



TWENTY MINUTES

ANNIVERSARY ISSUE

OCTOBOO 1989

THE XX (Twenty) CLUB

\$2.00

TIME IS RUNNING OUT!

STOP!

Read the front page!

Read this month's editorial!

Write your congressional representative!

Write to the President of the United States!

The Senate has passed Bill 933 of the American Disabilities Act (an updated version of the Rehabilitation Act of 1973). This bill protects handicapped or disabled persons with mental or physical impairments which interfere with any of life's major activities, this includes employment and housing.

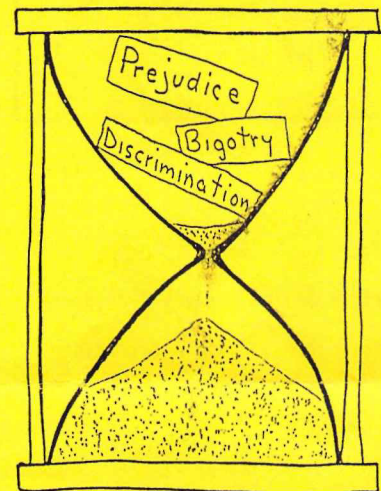
Senator Williamson of Colorado tacked on an amendment to Bill 933 that specifically excludes homosexuals, bisexuals, transsexuals, transvestites, kleptomaniacs, compulsive gamblers, drug abusers, and child molesters from the privileges under this bill.

We will be left completely unprotected from discrimination.

This bill will be passed in the House of Representatives in a matter of weeks. We, as members of the transsexual community, need to stand together, and express our dissatisfaction with the Williamson amendment to Bill 933.

When you write, you must include your name and address. You need not mention you are transsexual or gender dysphoric. You can expect to receive a reply from your elected representative.

Our very futures are at stake - ED.



THE EFFECTS OF FEMALE SEX HORMONES

Growth of breast tissue. Decrease in sex drive. Smooth skin. Weakening of voluntary muscles. Diminution of male aggression and hostility. Emotional security. Prevention of hair loss on scalp where male patterned baldness is non-existent.

THE EFFECTS OF MALE SEX HORMONES

Increase of hair growth on face, trunk and limbs. Increased sex drive and libido. Deepening of the voice. Increase in assertiveness and aggression. In large doses, acne is noted. Increase clitoral growth.

(EDITOR'S NOTE...Reprinted from the *Hollman Group News letter*.)

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Transsexual Support

TREASURER'S
REPORT

Balance - from August \$1387.30

INCOME:

Collections - meetings	17.00
Newsletter subscriptions	122.00
Brochure sales	9.00
IFGE sales	21.70
CDS sales	33.50
J2CP sales	.00
Outside services	1.12
Donations	1.15
Savings interest	6.49
Total Income	\$211.96

EXPENSES:

Refreshments	16.11
Newsletter & brochures	125.29
Postage	66.99
Supplies	.00
Bank Fee	1.70
Total Expenses	\$210.09

Net Income for September \$ 1.87

Balance - end of Sept. \$1389.17

THANKS CHRISTINE

We express appreciation to Christine Young, our guest speaker at the Sept. 9 meeting. Christine talked about the TS seminars at the '89 & '90 Be All conventions and the upcoming '90 IFGE convention in Natick, MA. Christine also talked about her first-hand experience with the surgery available from Dr. Menard in Toronto.

DRABBLE



calendar

MEETINGS

Saturday, Oct 14

Saturday, Oct 28

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 to 5 PM. (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 during breaks and after the meetings. We attempt to provide peer support and practical information about making the gender transition, as well as information about 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.

WANTED

NEW OFFICERS! It's been twenty-six months since the Twenty Club held its last elections for officers. Since that time, the president resigned because of ill health. The vice-president was attending college classes and didn't have the time to devote to the club. The secretary and the treasurer moved to points unknown, and a new treasurer was elected.

The top offices were assumed by the community liaison officer who also became the editor of *Twenty Minutes*.

The community liaison officer and newsletter editor is resigning and moving to Canada in December. The club treasurer and copy editor of *Twenty Minutes* will be moving to Florida in the spring. The assistant editor and graphic artist will also become invisible transsexuals.

The newsletter staff will cease publication of *Twenty Minutes* following the December issue. The balance portion of all subscriptions will be refunded at that time. Unless there is another...

All club materials, files and control of the bank account will be turned over to Reverend Clinton Jones.

The Twenty Club should hold elections in the very near future.

TWENTY
MINUTESPUBLISHED MONTHLY BY
THE EDITORS

SUBSCRIPTION RATES:

\$2 per single copy

THE XX (Twenty) CLUB, INC.
PO Box 80690
Forest Park Station
Springfield, MA 01138

THE TRANSEXUAL SUPPORT
GROUP OF NEW ENGLAND
AND NEW YORK

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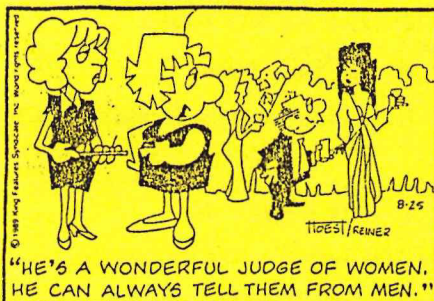
Graphic Artist - ARADIA

Contributors: Babs S.
Wendi Pierce
Abby Marie Greene
Michelle Duff

Advisor - Rev. Clinton Jones

The **F-M SUPPORT GROUP** which was holding their meetings at Steve's house will now gather at the regular XX Club meetings at Christ Church Cathedral. The club will split into separate F-M and M-F support groups following the combined session. For more information, call Steve at. (413) [redacted]

The Lockhorns



All the news that's print to fit. This newsletter is funded entirely through subscriptions and the sales of educational materials. Parts of this newsletter may be reproduced if source credit is given.

