

TWENTY MINUTES

SEPTEMBER 1989

THE XX (Twenty) CLUB

\$2.00

MAN WHO HAD A SEX CHANGE GIVES BIRTH TO 7-POUND BOY

Guy who became a gal is first transsexual to have a baby

A transsexual made history on June 28 when she gave birth to a 7-pound 2-ounce boy — the first baby ever born to a man who had a sex change.

New mom Guna Johansson, former Gunnar Johansson, reportedly came through her pregnancy and cesarean section delivery without a hitch.

The infant boy is also said to be in good health, although he is being fed with formula because the mother's breasts are silicone and produce no milk.

"It's a dream come true," the 32-year-old sex-change woman said from her hospital room in Goteborg, Sweden.

By MICHAEL KING
In STOCKHOLM

"Having this baby means more to me than anything in the world.

"It's like getting the chance to start my life all over again."

Doctors who cared for the new mother through her sex-change operation, pregnancy

and childbirth are just as enthusiastic.

Dr. Georges Chaison, the sex-change specialist who gave Gunnar Johansson a uterus and ovaries in a transplant operation in 1987, called the delivery of the baby "a milestone."

Obstetrician Rune Winslof stated: "I had doubts about Miss Johansson's pregnancy but they vanished as time passed.

"Once I got over thinking of her as a man, I began to feel better. And when I look at her now, holding that beautiful baby boy, I realize how wonderful and miraculous the

birth of this infant really is. "And the baby is, after all, a world's first."

Miss Johansson's transformation from unhappy young man to ecstatic new mother began in 1986. As Gunnar Johansson, he felt trapped in a man's body and began to seriously consider a sex-change operation.

And as fate would have it, the troubled young man was introduced to Dr. Georges Chaison, who proposed a sex-change operation — and the world's first transplant of female reproductive organs from a woman to a man.

Johansson jumped at the

chance. Two months after the history-making surgery, she began to menstruate every month.

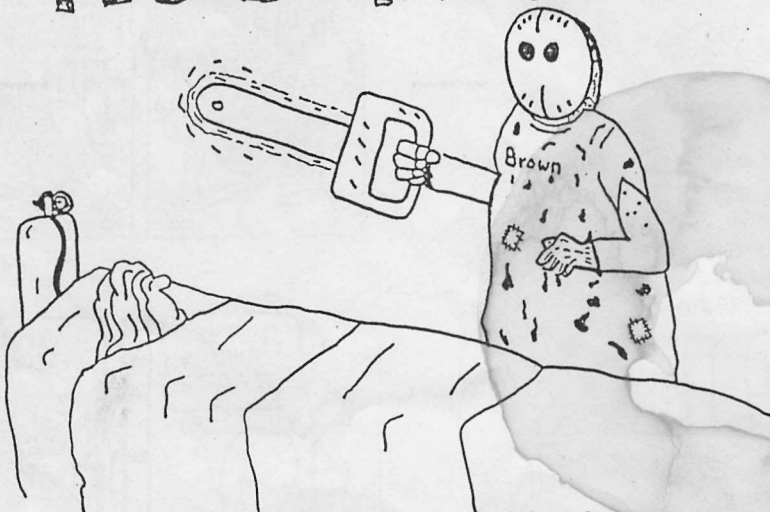
Within a year, she was pregnant with the baby that was finally born last month.

The father of the baby has not been identified in reports. But Miss Johansson says that she and the man plan to marry and "raise the child together as husband and wife."

The couple named their child Georges Eric, after Dr. Chaison, the new mother said.

"He made all of this possible," she added. "It's only fitting that the child be named after him."

He's back!



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(EDITOR'S NOTE...The above article is reprinted from the WEEKLY WORLD NEWS August 1, 1989 issue. This is the follow-up to the article which appeared on the cover of our May 1989 issue.)

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Transsexual Support

TREASURER'S
REPORT

Balance - from July \$1279.05

INCOME:

Collections - meetings	23.01
Newsletter subscriptions	66.00
Brochure sales	30.50
IFGE sales	45.85
CDS sales	11.50
GF sales	.00
J2CP sales	10.00
Outside services	40.65
Donations	80.00
Savings interest	6.21
Total Income	\$313.72

EXPENSES:

Refreshments	15.21
Newsletter & brochures	.00
Postage	52.80
Supplies	60.41
IFGE purchase	74.50
Bank Fee	2.55
Total Expenses	\$205.47

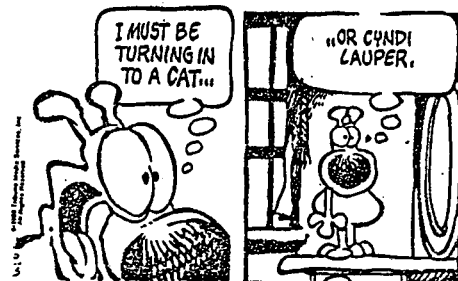
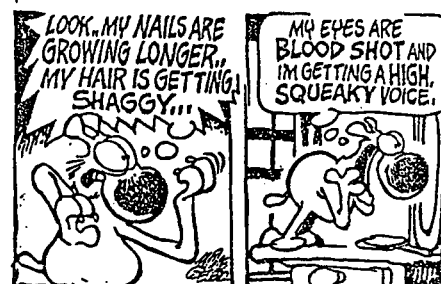
Net Income for August \$108.25

Balance - end of August \$1387.30

THANKS WENDY

The staff of *Twenty Minutes* wants to thank Wendy for a very thoughtful donation of \$80 to the XX Club and that we cheerfully accept it.

