.³

"When you can keep your head when all about you are losing theirs, you obviously have no conception of the problem."

Paul Ehrlich, Ph.D., 1990

PROLOGUE

Dr. Ira Pauly was once quoted as saying "the suffering of transsexuals is beyond belief."⁴ Truer words are seldom spoken. Few minority groups are subjected to more discrimination and persecution than the transsexual. The inability of our culture to overcome the fear of human sexuality and gender-related differences has resulted in a societal wide hatred for the transsexual person that manifests itself in a variety of socio-politico-economic contexts.⁵

Beginning in early childhood and extending throughout their lifetime, the transsexual's gender identity is invalidated by a culture that insists they grow up as the opposite sex. When they assert themselves and live as Nature meant them to live, they are shunned by their families, friends, churches, employers, physicians, and the government — oftentimes forced to endure acts of violence, employment discrimination, exploitation, and public

humiliation by the media that would stagger the imagination of most informed people.⁶

Transsexuals are not the only ones who suffer as a result of this societal fear, or "transphobia", if you will. Parents of transsexuals often anguish over feeling like failures as parents. Many of these parents live in fear of their child failing to live up to their expectations and of their own rejection by family, friends, and business associates for producing a gender dysphoric child. Those parents unable to cope with their feelings of guilt or fear of societal rejection, deny their children's birthrights. The message is clear — conform or be disowned.

Mainstream Christian churches have responded with a virtual conspiracy of silence, ignoring the spiritual needs of the transsexual and the social injustice that surrounds them. The idea of accepting transsexuals as equal members of the church is simply beyond the comprehension of most mainstream religious leaders and lay persons. Fundamentalist churches have tended to be very vocal, however, using the Bible to inflict unnecessary guilt upon the transsexual, adding to the severity of their uninvited dilemma. In the past year, the inability of transsexuals to gain acceptance by their churches has resulted in two suicides. Studies indicate that long term adjustment depends on the transsexual obtaining what others take for granted: standard medical follow-up care and acceptance by their communities.

Congress added to the transsexual's dilemma this past year by further externalizing society's fear of the transsexual through the Americans With Disabilities Act of 1990, excluding them from civil rights protection under the Act and further grouping them by name with dangerous and aberrant behaviors.⁷ At the same time, the

Department of Defense has promulgated regulations categorizing transsexualism as a perversion, and a disqualifying factor for issuance of a security clearance.^{7,1} Following on the heels of their decision to make unlawful an amended birth certificate, the European Court of Human Rights has ruled that transsexuals have no right to marry.^{7,2} The Civil Rights Act of 1990 fails to overturn the major judicial decisions which have left transsexuals without civil rights protections for over 15 years. In a somewhat similar vein, the Health Care Financing Administration—a function of the Department of Health and Human Services—relying on the unscientific writings of Janice Raymond⁸ and others, has decreed transsexual surgery as experimental⁹, thus denying the transsexual medical insurance coverage and access to medical care previously recognized as medically necessary by the judicial system.

Access to quality medical care is further complicated by the unwillingness of many physicians to provide even minimal health care assistance to the transsexual. This unwillingness to provide assistance is, according to J.E. Hoopes and associates, "a self-protective one, namely the fear of censure and considerations regarding reputation."¹⁰ Physicians fear community sanctions such as withdrawal of hospital privileges if they treat transsexuals. This reluctance is further compounded by a growing inability to obtain malpractice insurance coverage for medical care of this consumer group. Faced with these facts, it is simpler for physicians not to treat them.

This broaches upon the problem of stigma. Transsexuals are a stigmatized group and as Irving Goffman^{10,1} writes in his book by the same name, stigma is infectious. It is the single most effective obstacle to professionals who want to work with a minority. To the public, attorneys who defended Blacks in the South during the 60's had their skin color questioned. The mentally ill are stigmatized and mental health workers — especially psychiatrists —

are satirized as "crazy" themselves, just as those who ministered to lepers were thought to have Hansen's disease. So it is with any professional that tries to help the transsexual.

It has not yet become fashionable to champion the cause of this sexual minority. For those who pioneer, effective patient advocacy depends on a critical re-examination of the subject. Yet, deeply ingrained taboos do not disappear overnight and many a career has suffered on behalf of the oppressed.

The transsexual's existence today is clearly precarious within our society, and it is growing more socially insecure by the moment. The foregoing constitutes much of the transsexual's personal reality — the consequences of which entails the tremendous waste of literally hundreds of thousands of talented, intelligent, and beautiful lives squandered in avoidable life-long suffering, not to mention how our society may be losing the benefits of a potential Da Vinci or Einstein.

DRAMATIS PERSONAE

M. Scott Peck, eminent psychiatrist and author, writes that "In and through community lies the salvation of the world."¹⁰ While the human race, standing on the brink of self-annihilation, struggles to build a world community, few transsexuals have developed a vision of community. They are for the present a politically powerless and socially unpopular minority group, which can be likened to an iceberg.

The tip of the iceberg is comprised of two small but vocal groups. The first group is made up of transsexuals who have found the courage to risk being overt and speak out against the ignorance and injustice that comprises our society. These individuals suffer for all other transsexuals by being placed through their openness permanently in a sort of transsexual ghetto. Their high profile usually has been initiated through no fault of their own

but has brought them both long-term unemployment or under-employment, and an inability to obtain medical insurance or medical care deemed a right by society as a whole. Additionally, they often are hounded relentlessly through the years by tabloids, news media, or anyone wanting to make a carnival side show of them.

The second group making up the tip of this iceberg is the narcissistic notoriety seekers that perpetuate the socially unpopular stereotypes ascribed to transsexuals, thereby undermining the work of the first group.

The remaining transsexuals can be likened to that part of the iceberg which is submerged and accounts for its mass. They are the covert transsexuals, remaining as much out-of-sight as humanly possibly. They live in denial of who they are, often isolated and intensely lonely. They are like Dr. Pangloss (satirizing the philosopher Leibnitz) in Voltaire's play "Candide," who proclaims with every abuse and injustice dealt Candide that "All's for the Best in the Best of all possible Worlds." Candide's (and Voltaire's) answer to Dr. Pangloss at the end of the play is that "Yes, all's for the Best in the Best of all possible Worlds, but that does not mean it is Good!"