OUR GOOSE IS (nearly) COOKED

TESTING

TESTING

TESTING

YES, THIS IS A TEST

In the past year, The Transsexual Voice has carried a number of articles and/or letters expressing the need for networking. The TSV of December, 1986 had an article of mine in which I offered to help start a networking system, and perhaps a hot line.

As of this writing (March 28, 1987), I have yet to receive even one response. As a result of this disappointment and frustration, I have decided to withdraw from our national community and put forth all of my efforts into my local community.

To those of you who have expressed a need for networking, I challenge you to put your deeds where your mouths are. Most of us, if not all, have received priceless support from our sisters and brothers in our sector. Isn't it now time for us, and particularly those who have expressed this need for networking, to step forward and assume some responsibility in support of our sisters and brothers?

If you have fears about your name(s) becoming public, I say NONSENSE! All you need do is use a pseudonym. I did exactly that when I appeared on a local television talk show in Los Angeles on February 6, 1986. When asked about using the pseudonym and being recognized on the screen my answer was simple. "We all have a twin someplace in the world, and I personally have and know two; one in Chicago and the second here in Los Angeles."

As I said in the February 1987 issue of TSV, the Conservative Right Wing is building up its battle lines to undo what we have so painfully achieved thusfar, and quite honestly it is very little.

To those of you who are stirred into action as a result of this article, you may write to me care of TSV in a stamped envelope with my name on the envelope.

In sisterhood,

Andrea

We are a nation of special interest groups. The groups that wield the most power, hold the rest hostage. Men hold power over women, the whites still subjugate the blacks, the self proclaimed morally pure damn the blasphemers. Our educational system is inadequate in that while it teaches liberty and justice for all, some of us have less liberty and have to fight for justice. We're told, "Be different, be unique, be an individual..." When we get into mainstream society, we find bigotry, prejudice, fear and rejection, that is unless, we get into line with the rest of the sheep, and follow the pack.

This bigotry and prejudice are automatically built into our society. We are programmed from an early age to fear that which is different, to spurn that which is unknown, hate that which is misunderstood.

Lyrics to one song from the Broadway musical and film South Pacific lament, "you've got to be taught to be afraid of people whose eyes are oddly made...of people whose skin is a different shade...you've got to be carefully taught..."

So to any shopping center in your town and you'll find handicapped parking places set aside for a "privileged" few. This is how our society has evolved. Through laws, we give help, privileges, money, medical care, etc. to some of us who are in need of this help. And it is the special interest or more vocal minority groups who apply the pressures to our government, who determine who gets the favors.

In nature, it is the survival of the strongest, whose contributions to the gene pool that secures the success and continuation of the species. Humans by self proclamation, are above these natural laws and not subject to them. Humans have sought to tame nature and interfere with her workings. Our polluted skies and waters, dwindling natural resources and wildlife are evidence of this tampering.

In 1932, Hitler's regime listed special groups of citizens who were to be exempt from rights and privileges enjoyed by the majority.

In the 1960's, American transsexuals were denied passports by the U.S. State Department, and thus prevented from seeking sex reassignment surgery in foreign countries.

In 1988, a Twenty Club member from Ohio lost her \$70,000 a year job because after she had sex reassignment surgery, she was deemed by her employer, to have a potentially adverse effect on co-workers and customers. She recently was in the New England area interviewing for a position that paid \$18,000 a year.

Also in 1988 was the infamous amendment to the Fair Housing Act that specifically excluded transvestites.

In Massachusetts recently, pro-choice people gathered 40,000 signatures for a petition to prevent further changes to the state abortion laws.

Ten of thousands of dollars will be spent in a Hartford hospital to keep a genetically deformed newborn alive, and who would else die were it not for the miraculous intervention of medical science. Thousands of dollars are spent in the same hospital to keep the sick, tired and worn out body of an aged person alive. But for those born with the affliction of gender dysphoria, the monies and support is not there.

The Renaissance Education Association in Philadelphia has a trained group of members who speak about crossdressing and transsexualism at local colleges and universities. Paula Jordan Sinclair told me over dinner recently, "You've got to get to people when they are open and receptive to different ideas. College classes are ideal for this." Other groups such as IFGE and Tiffany have similar programs.

In September 1989, the Senate passed Bill 933 of the American Disabilities Act (an updated version of the Rehabilitation Act of 1973), and it is now in the House for approval. This bill protects handicapped or disabled persons with mental or physical impairments which interfere with any of life's activities. These activities include employment and housing.

An amendment to Senate Bill 933 by Colorado Senator Williamson specifically excludes homosexuals, bisexuals, transsexuals, transvestites, kleptomaniacs, drug abusers, compulsive gamblers and child molesters.

This bill will pass in the House. It will be signed by President Bush, who has a handicapped child.

Our July editorial called for support from the transsexual community for a national organization to deal with lobbying on transsexual issues. We received two responses. According to the book of life, this means there are dozens, maybe hundreds of others out there who read the editorial and who would be willing to support such an organization. They just didn't respond. But this has been done before, as the reprint from the April 1987 Transsexual Voice newsletter indicates. We have the efforts of the Sunday Society in Chicago to form a nation wide computer network. Will these efforts fail, as did the one by Andrea Lurie back in 1987?

This is a serious matter. You must act immediately, before this day is over. You must write to your local congressional representatives. You must write to President Bush. Write in support of the bill, but strongly voice your opposition to the amendment.

In a few years, we may see the withdrawal of Federal funding to those hospitals where SRS is done. Why? Because of pressure applied by special interest groups who are against our seeking professional medical help. Just watch how quickly sex reassignment surgeries will cease in this country when the hospitals lose Federal funds.

Is there indeed a real transsexual community, or are we merely ghost riders in the sky, perhaps nothing more than the thin, wispy imaginings of a few forward thinking people? Our goose is nearly cooked. How big a slice would you like?

13 YEARS AFTER SEX-CHANGE, JAMES BOND BEAUTY WINS BATTLE TO LIVE AS A WOMAN

One of James Bond's most voluptuous girlfriends - who turned out to have once been a boy - has won the right to marry a man. Caroline Cossey, a model before she tempted 007 Roger Moore in 1981's *For Your Eyes Only*, won the OK to tie the knot from the European Commission on Human Rights.