MOTHER GOOSE & GRIMM




calendar

MEETINGS

Saturday, Sept 9

Saturday, Sept 23

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.

M. BUTTERFLY

Tony Randall, known best as Felix Unger in the "Odd Couple" television series, has joined the cast of Broadway's "M. Butterfly". He is portraying Rene Gallimard, a French diplomat who carried on a 20-year romance with a member of the Beijing Opera without knowing "she" was a "he". They all tell me, "Oh, this is a REAL odd couple." Randall said.

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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.

*"What you are is
God's gift to you
What you become
is your gift to God"*

All the news that's print to fit.

This newsletter is funded entirely through subscriptions and the sales of educational materials. 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.

HE'S BACK !

As of several weeks ago, John Ronald Brown, former California M.D. is in jail. The original intent of this piece was to warn potential patients to stay away from this man, but while Mr. Brown is in jail, the prison authorities won't allow him to operate. (DISCLAIMER: Mr. John Ronald Brown is in no way, related to the editor of this newsletter!)

Thanks and recognition go to: Julie Ragnanan, the post-op TS (but allegedly not by Brown's work) for fronting for Mr. Brown through Medical Referrals International and once again bringing this man to the scrutiny of medical officials and the news media, to Sister Mary Elizabeth for providing us with a video tape of a recent Inside Edition news piece covering Mr. Brown's recent activities, and to Yvonne Cook of IFGE for providing a photocopy of the 1985 Mack The Knife Returns article from the BGA Phoenix magazine.

Would you go to a surgeon whose past work included chemical face peels resulting in permanent scarring? How about one who put oversize breast implants on genetic women that were pulled so high and tight, they later fell off. A surgeon who does sex reassignment surgeries, 70 of which resulted in permanent colostomies? These and other allegations have circulated through the TS community over the past several years.

Medical Referrals International

P.O. Box 371 • San Ysidro, California 92073 • Telephone (619) 691-9485

THERE ARE ALTERNATIVES

Many of you have heard about Dr. John Ronald Brown M.D., some of it positive, some negative. This letter is intended to set the record straight and to inform those interested in his work.

Dr. Brown received both his B.S. and M.D. degrees from the University of Utah. He had rotating (general) internships at the Harbor General Hospital in Torrance California, and the Queen of Angels Hospital in Los Angeles. After thirteen years of general practice in medicine and surgery, he returned to training status. He had residencies in General Surgery at the University of Utah and Newark City General Hospital. His residency for Plastic Surgery was served at Columbia-Presbyterian Medical Center in New York City. This combination of training made him board trained in both general and in plastic surgery. His combined medical experience both as a General Practitioner and as Board Qualified Surgeon span 40 years.

Due to the temporary revocation of his licence to practice in California, his clinic has been moved to Playas, Mexico. He is presently preparing for reinstatement of his California license, but states that, even when he is eventually vindicated, his practice will probably remain in Mexico for various reasons—especially the reduced problems of doing transsexual surgery.

A major consideration is that the quality of the care in Mexico has improved tremendously and many modern up-to-date hospitals and clinics have been established there. Dr. Brown has practiced at the Hospital Quintana for over two years because of the high quality of care given there, and the availability of highly qualified assisting surgeons, anesthesiologists and other operating team members.

Another issue involved is that of Medical Malpractice Insurance, the cost of which is astronomical, often running upward of \$100,000 a year or more. Many insurance companies are refusing to include coverage for Sex Reassignment Surgery because of the high rate of malpractice suits often related to this type of surgery. Consequently many programs in the U.S. have been cancelled. Most Doctors have simply quit performing this type of surgery because of the outrageous cost placed upon procedures involving the alteration of the human anatomy. Programs presently performing this type surgery simply extend these extra costs to the patient in one form or another.

Dr. Brown uses the "Standards of Care" as a basic reference tool in dealing with transsexuals. A long time ago he realized that transsexuals don't always fit into the nice neat niches in which the traditional medical profession likes to place them. He handles each patient on an individual case by case basis. His goal, in dealing with transsexuals, is to have happy, well adjusted females after surgery. Transsexuals have usually thoroughly thought out the entire process with all of its consequences. Dr. Brown's philosophy is that once a patient is clearly defined as a transsexual, the sooner the surgical conversion is done, the better.

Potential patients go through a screening-interview-process prior to surgery and some are turned down. He suggests that candidates for surgery live in the chosen role for at least one year, but realizes that this isn't always feasible.

For her own welfare, he requests that the female has a psychological evaluation prior to surgery, but costly years of therapy may not be necessary. He also uses his own screening process to augment and to make the final determination.

Usually one year of hormone therapy is the minimum standard. The reason is that this produces a "Chemical Castration" so that the patient understands the full consequences involved. The surgical techniques used by Dr. Brown are all "State of the Art" and are constantly being refined. He has performed over 500 sex reassignment surgeries and is a highly qualified surgeon. The learning process never stops as he is continually striving for new ways to improve his technique both aesthetically and functionally.

One of the advantages of his surgical technique is that he creates a sensitive clitoris, using tissue from the glans (head) of the penis. He has also adopted the technique of lining the vagina with bowel tissue which gives a superior vagina. The "Bowel Vagina" is 7" to 10" in depth and is self lubricating. No K-Y is needed for intercourse and any size penis can be accommodated. The improved results by comparison with other techniques include: a more natural, aesthetically pleasing external appearance, a better functioning vagina, and orgasmic function for 99% or more of the patients receiving this technique.

A sizable percentage of his practice consists of "Revisions"—redoing what others should have already done. Many of the females had their initial surgery performed by other so-called prestigious surgeons, but came to Dr. Brown to be refined.

