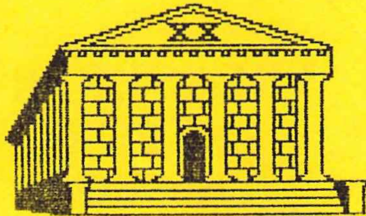

TWENTY MINUTES

JUNE 1989 THE XX (Twenty) CLUB $2.00

Young woman struggles to shed male body

There is a battle going on in New England these days. News of the battle have been reported on the front pages of the Boston Globe, the Portsmouth Herald, Foster's Daily Democrat, and in newspapers all around the country. Blue Cross Blue Shield is being sued by 23 year old Sarah Luiz, a resident of Portsmouth, New Hampshire.

For nearly three years, BC/BS paid for Sarah's psychotherapy and hormone treatments allowing her to prepare for sex reassignment surgery. Blue Cross now refuses to pay the $11,000 cost for SRS, citing a paper work error.

Sarah's case revives an issue of health insurance coverage that has lain dormant since 1982 when the Massachusetts insurer decided to stop covering sex reassignment surgery. Their decision was based in part on a 1981 report by the National Center for Health Care Technology which concluded that the operation is "controversial in our society" and experimental.

A second factor in Blue Cross's decision was the 1979 study from John Hopkins University in Baltimore "that showed the surgery was not effective in resolving the issue of gender identity, and sometimes results in some complications."

Both the Hopkin's study and the federal agency's conclusions are sharply disputed by those who work with gender dysphoric people - a recognized medical disorder in which the patient feels strongly that he or she is trapped in the body of the wrong sex.

"The study out of Hopkins was a horrible study," said social worker Carol Steinman, a founder of the now defunct Gender Counseling Service in Boston who wrote a formal rebuttal to the report at the time.

Sarah argues that the company should have not paid for her preoperative treatment without innforming her they wouldn't pay for the surgery. Blue Cross says, "You should have known, you should have asked," Sarah said. "I just assumed they would cover it since they were covering everything else. I would not have gone through this if I knew I was going to be left in midstream." The sex reassignment surgery has been done now for thirty years? This is experimental surgery? Blue Cross pays for new surgical procedures that have been around for a lot less than thirty years.

In a letter written to the Twenty Club, Sarah Luiz outlined her goals. Sarah wants to set a legal standard preventing BC/BS from doing this to another transsexual person, and she wants them to change their policy so they will cover SRS. Sarah also plans to use some of her money to set up a fund to aid other transsexuals. If anyone would like to help Sarah Luiz in her fight against BC/BS, she is looking for people who have been mistreated by BC/BS in the past because of their gender dysphoria. You may write to her at 511 Cutts Avenue, Portsmouth, NH 03801, or call her at (603) 433-3067.

CHRISTINE JORGENSEN

1926 - 1989

Deaths

Christine Jorgensen, 62, first sex change patient

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TWENTY MINUTES

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The sun, as common, went abroad,
The flowers, accustomed, blew,
As if no soul the Solstice passed
That maketh all things new.

- Emily Dickinson

And so goeth the wheel of life. Humans are the only creatures on this planet (to the best of our knowledge) who are aware of death. The animals are perhaps a little more fortunate and have been spared this luxury. Enter then, the invention of religion. Some of us are Christians and believe in a life after death. And some of us, as the ancient Pagans did, believe in a continuous cycle of birth, death and rebirth.

Whether it be a faceless name in the newspaper obituary column, a close friend, loved one or someone famous, another person's death reminds each of us of our own impending demise.

We welcome all contributions. The Twenty Club is not responsible for opinions or accuracy of information provided by writers of submitted materials. All such material becomes the property of the Twenty Club. Parts of this newsletter may be reproduced if source credit is given.

calendar

MEETINGS

Saturday, June 10

Saturday, June 24

Regular meetings of the XX Club are held the second and fourth saturdays of the month at Christ Church Cathedral, 45 Church Street, Hartford, CT, at 2 PM sharp. (Located at the corner of Church and Main Streets in the downtown area across from G. Fox.) If you believe you are gender dysphoric, you are welcome to visit and find out more about our group and talk about yourself and your feelings. The XX Club is a transsexual support group, not a dating service or social organization. There is NO SMOKING allowed during the meetings, though we do allow smoking when we socialize after the meetings with munchies. We attempt to provide peer support and practical information about making the gender transition, as well as information for the Gender Identity Clinic of New England. There is no fee (not yet) to attend our meetings, but a yearly subscription to this newsletter will assist in our outreach and educational work. All other monetary donations accepted cheerfully.