Life is not rosy for the pre-operative or post-operative transsexual and professionals don't want to hear the stories their patients have memorized from books and articles about transsexualism (the so called "book-transsexual"). The problem of independent verification confronts the professional when evaluating a patient for referral to a surgeon for sex-reassignment. Very often the decision has been made on the self-report of the patient who claims to be a primary transsexual; patients sometimes in fact know more about the syndrome than the physician and can give a credible account based on this knowledge. Although psychological testing can help rule out psychopathology, it has been necessary to create further requirements including having the patient cross-live in the gender of choice for at

least one year. Unfortunately, this so-called "real life test" is not specific (although sensitive) to primary transsexuals; many effeminate homosexuals, transgenderists, and self-stigmatized transvestites have deceived themselves into believing they are "women" for secondary gains and can negotiate the trial period successfully due to being gifted with a body habitus close enough to sex-stereotypes. This represents another form of self-selection based on external criteria rather than internal criteria as in the case of self-report. As a result of this diagnostic confusion, these non-transsexual patients get the surgery only to find post-operatively that they really did have a libidinal investment in their former genitals; they complain that they made a mistake and request sex-reversal surgery or even commit suicide.

THE ARGUMENT

Let us speak candidly: Physicians expect transsexuals to have no problems after sex reassignment surgery (SRS); if they do, then SRS was a mistake and often the judgement is made that they are not "true" transsexuals.¹¹ Yet, it is unrealistic for surgeons to expect that a surgical solution is without post-surgical problems; this is especially true of SRS where fistulas, urethral strictures, denervation of the dorsal nerves, clitoridectomy, and other complications are common.¹² The post-operative transsexuals with these problems in some cases are ignored or responded to poorly by surgeons who do not wish to deal with them anymore. It is also unrealistic to think that any one person has no problems — the human condition is inherently problematical as philosophy attests; this is especially true with SRS when the whole valence of the patient's life changes. Having post-surgical problems and problems of human existence is real; it is not real to deny these problems exist.

One study¹³ of post-operative transsexuals (N=281) on follow-up yielded a suicide rate of slightly greater than

two-percent; the figure may be higher in that so many post-operatives are lost to follow-up. And, this study did not assess the number who have had suicidal ideations and attempts. The study reported that these suicides were due to the inability of the post-operatives to obtain follow-up medical support. Satisfaction post-operatively has been shown to be related to satisfaction with the surgical outcome. This observation implicates the transsexual's personal reality that in spite of complete sex-reassignment he/she continues to be abused by society post-operatively.¹⁴

Transsexuals need the medical profession's support since physicians heretofore have been the only advocates for them in society; this is why the DSM-III-R diagnosis 302.5 ("Transsexualism") is politically as well as medically necessary for their credibility. Moreover, transsexuals are in constant fear of losing SRS; some believe that SRS is magical to begin with in that, like Dr. Pangloss, everything in their life is perceived as wonderful and all they need is SRS for their lives to be perfect — at least that is how they present themselves to peers and professionals; physicians often foster this belief by wishfully thinking that SRS should result in no problems.

Contrary to popular belief, SRS is not really a "sex-change"; candidates have always been of their chosen gender from birth, and SRS corrects a chronic physical problem that needs medical attention. SRS is the period at the end of the developmental sentence. Transsexualism is a sex error of the body at the level of brain dimorphism; it is not a matter of choice. Evidence is mounting that an imbalance of the fetal testosterone-estrogen ratio, due to a defect in fetal gonadal development at the molecular level, is responsible. This ultimately is determined by the absence or presence of certain genes in the testicular determining factor cascade producing defective enzymes responsible for correct genetic transcription of instructions for gonadal hormonal and neurophysi-

ologic pathways. Correct understanding of this phenomenon will come from the molecular genetic level.

Transsexuals, in order not to lose SRS for themselves, must co-opt into the physician's beliefs which may include, in addition to hassle free SRS, stereotyped visions of the perfect SRS candidate as a young, nubile nymph — a Pygmalion or PUNCHINELLA. Transsexuals must play along and meekly submit to the scalpel, accepting whatever result the surgeon happens to create for them, without appeal to physician peer review or State Boards of Medical Quality Assurance that other patients have as their right to being treated with dignity. Because of their guilt, fear, and shame, transsexuals themselves often do not believe they are worthy of medical treatment equivalent to a non-transsexual patient. Transsexuals must deny they have problems, and to do this is to deny their personal reality.

The hatred society directs toward transsexuals during their lifetime is often internalized by acceptance of the labels they are called; this becomes self-contempt or shame; yet this is denied by most transsexuals. The anguish their parents suffer creates guilt in transsexuals for not conforming to familial expectations — this also is denied. Growing up as the opposite sex causes continuous pain and the anger of invalidation — the grief of all those years the transsexual could not express him/herself; this violation and loss of youth typically is not mourned by transsexuals either. Then there is the cognitive dissonance — the pain — of gender dysphoria itself gnawing away at sanity; this supposedly disappears with reassignment and can be forgotten. Then there is the pain and anger of being shunned by family and society when a transsexual finally has the courage to Name-the-World and become that which had been continually suppressed inside.

They further deny the socio-political realities of the U.S. Congress, state legislatures, and the courts taking away their civil rights. Contrary to current

belief, transsexuals are not tormented by their condition: it is their condition which prompts society to torment them.

As early as recorded time, the Right-to-Name-the-World has been the birthright of everyone in our culture. In Eden, Adam in the image of God the creator of all these things named the animals and plants. Throughout the Old Testament, patriarchs gave special names to persons or places of significance. This tradition of naming the world continued throughout subsequent history. Poets named the sentiments, philosophers named newer world views, theologians named the manifold of God's Laws and Plan for humanity, and politicians named the codes of secular law. The Bible chronicled the Right-to-Name-the-World as a unique gift given to all mankind as a sign that we are, in God's image, wordsmiths and creators of our linguistic universe as He is of the Natural World. Whereas over time the anti-democratic cultures of antiquity subverted this right and placed it into the hands of the wealthy and powerful. The hierarchy began to name themselves as the definers and all others as the defined. Gradually, there developed masters of language and their slaves; a new form of oppression emerged: linguistic imperialism. Whole philosophic systems were commissioned by the elite to sequester the Right-to-Name-the-World unto themselves and thereby define a world view which made the hierarchy seem not only unavoidable but part of the natural order or ordained by God.