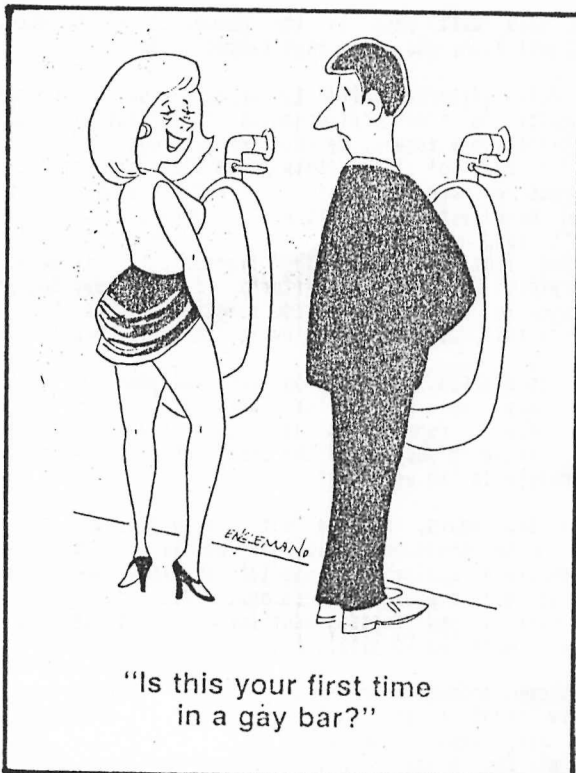
Born Barry Cossey 34 years ago, Caroline had a sex-change operation at 21. She was turned down by the British officials when she applied for a marriage license five years ago. However, the European commission's decision is binding on the English. "I've been hiding too long," Caroline says. "I even lost my career. Now I feel a victory's been won for all transsexuals, many of them still living a lie for fear of exposure."

Caroline embarked on a double life during her teens. At home, she tried to impress her dad with manly airs. Away from home, she often passed as a girl. She says that as far back as she can remember, she felt she was a girl trapped in a boy's body. Finally, surgeons at London's Charing Cross Hospital turned unhappy Barry into sexy Caroline.

Roger Moore found out his co-star was a transsexual only after *Eyes* was released, when a photographer revealed her secret. Caroline's career collapsed, but as if to compensate, she fell in love with a businessman named Elias. "When he proposed to me, I gave him two pictures of myself, one as a boy, the other as a girl and told him the truth."

They applied to the Registrar-General for permission to wed but were told English law still considered her a man. "It was a terrible setback," she says. "I had been living as a woman for several years. We went ahead and married without telling the registrar. I was scared to death throughout the ceremony. But now I hope this report will put everything right."

(EDITOR'S NOTE...This article reprinted from the *STAR*. The photo at right is reprinted from Cossey's autobiography *TULA I am a Woman*.)



(Photo taken by Paddy Aldridge)

Veronica Jean Brown is presented her MONA Award by JoAnn Roberts of *Renaissance News*. The award was given in the category of "I'll show you mine if you show me yours" for challenging Janice Van Cleve (*Emerald City*) to strip and see who gets into the Ladies Room.



An Interview with Dr. Stanley H. Biber

By: Wendi Pierce

Recently, I had the pleasure of meeting and spending some time with Dr. Stanley Biber, the world renowned gender surgeon. He has performed over 2000 gender reassignment surgeries over the last 20 years and is one of the most experienced surgeons in this field. During our time together, he agreed to answer some questions that might be of interest to our community. What follows is a transcription of the interview which was conducted on May 10th, 1989, at Mt. San Rafael Hospital in Trinidad, Colorado.

Wendi: Dr. Biber, How much has your technique changed since you started doing reassignment surgery?

Dr. Biber: We have changed it in about five different stages. Our early instituted surgery was horrible. When we first started it was terrible, it looked terrible, everything was heavy, it looked heavy, but everyone liked it because it worked. It looked horrible so we've gone through these various stages. Then we got the thing going the way it is today.

Wendi: How long have you been doing reassignment surgery using your current technique?

Dr. Biber: This technique has been pretty standard for the last four or five years.

Wendi: How many techniques are being used right now?

Dr. Biber: Oh, maybe about, if you count variations, about three or four. See, you've got some doctors who don't do very many... only one or two a year. I don't know what kind of technique they're using. I usually see those afterwards. There's really only about three places that are doing enough to keep up the experience.

Wendi: What is your opinion of the satisfaction achieved by this surgery, both psychological and physical?

Dr. Biber: Physical satisfaction is pretty good. After the labioplasty and stuff like that you'll go around proud of yourself. If we've picked out a true transsexual and didn't make a mistake, then you have tremendous psychological satisfaction. About 95% have orgasm and most of the patients we've followed up on are very satisfied. If we pick them right, we have very little reciprocity. Whew, as a matter of fact, I can count on one hand, since 1979, the number who have wanted to change back, and most of those haven't changed back. Just one I changed back once, but we didn't do him initially. He had all kinds of colitis and stuff like that. And psychosomatically, we didn't feel he was transsexual.

Wendi: When do you feel it's not justifiable to do this surgery?

Dr. Biber: Not justified..., well if a patient's dying from AIDS or something, we won't do the surgery. If the patient's not a true transsexual, of course we won't do the surgery, or if he's a schizophrenic. Occasionally we'll do a patient who's gender problem is the cause of the schizophrenia, but boy, I'd have to have tremendous collaboration with the psychiatrists to really make sure what's going on. But, we've done a few, and we've had some good results with those. Other than that we've got to be real careful a homosexual doesn't come down and slip through. Either you fit the pattern or you don't get the surgery. That's the way it's got to be.

Wendi: Do you actively track your patients after surgery and do you have any statistics?