Sr. Mary E. Visits XX Club

Sr. Mary Elizabeth was the featured speaker at our May 27th meeting. Her talk and later question & answer session was informative and entertaining. "Of all the groups I've lectured to, this group asked the most questions pertaining to the religious aspects of transsexualism", Sr. Mary commented later. This proved to be the highlight of the year as 41 members attended. Many thanks to Sr. Mary and to Rupert Raj for chatting individually with members during the break after the meeting. And many kudos to Veronica and Paddy for the excellent spread of food. We are also pleased to announce that the XX Club was able to donate $30 to J2CP Information Services. Let's hope Sr. Mary E. can come back again someday.

ATTENTION F-M TS'S

Steve and Chuck have taken on the task of forming a long-overdue support group for the F-to-M members of the XX Club. Meetings are scheduled to begin in July on the first and third Saturdays of each month at Steve's house. For more information, please call Steve Parent at (413) 737-5032.

TREASURER'$ REPORT

Balance - from April		$1182.54
INCOME:		
Collections - meetings		129.31
Newsletter subscriptions		144.00
Brochure sales		38.00
IFGE sales		43.00
CDS sales		11.50
GF sales		6.00
J2CP sales		.00
Donations		6.30
Savings interest		5.25
Total Income	$383.36	
EXPENSES:		
Refreshments		132.13
Donation to J2CP		30.00
Advertisements		10.00
Newsletter		115.45
Postage		76.05
Supplies		22.73
IFGE purchase		15.00
Total Expenses	$401.36	
Net Loss for May		$-18.00
Balance - end of May		$1164.54

XX CLUB PICNIC

This year's summer picnic will be held on Saturday, July 22 at Straton Brook Park in Simsbury, CT at or near the covered pavilion. All members, families and friends as well as members of other clubs are invited to attend. For the picnic, bring your own food, and if possible, bring a little extra to share with others. As in the past, the club will provide the ice and the soft drinks. More information and a map will be provided in the July issue of *Twenty Minutes*. See you there!

"So, are you here for hormone or surgery approval?"

HORMONES, SURGERY AND SUBSTITUTES

by Brenda

A hormone is defined as a chemical substance, formed in one organ or part of the body and carried in the blood to another organ or part which it stimulates to functional activity or secretion. (Stedman's Medical Dictionary).

Hormones are products of ductless glands, i.e., pituitary, adrenals, thyroid, pancreas, etc. Normally, the effect of a hormone will be exitory in nature, but occasionally may be inhibitory. Apart from small amounts which may be held in the endrocrine orgins themselves, hormones are not stored in the body. The effect of a hormone on the body is to influence that organ or tissue in its growth, nutrition, and function.

Therefore, with the above definitions and brief explanations, HORMONE therapy should be considered only after extensive study, deliberation, counsel, and then under the direction and supervision of a quailified physician.

To assume that ingestion of an estrogen or progesterone (the female hormones) will make one more feminine is a gross misconception and can cause serious complications immediately or sometime in the future. Unless one is convinced of his/her orientation, hormones should not even be considered as an alternative. SUBSTITUTES will more than achieve the desired effect when used correctly.

The sex glands (the parts of one's anatomy that determine one's sex) are the testes in the male and the ovaries in the female. They are commonly known as the gonads. They are the primary organs of sex. They furnish the male or female sex cells (spermatoza or ova) and the hormones upon which the ULTIMATE maleness or femaleness of the being depends.

The primary male hormones are testosterone and androsterone or commonly referred to as androgen. The female hormones are estrogen and progesterone. Hormones alone do not give the end result of a male or female apperance. Many other factors enter into this complex equation. In addtion to the physical and anatomical effect of hormones, they are also very influential in the psychological makeup of an individual.

SURGERY is defined as the branch of medicine which has to do with external diseases (those of the skin excepted) and all other diseases and accidents amenable to operative or manual treatment. PLASTIC SURGERY is the branch of operative surgery which has to do with the repair of defects, the results of loss of tissue, of extensive cicatrices, etc., by direct union of parts, by grafting, the transfer of tissue from one part to another.

Cosmetic surgery is an idea whose time has come and to such a great degree that no time in our history has the art of surgery to improve the appearance achieved as much success and public awareness as right now. There is nothing that plastic surgeons cannot either correct, alter, or improve on. More refined drugs allow more control and fewer complications in surgery, antibiotics have lessened the dangers of infection, and improved materials have minimized the risks of rejection when used for reconstruction.

New procedures such as lipolysis have made it possible to resculpt major portions of the body with minimal discomfort and risk. Much of this surgery today is ambulatory, done in the doctor's office with the patient returning home the same day, which has greatly reduced the cost of surgery and made it accessable to many more people.

(EDITOR'S NOTE...The article above is partially reprinted from the March 1989 issue of THE PRIMROSE, the newsletter of the CHICAGO GENDER SOCIETY. We were furnished with only the first half of the article. Should we be provided with the portion about SUBSTITUTES, it will be printed at a later date.)

