THE TRANSSEXUAL VOICE

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Holy Megabytes

In Her Crusade Against AIDS, a Social Justice Nun Goes On-Line to the World

It's been a hell of a ride. Sister Mary Elizabeth, in her 54 years, has been both witness to and product of the passionate controversies that forged the latter half of the American Centry. In 1957, as a stalwart Cold War-generation Baptist, she went to Memphis, Tennessee to teach electronics at the Naval Air Technical Training Center, submarine warfare division, and saw first-hand the meanness of segregration and the birth of the civil rights movement. The year 1968 found her in Vietnam, flying missions into and out ot Tan Son Nhut and Caun Raah Bay. In '88 she was at the heart of a sexual politics scandal that capsized the Anglican order that she had founded, the Sisters of Elizabeth of Hungary. For the past three years she has worked with and served men and women held hostage to AIDS. Ultimately, her unique take on the world was formed by two matters at once personal and public: her steely devotin to Jesus Christ and her physical transformation via sex-reassignment surgery.

"Don't write about that," she says from her office in San Juan Capistrano. "Don't write about me - I'm not the story. My work is the story."

There is, however, no way of writing about her work without writing about her, about her technical talents, about how she believes the Almighty uses her as a very singular vessel for His love. It is not every day, after all, that a transsexual Angilican nun who once served in Vietnam single-handledly launches and maintains the largest AIDS information computer bulletin board in the world.

"It all started in 1990," she says, "when I went to rural Missouri to tend a herd of cows that had been left to our order..."

While the area was isolated, its residents insular, she found the people living there with AIDS, struggling on their own with the disease with little or no state-of-the art information to help them. Television reception was very poor and newspapers scarce, but Sister Mary Elizabeth noticed that many of the area's residents had personal computers, and that, she says, started her to thinking. When she returned to California later that year, she began

talking with friends about starting a free national AIDS information bulletin board.

There are plenty out there, but most of them are expensive. They can run anywhere from $45 to $500 dollars an hour, and there's no way that your average person with AIDS can access that information at that cost. There are people out there who want to make money off this terrible disease. Something had to be done."

In late 1990, Sister Mary Elizabeth, a long-time computer afficiando, officially went on-line with an 80-megabyte IBM compatible and quickly ran out of space. She had more than 500 files of AIDS-related information, but there was much, much more. She knew she had to go to more than one phone line; she needed high-speed modems.

In June 1991, a Japanese businessman made this possible. He donated $21,000 to the HIV/AIDS Info BBS, which allowed Sister Mary Elizabeth to invest in a more powerful IBM-compatible with a 660-megabyte hard drive, eSoft TBBS software, two high-speed U.S. Robotics modems, and two incoming lines. With the expanded capacity, the database mushroomed to more than 1500 files.

The range of information is so vast, its quality so dependable, that national and international organizations such as AmFar and the National Institute for Allergy and Infectious Disease have started logging on to the electronic bulletin board on a daily basis. So far this year, it has served close to 20,000 callers, some from as far afield as Australia, Spain, and the Netherlands. And the demand is growing. Sister Mary Elizabeth, her eyesight slowing failing, regularly works 11 hours a day keeping the files up to date, adding new data culled from 19 professional journals and scores of other sources.

"I don't understand," she says, "how we, as individuals created in the image of a loving God, could simply stand by in the the face of this epidemic and do nothing. God loved us so much that he sent his son to die - not just for one person, but for all of us. Because of that love, we have a responsibility to others. Because of that love I can't see how we could oppress others or allow others to be oppressed."

Abe Opincar

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The Adventures of Miriam: A Gothic Tale of Horror

(Continued from October 1992 Issue)

Discussion

Although long recognized by a handful of researchers, if is wasn't for physicians like Benjamin and others, transsexuals would never have been taken seriously, let alone been treated, by organized medicine. Nevertheless, physicians who have promoted the welfare of transsexuals have always been in the minority.