At the present time the total charge is \$4000 for the surgery and this includes all hospital fees, anesthesia, assisting surgeons and laboratory charges. The reasons, as mentioned before, for our being able to charge less is the lower cost involved in operating in Mexico and eliminating the medical malpractice insurance cost.

Other types of surgery performed by Dr. Brown are breast augmentation, plastic surgery, trachea shave, liposuction, female to male transsexual surgery and permanent eyeliner to mention a just a few.

If any of your group members have additional questions or comments, please feel free to contact us by phone or mail at the Medical Referrals office listed above.

Sincerely,

Julie Ragnanan
Julie Ragnanan

INSIDE EDITION

Interview: John Ronald Brown, (former M.D.)

RB: "There were several new things about it and as a result almost everything went wrong that could have gone wrong. The patient - we had to give her several pints of blood."

IE: "None of the skin grafts needed to complete the sexual transformation survived."

RB: "Why the skin graft failed I don't know, it just failed...skin grafts fail once in a while."

IE: "But to Brown, failure is no reason to proceed with caution, and he continues to experiment on humans whenever he develops a new procedure."

RB: "Back in the developmental stage I remember several times asking myself is it really right for me to be doing what amounts to experiments on some of these people? After thinking it all through, these people knew what I was doing, they knew it wasn't a proven experiment, they were all willing..."

IE: "The California Board of Medical Quality Assurance revoked Brown's license for practicing medicine under an assumed name, using unlicensed people to assist him in surgery, gross negligence and incompetence. Brown had been operating out of a garage in this San Francisco commercial strip, and in a suite of offices in this hotel. After losing his license, Brown remained in California but moved his clinic to Mexico. Working without a license, Brown kept soliciting patients in the United States, kept adding new experimental surgeries to his repertoire."

It was an ad he ran in a California newspaper (The Advocate) promising increased sexual performance that led to his arrest in 1984. At a San Francisco hotel (the Vagabond Inn) Brown held a seminar to pitch a procedure he promised would add inches to any client's penis. He charged an entrance fee of \$25 per person. Posing as potential clients, investigators secretly taped Brown's lecture."

MACK THE KNIFE RETURNS

A patient, no more like a victim, of the nefarious Dr. Brown presented herself, with the aid of a companion, at the Emergency Room of San Francisco General Hospital today (November 14, '84) for life saving medical assistance.

Just a week earlier, in Mexico, she had had the misfortune to fall into the not so tender clutches of Dr. Brown. By the time she arrived at SF General she'd lost more than 4 pints of blood and was well down the road to being another not so fortunate statistic of the infamous meat cutter. From information available she is but 1 of 10 recent victims of Brown's.

For those of you contemplating surgery don't go to Mexico for it and above all don't let Dr. Brown do it. Admittedly his price of \$3000.00 is attractive, but the pain, anguish and post-surgical complications are not worth the trivial amount of money saved.

The last person I know of who suffered at the hands of Brown was able to successfully sue and receive a cash settlement which allowed her to have his botch job corrected — unfortunately by the time a qualified reassignment surgeon got to her she had nothing left from which to make the vaginal vault so the new surgeon had to resort to the procedures of the late '50s-early '60's and use skin graft for vault construction. This is not only a long and painful procedure but scaring as well. Why didn't he have tissue to work with? Good ol' Doc Brown had done a penectomy which left his client unable to urinate satisfactorily from either a sitting or standing position.

Some of you may remember the exposé done on the good doctor by 60 Minutes several years ago. Oh, the fifteen minutes devoted to the cutter didn't deal with any of his gender clients but his butchery (he called it cosmetic surgery) of women in the LA and San Diego area. Even then he used a motel room as an operating theater since he didn't have operating room privileges at any of the local hospitals.

Brown lost his license to practice in California several years ago and it isn't known if he has a license to practice surgery in Mexico where he has to use a motel room as an operating theater.

RB: "The purpose of the money, \$25.00, was not to make a lot of money, although it would be nice if we could cover some of the costs of the trip, but I wanted to eliminate the merely curious. That was the purpose of that. If you want the money back, you'll get it."

IE: After conducting examinations in this bedroom, Brown was arrested. It took four years for Brown to be sentenced. After pleading no contest to five counts of medical fraud, he was fined \$10,000, (court proceedings were October 24th and 25th 1988 -Ed.) sentenced to four months in jail, and put on criminal probation. Assistant D.A. Mercedes Moreno prosecuted the case."

IE: "How many days did he spend in jail?"

MM: "Unfortunately only thirty days?"

IE: "And today, less than three months out of a jail cell, Mr. J. Ronald Brown is back in business. Today's surgery, says Brown, is not experimental. It's a hair transplant procedure called the uri flap. Brown says it will give this patient the more feminine hairline she desires. Dr. Alan Gaynor is a highly respected San Francisco physician. He's performed thousands of scalp reductions and hair transplants. Stephanie Abrams showed Dr. Gaynor a video tape of this operation."

AG: Everything's wrong. It's the wrong procedure. Artistically it's a nightmare even if it were done correctly."

IE: "Dr. Gaynor says the uri flap is rarely performed in the United States if at all. But Brown says this surgery is very routine but what this patient is about to encounter is far from anything that can be called routine surgery. The patient is being given general anesthesia to induce a state which doctors describe as a medically induced coma. When this is done correctly, the patient remembers nothing, none of the cutting, none of the pain. An hour into this procedure it becomes apparent the patient had not been given enough to keep him (him?? -Ed.) asleep. The assisting physicians were shaken. But Brown claimed that screaming during surgery was not unusual."