CONGRUITY, DON'T DREAM IT... BE IT! A TRANSSEXUAL PERSPECTIVE

by Louise L. Raeder

This article is in response to the article entitled *Hormones, Surgery, and Substitutes* which appeared in the March issue of THE PRIMROSE.

The view presented there is obviously of a mentality that does not reflect the convictions of virtually all transsexuals. The potential dangers mentioned in the article of various forms of plastic surgery including SRS are hardly a comparison to the potential as well as the very real dangers of going through life INCONGRUENT, INCOMPLETE, and UNHAPPY at the very least.

This concept seems to be difficult for many (including some C.G.S. members) to understand as indicated by such statements as "after the surgery, what if you want to go back to being what you were before?", or.. "I think you're crazy for taking hormones and going through all that hassle, why not have the best of both worlds", or even... "I'd rather die first!".

Although many TS's have been driven by the despair and depression of gender dysphoria to at least consider suicide as an alternative to tolerating an intolerable condition, we do prefer life and LIFE MEANS CONGRUITY for which there is NO SUBSTITUTE!

For those who go to meetings and/or bars "dressed" only to take off the "Wonder Woman" costumes when they are through and go back to being "Clark Kent", the use of substitutes and "The Fabulous Fakes" may be perfect for them. As long as they remain in such a controlled environment as to be together in large numbers, to be accepted by the management and other patrons of various establishments which they frequent, much of this being accomplished by sending out "advance scouts" who are usually not "dressed" to secure such acceptance and reconnoiter the area to first see if it is "safe".

For those of us who live in the real world, nothing less than the real thing will do, not just for us but for those around us as well who demand that a woman be a real woman. As an entertainer who traveled around the country, I can tell you first hand that fake breasts, hips, buttucks, etc. simply don't cut it and neither does a five o'clock shadow always trying to poke its way through the foundation no matter how thick it's piled on.

To anyone who can honestly think that substitutes are good enough, I invite them to try living just for a few days or so in the real world while using them to express their "feminine self" and see how far they get, especially with such an attitude as "I just wanna be a girl".

It should be quite obvious by now that WE ARE GIRLS when we live 100% of our lives 24 hours a day in the female role because we feel more complete and fulfilled that way and there is simply no substitute for it.

There is no substitute for the electrolysis that permanently removes the ugly hair from our faces. No woman wants a beard and I can tell you as a professional electrologist that when it is performed by a knowledgeable, skillful, and compassionate person, the sensation can even be pleasant when the client realizes that each time a hair is removed, it brings her that much closer to congruity.

Nor is there a substitute for hormones that feminize our bodies and our brains just as there is no substitute for the dedicated attitude with which we work on the pitch and inflection of our voices, our mannerisms and our presentation in general in order to not only survive out there in the real world but to actually appreciate and enjoy our congruity. In the final analysis, the acronym TS also means TRULY SERIOUS.

RELIGION

SEX REASSIGNMENT AND THE CHURCH: UNJUSTIFIED MUTILATION? - PART 3

By Sr. Mary Elizabeth, SSE

(EDITORS NOTE: Since the wide-spread publication of "The Church and the Transsexual: Can the Church Change?" and the beginning of this series, Sr. Mary has received over three dozen letters from readers seeking answers to their conflict between religion and gender. In future issues, she will continue her attempt to find answers to the many questions offered in her mail. Comments or questions are invited and should be sent to Twenty Minutes.)

In the first two segments of this series we explored what might be construed by some as a narrow use of Holy Scripture to support the contemporary view that sex reassignment surgery is *unjustified multilation* and an abomination in the eyes of God. In this segment we will explore the theologian's final argument--i.e. *Gender dysphoria is a psychological phenomenon, which by its very nature is based on subjective experience*--which is, by far, the most difficult to challenge.

The cause(s) of transsexualism continue to be disputed among professionals; most of the controversy, as discussed in segment one of this series, focusing on whether the etiology is pshychogenic or organic. Money and Ehrhart have suggested a fetal metabolic or hormonal component may predispose a person towards gender-confusion (Money & Erhardt, 1971). Block and Tessier have proposed an endocrine theory which assumes that chromosomal and endocrine sex do not always correspond (Block & Tessler, 1971). Another organic theory suggests malfunction in the temporal region (Hoenig, 1979). Virtually countless theories abound, with research failing to wholly support any one position.

A plausible explanation for this lack of consensus is the fact that no measurable evidence of hormonal or chromosomal abnormalities have been found (LeRoy, A & Morse, M., 1979), and psychological tests, which can successfully differentiate the transsexual from the so-called normal population, are non-existent. (Mehl, M., 1972). The result is that most professionals accept the theory that best corresponds with their own personal background, education, and clinical experience.

Diagnosis at present centers on the ruling out of other conditions, and is made on the basis of psychological and psychiatric criteria rather than physical criteria. Diagnostic information is obtained through physician/patient interviews, with the patient oftentimes relying on subterfuge in order to realize his or her goal. (LeRoy, A. & MOrse, M., 1979). Diagnosis, therefore, is often questionable and the term *transsexual*, suspect.