Dr. Biber: We try, and that's why we have questionnaires our patients send me back six months later. We try to put things together at least on a two year basis when we have our meetings and stuff. But, I'll be the first one to say we lose a lot. The best cases we lose because they get assimilated into society and won't have me put the finger on them. We lose some of those, I know that. It's a little better now with the follow up than it used to be, so we're a little more pleased. But gee, for a while there, we were only getting 37% follow up because many of the girls wouldn't send the papers back. They wouldn't give the right addresses; they wanted to get lost, you know. They didn't want anybody to know about it, but things are changing. They're accepting the situation much better.

Wendi: Do you feel the surgery is justifiable for a patient who plans a gay lifestyle?

Dr. Biber: Yeah! We didn't before, but several years ago we started doing them. We didn't really start..., we got taken in. Then we started looking at their lesbian lifestyle and started thinking about it. They were living very good lives and were very productive and were doing fine. So, little by little we came to believe, so what the hell, if there's homosexuality in the normal population, why shouldn't there be homosexuality in the transsexual population. So little by little we advanced and I don't hold it against them. If they come in and are living a lesbian lifestyle, we're still going to do them. We've had a few that came in and thought they were lesbians, and after surgery, they changed and are not lesbians any more, they went straight. So there's variations, just like the natural population.

Wendi: Will you be continuing your work in reassignment surgery for the foreseeable future?

Dr. Biber: We're going to try, it all depends. We're having a hell of a time with malpractice insurance with respect to transsexual surgery. Right now I'm actually going without insurance in order to do the transsexual work. This problem is scarring everybody else in the field. They just won't do it without insurance. That's the biggest bugaboo right now. In the future we don't know what's going to happen, because Colorado just passed a law that says in order to get a license to practice, you must get malpractice insurance or self-insure yourself. So it's very crazy right now until they sort through all that stuff. They run the world right now.

Wendi: How many Female to Male reassignments have you done?

Dr. Biber: Right now we've been holding back most of those. We've been telling them that it's experimental, and if you can afford to wait, maybe we'll develop a better technique and we'll have it down. The ones that can't afford to wait, we tell them that it's experimental. We are doing about 15 or so a year versus about 2 or 3 a week of the male to females.

Wendi: How successful have the Female to males been?

Dr. Biber: Not too. It's still experimental. Oh, we can make a penis, it'll look like a penis, but it's not very functional. No matter what technique you use there still got to be something better.

Wendi: Would you support a professional review system for surgeons that do reassignment surgery?

Dr. Biber: Well, that's kind of hard. You know that the transsexual community takes care of itself. The grapevine is so strong. They pretty well know which surgeons they should go to and which ones they shouldn't, and that's the best we can do at this time. Otherwise we'd be interfering with the doctor-patient relationship and that's a legal problem.

Wendi: What is your opinion of the attitude of insurance companies toward reassignment surgery?

Dr. Biber: We've had all kinds of problems with insurance companies both from the malpractice (coverage) side and from the patient's side. Even so, there are some insurers that will cover the operation at the present time. Most won't, and we're not making a hell of a lot of a dent right now. As far as government insurance, Medicare and Medicaid, they won't accept the diagnosis. Certain states have bought it, but general insurers are giving us a really hard time and are giving our patients a hard time too.

Wendi: Do you see that changing in the future?

Dr. Biber: I don't know. We may be hitting our heads against a stone wall. It's a matter of education. We need to educate the insurance companies like we've educated the public, like we educated the psychiatrists. It's a syndrome now, and it's accepted. It took how many years, twenty some years? Oh, since '66 we've been trying and, I don't know how long it's going to take.

Wendi: It has been said that this type of surgery on the increase, that 6 to 8 thousand surgeries have been done and that there are about 80 thousand candidates. Do you agree this?

Dr. Biber: I think we have a fairly good handle on the male to female. First we thought there were ten or twenty thousand in the United States and now we've got it up to about 80 thousand. That's been pretty stable for the last few years. But, what's coming out is the female to males, which we thought may be one in ten ratio to the male to female. It's not. The communications that we're getting are that they are coming more and more and more. I bet that its going to end up just the same.

Wendi: So, you think it's going to be one to one?

Dr. Biber: Maybe. I bet you eventually, especially when we get the procedure perfected.

Wendi: How much of an awareness do you have of the "gender community", it's organizations, and would you be willing to address any of these organizations as a speaker?

Dr. Biber: I have in the past, and I have been on the boards of some of the organizations. For me it's hard to get away. I get publications from the various organizations and I read the newsletters I get.

Wendi: This last question is meant to be answered from a philosophical viewpoint. Why do you continue to do this surgery?

Dr. Biber: I have a great deal of empathy for the transsexual patients. I've seen so many, I know them so well respectively and I know what they're going through, I know how horrible it is. I mean, you kind of project yourself into the situation how horrible it is for them to live their life without being complete. Actually, it's just like the frosting on the cake having surgery. But if I can do that for them and complete it for them and make them happy people that's what I want. It's a matter of empathy. They're really great people when you come down to it, think what they've gone through. Oh, we've had patients who've given us a hell of a lot of trouble, but most of the patients are so nice. You know, they're real nice people. Occasionally we get a girl who makes us want to pull our hair out and throw her out of the hospital, you know, that happens, but hell we see that in the normal population as well. So, we have our variations. These people have gone through a lot of psychological stress, and if we can help them and make them good citizens, I like that.

Wendi: Thank You Dr. Biber. Is there any thing that you wish to add before we close?

Dr. Biber: Oh, I'll be seeing you again and then you can ask some more questions, now take good care of yourself, keep in touch and let me know how it goes.