RB: "She out enough, she isn't going to remember this."

AG: I've never heard anything like that. A patient should not be crying out during surgery, it's unthinkable and inconceivable, I've never heard that. And that brings up another question — if a person truly has general anesthesia, there's a soft plastic tube in the throat and so it would be very hard to make any sound because it's blocking the cords. This is totally inadequate anesthesia of any sort. The patient's crying out in pain. I've never encountered that in my own work. It's not normal, it's awful."

IE: "And this patient's nightmare is not over. Less than two hours after the procedure we taped this incredible scene. Brown Taking the patient out of the clinic still in operating room attire (the patient was still in operating room clothes, Brown was in a suit) dazed, and bleeding."

AG: "That's unthinkable. Uri flaps require hospitalization. This person should never, ever, ever, ever be allowed to go home (at this time -Ed.), it's incredibly dangerous."

IE: "Could this patient die?"

AG: The patient could die."

IE: Brown cannot be arrested for operating out of the United States, but he can be arrested for violating his criminal probation by soliciting patients inside the U.S. This patient told Inside Edition that she heard about Dr. Brown through a nurse at Kaiser Hospital in Los Angeles."

MM: "Judge Nelson intended that Brown be absolutely precluded from using anyone, any vehicle, any advertising, or any source to obtain business in California to perform surgery or to act as physician."

IE: "When we asked Dr. Brown about operating without a license he abruptly ended the interview."
RB: I've told you I'm not going to discuss that. I'm re-applying for a license, and my medical record...I'm not discussing it..."

IE: "As a result of Inside Edition's investigation, the district attorney has re-opened the case of J. Ronald Brown. In the meantime, Mr. Brown continues the surgeries and the experiments. Next month, Brown will expand his operations."

What if J. Ronald Brown had been a competent surgeon? What if he had acquired the good reputation of some of the dozens of other SRS surgeons? We need qualified and caring surgeons for sex reassignment surgeries, hair transplants, implants and cosmetic procedures. Things would have been different. But, we don't need Mr. J. Ronald Brown.

THE SADDEST OF DAYS

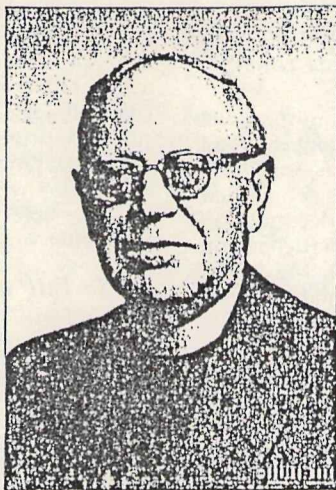
By Stephen E. Parent
Director, TranScend Counseling Services

At 4 P.M., June 14, 1986, I attended a Festival Choral Eucharist along with around 300 other people. It celebrated the 45th anniversary of the Rev. Canon Clinton R. Jones. It was a service of Thanksgiving for his 40 years of service at Christ Church Cathedral in Hartford, CT and the beginning of an end of an era. In January, The Rev. Canon Clinton R. Jones retired.

Canon Jones was the founder of the XX Club, the first group of its kind in the United States. It was a place for transsexuals to come together, meet, talk out actual problems, learn from one another and not be alone in a hostile world. Under the direction of Canon Jones, the group grew to a point where officers were elected and it became a duly registered educational foundation in the State of Connecticut. It established a constitution and a set of bylaws. All this was done under Canon Jones' ever-watchful loving eye, directorship and leadership.

Many questions remain unanswered as to what the future of the group will be, but as long as he is remembered, I would hope the XX Club will remain alive both in spirit and actual existence for those who need its services. It is certain we can give the man no better show of respect than to keep up the tradition he started and nurture the group with the love he shared with all.

There were many present who shared my sad feelings. Among the ecclesiastical participants were the Right Rev. Arthur Warmsley, Bishop of CT and the Very Rev. Stephen H. Gushee, Dean of Christ Church Cathedral. Along with 14 celebrants, 28 member choir, and six acolytes in the procession, there were over 52 members of the clergy representing every branch of Christianity.



THE REV. CANON CLINTON R. JONES

The audience held such notables as Garrett Oppenheim, Susan Huxford, XX Clubbers past and present, representatives of the gay and lesbian community, street people who have come to know and care for Canon Jones, senior citizens whom he has helped and members of the congregation. Attendance was by invitation. A reception followed in the Parish House. It took close to an hour to make one's way through the reception line to shake hands. The Rev. Canon Richard Mansfield, Jr., the organizer of the affair, mentioned the ushers counted 461 people in attendance. The church was jammed to the rafters. Both balconies were filled and there was standing room only. A tribute to the man loved and admired by so many.

A tribute, but a sad one. I could not help the tears that came to my eyes during the two standing ovations Canon Jones received. Tears brought on by the recognition of a loss to our community. A gap being left that will be so hard to fill - if it can be filled. I doubt there will ever be another such man.

Where can another individual be found who will give so unselfishly and with so much love and devotion to so many? Where can another be found who will strike out in favor of those condemned when it is still unpopular to do so? A Don Quixote, who walked in the footsteps of Christ and threw down his gauntlet for those oppressed will be awfully hard to replace in our minds and in our hearts.

A gap will be left. A hole in a lot of lives will not be filled and we can only hope someone with half the stature and capabilities of Canon Jones comes along to help those oppressed. We will miss the man, yes, but more than the man, we will miss his love.