The term *transsexual* has come to cover such a multitude of *psychological conditions* that all one knows when the term appears in the literature is that a patient, labeling himself transsexual, requested sex reassignment surgery, and the physician accepted that self-diagnosis. (Meyer, 1972). For example, a search of the literature, including TV/TS publications, discloses a variety of terms--i.e. *True transsexual, bona-fide transsexual, primary transsexual, etc.* What do these terms mean? The definitions found in the literature appear more *subjective* than *objective*. Small wonder, then that Meyer was compelled to write *"I have the terms 'transsexulism' and 'transsexual' both written in my notes in quotation marks. I find that I really cannot use them without quotation marks any longer, because I am no longer confident of their meaning." (Ibid).*

An effective challenge to their argument seems hopeless in view of the preceding facts. The fact that we cannot provide a comprehensive definition, nor fully explain the origins of transsexualism, does not mean that answers are beyond our reach, however. (Doctor, R., 1988). In bits and pieces, that are often the subject of lively debate, God's continuing revelations are alowing physicians to unscramble the body-mind puzzle.

While medical science continues to seek answers to the problems at hand, what do we--the church and society--do? Will we game play? Or will we, in faith, struggle together in the reality of the present world depending on a gracious and loving God to minister to and through all persons seeking grace and fulfillment.

The transsexual, torn by the conflict between his physique and psyche, often miserably able to function even on a minimal level, frequently exhibits such extreme unhappiness that suicide or self-mutilation becomes a real risk. (Krieger, M. et al., 1982; Money, J. et al., 1980; Lowry, F. et all., 1971). Their suffering is beyond belief. (Leff, 1977). To deny access to treatment would be unconscionable.

Some, however, would do just that. Sincerely believing they object to sex reassignment on moral grounds, frequently conceding that the highest morality lies in providing relief from suffering, they deny the right to this relief to the transsexual. These same individuals may hold that suicide is a mortal sin, while refusing to recognize that the transsexual who does not obtain medical help may very well, in his desperation, choose death as the only alternative from life.

God has shown by His actions and nature that His love and concern extend to every area of human life. The dominant theme of the Gospels is a Divine Person actively engaged in healing physical and emotional anguish ... bringing wholeness. How then does one justify denying therapies and surgical procedures capable of bringing completeness, wholeness and oneness to one so desperately in need?

Our Baptismal covenents, not to mention the Gospels, enjoin us to be compassionate, *"to strive for justice ... to respect the dignity of every human being."* Are we not, therefore, compelled to stand between the dehumanizing forces within society and people, to strive for compassion born of understanding, coupled with the knowledge of what, with God's infinite love, we can accomplish.

NEXT: God's Healing Love

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THE LAST WORD ON ELECTROLYSIS

by Lynda Breckenridge

From time to time, articles appear in various gender oriented publications on electrolysis. Before reading any further, read this: electrolysis is the only method of permanently removing hair from your body. Now read on, dears.

You want to tweeze it, pluck or wax it? Go ahead and waste your time. The hairs will grow back. Women have been doing this for centuries. An old wives tale (actually a grandmother's story), tells how her mother told her to pluck out the hairs on her legs before puberty. Then there's the famous story how certain Native American Indian males used to pluck out their beard hairs with clam shells before the onset of puberty.

The latest ripoff (or should that be, ripout?) directed against the vanity of women, TVs and TSs are the new (and expensive) Epilady and Remington Smooth and Silky electric devices. (And don't forget *Ripalady*!) The principle is simple really, a rotating slender looped spring rips out the hairs from the roots. In spite of the Madison Avenue hype, there's nothing feminine about ripping out hairs from your body. Any guy with hairy legs who quickly gets up from a tightly meshed lawn chair or chaise lounge can easily attest to the effectiveness of this method.

Shaving is quick and easy for underarms and legs. As long as you keep your arms down when wearing a tank or sleeveless dress, no one will notice the five o' clock shadow under your arms. Cutting the hair off at the skin level leaves behind that tell tale stubble of broad, chopped hairs.

Chemical hair removers have a characteristic smell and come in cream, lotion, foam and brush on forms. The Federal Drug Administration reports that cream depilitories are the most popular.

The structure of hair is primarily the chemical keratin, and one of the building blocks of keratin is the sulpha-containing amino acid called cystine, which makes up some 15 to 17 percent of the hair shaft. The alkali and thioglycolate in the remover attacks the cystine to break the molecules that hold the keratin together. The hair shaft absorbs water, swells and loses its strength and can then be scraped away from the skin. Negative side effects occur in some people and include rashes, redness of the skin and swelling

THE FDA STATED THAT ELECTRONIC TWEEZER TYPE HAIR REMOVERS ARE NOT EFFECTIVE METHODS AS NO SCIENTIFIC STUDIES HAVE BEEN MADE ON THEM...