Amongst the more "legitimate" subspecialities, the professionals constituting the Harry Benjamin International Gender Dysphoria Association (HBIGDA) have always worried about their respectability. Their conferences frequently have had a paranoid flavor about them especially when the press was involved. Today, HBIGDA's Standare of Care mainly serve to protect the provider from litigation from the consumer by its emphasis on careful documentation. Until the 1991 revision, it permitted providers to charge the consumer whatever the traffic would bear for reasonable and customary services. The patient is not the center of attention for HBIGDA but rather defensive medicine is. A patient-centered customer service model needs incorporation into the Standards of Care established by HBIGDA. Beyond its Standards of Care, HBIGDA has done very little to advance the quality of life for transsexuals. Its attitude is reminiscent of the defunct gender clinics who presented research projects under the guise of treatment centers. Without sensitivity to its patients, HBIGDA will be a dead issue. IT will eventually be replaced by other professional organizations more responsive to patient concerns.

I have a high index of suspicion that my colleagues are not only ignorant about transsexualism but replace their ignorance with a Biblical version of sex and gender. "God said it, I believe it and the issue is closed." Physicians do not always make good scientists.

In medical school, I was introduced to transsexualism in Human Sexuality and Psychiatry -- generally considered a couple of filler courses to rest your brain on while gearing up to tackle the real medical subjects like pharmacology or surgery. In Human Sexujality, the lecturer presented three films about "transsexualism" which saved him the embarrassment of lecturing on the subject. The first was of a gynecomimic changing gender roles as he-she danced around on stage in a spot-light. (Cat-calls) Next, a sensitive film about a Canadian male-to-female transsexual as she went through the transition. (More cat-calls, hisses and boos, gestures of disgust) Finally, on the last film they ran out of time and said they would show it during lunch. It was an "up-close and personal" film of an actual sex-reassignment

surgery. Female medical students, such as myself, found it very interesting but it became a macho-thing for the males who chomped on their sandwiches and cavalierly made a carnival out ot the scene as if to say "we don't have any castration anxiety!" In Psychiatry clerkship, a prominent psychoanalyst lectures us about how transsexuals were "sick," that their mothers were "sick," and that their whole family should be in interminably psychoanalysis. With all the hostile labeling, off-color jokes and out-right moral condemnation, it seemed to me sad that my fellow medical students would one day go forth into practice with this impression of transsexuals. How would they behave when the inevitable severely needy transsexual patient stops at his door step to make a final appeal for medical help before the grave? With compassion and understanding, as our Hippocratic oath dictates? Or with scorn for human dignity and intolerance for human diversity?

Physicians are rapidly losing their professional status and becoming managers in corporate iatro-businesses. Medicine in the latter part of this centry has made the gerund of "to care" into a four letter word, as in "managed care." In the case of providers of transsexual "care," one commits an error when the will transcends the understanding. If a physician has not dealt with his own subconscious insecurity and agendas regarding his own sex and gender, there is a risk of unprofessional conduct, even malpractice. For example, just as there are Freudian slips of the tongue, Fredian slips of the scapel are not unheard of amongst surgeons, as Miriam's "clitorectomy" attests.

Transsexualism is a challenge to medical science, the understanding of which has helped motivate the advancement of sexual neuroscience in general. Quality care for the transsexual will not improve until physicians educate themselves in compassionate diagnosis and treatment as well as deal with their own gender insecurity so as not to inflict their hidden agendas on the patient. If they can not do this they should get out of the field before they hurt sone one.·

The latest outcome studies of sex reassigment indicates that, in properly screened candidates, the adequacy of surgery itself plays a critical role in the post surgical adjustment of the transsexual. Miriam's lack of surgical success has been the major factor frustrating her successful rehabilitation. One of the most important predictors of success is also the ability to match targeted male or female sex-stereotypeds. Being gifted by birth with such a body is simply a matter of luck. Cosmetic surgery to feminize a

masculine body habitus becomes a near necessity for many male-to-female transsexuals. They have not asked to be born in a male body nor have they wanted to be poisoned by poubertal testosterone. The same applies to female-to-male patients mutatis mutandis. Since society does not legitimize their intersexed conditions, the most transsexuals can do for themselves is damage control. It should not seem surprising that transsexuals would want to change whatever physical stigma which decreases their fitness to survive in the jungles of society. With that said, nevertheless, there are some important points that must be made clear to transsexuals when embarking upon surgical damage control.

