

GENDER REVIEW

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The FACTual Newsletter

No. 1 - June 1978

TRANSSEXUAL OPPRESSION!

Montrealer Inge Stephens, newly appointed F.A.C.T. director and recent founder of a political action group called the Association for Transsexuals of Quebec, is planning to fight, in an upcoming court trial, on June 13th, a possibly history-making law suit which she and her lawyer, former Justice Minister, Jerome Choquette, feel confident in winning and thus, establishing a precedent.

Apparently, the story is that in September 1973, on the recommendation of Dr. Georges Letendre, consulting physician for the Quebec Department of Labour and Social Affairs, Ms. Stephens was fired from the Probation Service where she had worked for 6 months as a probation officer for juvenile offenders upon discovery of her pseudohermaphroditic status (which included such anomalies as: cryptorchidism or undescended testes, phimosis or tightly covered foreskin over the glans of the penis and gynecomastia or breast development in a male), contending that "he" was dangerous to children.

Then, a year later, Inge was discharged by the board of the Laurentian Regional Highschool in Lachute where she had taught English and French because one of the students' mothers had mistaken Inge for a woman (despite her male name and attire) and upon realizing her error, had literally run away in fright. The school-board awarded Inge 2 years compensation pay but the private insurance carrier (of the Mutual Society of Quebec) that was supposed to pick up the policy 2 years later, refuses to pay any disability benefits without prior submission of a physical and psychological evaluation which she has just recently obtained from the Stanford Medical Center.

Prior to dismissal, Inge had borrowed a loan from the Banque Canadienne Nationale which required that she first take out a policy with the Provident Assurance Company in case of disability and resulting inability to repay the loan. Once again, history repeated itself as payment was denied when she lost her teaching post. Consequently, she was directly sued by the bank for default of her loan repayments!

Inge has the support of the (→ p. 2)

FOUNDATION HISTORY

The FOUNDATION FOR THE ADVANCEMENT OF CANADIAN TRANSSEXUALS (F.A.C.T.) is a non-profit organization, co-founded on January 1, 1978 in Calgary, Alberta by Messieurs: Nicholas C. Ghosh (President), Kyle J. Spooner (Vice-President) and Christopher E. Black (Secretary-Treasurer), all of whom are well-acquainted with TS (transsexual) people, relevant issues and practical problems. We are appointing a growing number of directors to the Board in hopeful anticipation of eventually national representation and are very fortunate to have on our Advisory Board supportive TS research assistants and professional consultants from all across Canada and in the U.S.A.

Besides lobbying for political reform of sex laws within Canada, F.A.C.T. aims to educate the public on the often confusing subject of 'gender dysphoria' (here = transsexualism) through the lending out of its TS library books, distribution of its publications (tapes, films, newsletter) and participation in professional presentations, student seminars and media interviews. For TS inquirers and relatives, we provide information, counselling and referral services free-of-charge but donations are greatly appreciated in order to maintain FOUNDATION services. Another function is the conducting of academic research on an on-going basis.

Publications to date include:

A TRANSSEXUAL GUIDE (handbook) and the present newsletter. The next issue is scheduled for September or October release and (tentatively) published thereafter, on a quarterly basis.

On April 8th, F.A.C.T. participated in a videotaped seminar with 25 students at the invitation of the University of Calgary's Faculty of Social Welfare and on April 26th, talked with 23 volunteer counsellors at the Calgary (→ p. 2)

TRANSSEXUAL OPPRESSION! (continued)

Canadian Human Rights Commission, F.A.C.T. of course, and also, that of our American friends: Dr. Donald Laub, Dr. Paul Walker and Mrs. Zelda Suplee, and having been a union leader of the 'white collar' workers of Expo'67 is definitely an asset in Inge's favour!