Today linguistic imperialism is still with us despite democratic reforms to world culture. For almost everyone, our personal reality is named by those who control the media and the constituency. Few people are aware that they have a God given right to become a master of language and name their personal experience of life. Radical Christian pedagogues like Paolo Fierre, working in Brazil with the poor, teach the oppressed to name the squalor of the ghetto, name the abridgement of

human rights, and name their oppressors. Transsexuals are among the few who struggle in isolation against those who would define them as the opposite sex. They assert their God given right to name their sex against tremendous odds. They suffer and fight for this right to be a creator in God's image motivated by sheer personal survival. As it is with many vanguards, they unknowingly are not only fighting for themselves but for all those who are oppressed and slaves of language. As T. Szasz once wrote, the rule in the human world is define or be defined; in the animal, eat or be eaten.

To maintain control over discourse, the masters of language must themselves adhere to certain rules or meta-beliefs which are generally unknown to the slaves of language who are subject to them. They are the hidden stabilizers which make common beliefs seem inevitable and not open to question. Everyone learns these meta-beliefs implicitly as we come of age in society and pass through the various rites of passage of our particular tribes. We learn that some subjects cannot be spoken of and these very often are the ones that matter most. Meta-beliefs are the crucible in which our belief system is forged; our beliefs form the out-line of the figure of our consciousness while the meta-beliefs shape the background or in-line of this figure and form what is not open to consciousness. Although meta-beliefs are seldom conscious, their presence is felt in every day discourse and it is impossible for discourse to be free with them — to be free of them requires a critical re-examination or meta-analysis of the belief system. Yet, a meta-analysis is dangerous for those who undertake it because, by exposing the meta-beliefs, one is revealing the Real Relations behind why they exist and the purpose they serve in the society to maintain the *status quo*. The Real Relations frequently involve the oppression of one group in society by another, the splitting into factions, the bigotry and intolerance, the usurpation of civil rights, the perpetuation of poverty, and the maintenance of il-

literacy for the purposes of squelching free discourse.

Let us take a simple example: Aristotelian Logic. In Aristotle, we can find many meta-beliefs which helped his culture justify the inevitability of slavery, war, and a ruling class of anti-democratic elite. One meta-belief is the Law of Non-contradiction that states "an attribute can be ascribed to an object or it cannot but an attribute cannot be both ascribed and not ascribed to an object at the same moment." In application, either an object is A or it is Non-A but it cannot be both A and Non-A at the same time. In meta-analysis, this is called splitting and is caused by a cognitive deficit having to do with a lack of object permanence in the first year of childhood; the infant cannot keep the presence of the loved object permanently in consciousness in the absence of the loved object because the loved object is never there. A child without object constancy grows up looking at the world as A or Non-A, Good-cop or Bad-cop, Black or White, Male or Female, Good or Evil, Self or Other, Object or Subject, Observer or Observed, Saved or Damned, In-Group or Out-Group, Lumpers or Splitters.... Masters or Slaves. In short, the universe of discourse is fractioned into mutually exclusive sets with hard edges and this creates a mind conditioned to bigotry and intolerance, sometimes referred to as the Borderline Personality Disorder. In fact, our cognitive universe is interactional and interdependent, made up of fuzzy sets whose categories blend into one another forming soft boundaries; we have come to this understanding via the meeting of modern physics and Eastern philosophy, general system theory, existential philosophy, modern logic, community psychiatry, and the rise of democracy.

It can be seen now that meta-beliefs are the taboos and myths of a tribe; one can see these easily in other cultures through the meta-analysis of the anthropologist. In our culture, Alan Watts identified the taboo against

knowing who you are. "One must not question those who are in authority" is another taboo. One must not "tell the emperor he has on no clothes." Aristotle's Logic might be called the Taboo of the Excluded Middle. For the transsexual, the operative meta-beliefs are "Society's opinion of me is true" and "Transsexualism is a *psychopathia sexualis*." Taboos like these create "permissible talk" and "no talk." The No-Talk-Rule is the taboo against naming the world — the disenfranchisement of the Right-to-Name-the-World discussed above.

How is the No-Talk-Rule applied to transsexuals? In this society, transsexuals are punished for breaking this Rule. Suppose the society defines a person a certain way: the obstetrician, based upon at best a superficial inspection of one's genitals at birth, defines one as male or female (the Taboo of the Excluded Middle). This sets in motion a pervasive and barely conscious cultural force that affects how society will treat the child from that point onward. The infant's perceived or assigned sex from birth will constitute the person. Pink or blue clothing, choice of name, pronouns used, legal status, social conventions and a myriad of other distinctions relentlessly remind and reinforce in the child's mind that he is a boy or she is a girl. The way the society defines a person is the way that person is expected to become. If the self is radically opposed to society's definition, as in the conviction that one is opposite to the sex of rearing, a struggle is set up by this tension. The self is victimized internally by the imposition of the sex-determination from without. With the No-Talk-Rule in force, the self is powerless and helpless to live with themselves; this is shame. A psyche, steeped in the untreated shame of the ingrained societal opinion of them, colludes and aligns itself with an internalized self-loathing; they take on an identification with the oppressor as a psychological defence against facing their shame. A reaction formation develops in some transsexuals which has been called the "flight into hyper-masculinity" or, less so feminin-

ity, as a way of denying their identification with the oppressor.

If any transsexual speaks up and breaks the No-Talk-Rule, they mark themselves as a victim and by implication others are marked as the persecutors (Taboo of the Excluded Middle). Defiance such as this exposes briefly the Real Relations at work in the situation between the persecutor and victim — that both are subjected equally by the meta-beliefs that maintain this society in the clutches of consciousness and set off one powerless group against another in factions which serve to divert attention from those who really control the power and discourse.

The No-Talk-Rule is enforced by another Taboo: the Myth of the Self-Fulfilling Prophecy. The simple act of complaining elicits persecutory behaviors in others which cause the identified victim to act as if he were a victim, by becoming defensive, and thereby seeming to have brought the situation on himself. The ones who break the No-Talk-Rule are sacrificed by Self-Fulfilling-Prophecy so that society can remain in its dogmatic slumber. The dynamic of singling one group out by defining them a certain way, not permitting them to speak out and making them victims of a self-fulfilling prophecy if they do speak out is called "stigma." It explains how a person defined by society can become that person to avoid stigma; even though the defined person is self-loathed, this is still preferable to becoming a martyr but in untold cases transsexuals have opted for suicide. The No-Talk-Rule took Hitler and other tyrants in history to the pinnacle of their powers by exterminating those who broke the Rule.