What is his concept of love and how does he have so much to give? He is one of the rare true Christians, one of the Ghandis of the world. That is how he has so much to give to everyone. As to his concept of love, it is more than the Biblical sense of loving one's neighbor and suffering the little children to come unto Him. It is more than the shepherd. It is probably the same feeling many of us have for The Rev. Canon Clinton R. Jones.

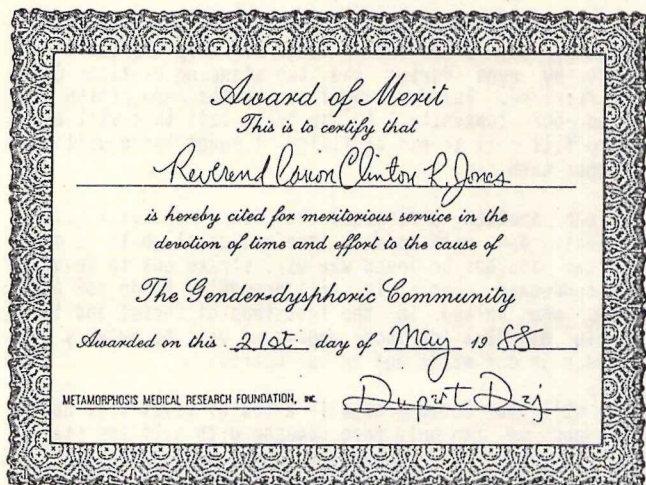
In other words of another, who has remained for some time anonymous, but often quoted, I can say: "Love is giving with no thought of getting. It is tenderness enfolding with strength to protect. It is forgiveness without further thought of the thing forgiven. It is understanding of the thing forgiven. It is understanding of human weakness, with knowledge of the true man shining through. It is quiet in the midst of turmoil. It is trust in God with no thought of self. It is the one altogether lovely, the light in the mother's eye, the glory in the sacrifice, the quiet assurance of protection.

It is in the expectation of our Father's promise coming true. It is the refusal to see anything but good in our fellow man. It is the glory that comes with selflessness and the power that comes with assurance of the Father's love for His children. It is a voice that says "no" to our brother, though "yes" might be more easily said. It is resistance to the world's lust and greed, thus becoming a positive law of annihilation to error.

Love...the one thing no one can take from us...the one thing we can give constantly and become increasingly rich in the giving. Love can take no offense, for it cannot know that which it does not conceive. It cannot hurt or be hurt, for it is the purest reflection of God. Good. It is the one eternal indestructible force for Good. It is the will of God, preparing, planning, proposing always what is best for all His universe."

This is Canon Jones' creed, whether he puts it in these words or not and it is the love that was returned to him by every member of that congregation. He will be missed and we shined him; he is respected and we shined him; he is loved and we haven't told him yet. We are losing a tower of love and strength; we shined him a Thank you. The man who has always had an encouraging word. In missing him, I will not be alone, but accompanied by many....

(EDITOR'S NOTE...This article was reprinted from Metamorphosis Magazine, Vol 5 No 3-4, June-Sept 1986, published by Rupert Raj. Canon Jones is still an active advisor to the XX Club and attends meetings on a fairly regular basis. He is still a board member of the Gender Identity Clinic of New England. On the following page is a copy of an Award which was bestowed by Rupert Raj in recognition of Canon's meritorious service to the Gender-dysphoric Community.)



She was born a man, but she's all-woman now **INTERVIEW WITH A POST-OP TRANSSEXUAL**

Recently, Options interviewed a post-operative (male to female) transsexual named Abby. She was originally a man, and has been fully a woman (post-operative) since October, 1987.

She is an Options reader who volunteered to share her story in the hope it would promote better understanding of transsexuals. What follows, in Q&A form, are Abby's answers to Options's questions on her life "before and after."

CHILDHOOD YEARS

OPT: When did you first realize you were in some way different?

Abby: I realized I was different at the age of three or four years. I wanted my hair left long, and clothes like the little girl next door. My parents told me I was a boy, but they had lied to me before. I just knew I was a girl.

OPT: What was your parents' reaction to your childhood differences from other boys?

Abby: My father worked 6 days a week, 10 hours a day. The rest of the time he drank heavily. My father never cared for me and not once in my life said he loved me. My mother taught me how to cook, clean house, sew, and even how to crochet. She used to brush my hair and tell me she wished I were a daughter.

OPT: How did you fit in as a boy at school?

Abby: I never got along with boys in school. I would not play their stupid games. Most of the time they picked on me and called me names. I hated all boys until I was about 14, when I started to get crushes on some of them. I thought they were silly, but at times they broke my heart.

OPT: Did you spend a lot of the time playing with the girls?

Abby: From grade one to the sixth grade I was only interested in doing things with girls. And only interested in art, drawing, and all the things girls could be interested in. I used to dream of getting a beautiful doll; instead my sister got them.

ADULT DIRECTIONS

OPT: When did you first suspect what your real problem was?

Abby: In 1953 I heard of a soldier going overseas and coming back as a woman. Up until then the word "transsexual" had not been coined! I knew there was no word in the dictionary that accurately described me or what I felt.

OPT: How long had you been married at the time?

Abby: At this time I was not married. I had heard of female impersonators in San Francisco, California. In fact I had done a little work on stage as a femme impersonator. I had, around this time, tried another cure. Join the service; they will make a man out of me! Oh what a mistake this was.

OPT: How supportive was your wife at that time?

Abby: I never let my first wife know anything about my feminine feelings. This was to be another cure. The get-married-be-a-father cure! It does not work either. It just dug me deeper into problems to solve. My second marriage, (five children later), my wife knew about me before the vows! When I decided to go through with my Transition, my second wife was totally supportive.