Firstly, surgery is a Faustian bargain. They is never a case where you don't give up something in exchange for what you seek. You must give up something to get something and, in both the giving up and the getting, there are inevitable risk-versus-benefit trade-offs. In assessing a future surgery, make two columns and label them "what I want" and "what I am giving up;" split those columns into two colums each and label them respectively "risks" and "benefits" under each heading. If you have done your research well, you are ready to list the facts under the four columns. To help you weigh the factors, add an index to each risk and benefit, rating their likelihood of occurrence on a scale from one to ten. If you have trouble, you have not broken down each factor for enough; continue to analyze the factor into its simpler components until you arrive at a set of factors that can clearly be ranked. Sum up the rankings and divide by the total number of factors in each column to give the probability of risks and benefits. Subtract the risks from the benefits and you will have the weights of what you are giving up balancing what you are gaining.

With sex reassignment, no amount of plastic surgery will ever make up for the fact that you were born in the wrong body. The most that can be hoped for is an approximation to gender norms. Where you draw the line depends upon how desperate you are, what you are willing to give up, and how extensive the defects you want to correct. There are inevitable compromises and complications. Miriam, an example of a desperate transsexual, is an object lesson in how bad complications can get. But she like most transsexuals wanted her body and gender role to reflect as much as possible the inner sense of her own femininity and female gender identity (cf., Money's globe-model of G-I/R).

In one recent series of 65 patients, rectal perforation, rectovaginal fistulae, hemorrhagic disthesis, neovaginal prolapse, and neovaginal necrosis had an incidence rate between one and nine percent each. Other complications include urethral and vaginal stricture, vesicovaginal fistula, prominent urethral bulb erectile tissue around the urethral meatus, lack of functioning clitoris (or none at all), vaginal stenosis, atrophy and scarring, vaginismus, and dysparsunia. The number of secondary surgical

procedures (N=23) including vaginal lengthening, urethral repositioning, urethral bulb reduction, labial reduction and posterior skin fold revision ranged between four and twenty-one percent each.. When you add into the mix nosocomial and iatrogenic causes, the statistics are probably much higher.

The complications of taking sex steroids have been sufficiently addressed elsewhere. For male-to-female transsexuals, thromo-phlebitis and prolactinemia are the main concerns with risks of pulmonary embolism, lower extremity vein disease and pituitary tumor. Amonst female-to-male transsexuals, androgens elevate the lipid profile with resultant risk of atherosclerosis, stroke and heart attack.

Breast cancer is a long-term complication of taking hormones; there are only three cases of breast cancer in 30 to 35 year old male-to-female transsexuals reported in the literature. Family history of breast cancer, Klinefelter's syndrome, and prolonged high doses of estrogen (all of which Miriam had) are all inconclusively linked as risk factors. Doses in the range of 150 milligram-months (as little as 1.25 mg/D Premarin over five to ten years) have been implicated in the three cases cited above. Contrary to what is generally believed, the transsexual's breast is not clinical gynecomastia; in the three cases cited, their tissues were histopathologically identical to "genetic" female breast tissue. Hence, transsexuals should regard their breasts as normal female breasts with estrogen and progesternone receptors which, when stimulated, can transform breast tissue into cancer.

Many transsexuals eat hormones like candy; you should know that more is not better with regard to sex hormones. High serum levels of sex hormones saturate sex hormones binding globulins and cellular receptor proteins so that after a certain level they not only contribute nothing to feminization but ctreate a chemical hepatitis as the liver strains to metabolize the excess. In other words, small doses of estrogen over longer periods of time are more effective than mega-dose boluses which your body simply deactivates and you flush down the toilet. I urge all male-to-female transsexuals do decrease administration of estrogen to the lowest possible level as feminization is achieved. They should also be involved in routine screening which includes monthly breast self-examination and, after age 35, yearly mammogram in high risk cases.