This concluded our interview. In retrospect, I would say that Dr. Biber is a very dedicated professional who has shown through the years that he wants to help the transsexual community. He is a down home, family oriented person, married recently, and has two young children (ages 3 and 5, I was told by hospital staff). He is also a local rancher. Personality-wise, he is a caring person (kind of a father image) who is looked up to by the staff at Mt. San Rafael hospital, and from what I could tell, the population of Trinidad in general. His day begins at six or seven in the morning, 4 to 5 days a week, performing surgery at Mt. San Rafael hospital ranging from total hip replacements to sex reassignment. Then he's off to an office filled with patients who have come from all over southern Colorado to seek his medical expertise. In conversations I had with his secretary, Marie, I was told that since a riding accident a few years back, he has been winding down his general practice, but desires to continue to do work in the area of sex reassignment for the foreseeable future. I would say he is in his mid to late sixties, but his health seems good and one would assume that he will continue his work in this area for the next 3 to 5 years, conditions permitting.

A word should also be said about the other members of Dr. Biber's team of professionals. Most of this team, which include both the hospital staff and his anesthesiologist, Dorothy, have been together for many years, and are very knowledgeable, knowing the procedures extremely well. Also, the hospital in general is very supportive and willing to help make the "Trinidad Experience" the true "Icing on the Cake", as Dr. Biber puts it.

I now see why this tiny little town of less than 10,000 people, 90 miles from the nearest airport (Pueblo), has drawn thousands of individuals over the past 20 years, seeking to complete a process which has consumed so much of their time, finances and lives in general. Dr. Biber, his work, and staff are truly worth "GOING FOR IT" in Trinidad. Dr. Biber can be reached at the following address:

Stanley H. Biber Md.
406 First National Bank Bldg.
Trinidad, CO 81082
(719) 846-3301

- END -

(EDITOR'S NOTE...The above article is reprinted from *A Rose News* Vol. I No. V.)



I'M JUST DYING TO HAVE
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STUDY SHOWS...HIGH HEELS NOT MADE FOR WALKING

by Lynda [REDACTED]

(From an article by Kathleen Grubb) Avis, CA AP) -

Spike heels on women's shoes were not made for walking, according to a year long study by Becky Snow, who gives credit to sensible, low heeled footwear. Ms. Snow's study was her thesis for a master's degree in physical education and exercise science. She discovered that pressure on the ball of the foot is dramatically increased as the heel height goes up.

Compared with going barefoot, the 3/4 inch heel increases the peak pressure 33 percent, while the two inch heel increases it 53 percent, and a 3.25 inch high heel increases the peak pressure a whopping 76 percent. The California biomechanicist also found that higher heels shorten the time needed for the foot to adjust to the higher pressures.

Becky Snow's study doesn't prove high heeled shoes to be unhealthy, (how about merely uncomfortable? - Ed.) but does open the door for more research into heels and posture, joint deterioration and other foot ailments.

Keith Williams, a physical education professor and biomechanicist who advised Becky Snow in her research, has tired unsuccessfully to market shoes that are more comfortable than beautiful. He remarked that the designers should be required to walk in samples of their creations.

Dr. George Holmes, a Sacramento University Medical Center orthopedist said studies like Becky Snow's will do for high heels what cancer research has done for smoking. "If you could come out with a series of papers and studies that could demonstrate the deleterious effects of high heels," Holmes said, "consumers eventually will realize what's happening."

"The industry is starting to shift toward comfort shoes," said Margaret Pennes of National Shoe Fair of America, a New York based trade group. "What started to happen is a lot of people got involved in walking and wearing comfortable shoes. They started to look for the same comfort in heels. Women who care about what their feet are going to look like in ten years have options they didn't have before. The good thing about it is that looks are not being compromised. It used to be that comfortable shoes were nerdy."

Snow's study supports what Holmes and other doctors have long suspected, that foot ailments, which afflict far more women than men, may be caused by high heel shoes.

To recruit high heel wearers after newspaper ads failed, Snow went to the campus quad to listen for the "click-click" of women's heels. She convinced 45 women to give up two lunch hours to walk across the pedobarograph barefoot and in each of three heel heights.

A companion study of heels' effect on gait and posture studied eleven women who each spent nine hours in a series of tests including walking on a treadmill while cameras recorded their movements.

Snow added, "In speaking with people about high heels, or even in talking to my subjects afterward when I see them on campus, they'll say, 'You know, I've stopped wearing high heels.'"

IF YOU THINK YOU HAVE A WRONG GENDER ASSIGNMENT . . .

by Abby Marie Greene

Unless you have the push, the inner drive and compulsion to make the commitment that you are a transsexual and will simply die if you do not have reassignment surgery, don't bother to read this: it's not for you.

Be informed and act intelligently: Read every book, medical report, magazine, and TS bulletin you can put your hands on. Write and talk to other TS persons. Listen to your doctors and professionals. Judge for yourself, make your choices and either forget it or go all the way. Don't be half a person!

You will need a psychologist or a psychiatrist for a proper transition: All these counselors are educated, but find one that is intelligent, too. Only another TS can truly understand your problems, but there are some psychiatric/psychological doctors who can be understanding. Always dress in your preferred gender role. Be positive and sure of what you want to do. List your desires and goals (reassignment surgery approval). Be specific as to what you expect: determine what the doctor will require. Arrange the financial part. Dress neatly, be polite and always on time. This is not a time for games. And always be honest.

This doctor will give you a statement of your transsexualism. This will cut down on hassles with the police. This you will need for your medical doctor to prescribe hormone therapy. You will need this statement to assist you in your legal name change and it is a requirement for your passport if you want "female" ("male") on it.

Medical doctor: A very important professional to assist in your transition. Bring the statement from your psychiatric/psychological doctor regarding your transsexualism, a requirement before you can receive hormones. Bring a copy of a medical journal on hormone therapy with you for the doctor. Many doctors have never met a TS and it is impossible for them to keep all the information that is needed in their offices. This will save time: make a list of questions and topics to bring up at the appointment. Be sure of yourself and dress in your desired gender. Do exactly as your doctor says.

A lawyer: This person will help you with your legal name change, letters of consent signed by your spouse for hormone therapy and reassignment surgery. Also (s)he can be a lot of help with legal problems concerning property and insurance for your spouse following surgery.