OPT: When you decided to become a woman, how did you break the news to your friends?

Abby: Both my spouse and I told friends and family. Some had heard rumors: others had seen me with a perm, femme glasses and earrings.

OPT: What were their reactions?

Abby: Most of my friends of 20 years are still my friends. A couple do not wish to speak to me anymore. Most of my male friends from before do not swear or talk dirty in front of me; they are very polite, open doors and even light my cigarettes.

OPT: What is the most negative reaction you've encountered and from whom?

Abby: The most negative reaction was from some teenage boys and the police department of a close-by town. I was called every dirty slave name in the book by teenage boys. A couple of police officers took it upon themselves to rid the community of me. It did not work!

FROM PRE-OP TO POST-OP

OPT: Tell us about the various pre-op stages you went through.

Abby: The stages were: to make my decision to go through trans-

ition, then to obtain my hormonal therapy and start to live and dress like a woman. A medical doctor was needed to monitor my health and progress plus a qualified psychiatrist. I then went through a legal name-change, after which all papers were changed, including: social security card, driver's license, credit cards, insurance, loans and bank accounts. Then I had to find the best possible surgeon. Also a GYN after surgery.

OPT: Tell us about your operation.

Abby: I had my surgery done in Belgium, a small, pretty country next to France. The doctor was a plastic surgeon trained in the U.S.

I was admitted on a Thursday afternoon, processed into the hospital in three hours, including X-rays, E.K.G., blood tests, blood pressure, pulse, temperature, heart check, lungs checked, supper, shave and to bed by 7 pm. At 7 a.m. I was in the operating room (re-birth delivery room), and at 10 a.m. it was over. At 11 a.m. I was wide awake and asking all kinds of stupid questions. I even asked the doctor if I had a cherry! I had no fever, no infection, no complications and no pain. There was a burning sensation for three weeks when I moved fast, and I was quite ten-

der for 5 months. I sneaked a peek on the third day, and I looked horrible with stitches and tubes. I was swollen and looked like chopped liver. Now, a year-and-a-half later, I am very satisfied with the work and quite happy.

PRESENT THOUGHTS AND GOALS

OPT: Tell us about your living arrangement with your wife, now that you live as sisters.

Abby: Yes, I am still married legally. There was no requirement of a divorce on S.R.S. done in Belgium. My spouse and I have lived as supportive sisters since 1976. We communicate better than most families; we have companionship, trust, and friendship. We even compare notes on men like sisters!

OPT: You said you were still married; does the law recognize the marriage? What other ramifications are there regarding two women being married to each other?

Abby: We have a joint income tax return, our properties and insurance are in both our names, and her health insurance helps with my medical bills. We were married as man & wife, and did not get a divorce. We did not get married as two women. If she wished to get married to a man, we would have to get a divorce. Some people think we live as lesbians. We do not. Just as sisters.

OPT: Would you ever consider leaving your wife and looking for a husband?

Abby: I would have to find a man who would accept me as a woman, love me, and care for me, before I would consider leaving my wife and my son.

OPT: Would your wife consider marrying another man? Does she date men now? How would you feel about her remarrying?

Abby: She states she would never remarry; she may live with a gentleman. Yes, my spouse and I both date men. Sometimes even double date, then compare notes at times. She even gives me tips on dealing with men. If my spouse found a man she would like to marry, I would never, I mean never, hold her from any happiness in her life. Love is also being able to give her her freedom. She supported me in transition; I'll support her in her desires.

OPT: Tell us about the first few weeks after the operation—your feelings, your experiences—whatever else is relevant.

Abby: I became active in the community and club functions. I have energy to go places; I am not a hermit. I travel, shop, go to dances and meet new friends. My feelings are generally high. I have met a few men; so far most have been a disappointment. They have been thrill-seekers or just curious about factory-made women (so to speak). I did go through what is called the post-operative blues, similar to a woman after a hysterectomy surgery.

OPT: And the succeeding months?

Abby: Most people went by the scandal newspaper to judge me. The women had ideas I would be after their men. Men were waiting for me to be a cheap tart, (the micro-mini, see-through blouses, and feather boa type of trip). When people found out I dressed and acted as any housewife, talk died out, and now I am accepted as any other woman, in most circumstances. In one I am not. Most men will not accept me as a female in a relationship. Due to our society, new-women are feared due to homophobia. The problem is that men fear being thought of as gay if they should fall in love with a T.S. woman.

OPT: Do you want children? Would you adopt? What, if anything, would you tell them eventually about your past as a man?

Abby: I am too old to raise children now. I have raised my family of children, the youngest now a man. If I were younger, in my twenties, I would want to adopt children. Children are our future.

No, in this case, they would never be told I was ever a man. I have always felt I was a woman. My mind-set and emotions are what determined what I am.

OPT: Do you ever feel people are staring at you or pointing you out to others?

Abby: At first I used to worry about people pointing me out. Now I don't. After all, we are a small minority. Most people would not be able to spot me now. When people look now, they see either my clothes, hair style, height or figure. I dress average or a bit better. I use slacks instead of jeans. I have my hair done every week; I am 5'10" and I do not stoop over. I hold myself proud when I walk. I have a natural swing to my hips, and I love the click of my heels. My figure is 41-31-41, at 160 pounds, which is good for a middle-aged female.

OPT: What do you do for a living? Do you work at the same job as before? How well have they accepted the "new" you?

Abby: I have been totally disabled since 1981. I am blind in one eye, have a back injury, thyroid cancer, a hernia, and everyone knows I'm crazy! As one person said it, "You went where? You had what cut off? You're crazy!"