Largely instrumental in the just recent legalization of the change-of-sex designation on a birth registration of a TS native to Quebec (Bill 87) and the illegalization of discrimination against persons in Quebec because of sexual orientation (Bill 88), Inge and her 4 fellow group-members are currently fighting further oppression in the legal and also the medical spheres. Namely, the U.S.A.'s denial of immigrant status to foreigners, and in Canada: the demand for the sex designation of the bearer on a passport, the dissimilar/unequal provisions for MTS vs. genetically female victims of rape under the new law, the disallowal of sex reassignment costs (surgery, hospitalization, electrolysis) as a medical deduction on income-tax returns, and, the still-persisting - in this glorious age of enlightenment - denigration/derogation of TS men and women, singly or collectively, on the part of **some** of the medical profession (in particular, **psychiatrists**) as being of modest intelligence, academically 'low brow' and worse: 'sick', 'crazy', 'mentally ill', 'deranged', 'unbalanced', 'neurotic', 'psychotic', 'schizoid', 'schizophrenic', 'psychopathological', 'character-disordered', 'delusional', 'emotionally disturbed', 'unstable', 'sexually deviant', 'perverted', 'immoral', 'sinful', 'evil', ad nauseum. (Most gender specialists would contend that: the **truly** TS individual **rarely** exhibits psychosis or severe psychopathology, entertains neurotic feelings within the normal range, may demonstrate periods of depression, instability and thoughts of/attempts at self-mutilation and suicide which, typically, diminish or disappear coincidental with the progressive stages of the desired sex reassignment and others' supportive acceptance of the new gender role and, furthermore, is **not** guilty of any crime or sin and should **not** be condemned as defying Nature or one's preordained Divine Destiny).

On behalf of F.A.C.T. and TS Canadians, **good luck**, Inge, in your fight for us all!

(In the **next issue**, we will report the outcome of Ms. Stephen's court case).

FOUNDATION HISTORY (continued)

Distress Center about the various problems that TS men and women frequently encounter. Both discussions were very well-received. F.A.C.T. is scheduled to deliver another presentation for the personnel of the Alcohol and Drug Abuse Commission in Calgary on June 23rd. The FOUNDATION welcomes requests to speak on TSism as one of our fundamental goals is to enlighten lay as well as profession persons on just what the TS experience comprises (given the vantage of a phenomenological perspective) and thereby, hopefully dispel some of the all-to-prevalent myths and challenge some of the constraining stereotypes and over-generalizations that are often categorically imposed upon TS people (like me).

- Editor

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TRIBUTE OF THANKS TO . . .

the following gender-specialists:

Dr. Harry Benjamin (M.D.), a German-born endocrinologist and gerontologist, is the uncontested pioneer in the field of TS research and therapy, highly respected by fellow psychosexologists and near-idolized as a patron saint by TS people everywhere for his professional insight, courage and compassion in addressing himself to what was then, and now, partly, still is, a rather controversial behavioural phenomenon. His classic work, **THE TRANSSEXUAL PHENOMENON** (Julian Press, 1966), was largely responsible for the subsequent interdisciplinary interest in gender dysphoric research and is still consulted today as the bible of TSism. His other publications include:

TRANSVESTISM AND TRANSSEXUALISM. Int. J. Sexol. 7:12-14, 1953.

TRANSVESTISM AND TRANSSEXUALISM: SYMPOSIUM. Amer. J. Psychother. 8:219-30, 1954

SEX TRANSFORMATION. letter to Editor. J.A.M.A. 158(3):217, May 21, 1955.

SEVEN KINDS OF SEX. Sexol. 27(7), 1961.

A NEW KIND OF PROSTITUTE. Sexol. 30: 446-48, 1964. (with Masters, R. E. L.)

NATURE AND MANAGEMENT OF TRANSSEXUALISM WITH REPORT ON 31 OPERATED CASES. West J. Surg., Obst., & Gynec. 72:105-11, 1964a.

CLINICAL ASPECTS OF TRANSSEXUALISM IN MALE AND FEMALE. Amer. J. Psychother. 18:458-69, 1964b.