Name Change: Sooner or later, this must be done. It is needed to have your birth certificate amended, for a V.A. patient's card, and for Medicare. With a copy of your name change order, you'll have no problem with Social Security, driver's license, bank accounts, auto registration, and many other I.D.s such as organization and school records.

Last Purge: Get rid of the male clothing and dress as a woman. It is a statement of accepting yourself as a woman and never looking backward again.

Copy everything: Always give copies. All professionals have a file on you and they wish to keep it as complete as possible.

Diary: Many doctors require a personal history of you as a requirement for surgery. With all that a TS has on her/his mind, it is difficult to remember correct dates.

Electrologist: Shop around to find one who is understanding, reasonable and fast...one who's quick on the phone and professional. Ask for your own personal probe. (AIDS can be passed through probes!) It costs only a few dollars extra.

Make your life complete: Be active, vote in your community, help others. Go shopping; go out to eat in restaurants. Find a hair stylist and listen to her/his advice.

Financial: Most importantly, it does cost money for surgery. Be a penny pincher. (Very few insurances will cover any or all of the costs involved.)

Surgeon: Write to other TSs and get their viewpoints. Read biographies of some post-op persons. Write to different doctors who do this surgery. Their answers will give you a feeling of their confidence and of their understanding of your problems. The doctor should be very concerned with your well-being, comfort, and the success of your surgery.

Finally...enjoy life, be friendly, smile, and be happy!

(EDITOR'S NOTE...This article reprinted from *Passages*.)

Beauty Care?

by Lynda [REDACTED]

Nail care products should be used with extreme care. Over application of nail polishes and polish removers results in nail dehydration, and a hard and brittle condition. Use polish removers made without acetone. These may be a bit more expensive, but well worth it.

Use nail products no more than once or twice a week. Care should be taken that cuticles not be cut back too far to avoid trauma to the cuticles and possible separation of the cuticle from the nail.

False or sculptured nails? Forget it! Leave the bondo products for your boyfriend's 73' Camaro. The solvent glues and formaldehyde used to apply the nails may cause inflammation, edema and hemorrhage under the nail. A friend who recently attended a nail care seminar, was told up front the first application of fake nails does damage to nail bed. Most glues actually eat into the nails.

Like the look of pierced ears? Physical mutilation has been done under the guise of beauty in many cultures. A little common sense here will prevent problems months and years after the initial piercing.

Infections will occur if you don't keep the studs clean. Follow closely the instructions given by the piercer. Isopropyl alcohol, or hydrogen peroxide are used by many a good cleaners for pierced earrings. As your pharmacist which one has the best anti-infection qualities.

Don't keep the same earrings in for too long as deposits of crud will build up on the post and in the hole. Always clean the hole and the earring before inserting. Pay particular attention to swelling, redness or painful areas. Common sense and cleanliness goes without saying. And don't wear large or heavy earrings for too long a time. You may pay a visit to a plastic surgeon for a little ear repair.



ARE THERE OTHER STOPPING POINTS?

By Babs

I am distressed by a seeming imbalance in TS discussions on the emphasis placed on degree of physical change and the hierarchies created by success of appearance. I found the "Character Study" in a past issue interesting in its plea for post-op transsexuals "to continue to project a strong female image..." and I must ask with Mary Daly and other feminists, "Who's image of female is it that we are trying to project?" Daly characterizes women who slavishly alter themselves in order to achieve a feminine image that seems to be male created as "Fembots". Janet Raymond in *The Transsexual Empire* castigates the whole procedure for women and TSs in the same light.

Single focus dedication to a purpose is far more of a male defined characteristic than a female one. Transsexuals pursue physical alteration in a degree more akin to a Marine going on a mission-do-or-die than is placed by a majority of women who are too busy keeping body and soul together in a struggle to make an equal and decent living and raise a single parent child. Many real women are far too busy to spend much time on fluff. As a matter of fact there are some really excellent women who have little mustaches, dumpy hairdos and don't even own a skirt. They produce and provide value to their lives and those around them. They may well share the dress of being Ivana Trump, but they don't let the thought interfere an iota with the reality of their existence and the quality of their life.

To look at the problem of gender dysphoria in the same light as any other handicap produces some unsettling analogies if one is to be honest. A person who is handicapped and cannot walk will always wish to...no one wants to be wheel chair bound. Some will succeed through energy, trial and immense courage to be able to run and play sports, some will only be able to walk haltingly, some with a cane, some will never no matter how much they want to...they must find alternatives of existence to achieve a quality of life. And many who cannot walk do succeed in finding this quality regardless.

This is true of transsexuals as well. Why we have some degree of an innate sense of being the other gender, I don't know. Sometimes the answer is metabolic and sometimes there are strong nurturing reasons for gender confusion. The truth and real depth of the dysphoria in a lot of individuals is never revealed, even to themselves. In some cases, it may not truly have been as severe a problem as it would later become because the individual single mindedly pursued a single solution like total physical change when there could be other acceptable alternatives. Like a scab continually picked, it becomes an ulcer, a large festering sore that will require significant medical procedure to contain.

It is a fact that as a group, transsexuals lie like hell; to care providers, psychiatrists, family, friends, and often to themselves. There is a sometimes false creation of an ideal that will be reached through great self sacrifice, sometimes inappropriate mutilations, and the laying waste to the emotions of those who care about them.

We are often blind to our own flaws. A person who has been repeatedly told by family and friends that they look nothing like a woman will continually search for someone, possibly a non-caring sales or health professional who will tell them anything they want to hear...for the money. Because they want them to believe, like the lame who go to faith healers and quacks, they believe the false advice over all of those who care, and will self delude as they look in the mirror, holding themselves "just so" till they confirm the vision of femaleness that was purchased and paid for.