OPT: What would you like to tell those of our readers who know little about transsexuality?

Abby: Go to a psychiatric doctor who has had experience with gendered persons. An A.S.S.E.C.T. therapist is the best. Then a medical doctor or an endocrinologist for the hormone therapy.

OPT: What would you like to tell those of our readers who think they may have a wrong gender assignment?

Abby: I will answer with a checklist I have written for a gender newsletter. This could be a help to others in the same situation.

OPT: Is there anything else you feel we'd like to know, or ought to know?

Abby: For myself, my surgery was my only hope for life. The stress, tension, and pressure were unbearable, too much so for me to continue any longer. I was thinking daily of ending my life. I don't advocate S.R.S. for everyone. I would not wish this on my very worst enemy. What are my plans for the future? I wish to find a man to care for. An intelligent man, with strength of character, strong yet gentle. Not a thrill-seeker. A straight man, who can accept me as a woman and not a rebuilt man. My dreams and hopes are the same as any other woman. I have hope and faith in my future now.

Options
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Estrogen may up breast cancer risk

BOSTON (AP) - Women who try to reduce their risk of fractures and heart disease by taking estrogen supplements for many years after menopause may slightly increase their chances of breast cancer, a new study concludes. However, doctors caution that the evidence of a cancer link is still weak. The study, based on 23,244 Swedish women, found that users had a 10 percent overall increase in the risk of breast cancer after six years of taking the hormone. However, the risk varied, depending on the kind of hormone used. Those who took estradiol, the most commonly used variety of estrogen in Sweden, had nearly double the usual risk of breast cancer. But the researchers found no increased risk among the relatively small numbers who used conjugated estrogens, which are most frequently prescribed in the United States. Doctors often prescribe estrogen in combination with the hormone progestin in the belief that this will minimize any increase in the risk of uterine cancer. Evidence of a link between estrogen and breast cancer is conflicting. More than 20 studies have found no sign of an association, but a few others suggest there may be a link.

(EDITOR'S NOTE...This interview really happened, on Tuesday, August 1 on WCCC with DJ's Sebastian and Diane interviewing Paddy live at 9 AM.)

TAKE A WALK ON THE WILD SIDE

S: Hello - and this is Paddy, right?
P: Yes. Hi.
S: You have an ad in the *Advocate*, huh?
P: Sure do.
S: It says: Take a Walk on the Wild Side, that's interesting because we're giving away Lou Reed tickets. All it says is complete feminization training.
P: Do you know what that is?
S: No. First of all, you're on the air - I have to tell you that.
P: Thank you very much.
S: What does that mean?
P: That's for cross-dressers, a service for cross-dressers who would like to know how to put their make-up on.
S: You're serious?
P: Yes, I'm serious, in fact you're more than welcome to come over and get done up.
D: He would be your least likely candidate.
P: Why do you say that?
S: Now how did you get into this business?
P: Okay, right. You're supposed to ask the questions. I've been doing it for about 15 years, it started out in the theatre for female impersonators.
S: And you're a female, right?
P: Of course!
S: And you dress like a lady?
P: I dress like a lady.
S: And you've been doing this for fifteen years?
P: Yes.
S: Now men come to you and they want to learn how to dress like a woman?
P: They want to learn how to put their make-up on so I make video tapes of the transformations.
S: That's sick!
P: No it's not.
S: Sure it is.
P: That's why I'm offering you a chance to see what it's like.
D: But he doesn't eat quiche, do you understand?
P: He's a REAL man.
S: How many clients do you have?
P: Quite a few.
S: Ten, twenty, thirty...?
P: Per week, about twenty.
S: They call you from this ad?
P: Uh-huh.
S: And they want to learn how to put make-up on?
P: Right.
S: They come to your house in Springfield?
P: Uh-huh, and I make a video tape of their make-up session so they know how to put each individual piece of make-up on.
S: Are these heterosexuals or gay?
P: Oh, they're heterosexual.
S: They are?!

P: Oh yes. If they were gay they could just go to the gay bars and learn from the drag queens. But they don't want to do that because they have wives and children.
D: These are MEN?
S: These are MEN that wanna be women, or dress up as women?
P: They enjoy it, though, Sabastian, that's the reason.
S: Wait now, they go to you and they learn how to put lipstick on?
P: And other things - like eyeliner, eyelashes, false nails, you know!
S: And clothing too?
P: If they like.
D: What occasions do these men need to dress up for?
S: Masquerade balls?
P: That too. Halloween's the busiest time of year.

S: Well that I can understand. A Halloween party's fine, but what about the rest of the time?
P: Maybe they just want to go out on a Friday night.
D: As a woman?
P: Uh-huh.
S: Where would they go?
P: Well you never know Sebastian, some of your best friends...
S: Not my best friends. But speaking of someone, you know - he has been dressing funny lately. (laughter) After they come to you and they learn to dress up as women, do they go out with their wives?
P: Oh sure.
S: So you don't know which one is the woman?
P: Well, an experienced eye like mine could probably tell but most of the time they're quite convincing.
S: So they just want to be a transvestite for the day?
P: Right. Well a TV is a TV their whole lives, not just for the day.
S: So they're acting out a role?
P: Sure, they're doing what they like.
D: You have about twenty clients a week you said?
P: Uh-huh.
D: Now these are the same people that keep coming back to you or is there some mass population of transvestites that we don't know about?
P: They make sure that people don't know about them.
S: Anybody in the radio business by any chance?
P: Well, you come for a transformation yourself and we'll have a chance to talk.
S: There are some people in radio that are your clients, is that what you're saying?
P: Well, no I'm not saying anything like that on the air Sebastian.
S: I always knew Gary Craig was a... (laughter)
P: Make's you kinda nervous, doesn't it?
S: Somewhat! Next time we go to a radio party, Diane, make sure we stay on the right side of the room.
D: I wouldn't be able to tell because I just go by the look, but he's a touchy, feely sort of person. So he'd find out right away.
P: Listen, think about it and give me a call if you'd like a free transformation.
S: At ten o'clock just wait by your phone and I'll be the first to call. Thanks for for your call, nice talking to you.
P: Thank you and have a nice day.
S: You too.