PERSONALS LISTINGS ARE LIMITED TO TRANSSEXUALS ONLY (AND/OR THOSE INTERESTED IN MEETING TRANSSEXUALS) THERE IS NO CHARGE FOR THESE LISTINGS. COMPLETE PERSONAL LISTINGS SECTIN IS INCLUDED IN FEBRUARY ISSUE WITH CHANGES AND NEW LISTINGS INCLUDED IN THE NEXT FIVE ISSUES. THE EDITOR/PUBLISHER OF TSV ASSUMES NO RESPONSIBILITY FOR ANY ACTIONS THAT OCCUR/RESULT FROM THESE PERSONAL LISTINGS! YOU ARE TRAVELING AT YOUR OWN RISK! BE CAREFUL! GOOD LUCK; GOOD THINGS HAVE HAPPENED THROUGH THESE LISTINGS.

Anyone seeking sex reassignment must look at their own beliefs, motives, fantasies, and expectations. Furthermore, these must be tested against reality usually with the aid of a psychotherapist who hopefully has no hidden agenda. Clearly, requesting sex reasignment for kicks, or out of curiosity are not legitimate reasons for embarking on this path, regardless of whether you have passed some "real life test."

Transsexualism is a gender disorder not a sexual disorder; sex and gender are quite different phenomena. Sex is between the legs, gender is between the ears. If you are considering this path because you want a new "sex toy" between your legs, for your own sake, please look elsewhere. Reassignment can only be embarked upon as an existential commitment to life when all other options have been exhausted and death seems the only option. Only at that point can you be certain that heroism is called for. If you have not reached this point, then you haven't hit bottom yet and you lack the motivation and strength to make the life changes required in the reassignment path. To be fore-warned is to be fore-armed.

Concluding Remarks

As with many transsexuals who can not pass in society without detection, Miriam has cured her internal problem of gender dysphoria while unknowingly inducing an external problem of societal unacceptance. She is well-adjusted as a female, society continues de facto discrimination against her and others like her with the so-called "genetic" women being somehow more legitimate. This is happening while medical research is destroying any such distinction between "genetic" women and other women, a case of the proverbial pot calling the kettle black. According to John Money, genetic sex, gonads, and internal genitalia do not innately preordain gender identity, gender role, sexual orientation, or erotic status in adulthood.

One recalls how Afro-Americans were freed from slavery while, as society resisted change, they simultaneously became subject to a subtler, more insidious kind of discrimination in Jim Crow and sharecropping, leading to the civil rights confrontations of the 1960s.

Sex reassignment is much more than having some cosmetic and "sex change" surgery. More than anything, it is a total life change. If you can not rehabilitate your life then how can you hope to do the same for your sex and gender? You will not find a simple solution to any problem in life, despite popular psychology's promotion of panaceas and canned answers. Do not be misled by book-transsexuals. Success stories very often sound too good to be true because they are too good to be true. Most are edited, incomplete and above all self-serving. The gender community like so many other areas of life has been little more than show business: Keep up the song and dance and no one will notice

that you are crying on the inside while smiling on the outside. Contrary to what Hollywood and Madison Avenue would like you to believe, all that glitters is not gold. Life is not simple nor is it fair. As Jacques Brei exclaimed in one of his songs, "Stand up and cry like men!"

When one becomes mature enough to realize the existential conditions of human life -- such as transsexualism imposes upon a person -- one sees that compassion, love, and understanding for one another are all we have to hold onto in our lives. Physicians and transsexual patients will learn these elements of true wisdom in time and towards this purpose I have presented Miriam's story.

Postscript

Miriam was placed on Prozac 40 mg Q AM and Desyrel 150 mg HS with good results. After six months of intensive supportive psychotherapy, her depression subsided (Beck Score 10) and MMPI-2 depression, paranoia, and hysterial sub-scales were significantly reduced (T-Scores: D53, Hy47, Pa78. Miriam reported being able to put her life back together again and make decisions necessary to reduce the stressors in her life. She decided to leave her current profession where she experienced harassment and go into business for herself where the boundaries between herself and others were more clear. She also decided to move far away and start over where people were less sophisticated at reading her as a transsexual. I wished her well wondering whether Miriam would ever be free of her torment and whether our society would ever stop persecuting transsexuals. Miriam, like other primary transsexuals, was the victim of a childhood developmental disaster rivaling autism and schizophrenia in its devastating consequqnces. They have suffered enough, why do we find the need to punish them further?

You will never receive any better advice than is included in this segment of The Adventures of Miriam. It may not be what you want to hear; but its what you need to know. Phoebe

I'm sure Dr. Seton would like some feedback from you. What did you think of this article?