TRANSVESTISM AND TRANSSEXUALISM IN THE MALE AND FEMALE. J. Sex Research. 3(2): 107-27, May 1967a.

THE TRANSSEXUAL PHENOMENON. Trans. N.Y. Acad. Sciences. Ser. II, 29:428-30, 1967b.

NEWER ASPECTS OF THE TRANSSEXUAL PHENOMENON. J. Sex Research. 5(2): 135-41, May 1969.

REMINISCENCES. J. Sex Research. 6(1): 3-9, February 1970.

***THE NATURE AND TREATMENT OF TRANSSEXUALISM.** Med. Opin. & Rev. 6(11):24-35, 1970.

SHOULD SURGERY BE PERFORMED ON TRANSSEXUALS? Amer. J. Psychother. 25(1):74-82, January 1971.

***TRANSSEXUALISM.** Amer. J. Nurs. 73(30): 457-61, 1973.

***co-authored with Charles L. Ihlenfeld.**

Among other prizes, Dr. Benjamin has been awarded one of 2 Annual Awards for significant contributions to the scientific study of sex in November 1969. Semi-retired at 93, he currently lives in NYC where he serves ^{as the} consulting editor of Sexology Magazine and ^a medical advisor to

Dr. Charles L. Ihlenfeld (M.D.), (whom I've had the great privilege to meet), another American physician specializing in endocrinological and geriatric medicine and just now completing his third year of psychiatric residency at St. Luke's Hospital Center in NYC, was Benjamin's professional associate and co-worker for several years until the former retired and is now the succeeding president of the Harry Benjamin Foundation for the Study of Gender Identity. Dr. Ihlenfeld has evaluated and prescribed sex hormones for countless TS women and men across the continent and is much esteemed for his integrity, natural warmth and humane treatment of TS's as people and individuals, not as clinical curiosities. He matches his predecessor in professional expertise and in his genuine desire to aid victims of 'gender reversal' as evidenced by his willingness to act as a medical consultant to our FOUNDATION for which F.A.C.T. is truly honoured. In addition to those jointly written with Dr. Benjamin, his publications include the following:

WHEN A WOMAN BECOMES A MAN. Sexol. 27-30, June 1972.

THOUGHTS ON THE TREATMENT OF TRANSSEXUALS. J. Cont. Psychother. 6:63-69, 1973.

OUTCOME OF HORMONAL-SURGICAL INTERVENTION ON THE TRANSSEXUAL CONDITION: EVALUATION AND MANAGEMENT. Proceed. 2nd Interdisc. Symp. Gender Dysphoria Synd. Stanford: Stan. U. Med. Cen., 230-33, 1974.

DISCUSSION OF NATIVISM VS. CULTURALISM IN GENDER IDENTITY DIFFERENTIATION. in Sexuality and Psychoanalysis by John Money, New York: Brunner/Mazel, 1975.

TRANSSEXUALISM: A POSITIVE APPROACH. Gen. Practitioner. London: Feb. 21, 1975.

Today, almost 41, the ever-busy Dr. Ihlenfeld conducts his private practice in NYC and in between teaching courses, delivering lectures and participating in discussions and interviews, acts in the capacity of a medical advisor to: FORUM Magazine, CONFIDE and F.A.C.T., respectively.

Dr. John Money (Ph.D.), a behavioural scientist in his 40's, specializing in medical psychology and pediatrics at the Johns Hopkins University School of Medicine and Hospital in Baltimore, where he is current director of the Psychohormonal Research Unit (and co-founder of the University Gender Identity Clinic in 1966), is probably a household word to readers of sexological literature inasmuch as he has (co-)authored and (→ p.4)

TRIBUTE OF THANKS TO... (continued)

edited 10 books and over 100 articles on the sexual, psychosexual and cognitive-perceptual aspects of man/woman. His books include the following:

- *READING DISABILITY (edited), 1962.
- *THE DISABLED READER (edited), 1967.
- *SEX ERRORS OF THE BODY, 1968.
- *TRANSSEXUALISM AND SEX REASSIGNMENT (co-edited with Richard Green, M.D.), 1969.
- *MAN & WOMAN/BOY & GIRL (co-authored with Anke A. Ehrhardt, Ph.D.), 1972.
- +SEXUAL SIGNATURES (co-authored with Patricia Tucker). Boston and Toronto: Little, Brown and Company, 1975.
- +SEX RESEARCH: NEW DEVELOPMENTS (edited), New York: Holt, Rinehart & Winston, 1975.
- **A STANDARDIZED ROAD-MAP OF DIRECTION SENSE (co-authored with D. Alexander and H. T. Walker, Jr.).
- **THE PSYCHOLOGIC STUDY OF MAN
- *Baltimore: Johns Hopkins University Press.
- **out-of-print.

Dr. Money has been awarded the following prizes: the Hofheimer Prize of the American Psychiatric Association for distinguished research in hermaphroditism in 1956, the Gold Medal Award of the Children's Hospital of Philadelphia for his contributions to the medical psychology of sex in 1966 and the Annual Award of the Society for the Scientific Study of Sex in 1972. He is a FORUM advisor as well.

F.A.C.T. wishes to pay tribute, on behalf of TS and professional people concerned with psychosexuality, to 3 of the truly great contributors of our time, to the study, research and treatment of gender behaviour and dysphoria - thank you Drs. Benjamin, Ihlenfeld and Money for your interest and concern!

(In the next issue, we will salute Drs. Richard Green, M.D., Wardell B. Pomeroy, Ph.D., and Robert J. Stoller, M.D.).

IN THE NEWS...

Mr. Mario Martino - a post-op, female-to-male-transsexual (FTS) nurse, who also holds an LL.B., is a Ph.D. candidate and together with his wife counsels TS clients through his recently incorporated Labrynth Foundation - has been hitting the spotlight a lot lately, guest-appearing on 3 Canadian TV programs, filmed on January 3rd and 4th: "A.M. CANADA", "TAKE THIRTY" and "THE EDUCATION OF MIKE MCMANNUS" as well as the "GOOD MORNING AMERICA" show on January 8th. In addition, on January 17th, the "Toronto Star" newspaper featured an in-depth story ("FORMER NUN BECOMES A MAN") on his life and recently published, semi-medical life-profile, EMERGENCE which is up for nomination for the Pulitzer Prize. It is the first true history of a post-op man ever to be published. Martino is a handsome, bearded, portly and impressive gentleman who smokes a pipe. Though American-born, he's of Italian descent and was reared as a devout Catholic, who, as an adolescent, entered a convent and seriously considered taking the final vows of nunhood but instead, fell in love with a young student nurse who later became his legal wife once he had obtained the surgical operations that anatomically changed him into the man he always was (or had, as a child, envisioned himself as becoming upon attaining adulthood). The programs and article came off rather successfully, and collectively, comprise a valid contribution towards public enlightenment of this heretofore shrouded, sexual subject.... Another TV appearance was made by a male-to-female-transsexual (MTS) woman, Canary Conn - autobiographer and one-time folk-singer as the adolescent Danny O'Connor - on Phil Donahue's talk show broadcast live from Chicago on February 14th. The studio audience, consisting principally of young professional women, posed remarkably practical and insightful questions which were met with very apt, to the point and often, witty responses on the part of both Ms. Conn and her mother (who appeared together with her daughter). These 2 women, who share a warm relationship, reminisced for awhile on the alternately sweet and bitter aspects, the high and low points of Canary's life, both while she had been living at home with her family as a 'son' and post-operatively, while she lived and loved as a woman. In this connection, Canary stated that she