The transsexual's uninvited dilemma resolves down to whether each can break the No-Talk-Rule about their being defined as the opposite sex. Most transsexuals have done this by objectifying the struggle. They quietly change their dress, behavior, identification papers, and their bodies in a kind of guerilla warfare with social taboos.

They are caught up in the momentum of placing themselves at odds with the definers without breaking the No-Talk-Rule outright. By not speaking out, they unawares collude and align themselves with their internal self-loathing and shame.

Within the gender "community," transsexuals usually deny their insecurity and project it onto other transsexuals by identifying with the oppressor¹⁵, becoming like them, and shunning one another. By being dealt with cruelly whenever they have come to trust someone, they distrust everyone's intentions and motives including their peers and providers of care. Transsexuals by nature are extremely competitive with their peers at being men or women and, when given the chance for self-actualization, are the most earnestly motivated. Understandably, transsexuals have been deprived all their lives of what everyone takes for granted, and when they are finally set free, they want it all — right now. Every transsexual wants to be recognized as an individual; some deal with this by drawing attention to themselves in public and in the case of some narcissists this is taken to an extreme thereby putting transsexuals, in general, in an unfortunate light.

In this way, transsexuals persecute themselves. "We have met the enemy," as Pogo once said, "and he is us." Rather than the personal becoming political, the political is turned inside out and becomes interpersonal. Usually, transsexuals hate other transsexuals who are more beautiful than they are, who "pass" in society with less trouble, who are more masculine or feminine. The accidents of birth endowing one with a body habitus more in common with the prevailing sex-stereotypes do indeed translate into a better survival advantage than those who are less fortunate. The ones gifted enough to pass without problems disappear "into the woodwork" — become covert — and seldom participate in medical or psychosocial follow-up contributing to research which would aid other transsexuals left be-

hind. They are the "successful" transsexuals — yet are they really?

By identification with their oppressors, they have lost their constituency and solidarity; they have lost the ability to defend themselves politically: "...And then they came for me, and by that time, there was no-one left to speak up"¹⁶. The covert transsexuals, in fact, live in constant fear of being discovered, and some are alone with no-one to share their most intimate accomplishments; no-one is there to accept and understand with the exception of other transsexuals. This is the dubious goal of anonymity for which all transsexuals strive.

Why is this? There is a No-Talk-Rule amongst transsexuals against telling anyone who they really are — suffering, courageous, and talented people. When they break the No-Talk-Rule, they lose their jobs, careers, friends, social status — everything — and downwardly drift into the transsexual ghetto, or worse, the sociological sewer where prostitutes of San Francisco's Tenderloin District or the "entertainers" of Hollywood's demi-monde dwell. Those that are "successful" learn to keep silent and mind their own business.

Hence, transsexuals, in striving to deny problems, project security, and identify with the oppressor, are not being real — they are being caricatures of people — something pointed out by early gender researchers when transsexuals appeared to them as "caricatures" of men and women. Instead today, it could be said that they are good at being men and women, but not people. This is Transsexual Theatre.

DENOUEMENT

What are the alternatives? On the one hand, transsexuals can continue to behave like Dr. Pangloss with one another, dancing through the gender programs, conventions, newsletters and magazines with their meat-markets declaring to each other "Isn't life won-

derful? I'm fine. I'm peachy. I'm glad I don't have your problems!" Thereby, transsexuals can continue to be their own worst enemies. Or, on the other hand, transsexuals can break the No-Talk-Rule with themselves and be real with one another. They can admit squarely and without denial that the manifold of their personal reality exists. They can explore and deal with the ideas and issues outlined here in order to gain acceptance of themselves. They can be mutually open to one another and see that the other's personal reality is his/her own too. They can realize that this is the best of all possible worlds yet that does not make it good. They can express the pain, the self-contempt, the shame, the grief, the distrust, and the guilt to one another and let go of it. With self-acceptance comes a more tolerant acceptance of societal intolerance; in the same way, many people will have less trouble with transsexuals if others are accepting of themselves. It is a myth to believe that if you have no trouble with yourself then others will not have trouble with you — this is simply an application of the No-TalkRule. As for the public who will never accept, the trade-off is between what the transsexual needs from others in comparison with what he/she is willing to give up to them — the old zero-sum game.

These points are vital to the pre-op transsexuals. They should use the trial period in group and private therapy working on issues and feelings instead of just marking time with the professionals who monitor the referrals to SRS. Pre-ops will save themselves a big mistake¹⁷ post-operatively — even suicide — if they openly deal with the unpleasant realities of their life situation.

What I have been writing about in this article advocates the setting of priorities. It is healthy to have "feel good" gatherings across the country; it builds networks and has a salutary effect on people's morale. But such activities should be done in the context of a political consciousness. Transsex-

uals absolutely must make the personal political, because surely if transsexuals don't hang together, they will all hang separately.

L'ENVOI

Here are some suggestions for what the gender-community can do for itself right now:

1) Establish a national twelve-step recovery program called "Transsexuals Anonymous" for the purposes of providing support for recovering transsexuals based on principles and not personalities. This will assure that the locus of control for therapy is within the gender-community but not in the hands of personality cults created by certain transsexuals in dominating positions. Presently some leaders are unqualified to give advice or therapy.

2) Create a national *ad-hoc* medical committee on gender identity consisting of physicians and surgeons who are gender-conflicted. This committee would meet regularly in confidence to protect the professional identity of its members. Its tasks would include: a) physician peer review of unethical or unprofessional treatment of transsexuals by other physicians, b) liaison with state boards of medical quality assurance to enforce sanctions, c) publishing anonymously under the committee name of scientific papers related to gender and position papers regarding treatment of gender-conflicted professionals as "consumers" by other professionals and other professional issues.

3) Create a national legal defense committee on gender identity consisting of attorneys who are gender-conflicted. This committee's task would be to take under advisement cases of abridgement of the civil rights of the gender-conflicted, prepare anonymous defense briefs, and hire *pro se* litigants to represent the committee in court on behalf of the defendants.