A recent addition to the hair raising market is the electronic tweezer, which the FDA says works about as well as nonelectronic tweezers. The FDA has taken action against some manufacturers who claim permanent hair removal without substantiated proof. Devices such as Depilitron, Biopilitator and Detillex were seized for false advertising. The FDA maintains that electronic tweezers have not been scientifically studied to prove actual effectiveness.

Forget the bleach, the hair will still be there. Waxing is fun if you are into pain. Mass plucking is another word for waxing. There are some unwanted side effects such as enlarged or distorted follicles. Infections can occur after the hot wax seeps down into the follicles. Another unwanted effect is that waxing will remove the light vellus hairs that coat the body to keep it warm.

With waxing the act of pulling the cooled wax off may stimulate increased hair growth. The blood rushes to the surface of the skin and may stimulate follicles that were dormant. The skin is pulled when the wax is peeled off and this may result in wrinkling over a period of time.

Electrolysis is the only proven, effective method of hair removal. For the M-F transsexual, it's better to begin the process after hormones are started. The skin will become softer and easier to work with.

There are several methods available but be sure the electrologist uses an insulated needle (ask for your very own needle, they will last for ten to fifteen hours). In this way, most of the electrical energy is concentrated at the bottom of the follicle where the root is. A chemical process takes place killing some cells. In time and after subsequent treatments, the blood suppply to the root is cut off and the root dies.

There are three growth stages in the life of a hair. If electrolysis is performed during the wrong stage, the treatment will be ineffective. Each hair may have to be treated three to six times before the hair is gone. The average cost to remove the beard from a M-F TS will be $3000-$7000 and may take 150 - 250 hours. So dears, enjoy every minute of it.

WE'RE NOT HERE...

TO TEST THE WATERS,

WE'RE HERE TO MAKE WAVES!

You can help us accomplish this goal by sending informational articles or letters expressing your opinion on any matter at all concerning gender dysphoria or transsexuality, or some previous article or editorial seen in back issues of Twenty Minutes. You, as a gender dysphoric or transsexual person, need not be afraid of censorship by *those* who don't care, or who don't fully understand our plight. The staff of Twenty Minutes does care, because we've been there. And don't be afraid to disagree with our editorial posture. We're still learning a lot of stuff ourselves.

SUBSCRIBE NOW!

A CHARACTER STUDY

by Paddy and Michelle

In the beginning all male-to-female TS's have only clothes and make-up to manifest their dreams of womanhood visibly to the general public. Physically, they are still predominatly masculine and hormone therapy does little to feminize the masculine form. To this end much effort is put into planning the right clothes, make-up done just right; countless minutes are spent examining one's reflection until perfection is complete.

Then, and only then, does the M-F venture out into public view.

Further minute changes occur following SRS, the biggest change occuring inwardly. The M-F knows that she is now beyond detection and can defy even the closest sruntiny. "I AM a woman", she can say, (and she can believe it) and few can dispute this statement. Why is it that many M-F TS's stop trying to further develope an undisputable feminine image and seem to think projecting a feminine aire is no longer necessary? Many slump back into old habits, pride in their appearance no longer matters. They stop using make-up and stop trying to act feminine, confident they no longer have to prove it. Their desires are stifled; the fun is gone from dressing in fancy clothes. Going out on the town becomes as mundane as a woman as it was a man. One's ability to pass in a female dressing room is not concrete evidence of one's gender.

In actuality life has changed little from the previous male role: making friends, earning a living, eating, entertaining and sleeping.

What one does with this new persona is the bottom line to all the effort getting to this point. It is a must to continue projecting a strong female image --- make-up, stylish clothes, jewelry, perfume, mannerisms --- to combine with that new found internal confidence. If the outside image is not continued and practiced further the entire exercise has been a waste.

(EDITOR'S NOTE...This article was offered to TWENTY MINUTES from TRANS NEWS, the newsletter of TRANSITION SUPPORT in Toronto. See Paddy's Ad on the back page.)

O.K. for dad to dress as woman, rules court

A divorced dad who underwent a sex-change operation will no longer have to change into men's clothes when visiting her son, a court has ruled.

The Canadian court agreed to drop earlier requirements that the sex-change father dress as a man and be accompanied by a chaperone when visiting the Montreal couple's 11-year-old son. The couple's nine-year marriage crumbled in 1985, when the husband and father decided to become a woman.