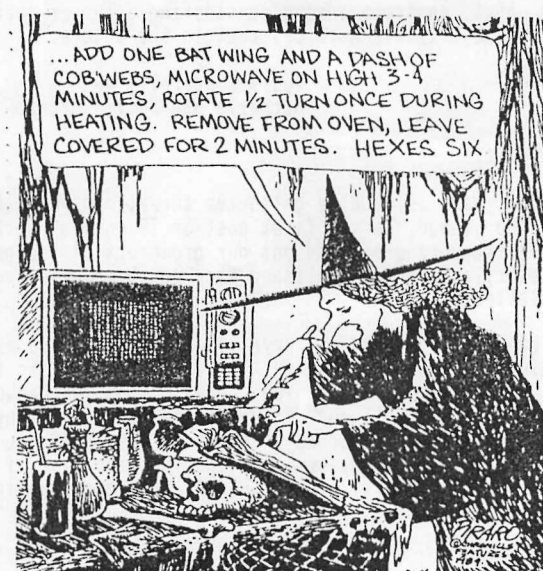
I applaud the wonderful progress available in some places,

but I know for a fact that just because a person is rejected for a program they will not stop; but driven on by the single focused goal will succeed in obtaining hormones, possibly surgery, and likely totally screwing up their lives becoming incapable of existing in any world that has a fair degree of normalcy. These folks need options and acceptance. They don't need labels like "wannabee" and "neverbee" hurled to taunt them or to drive them towards a black market achievement of a goal that is inappropriate for them. They may never make acceptable women to the world but they are still our sisters, ourselves.

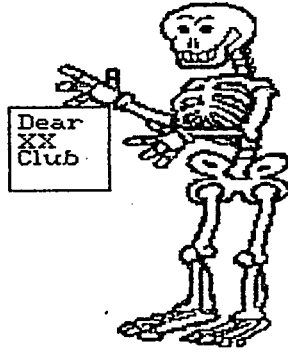
Janet Raymond calls for surgery or medications. I disagree with her position as a blanket statement. In some cases the formerly handicapped will become runners, sprinters, milers, even marathoners as women. And as I sit in my gender dysphoric wheelchair I wish to God with all my heart that one of them could be me. But what of us, my sisters? "If you only try harder" is the male answer, not the correct one. Raymond also calls for transcendence as a whole person to help overcome the pain of the dysphoria...and that is very valid. We need to have some serious discussion in the TS community as to how that can be achieved, how those who recognize both male and female selves emotionally and psychologically can heal, how those who physically cannot achieve possible femininity regardless of intention or desire can feel good and validate themselves as women without being able to ever pee in public.

Winning by being first to the finish line, looking the best, succeeding and looking down on those who are weak or fail are all male created values that have worked to prevent women from becoming strong and having real bonding. The real winners in life and in wholeness are those who are helping push the wheelchairs to the finish line and share in the joy of each others achievement. I suggest de-emphasizing physical achievement and stop reading *Glamour* and *Cosmo* to find out how women think. These are written by those who want to sell you something, who want to profit by creating a belief in people that they are not successful or whole unless they can match a mythical image. It is a billion dollar industry that creates unhappiness, anorexia, bad plastic surgery, and depression. What we need to hear are the real voices of the women...to understand what being a woman means in a woman-sense, not in a false male conception of the process and value emphasis. We need to open honest discussion and admission to search for the wholeness and healing that will allow us to know, like, and respect ourselves. That is the real cure for gender dysphoria.

BIZARRO



LETTERS TO THE EDITOR



Setting the Record Straight

Dear Veronica,

Thank you for the complimentary issue of the August 1989 *Twenty Minutes* in which I appear as your front page story. I am always willing to help anyone struggling with their own gender identity and anytime I can do something to help guide someone along this difficult road to peace of mind, I will. But, the idea of *Twenty Minutes* publishing the story from the *National Enquirer* was, I thought, to help other people in our position avoid the pitfalls of media attention so that stories like the one that appeared about me will not be published. As accurate as the story may be in some instances, *Twenty Minutes* is just as guilty as the *National Enquirer* for publishing something that is inaccurate and legally damaging to my reputation as a person without any other clarification inside the paper. The *National Enquirer* article is very distasteful and much of it untrue. Like the *National Enquirer* you have left yourself open to a law suit.

Publishing the article would not have been so inexcusable had you followed up the article by writing an editorial explaining the problems I encountered both financially and from inaccurate facts. I did not particularly want a 100 million people to have certain insights into my personal sex life. Nor did I ever expect the story to be printed in a paper available at my local supermarket across the road from where I live. When it was first printed in England I was disgusted, but England is 3,000 miles away and I figured any fans I may have left in England would understand the psychology behind a number of English papers, but never in my wildest dreams did I ever expect to be able to read about me in a paper available right across the street. And *Twenty Minutes* is just as guilty as the *National Enquirer* for printing smut that is untruthful and personally damaging. I was disappointed.

However, I think your magazine is a fine attempt to keep the TS community in your area educated and aware of various problems that confront anyone considering a gender change. But, please be a little more discreet in the future.

Yours sincerely,
Michelle Ann Duff, Toronto

Dear Michelle,

All I can say is, you've got nerve threatening us with a lawsuit. Go ahead, be the first post-op TS on the block to sue a TS support group and put our group out of business. Our monetary assets are published each month on page two of the newsletter.

You've been in the public eye for a long time and maybe your male ego still enjoys it. You gave the story to that English rag, didn't you? You appeared on a Canadian television show, didn't you? No one forced you to do any of these things. Have you become a public transsexual? You are a commodity, a curiosity, news for the tabloids, and if you think it's a bit smutty, you shouldn't have gone public in the first place.

Sincerely, Veronica

Dear Michelle,

In the very same August issue, we printed your letter to Paddy and Veronica in which you state that certain parts of the article were untrue and your problems getting remuneration for its appearance in the *National Enquirer*. We did not publish any other comments on the subject as we felt the your own words said it best.

Sincerely, Becky

Dear Veronica,

I suggest that you re-read my letter, I do not see anywhere where I threaten to sue you. I merely pointed out that as a publisher of a newsletter you have an obligation to print the truth and that should you print otherwise you do leave your group open to reprisal.