There's more "passing" out there than just you

Don't forget - HIV/AIDS

Transgender
HIV/AIDS Prevention Workshop
Oct. 10th, Dec. 5th, or Feb. 6th, 12:30 -- 5:00 p.m.
Free of charge

For more information call **Program in Human Sexuality** U of M Anne-Marie **(612) 625-150**

Funded by a grant from the American Foundation for AIDS Research

CONNECTIONS

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

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

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

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

SOUTHERN TRANSSEXUAL PRE-OP SEEKING FINANCIAL HELP AND SUPPORT. HELP RELEASE THIS WOMAN WITHIN ME. CONTACT LINDSEY [redacted] ROUTE 1, BOX 50, MIDVILLE, GA. 30441.

I AM LOOKING FOR A FRIEND OF MINE NAMED SARAH LUIZ. I LAST HEARD FROM HER IN NOVEMBER 1990, AND THE LAST KNOWN ADDRESS I HAVE IN MY FILE IS A NORTHWOOD, NH ADDRESS. ANY INFORMATION IS WELCOME. NO PHONE CALLS PLEASE. WRITE TO: [redacted], [redacted] MARIETTA, GA. 30066-1159.

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

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

PERSONALS

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

HANDSOME, 39 YEAR-OLD WHITE MALE IS VERY INTERESTED IN ASSISTING AN ATTRACTIVE FEMININE TS DURING HER TRANSITION; LONG-TERM RELATIONSHIP IS HOPED FOR. REPLY TO LARRY M., [redacted], WICHITA FALLS, TEXAS 76301 WITH LETTER AND PHOTO. WILL REPLY TO ALL.

To the subscriber who requested the addresses for Doctors Melman and Wesser; surgeons whose name appeared on the list of surgeons provided by Dr. Leo Wollman, they are as follows: Dr. David Wesser, (Plastic Surgeon) 37 East 28th Street, New York, N.Y. 10016 (Tel. 212 481-9537); and Dr. Arnold Melman (Urologist) 111 East 210 Street, New York, N.Y. 10467 (Tel. 212 920-7606).

And don't forget to send your medical questions to Dr. Leo Wollman % TSV. He is (in my opinion) the leading expert in the area of transsexualism.

We also have a very generous offer from another equally qualified doctor offering to answer your questions. Her name is Janice B. Dorn, M.D., Ph.D. More about her is next issue (to list her accomplishments will take up a whole page).

To those of you who have written and have had no response from me; I'm sorry. I will get to you, I can't tell you when because I am so far behind. Even though the TSV is only published six times a year, I can never get caught up.

For those of you who don't know - I do have a full-time job with the State of Georgia (I just started my 23rd year). I live with my semi-invalid mother who requires my assistance in everything from bathing to dressing; which means I do all the cooking, cleaning and yardwork. (This is not a complaint, I'm glad I can do it and frankly, I wouldn't trust anyone else to take care of her.) AND I never did learn to drive (and I have no plans to do so).

There are a few who were subscribers from the beginning and have never shared even an opinion. (Surely, you know enough about me by now tell me about you.) Through the years I have met very few of the TSV subscribers. I'm sure most of you know more transsexuals than I do. In the earlier years, there was much more feedback from the subscribers than now. I know part of that is because there is so much more information and help available now that many transsexuals do not ever become involved with others in similar situations. I applaud those people. Another reason is that there are many more support groups now and some people function better in this setting and for some, that seems to be enough. I may be wrong but I think that these are the ones who often never complete their transition. If they are content, they certainly never should.

I hope I do a better job with the TSV next year! WITH YOUR INPUT, I PROMISE YOU I WILL! Without your input, I can only promise to do the best I can.

Take care and I wish you a very HAPPY HOLIDAY SEASON and hope the NEW YEAR brings you all you hope for. Phoebe

Important Notice!!

Due to a scheduling conflict, DR. Yvon Menard **will not** be speaking to the XX Club on the **28th of November** as previously reported.

Dr. Menard **will** be speaking at the meeting on the **12th of December** at 2:00 PM.

We apologize for any inconvenience this may have caused.