4) Create a national *ad-hoc* committee on gender and the media consisting

of gender-conflicted entertainers, writers, producers, and publicists, to prepare public service announcements on national prime-time television and radio to educate the public about gender dysphoria syndrome and the people who suffer with it.

5) A regional and national political action committee for the purpose of advising and lobbying legislators on legislation of interest to the gender-community.

6) Revision of the HBGDA Standards of Care to extend to the pre- and post-operative period in order to guarantee continuity of medical care.

There is a vast pool of talent amongst transsexuals. Psychological assessments indicate that as a group transsexuals have superior intelligence. The trend with SRS is toward older, mature candidates who have already established themselves as physicians, surgeons, lawyers, judges, political leaders, media professionals, scientists, engineers, educators and business executives. The power is there to harness, the question is: does the transsexual have the courage to do what it takes to survive? They must use that talent now before there is no-one left to speak up.

EndNotes

1. Szasz, T., Law, Liberty and Psychiatry, Beacon Press, 1970.

2. Hoenig, J.L., "The Legal Position of the Transsexual: Mostly Unsatisfactory Outside Sweden," Can. Med. A.J., Feb. 5, 1977, at 319.

3. Woodman, S., "Renee Richards takes Stock," New York Woman, Dec/Jan, 1990, 118-121.

4. Pauly, I., "Outcome of Sex Reassignment Surgery for Transsexuals," 15(1), Aust. N.Z. Jn. of Psychiatry, 45-51 (1981).

5. Leff, G., "Genes, Gender and Genital Reversal," Medical World News, April 18, 1977, at p.56.

6. ("... [t]hese people are often hurt by other people . . .") Hynle, J. "Treatment of Transsexualism," Vol. 44, DIALOG Abstract 16739; ("... [a]re in my view con-

temptuous of transsexuals, with an intolerance and prejudice that is palpable.") *Ulane v. Eastern Airlines*, 581 F. Supp. 821, 832 (N.D. Ill. 1983).

7. The Senate version of the "Americans With Disabilities Act of 1990", Senate Bill 933, and the House version, H.R. 2273, were both amended to exclude pedophiles, kleptomaniacs, pyromaniacs, voyeurs, exhibitionists, drug addicts, transsexuals, and a host of other sexual disorders from protection under the Act.

7.1. 52:67 *Federal Register*, 11222-11254.

7.2. Cable News Network, October 1, 1990.

8. Raymond, the author of *The Transsexual Empire: The Making of the She-Male*, (Beacon Press, 1979), "has crisscrossed America, ensuring through non-medical testimony that insurance companies provide no medical coverage to transsexuals." Fisher, Lia, "What Sex Am I," *The Philadelphia Inquirer*, (5/9/85).

9. HCFA Transmittal 883, dated October, 1981; *HCFA Publ.* 14-3, Sec. 35-61.

10. Hoopes, J. E., Knorr, N. J. and Wolf, S. R., "Transsexualism: Considerations Regarding Sexual Reassignment," 147(5) *Jn. of Nerv. & Mental Disease*, 510, 512 (1968); ("... could not the time and effort of such talented researchers be put to better use, to more legitimate challenges? If a glamorous challenge is insisted upon, we suggest that brain transplanting be preferred to castrating and altering 'sick' males."). Letter from Nicole J. Michaud and Elliot Bold, G. F. Strong Laboratory for Medical Research, to the Editor, *Am. Journal Obstet. & Gynecol.*, 135(1), 163 (9/1/79).

10.1. Goffman, Irving, *Stigma*.

11. "It has frequently been said here that the term 'transsexualism' has come to encompass a variety of conditions that under other circumstances might be labeled extremely effeminate homosexuality, transvestism (particularly, conscience-ridden transvestism), schizoid or borderline personality disorder, polymorphous perverse psychopathology, as well as individuals who apparently have manifested cross-gender drives -- the classical 'transsexual.' Other patients occasionally found among applicants for sex reassignment are obsessional neurotics with profound masochistic trends, notoriety seekers, vocationally motivated homosexual pros-

titutes, borderline patients, and the overtly psychotic." Meyer, J.K. "Some Thoughts on Nosology and Motivation Among 'Transsexuals'," *Proceedings of the Second Interdisciplinary Symposium on Gender Dysphoria*, 32 (1972).

12. SRS surgeons in many cases do not provide an enervated clitoris during the reconstructive part of the surgery. As a result, the post-operative transsexual is unable to satisfy herself sexually and must depend upon intercourse with males in order to experience orgasm. This is very reminiscent of certain male chauvinistic Third-World countries such as in Africa which practice clitorectomies on young girls so that as grown women they will be bound to men for sexual satisfaction.

13. Pauly, I., "Current Status of the Change of Sex Operation," 147, *Jn. of Nervous and Mental Disease*, 460, 1968.

14. Transsexuals have suffered under the deliberate negligence of medical personnel who hold grudges against what they are. In one case, a transsexual was allowed to suffer a cholelithiasis to the point of emergent cholecystectomy without proper diagnosis and treatment. The examining physician wrote in big red letters in her medical chart "sex change" and from there onward the chart was passed around and read by other physicians, nurses and staff members. The result was "unethical, illegal, immoral, and totally unprofessional hospital care." (Sister Mary Elizabeth SSE, *Legal Aspects of Transsexualism*, IFGE Press, 1990). In another case, a surgeon completing an operation unrelated to gender remarked to his anesthesiologist off-handedly that the patient on the table was a transsexual; when the surgeon turned away the anesthesiologist cut off the oxygen to the patient. (Brown, G., Unpublished Manuscript).

15. By the oppressor, I suggest a culture based upon the patriarchal supremacy of a male-dominant ideology which through agents such as Madison Avenue or Hollywood defines what a man or a woman is supposed to be. Woman's image in the media for example is male-defined not woman-defined. Michelle Pfeiffer or Kim Basinger are not typical women, as they represent perhaps a tenth of a percent of the women in this country; their prominence is attributable to their being male-imagos projected for the sexual-fantasies of other males. The common man has been flooded with these images and has come to expect women to look and act like these

fantasies. So do SRS surgeons expect this of the MTF transsexual; the "pretty boys" that were operated on using body habitus criteria later committed suicide when their male homosexual lovers rejected them as women. Fat women, ugly women, lesbian women are ridiculed in comparison and so is the burly transsexual who can't "pass". The medium is the message: the anorexic starving to achieve the ultimate feminine body.