ONE-STAGE PHALLOPLASTY IN TRANSSEXUALS

R. Meyer, P.J. Daverio, J.Dequesne

We show a one stage phalloplasty in female transsexuals with a modified Chinese forearm flap, including the cutaneous nerves anastomosed to the genital branches of the ilioinguinal and iliohypogastric nerves and the perineal braches of the pudendal nerve to obtain true genital sensibility. Immediate hysterectomy and vaginal closure are performed, providing vaginal skin to complete the neo-scrotum built up with the labia and to cover the glans. A vaginal flap, acting as a corpus spongiosum. Autogenous costal cartilage is used as a stent for reinforcement, substituting for the corpora cavernosa. The donor forearm area is covered with split skin. The urethral catheter must be removed after six weeks, at the earliest. There is no incontinence and urination is possible in a standing position. Genital sensibility of the penis is achieved after eight months. The penis remains in a semierect position, as in individuals with noninflatable penile protheses. After one year, when all the scar tissue has become soft enough with good sensibility, erectile implants can replace the cartilage stent if desired, and at the same time testicular implants can be inserted. This is a one stage, 10-hour microsurgical plastic and gynecological procedure and requires a ten-day hospital stay with very simple follow-up.

(EDITOR'S NOTE...This article provided by the Belgian Genderfoundation.)

NEW VOICE MODIFICATION TECHNIQUES

by Micheline Johnson

Conventional treament for TS's to improve the feminineness of the sound of their voice, have concentrated on the raising of the mean fundamental frequency, of modifying the inflexion to be be more appropriate, of the use of a more appropriate vocabulary, and even of adding a certain "breathiness" [see for example:

Jennifer M. Oates and Georgia Dacakis, "Speech Pathology Consideration in the Management of Transsexualism - a Review", British Journal of Disorders of Communication, vol. 18, no. 3, pp 139-151.
and

Voice Facts - Twenty Minutes, February 1989 - reprinted from November 1988 issue of Double Image]

Recent research has shown that raising the mean fundamental frequency etc. is not enough, and that the voice is still identified as that of a male if the vocal tract resonance is left unaltered. In an article:

Kay H. Mount and Shirley J. Salmon, "Changing the Vocal Characteristics of a Postoperative Transsexual Patient,..." Journal of Communication Disorders, vol. 21 (1988), pp 229-238.

The authors are of the opinion that vocal tract resonance characteristics may be the second most important acoustic clue to speaker [sex] identification. They quote the previous results of Peterson and Barney (1952), Ladefoged and Broadbent (1957), and Coleman (1971). More importantly they report in detail on the method they have used which enables the patient to modify her vocal tract resonance and so sound like a woman instead of a high pitched man.

Recommended reading. Show this article to your voice therapist.

The Right Way to Examine Your Breasts

Usually, women are the first to discover a change in their breasts. That's reason enough why every woman – from the time menstruation starts – should make a habit of monthly breast self-examination (BSE).

Marylou Keegan, oncology nurse clinician at Monmouth Medical Center, encourages women to do the total examination as described on this page. "You can't just look for changes," she says. "You need to palpate – or feel – your breasts, also."

Ms. Keegan participated in the recent Breast Cancer Awareness Week. As one of 86 sponsoring organizations, MMC provided free physical examinations, taught BSE and offered mammograms for a nominal fee. Here are some of the tips on BSE that Ms. Keegan shared with participants:

- Conduct BSE regularly, so you will be familiar with the normal changes and irregularities in your breasts. Women with fibrocystic disease need to be especially diligent about BSE, so they can improve their ability to detect abnormalities.
- Perform BSE every month, at the same time every month – preferably one week after menstruation. After menopause or during pregnancy, stay with the same time every month. After a hysterectomy, your physician will help you develop a schedule.
- Your partner should also be alert to breast changes. Many lumps and changes have been palpated by partners.
- If you find a change, don't panic . . . but *do* notify your physician.
- For BSE classes, contact the Women's Health and Resource Center.

Follow These Easy Steps to Examine Your Breasts Each Month

1. In the shower or bathtub, move your right hand, with fingers flat, over your left breast, checking for any thickening, hardening, knots or lumps. Use your left hand to check your right breast.

2. In front of a mirror, stand with your arms first at your sides. Look at both breasts, checking for any swelling, skin dimpling, nipple changes or changes in breast shape. Look for the same with both arms raised straight above your head.

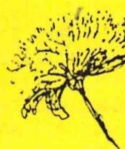
3. While still at the mirror, firmly place your hands down on the tops of your hips, so chest muscles are flexed. Check for the same changes as in step two. You may notice that the two breasts are not exactly the same in size or shape. This is normal.

4. Lie down, Put a pillow under your right shoulder; place your right hand behind your head. With your left hand, fingers flat, gently press the right breast in a circular motion, beginning on the outside. Then, move in an inch, and continue to press in a circular motion until you have examined the entire breast, including the nipple. Repeat this step with the left breast, using your right hand. Keep the pillow under your left shoulder and your left hand behind your head. It is normal to feel a firm ridge of tissue in the lower part of each breast.