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has been celibate for about a year now and is presently not dating men as she is recovering from a recent annulment of a marriage proposal made by a police officer, with whom she had shared a mutual affection, the estrangement resulting from the threat of reprisals by his family and fellow employees. Canary's autobiography was and is (now also in paperback) quite a success and now, she counsels other TS people by means of her own syndicated radio show. As well as queries from the studio audience, Mr. Donahue also accepted 2 out-of-town callers, one of whom was a mother concerned about her daughter's excessively masculine behaviour and the other was a naturally masculinized female who felt herself to entertain an essentially masculine gender identity. This production, like the above, was well-organized, informative as well as entertaining and well worth the viewer's time....The currently controversial, Dr. **Reneé Richards** - ex-ophthalmologist and now, a professional tennis player - was interviewed by Mr. Donahue on March 10th. Dr. Richards recently suffered much public condemnation due to the controversial issue as to whether she should be allowed to compete against other women in professional tennis tournaments since she was once physically male. Unfortunately, Reneé was harrassed, once again, totally unexpected on her part, by Donahue's stinging barbs and unrelenting 'third degree' interrogation despite which, she was willing to endure if at least one TS (or other person) could benefit from her self-revelations....World-renowned **Christine Jorgensen** - the 'first lady' of TSism, now 51 and celebrating her 25th anniversary as a woman in her home in southern California - was featured on "BEYOND REASON", a TV program focussing upon aspects of parapsychology, and in the same month, her photograph appeared in a special to the "Toronto Star" in an article entitled, "TRANSEXUALS GROW IN NUMBER BUT NOT IN ACCEPTANCE" which talked about 'the job discrimination experienced by Reneé Richards and TS teachers: **Paula Grossman** and **Steve Dain**, the medical reassignment procedures and the problem of finding a health insurance company to cover the costs, and in closing, made the point that according to experts, the post-surgical adjustment is more difficult for the MTS woman than the FTS man but in the long run, most people who have surgically 'crossed-over' claim to be much happier....MTS **Carol Schuller**

(sp?) discussed various facets of the TS field with interviewer Tom Snyder on the "TOMORROW SHOW", in mid-May, recounting several of her life experiences and talking about her future goals, including the writing of a book on TSism....**SPLASH STORY!**...Austrian-born, 28-year old, **Erik Schinegger** - former world champion skier and post-surgically, husband to Renate and father to Clare, a healthy baby girl born on April 8th - made a splash sensation in the May 9th centerfold of the "National Enquirer" which carried the article, "WOMAN SKI CHAMP FATHERS BABY AFTER SEX SURGERY", featuring photographs of Erika as a 14-year old girl in St. Urban, of Erik and his wife being married in church in 1975 and of both of them in the hospital with their newborn daughter. According to leading urologists: Dr. Raymond Bunge at the University of Iowa and Dr. Terry Allen at the University of Texas Southwestern Medical School, this is the **first** case ever, of a female fathering a child after undergoing sex-conversion surgery to 'become' a man. However, it should be carefully noted that Mr. Schinegger is, in addition to being **transsexual**, also, **intersexual** (hermaphroditic or in this case, pseudohermaphroditic) insofar as, according to Dr. Hans Marberger, head urologist at the University of Innsbruck, he (Erik) possesses testes instead of ovaries and a higher level of androgen (male sex hormone) than estrogen (female sex hormone) in an otherwise normally female anatomy, including normal female genitals. Erik's subsequent virility as a male was accomplished by means of the surgical construction of an **artificial penis** (phallus), the retrieval of the hitherto undescended testes and the restoration of the androgen level to that normal to the male....F.A.C.T. lauds these 8 TS celebrities - all fine individuals - for their serious concern for and willingness to assist their TS fellows by sharing their own life experiences and perspectives....**UPCOMING EVENTS**...the next (6th) international gender dysphoria syndrome is currently scheduled to take place the summer of 1979 in Palo Alto, California....

TRANSEXUAL MOTTO:

'Know thyself and then -
don't hide the you inside!'