16. The Rev. Martin Niemoller (1982 - 1984).

17. It has been reported unofficially by gender clinics over the years that as many as nine post-op transsexuals have requested surgery to change them back to their original sex. In the Gender Dysphoria Program of Orange County, 96% of the candidates decided before surgery that SRS was not for them. However, it is not certain how many of these clients went elsewhere. (Personal Communication, Sr. Mary Elizabeth, Coordinator, Gender Dysphoria Program of Orange County.)

SOURCE: J2CP Information Services

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TWENTY MINUTES!



Top 10 Phrases... Most Overused By TS's

By Becky & Sonia

- 10- It's NOT my fault. (Fail-safe excuse used by all... I didn't choose to be born this way, so nothing I say or do can be held against me.)
- 9- I pass 100% and everyone accepts me totally as a woman. (Most often uttered in a deep male voice during the early stages of transition.)
- 8- I wish my breasts were bigger. (HOW MUCH did you say a boob job costs again???)
- 7- What's sex like after surgery? (Almost always asked by individuals who haven't the remotest chance of ever attaining SRS.)
- 6- I'm a lesbian. (Favorite fantasy of mislead TV's)
- 5- I'm a woman trapped in a man's body. (Guaranteed to earn extra bonus points with your shrink... but what I really wanna know is what about the poor guy whose body you're trapped in... just imagine where HE is!!!)
- 4- I'll just kill myself if I don't get the surgery RIGHT NOW! (Usually used to get attention and sympathy - HEY... It works well in New Hampshire! (But wouldn't we all be better off if they weren't just making IDLE threats?? hmm???)
- 3- Electrolysis hurts and it takes too long. (So what else is new?)
- 2- I feel like a woman. (So terribly overused that I wonder what genetic women think they feel like.)
- 1- I want SRS so I can get on with my life. (But does anybody REALLY know what this means?)

Saddam Hussein escape plan

Plan A



CNN Reporter

Plan B



NUN

by Lola

VERONICA'S DRAG

by Veronica Jean Brown

1991's *Silence Of The Lambs* is a great vehicle, with a rather bizarre and macabre crossdressing twist, but only if you enjoy watching little Jodie Foster playing an FBI agent in training assigned by her smooth talking boss to get information from a despicable serial killer portrayed by Anthony Hopkins, who plays a doctor gone over the edge, and who likes to nibble on parts of his victims.

It seems there's this other serial killer played by somebody whose name escapes me at the moment, whose specialty is skinning large chunks of epidermis from his chunky female victims.

The plot get thicker and heavier and the good doctor of course escapes from his maximum security holding cell while enroute to another place, but not before giving Agent (in training) Foster some leads about the current killer. Then the cannibal doctor vanishes from the screen until the very end of the film. Thank goodness.

The rest of the film centers around Jodie Foster's worthwhile attempts to capture the serial killer, while saying "Yes sir," and "no sir," to her boss while he and his boys bungle along in trying to duplicate Jodie's expert police work.

It seems that the current serial killer is a crossdressing transsexual who has been turned down by three prominent American gender centres including the famous John Hopkins clinic in Baltimore Maryland, which by the way, stopped performing the sex change surgeries years ago.

As the plot unfolds, the deranged alleged crossdressing transsexual is discovered to be assembling a "woman suit" sewn together from all the skins of his hapless female victims. Wouldn't it have been better for all concerned to just give the poor guy some female hormones and let that be that?

Several Gay groups have protested the portrayal of the transsexual serial killer for his stereotypically limp wrist, a lilty voice, and his terminal skinniness. We have yet to hear from the any of the underground transsexuals out there voicing their protests.

If you've already seen this film, my heart goes out to you. If not, better yet to spend your eight bucks (GST included) and go see *The Never Ending Story Two*, or something like that.

If you still intend to see *Silence Of The Lambs*, let me completely ruin it for you by mentioning the ending in which an aging Anthony Hopkins saunters off into the sunset, doing his best Jack Nicholson impression, stalking yet another victim. Be sure to see the sequel titled, "Pork Chop Hill.", or "Mint Jelly, Anyone?"

Take another 1991 film, this time directed by and written by Dan Akroyd, that stars Dan Akroyd (of Saturday Night Live), Chevy Chase (Ditto), John Candy (of SCTV), and Demi Moore (of Ghost), and you've got *Nothing But Trouble*.

Don't tell me that the producers at Warner Brothers didn't know that trailers of John Candy in drag don't entice folks to the movies. The premise seemed kind of cute at the time, but Candy's performances of the young, but large, female blood relative of centenarian Akroyd (under gobs of latex make-up), was rather disappointing as he wasn't even given a speaking role, struck deaf and dumb at birth, said the writers.

Remember the intricate and detailed sets from *Beetle Juice*? They tried to reproduce that sort of visual effect in *Nothing But Trouble*, but after the first five minutes, or so it wore pretty thin.

Perhaps if John Candy had been given more stuff to do in the movie, and perhaps if the plot had moved a long a bit quicker, and perhaps if they just had the three comedians doing a series of comedy sketches, then they could have saved all that valuable film stock and had the technicians spend their time far better by working on another film. *Nothing But Trouble* will give you nothing but trouble.

To lighten things up a bit, remember 1966's *A Funny Thing Happened To Me On The Way To The Forum*? This film gave audiences a frenzied look at ancient Rome with fantastic sets, big name stars, and a huge budget. Oh, all right. It was just a silly vehicle for Phil Silvers and Jack Gilford (in drag) teamed with Zero Mostel and Buster Keaton.

So what if there were lots of pratfalls, gags, disguises and cases of mistaken identities? At least it's a fun film to watch, done by some lovable actors of their day.

Did you ever wonder if the audience at Will Shakespeare's plays, ever laughed at the male actors who played the female parts? Well, don't lose any sleep over it.

MORE HINTS ABOUT CHOOSING A NAME

As a follow up to the article done by Sonia in the March issue, here are a few more general suggestions when choosing a new name. This was excerpted from an article by Michele Leslie of Newhouse News Service.)