Note: You can also start at the nipple and work toward the outer part of the breast in straight lines, like the spokes on a wheel. However, it is easier to find masses with the circular method. Whichever method you choose, thoroughly palpate the upper, outer area of each breast, where masses are usually found.

5. Gently squeeze each nipple between your thumb and index finger. Check for any clear or bloody nipple discharge.

When to Call the Doctor



If you notice any lump, knot, dimpling, thickening, discharge or skin or shape changes, see your doctor. Many women are afraid that a breast change automatically means cancer. In many cases, it does not. But let your doctor make the diagnosis.

(Reprinted from the July 1988 issue of Health New England Member News.)

LETTERS TO•THE•EDITOR

Dear Rev Jones,

I am a university researcher engaged in a project researching passing women and female-to-male transsexuals from an interdisciplinary perspective. I am writing to you in the hopes that you will be able to assist me in contacting people who might be willing to participate in my project. I would appreciate it very much if you could post, publish or otherwise inform any persons who might be possible participants about my project.

To anyone who might be considering participating I would like to stress that (1) complete confidentiality will be observed at all times, (2) I am a researcher and am not involved in the medical or helping professions, (3) contacting me for further information implies no commitment to participate in any further activities related to this or any other project, and (4) participants may choose what parts of the project they wish to participate in if they prefer not to complete all parts.

Thank you very much for your assistance.

Holly Devor
Woman's Studies Dept.
Simon Fraser University
Burnaby, B.C. Canada V5A 1S6

THE QUESTIONS: Where does it all begin? How does the decision to change get made? How is a change accomplished?

THE PARTICIPANTS: Persons who were born to the female sex and who have, at some point during their lives, lived as men with or without the aid of hormones and/or surgery.

THE END PRODUCTS: 1. A Ph.D. dissertation for the researcher. 2. A book about female to male sex/gender changes, passing women, and the social construction of gender.

Dear Veronica,

What is the matter with your voice? That is the question asked when I requested speech lessons. The voice is a combination of pitch, tone, intenations, inflections and a few other qualities. I felt that everything about my voice was male and I needed to change it to a female voice or in other words to learn to speak English as a female. Voice lessons do help with all the qualities of voice and can become perminent traits when practiced daily. If someone tries to change their voice to female they should be close to living as a female full time. If they feel that they are not ready to change to their prefered gender maybe they should wait. To take someones time for help without living the role I think is wrong. Voice is mostly muscle memory. To try to have two voices will only confuse yourself and the way you speak will remain as it is.

Surgery will only change the pitch of your voice. There are drawbacks to voice surgery such as loosing ones voice, having a pitch that is too high or permanent hoarseness.

I requested voice surgery from a local Ear, Nose & Throat doctor along with an Adam's apple reduction. There are presently three procedures that can change the pitch.

Shaving the vocal cords and having them heal together is the oldest method and sounds like the most dangerous to me. When the cords are shaved, infection can destroy the cords and the results would not be known until after the healing is well underway.

Another procedure is to place teflon discs at the front of the vocal cords to stretch them out. The discs would extend the Adam's apple further. This was the only drawback. A higher voice would be achieved at the cost of a larger Adam's apple.

The third procedure was found in a copy of *Gender Forum*. It involves tying the vocal cords in a manner that pulled them back. I could not have the procedure until after I had my Adam's apple reduced. I sent the doctor a copy of *Gender Forum* and hope that he may consider the procedure and also advise me of any drawbacks.

But I may not need voice surgery. By using all the qualities of my voice in a female manner may be enough to live with. Time will tell. I have no problem with people I talk to except on the phone!

I still need to live longer as a woman before saying I want voice surgery. The trama from the Adam's apple reduction is past and I can work with my voice again. An interesting note is that the Adam's apple resonated and added a timber to my voice. When it was reduced the resonance disappeared.

Anyone thinking about voice surgery should wait until any other procedures they have had done have healed. A friend of mine had a nose job done and I am wondering how it will affect her voice. I believe that any surgery can change the voice and that includes the nose, cheeks, teeth, Adam's apple, jaw bone, jawls and sinuses. It won't be dramatic but it will alter it.

I hope that this helps someone. I know it is only my opinion and that to discuss surgery with qualified surgeons is the best method. You should have a firm idea of what the outcome of any procedure will be as well as the drawbacks. A good surgeon should have the resources available to explore all the options.

If you are interested in voice lessons, try contacting a school that teaches teachers that work in the field of voice training. If you feel that voice lessons will help, even someone that is just starting out and needs clinical experience can accomplish a great deal.

Sincerely, Helen F.
Saratoga Springs, NY

Dear Veronica,

I thoroughly enjoyed the March and April issues of *Twenty Minutes* especially the TV/TS conflict articles and the tabloid format of the April issue.