Yes, I probably do have an ego. And yes I do miss the notoriety I enjoyed in the sixties when I was at the top of my racing career. I believe it was this reason that I agreed to the original Canadian television show in which I was featured, and not to help other TS's as I had originally told myself. But, whether or not this ego you so apply describe is masculine or feminine I do not know. I was not aware egos had a gender identity. However, are we not all imbued with egos in some varying degree?

I agreed to the English interview strictly for money. After my experience with the CBC I innocently believed the English reporter when he said, "We want to print the true story". I assumed a more informative article would be published and not the sex-filled article that did appear. I should have had enough experience to know better.

You have completely missed the point to my letter. It was my impression the entire exercise in reprinting the *National Enquirer* story was to warn others within your group of the pitfalls of agreeing to being interviewed by the press. No where other than in my letter printed in the same issue of *Twenty Minutes* as the *National Enquirer* article does any information appear. I didn't see any warnings about being too candid or revealing too many personal facts, nothing is said about getting things in writing and having it specific about what is to be published, no mention is made to tie-up second rights so you know if and when the story might appear elsewhere where you do not expect it to appear. I saw nothing to suggest if money is offered, get it in writing. Am I wrong in my assumption that the story was re-printed for this purpose? If I am NOT wrong then where was the explanation other than in my published letter which did not go into details? It was this fact that disappointed me and that was what I was trying to point out.

Yours sincerely,
Michelle Duff

Dear Michelle,

Thank you for setting the record straight. We can not assume what your feelings about the article were and then print our own thoughts as your own. The points you make are valid ones and I hope all our readers learn from them.

Sincerely, Becky.

Dear Veronica,

In an attempt to help my friend better understand my feelings, I wanted the other club members to talk about their past and what brought them to where they are today. Later I felt guilty about perhaps causing the others to bring up unpleasant memories. I feel I belong with the group. My heart and soul is into this. I firmly believe I'm transsexual; my therapist believes this also.

I've seen the doctors at the New England gender clinic in Hartford, CT., and have my fingers crossed for the board meeting in September. When I do start hormone therapy, I'll need all the support and friends I can get.

I know that when the physical changes start, I may be in for a rough future, but I believe everything will eventually even out. I believe in a positive attitude. I'm ready to take the risks; I want piece of mind.

My friend (significant other - Ed.) doesn't believe I fit in because, (1.) I'm not gay (I don't think you have to be gay to be a transsexual), (2.) Because I don't have feminine mannerisms (some of the others probably didn't either, but learned them), (3.) I don't look very feminine (but neither do a lot of genetic women).

My friend is afraid I'll have a lot of trouble with jobs and friends. Some of the other members in the group went through many jobs and were let go because of the prejudice against them for being a known transsexual.

I watch people, women in particular, to improve my own feminine mannerisms. I've noticed many genetic women who resemble, act and even dress like males, yet who are able to keep a job with no problem. But some transsexuals seem to have a difficult time doing the same thing.

Remember all those J2CP books about information for the family I bought from you? Well, my family's been reading them and slowly, they are trying to accept what I am doing. I was afraid I'd be totally rejected by them, but that hasn't happened and there's hope for a greater closeness with them.

Take Care,
Lisa, Woonsocket, RI

(EDITOR'S NOTE...Lisa was given approval for hormones at the September board meeting of the N.E. Gender Clinic.)

Dear Veronica,

The Sunday Society has just issued our first newsletter. Although it contains some articles reprinted from other newsletters (including one from yours), I think that its content makes it very clear (and supportive) to the fact that the Sunday Society is one of the very few organizations that is specifically dedicated to the transsexual community.

The idea of having our very own newsletter has been with us for some time but the issue (no pun intended) was really forced when a conflict developed between myself and certain members of the C.G.S. Board of Directors.

Simply stated, it all came about because of my article (which was also submitted to *Twenty Minutes*) entitled "Congruity, Don't Dream it, Be it! A transsexual perspective" in response to the lack of consideration for TSs that has become so common in the group. Both the president and the secretary made rebuttals in the next issue of the *Primrose*, the president attempting to play down most of the details I had mentioned and misconstruing my meaning in the process while the secretary simply agreed with her and added the comment "not all TSs hate all TVs".

The implications were obvious and I was about to stand by and do nothing and so I wrote another article to set things straight. My article was refused publishing and I received a 4 page letter written by the former president and now representative at large. In it he contradicted almost everything in my article even though I was there and didn't make it up and he also accused me of seeking to promote dissension and ill-will in the group, all because I was sick and tired of the needs of transsexuals being "swept under the rug" and dared to say so. He also said that if I wanted to pursue the matter further, I would have to do it

elsewhere and so here we are, pursuing the cause of the TS community in our own newsletter.

It has been said that there are about 80,000 of us out there. That's a lot of clout, if we want it. Here's another chance at it, let's make our voice heard where it will really count this time! I am writing this to you because the general consensus is that the XX (Twenty) Club is one of the best if not the best organization of its kind and if any group can be of help, yours can.

Sincerely yours,
Louise L. Raeder & Sheila L. Sampognard
THE SUNDAY SOCIETY

Dear Louise,

Congratulations on your premier issue of *Trans-World Bulletin*. The TS community needs about a dozen more good TS newsletters. "Their" refusal to run your article smacks of censorship. Almost sounds like a Communist or Totalitarian government. There are a lot of decent, polite, understanding and well meaning crossdressers out there. And there are others who think, walk and act like men when dressed 'en femme', who want everyone to conform and step in line with their way of thinking and doing things. True TSs are different from TVs, vastly different. We, the TS community need our own national organization or information service. We need TS people to lead us, instruct and guide our path. We need to be free from the male domination and prejudices of the political, power hungry TV world.

Sincerely, Veronica

Friends,

I am a self-diagnosed male-female transsexual, age 21. I would like to communicate with other TSs (TVs) of approximately my age. I am writing a fictional account of a transsexual, based partially on my own experience. You may publish my address in your newsletter. My interests include dancing, composing and playing music, writing, computer programming, painting and anything else vaguely connected with art.

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