- Use common sense when picking a name.
 - If you choose a trendy name such as one inspired by a Television character, keep in mind that trends pass.
 - Watch out for initials that spell embarrassing words, as in Amy Sue Simon.
 - Be judicious with feminized versions of male names.
 - Avoid using "cute" names or diminutives of formal names.
 - If you must coin a name, make sure it is pronounceable and easy to spell.
 - If the name is unusual, have a story behind it. Make it meaningful. A name deserves something more than "I made it up".
 - Take care with genderless names, which tend to become either male or female as time goes by.
 - If you're stuck, go to the library and read. There are plenty of books on the meanings and origins of names. Pick up a copy of "The Name Game: The Decision that Lasts a Lifetime" by Albert Mehrabian.
-

SHE WHO WAS HE AWARDED 25G

by Alex Michelini
NY Daily News Staff Writer

A busty transsexual, who charged she was cruelly forced to serve a robbery sentence in men's prisons rather than women's lockups, won a \$25,000 settlement in a suit against the state. Jackie Farrell, 34, of Manhattan, also received up to \$80,000 in legal fees and the right to serve her remaining jail time in the Bedford Hills women's prison.

The dark-haired, 5-foot-7 woman said she had "mixed feelings" about the settlement, adding that gaining entrance to a female prison was the biggest victory. Farrell, described in court as "busty" with a size 38C bra, said she had filed a \$5 million civil rights lawsuit against the state in 1988 because of fears for her safety.

She had been convicted of a prostitution-related charge of robbing a John of \$530. Farrell said she sought to be placed in a women's prison. State prison officials refused, deciding "She's a man." She charged she was wrongly shuttled among five men's prisons - including the hard-boiled Clinton Correctional Facility in upstate Dannemora - and was sexually abused by guards.

After serving nearly five years of her term, mostly in solitary confinement, Farrell was released last year. But she was arrested for shoplifting a dress in a Manhattan store in February. She was sentenced to one year on the petty larceny charge and one year for parole violation. After her arrest, Farrell spent one day in the men's jail at Rikers Island before being transferred to a women's lockup pending the proceedings of her suit.

Farrell, named James at birth, was the victim of chemical deficiency of male hormones and began taking estrogen injections at 14, according to court papers. Four years later, Farrell became Jacqueline after undergoing breast implant surgery and removal of both testicles.

Those of you
who think you
know everything,
really piss-off
those of us
who do !!!

TEN THINGS NOT TO DO...

WHEN GOING TO THE GENDER CLINIC

by Veronica Jean Brown

Transsexuals going for the preliminary psychological and psychiatric evaluations or appearing before their local gender clinic board meetings either for hormone approval, or to seek approval for SRS, need to keep a number of things in mind to assist the helping professional in coming to an accurate and just conclusion for each candidate. The Gender Identity Clinic of New England members were polled for accounts of the most bizarre candidates, and for what not to do when showing up.

10. Don't offer to give each board member tango lessons if they approve you for hormones.
9. Don't show up with your three pet boa constrictors saying, "Mitzi, Fifi, and Joesphine will really get upset if you aren't approved for surgery."
8. Don't walk into Dr. Higgins' outer office and play with his toy Macintosh computer or try to sterilize the 3.5 inch microdiskettes in the microwave.
7. Don't attempt to sell greeting cards or chocolate bars to the board members.
6. Don't show up with your pit bull, or your Mother's ashes.
5. Don't ask to use the fax machine to send out a few personal letters.
4. After an arduous session, don't tell them you've already been approved by four other gender clinics.
3. Don't say if you don't get hormones, that everyone in the room will regret it.
2. After being asked a difficult question, don't ask to leave the room to call your wife.
1. While you're being evaluated, don't take five calls on your cellular phone saying, "You have a little transsexual counseling business on the side."

OPRAH HE... ER SHE'S NOT

A man who won the Ladies' Home Journal Oprah Winfrey look-alike contest said he did not misrepresent himself as a woman. He is undergoing a sex change. "I'm not lying to the public," Jecquin Stitt told television station WJRT. "You know, because I am going through some changes." Neither Stitt nor the station disclosed how far along Stitt was in getting a sex change. The city water department worker sent a photograph and an essay to the Journal, which was running a nationwide contest to locate look-alikes for the talk-show hostess. In a newscast WJRT identified Stitt as a woman. After the newscast, WJRT said it received several calls from people saying Jecquin Stitt is a man.

Just when you think
life can't possibly
get any worse,
it suddenly does



LETTERS TO THE EDITORS

TO: All groups, support networks, clinics

In response to recent worldwide demand for hormonal information, we have just completed the publication of 'HORMONES', by Sheila Kirk, MD. It is the finest and most comprehensive publication on the subject that has been produced, and is now available from stock. This publication provides an understanding of the hormonal therapy used by transgendered persons. The publication is for those receiving or contemplating hormonal therapy, for medical and mental health professionals who have transgendered persons as their clients, and those looking for basic knowledge. Single copies are available at \$8.00 per copy, Ref #017.

Yvonne Cook
Director of Operations
IFGE, PO Box 367, Wayland, MA 01778

Dear Group Leader;

I am in need of help and assistance from any member of your group who may know of any post-op M to F transsexuals. We are working on trying to get a national conference started for the "New Women". I would be grateful for your support in this effort.

Christina W. Young
Outreach Institute
Kenmore Station, Box 368, Boston, MA 02215

THE EDITORS STRIKE BACK

To the editors of Twenty Minutes:

I need to comment on the issues of "Surgery on Demand" from the 1/91 issue and JoAnn Roberts commentary from 3/91 for I see confusion. Who speaks for the unborn person having the misfortune of being inside a woman who chooses not to give birth? JoAnn says in her last paragraph- "We need all the protection we can get and we must preserve our most basic rights - Life, Liberty, and the Pursuit of Happiness". Is it not life which is paramount?

I speak for life, the life of the person not yet born when I say: "No person or entity has the right to condemn to death any person for the comfort or satisfaction of another, be they a General or a Mother, even the mother of the person yet born. SRS on demand or with criteria is and has been appropriately within the realm of the "pursuit of happiness". If we as a society honor "life and liberty" then by all means the "pursuit of happiness" should be honored. Is it not true that the honoring of "life" in all its manifest forms be pre-eminent to the "liberty" or happiness" of anyone? this is the question!

Sincerely,
Randolph, Centereach, NY

Dear Randolph,

Excuse us, but the topic was 'SRS on demand', NOT abortion on demand. The link between the two was made only to show how more restrictive laws prohibiting abortion could eventually lead to more prohibitive laws against SRS or other elective surgeries. As TSs are rendered incapable of reproduction by SRS, the moral issue of abortion is one we need not face, especially not by someone named Randolph.