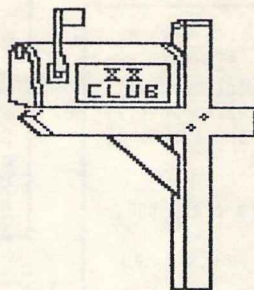
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LETTERS

TO THE EDITOR



Dear Veronica,

I read the editorial in the July *Twenty Minutes* newsletter and I can't agree with you more. We do need an organization, national or international that will look after our needs and issues instead of those of the TV. Yours is the only club that deals with TS needs and problems. All the others that I know of except the Gathering are for TV's and only give lip service to us. I am willing to give all the help that I can to get an organization off to a running start.

Betty
Bronx, NY

Dear Veronica,

Regarding the *Twenty Minutes* editorial (July 1989), is there a need for an international organization to deal solely with lobbying for TS issues? I think there is, and I would support it. Also, I would like to thank you and your staff for your efforts in putting out such a high quality newsletter each month.

Sincerely, Ann
St. Paul, MN

(EDITOR'S NOTE...Copies of the two letters above were forwarded to Sr. Mary Elizabeth, a strong advocate of a national TS organization.)

Dear Veronica,

I thought I would make a comment or two relative to the editorial in the most recent *Twenty Minutes*. The TS community is the very place for the Christine Jorgensen Award to spring from. It is only because the CD community really feels closer to you, than you to us, that we try in our clumsy manner to be allied with you. We don't think of it as a power struggle - at least I don't believe it so! We are trying to bring us, all of us, closer by developing a TS program that is meaningful and well executed in at least two "conventions" - as you point out. The most recent BE ALL had a good program and the next IFGE convention will have a better one, than the last! Please know this! The person who "did" the chores for the past BE ALL and will do, for the 1990 BE ALL (in Pittsburgh by the way) will also be involved with the TS program for IFGE in 1990 (in Boston). She is Christine Young.

Please know that many many of us are very near to your community in thought, in deep feelings and with genuine love and affection. At the last BE ALL I enjoyed so much being a part of the program given there. Christine, the year before inspired me so - she "put the wind under my wings" then. I'm still flying high and with purpose because of her!

Much love dear, Sheila Kirk
Pittsburgh, PA

Dear Veronica,

It is my sincere hope that this most excellent newsletter may continue to put out such excellent material. Trusting that all that nonsense about toilets is now behind us, we can now move on to serious and substantive issues.

As a participant to the IFGE conference this year, I can certainly appreciate the humorous cartoon in the March issue of *Twenty Minutes* in which Aradia was making light of some of the "programmes". I was sorely disappointed and disenchanted with much of the conference. There were some highlights, meeting such people as Richard Docter, Niala Miller and Roger Peo, made it worthwhile. These most excellent and worthy people notwithstanding, much of the conference was useless and idiotic. "Personal Development" scarf-tying indeed! It boggles the imagination to see the relevance of such. No wonder this country is in such awful shape! When people equate such as that as personal development. It's only a small step from there to saying things like "I love my port-a-potty!" If that's their idea of personal development and love, then I'd say that they need to re-examine their ideas of love and development. Aradia was so much to the point in her cartoon.

While there were a number of useful, informative and fun times, there was much about it of which I am extremely critical. Specifically, a noticeable absence of People of Color. I met one Chilean TV, one TV of African decent, and I think one Asian individual. There were no Physically Challenged People. There was certainly no provision for people of more modest income. This led to a white male dominated convention. Except for the fact that there were so many dresses, it might as well have been a convention of the Moose Lodge or the Freemasons.

The so-called "Congress of Representatives" was naught more than a platform from which certain individuals with corporate-like titles could get all the good old boys in dresses to "aye" their sacred buzz-words of "Democracy" and "Federalism". These are sacro-sanct terms to the white heterosexual male transvestite who has all the power, privilege and prestige of the ruling class. For those for whom these terms are not as holy and hollowed - women (transsexuals), people of color, the physically challenged, the homeless, etc., these are not so sacred. It was interesting to observe that when a few of us, myself, the representative from the Gender Identity Center in Denver, and the representative from the group in Toronto didn't just automatically agree with everything that was being said and didn't "rubber-stamp" the decrees handed down from Ms Lynn, the "Executive Director" and the rest of the "gang of five", how the gentlemen in dresses got very irate. One lady, a good old boy from Texas, chided me for not being a team player. Several people were visibly annoyed at the fact that the laws being handed down from the mount weren't strictly in accord with our consciences. In short, the Republican Convention of the Gender Community went pretty much as they planned it. A few minor annoyances from radicals but overall pretty much as it was planned - no women (or a few tokens), no minorities of color, no physically challenged, a lot of back-slapping, hand pumping and cigar smoke. Silly me, I thought it was supposed to represent all facets of the community.

In closing, I would again like to commend your little paper. Keep up the good work!

Most cordially, Christine Tayleur
Daly City, CA

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