It's about time someone started pointing out and attacking those who repeatedly attack us, be they from tabloid and talk show television which exploits us for the sake of their ratings or those crossdressers who simply don't care how they present themselves in public but still claim that they are entitled to full female congruity even though in many cases they have done nothing whatsoever to achieve it on their own.

I've been doing a lot of traveling around the country over the past two months and didn't have a chance to submit any articles. However, upon returning home, I was able to read your two previous issues which were just great and also the March issue of the Chicago Gender Society publication, *The Primrose* which contained an article which was not so great.

The article was written by one of the TV members (obviously) and basically stated that there's no need to take the time and effort to make a successful transition

when there are plenty of "Fabulous Fakes" out there such as the various protheses used to create a feminine ILLUSION as totally opposed to our achievement of feminine CONGRUITY.

I found the article to be quite aggravating and in reply I wrote my own. Sometimes a certain amount of polorization IS necessary. I have a background in electronics and learned a long time ago that one side of a circuit gets the + end while the other side gets the - end, try putting both ends together and you end up frying something just like putting TV and TS together in almost any situation eventually leads to trouble, trouble that WE are trying to avoid.

It's time that some attention and education be given on the fact that transsexuals have totally different needs from others in the gender community and should not be judged by the antics of others. It's no wonder we had to form THE SUNDAY SOCIETY!

Sincerely yours,
Louise L. Raeder
THE SUNDAY SOCIETY

(EDITOR'S NOTE... See the Editorial page of this newsletter to read the *Primrose* article and Ms. Raeder's reply article, "Congruity, Don't Dream It! Be It!)

Dear Veronica,

I had this job. I was up for it. I mean I was ready this time. I had all the qualifications and skills plus a few. And he wanted a woman. He'd even told the Maine Job service that. They thought I had this one, too. A friend had done my make-up and hair. Wow! Being gender-confused, I got excited looking at my own reflection! When I got there, his secretary turned-out to be one of my customers and she introduced me to her boss with enthusiasm.

A couple of cordial questions . . . and then he glances at my resume and asked that question -
"Aren't you Eric's brother?"

I wanted to grab his cute little necktie and drag him across his oversize desk. I'm not sure what I would have done once I had him close enough to see the detail of my perfectly made-up face and catch a whiff of my perfume. The interview cooled quickly but I held-on. He had me mad, now. The job service had advised me to expect a test so I asked him about it. In a voice that implied, "Oh! Are you still here?", he agreed to let me take it. It was my kind of test. I work with these circuits everyday. I breezed through it, pointing-out two questions which did not really contain enough information to arrive at the 'correct' answer.

I checked it over, handed it to his secretary and said my good-byes. If he ever looks it over - he's gonna be very sorry that Eric's sister is no longer interested.

Sincerely, Paula S.
Cumberland, ME

Dear TWENTY MINUTES,

I am writing to your publication to ask for help and information for myself which may -- in the long run -- become helpful to all transsexuals. I am a professional pyshic - channel - teacher of advanced metaphysics -- who is also a writer (straight female). For the past year or so, I have been working with a transsexual neighbor who has been telling me her story, with our anticipation of its eventual publication.

As time has passed, and as my own work and research have progressed, I have found that her story is related to the stories of all of her sisters, and more needs to be told than just her story. In order for me to do this, I need a broader base of information. I can only get this directly from people who have felt compelled to physically change their bodies to fit their inner genders.

As a psychic counsellor, I have looked past the physical -- past the psycological -- deeper -- into the level of the unseen, psychic aspects of those whom I have already interviewed. Because of what I have seen and learned, it is now my plan to take a pscho-spiritual approach to my writings on this subject. I have come to believe that in certain cases. the need for change is more than physical, more than psychological: -- that it does, indeed, go deeper into the area of spiritual needs looking for fulfillment in this lifetime, no matter what the price that has to be be paid. I have also come to believe that it is urgent for the public to become more educated about those who have chosen to make a part or complete physical change to match "what is going on inside".

There is a standard questionaire that I give to those who are willing to participate with me in this study -- and/or who may possibly become part of an article or book -- or both. I am not in a position to pay individuals for information that they might wish to share with me, and -- while I am compiling more data for this project -- I need to continue to support myself. Therefore -- I offer the following alternative:

For each person who is contacted through you -- and who asks me for a personal psychic study for a reduced rate of $35 -- I will send a $10 donation or rebate to your organization. I need help with my research !!!

Please write for my questionaire !!!
Hellen Norris
P.O. Box 66514
Scotts Valley, CA 95066

It is my sincere hope that in writing about the transsexual from this different approach, I will be able to open more doors of understanding for those who have little or no knowledge of your situations. My neighbor certainly has educated me !!! -- and so have her friends and her doctor, all of whom have been generous enough to give me time and information along with a large serving of love !!!

Sincerely, Hellen Norris

SHOE

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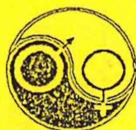

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