The Editors

Dear XX Club,

In January 1990 I met my endocrinologist for the first time - to obtain female hormones for a sex-change. I was told to eat nothing from midnight on and to show up at a lab for a battery of blood tests. After that I could begin taking the hormones. In August 1990, I repeated the blood tests. At my meeting with the endocrinologist to evaluate my condition after the second tests, he announced that I was becoming anemic. He ordered another battery of tests in three months and warned me that if my condition got worse "steps would have to be taken." Disturbed by those ominous words, and fearful that I might be taken off hormones, I consulted a paperback book entitled Women (and the Crisis in Sex Hormones), by Barbara E Gideon Seaman, MD.

I feel that folic acid deficiency is causing my anemia and as I have been taking folic acid plus all my other vitamins and minerals at bedtime and upon rising for 15 years. My endocrinologist instructed me to take my Estinyl at those same times, and although I'd heard of cuses where medicines and vitamins could interfere with each other, I took the estinyl and the vitamins together. After reading the information in the Seaman book, I have decided to take my vitamins at least two hours after taking estinyl in the morning. I know from the PDR that estinyl fills the blood, then hides in the liver, then fills the blood again 12 hours after the pill is taken. I am trying to schedule my vitamins at a time when the folic acid will not be affected by the estinyl.

Three months after my frightening warning I was back within the normal range for females - all the while continuing my female hormones. My endocrinologist has admitted, "you are no longer anemic."

Sincerely,
Catanja, Hoaton, TX

Dear Catanja,

From past letters, it seems that you've been looking for nothing but shortcuts for your transition - from information for buying street hormones and SRS on demand at chop-shops in Mexico. Your shortcut methods almost did you in and I can only hope that maybe now you will work within the system and listen to your doctors. There are NO shortcuts!

Becky & Sonia

Dear Becky,

I was surprised to see that you printed my letter in the March edition of Twenty Minutes. Not because it wasn't print worthy but because my confidence isn't always what it should be. As I reread the letter I was taken back by the fact that you and/or your staff felt it was necessary to change the value of my text by changing ONE word. This is by no means my first letter to an editor but it is the first time that an editor has distorted what I had to say just by changing one well placed word.

I'm really not sure how to take this, I know my vocabulary extends beyond the Webster but I didn't think that it would present any difficulties in understanding. Is it possible that your word processor couldn't identify the word and offered a substitute? The word that was removed is "presbyopia", replaced by the word "conception" in the first sentence of the third paragraph. Presbyopia is a condition relating to the human eye that all of us humans, transsexual or not, experience and is the reason why mom and dad have those funny little windows in the lower portion of their eyeglasses. This condition becomes noticeable to most people at approximately the age of 40 years. I used the phrase "between presbyopia and retirement" as a descriptive time factor or value.

By changing this word to conception, you also changed the time factor being expressed here as to one that begins before birth versus one which begins halfway through the average human life span. This was to say that you do not become transsexual halfway through life, in my opinion it just doesn't work that way.

I believe transsexualism to be congenital (Webster's, and I quote: "existing as such at birth"), an understanding well acquired through personal experience as well as from knowledge passed on to me from those who have helped smooth this path before me. It is with this understanding, as well as in agreement with my Creator, that I share with you the respective value of these thoughts and understandings in a supportive manner.

Respectfully,
Dara [REDACTED] Manchester, CT

Dear Dara,

My vocabulary also extends well beyond the Webster's, but remember that our readership does not all have this ability. Large words and creative style can be overused. What good is it if you have to read everything with an encyclopedia, dictionary and a thesaurus in hand?

Sonia

Dear Dara,

I am not impressed by big words that are only understood by the person using them. I looked up your word and felt it was out of context. You state yourself that you believe that transsexualism is congenital - so what's your problem with my changing your word to conception?

Becky

Dear Editor:

In reply to the letter from Dara R. in the March 1991 issue addressing my letter in the February 1991 issue of Twenty Minutes. While I found her letter long on metaphor and riddled with cliches, it was just a bit light of substance, of my first letter.

The more I read Dara's letter the more I see that she is repeating the often heard, officially TS Empire approved, standard rhetoric given to the pre-op TS who refuses, for whatever reason, to go along with the prescribed "program". I must admit however, that I was somewhat surprised to read that God determined the criteria for SRS, and here I thought it came from the Harry Benjamin Foundation. Dara, you remind me of the leader of a supposed TS support group that I attended once. This leader was nothing more than a glorified Drag Queen. Her idea of living full time as an electrologist working out of the back room of the TS support group's building. This "queen" ruled over her loyal subjects with an iron fist. Anyone wishing to attend the group meetings had to be "interviewed and approved" prior to being allowed to attend. Post-op TSs were usually excluded, and anyone fortunate enough to be permitted to address the group had to first agree to not say anything this 'leader' did not agree with. The only information the loyal followers were given was a highly distorted, heavily transvestic viewpoint.

Dara, rather than being the "Moose in the corner" you claim to be, I would be more inclined to suspect you were the "Rat in the woodpile". You are a pre-op, same as me. So just how can you know that my idea of what it is to be a TS is any less valid than yours. If I wish to stay married to a woman who has clung to me for years and prevented my leaving by laying a heavy load of guilt on me, so what! If my idea of the Real Life Test is to go to the Gender Center and wear a pretty dress and sip punch while I munch cookies, who is hurt? Since I retired from my former occupation of driving monster trucks, I don't have to go out and work as a woman, what is wrong with that? I don't think me and Martha could live on the five dollars an hour I could make as a woman anyway. And, maybe I do stay in the house all day and send Martha out to the store. The thing is, I like to stay in the house and do 'fem' things. Besides, I do get out occasionally when I act as an official at archery contests and I do still enjoy deer hunting and shark fishing.

In your letter Dara, you point out that "Reality should dictate a different message, one of wholeness, of coming together with one's very being". The life-style that I am living is reality as I know it. Therefore, I should not be denied SRS on demand simply because my reality is different from yours, or those medical professionals I must rely on for the surgery. If I request an operation and am willing to pay hard cash to get it, this should be my decision and my responsibility, and if I make a mistake then I am the one who will suffer for it, not you, not the TS community, not the surgeon.

Sincerely,
Maavais [REDACTED], FL

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