TRANSSEXUALS ARE INDIVIDUALS!

Although, for convenience sake, we have used the word 'Transsexuals' in its noun form in the name of our FOUNDATION, we feel that the term 'transsexual' (TS) should be restricted, whenever possible, to its adjectival usage, eg.: TS person, TS individual, TS man, TS woman.

Our rationale for this position is that one's transsexuality is largely incidental (yet, also integral) to one's being: integral insofar as it indicates one's cross-gender status as a man 'within' a female form or as a woman 'inside' a male morphology (pre-operatively speaking), this psychosexual attribute of femininity or masculinity having an all-pervasive, enduring and essential effect on one's personality, yet, incidental inasmuch as the TS transition is just that - a significant incident, a particular period, a unique state-of-affairs, an ironic set of circumstances, a rare instance in the course of one's lifetime that is terminated once the hormonal-surgical-social leap has been made, crossing over the 'trans' (bridge) and leaving intact the (psycho)'sexual' nature of the individual. Coincidental with this point is the assumption that since a person is a dynamic whole, a social organism who strives to live a meaningful existence, he is, thereby, more than a mere accretion of workable parts and each component cooperating in the process called Man (= human being) is, theoretically speaking, equally vital so that gender aspects are no more or no less significant than other personal factors, eg.: sex, age, colour, height, weight, I.Q., nationality, religious denomination, etc. Consequently, these latter comprise both constant and ever-developing 'incidents' continuously occurring in one's internal-external environment in such a way that a man's masculinity or a woman's femininity can effectively 'vibrate the core' of his/her (sociopsychosomatic) 'center' while simultaneously, 'flow around its circumference', 'penetrating through' the other mutually-reinforcing facets of his/her being.

Hopefully, this should adequately explain why, for example, an FTS man (born a female but identifies himself as and acts like a man) gets incensed when some clinically-or linguistically-oriented stickler for technicalities refers to him as a 'female TS' or worse, applies female pronouns and titles!

DEFINITION OF TRANSSEXUALISM

Transsexuals are those persons who entertain the psychological (internal) attributes and exhibit the behavioural (external) aspects of the relatively rare condition, 'transsexualism'. The latter, clinically termed, 'gender dysphoria', is the persisting and intuitive sense of belonging to the class of the opposite sex and the concomitant, obsessive desire to achieve the anatomical, social and legal status of that of the opposite sex. This urgent, and sometimes, not wholly conscious 'drive' towards the total realization of one's 'contrasexual identification' - that is, perceiving, thinking and feeling in modes stereotypically assigned to opposite-sexed members - is manifested through 'cross-gender behaviour' - that is, dressing, walking, talking and acting in ways that cultural tradition popularly ascribes to prototypes of the opposite-sexed class.

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- The Erickson Educational Foundation (now defunct but available from The Janus Information Facility, University of Texas Medical Branch, Galveston, Texas 77550):
- COUNSELING THE TRANSEXUAL: FIVE CONVERSATIONS WITH PROFESSIONALS IN TRANSEXUAL THERAPY.**
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PUBLIC PLATFORM

A controversial issue across the continent is that of whether the provincial/state government health insurance commissions should provide medical coverage for TS subscribers who have obtained (or are scheduled to obtain) surgical sex reassignment operations. Seven provinces and several states conditionally cover such surgical and hospital fees under their respective health plans but such recent provisions have not been, for the most part, automatic but rather, the result of subscriber and/or physician politicking and pressuring and subsequent 'intensive review' by the Commissions. This is largely analogous to the controversial situation of abortion. (At present, 'therapeutic abortions' are covered throughout Canada and in some American states).

The crux of the matter appears to lie in the **semantical** problem of in which definitional basket to deposit/dispose of 'TS behaviour' (gender dysphoria). The health insurance commissions of: B.C., Ontario, N.B., P.E.I., Yukon and N.W.T. appear to endow the TS 'condition' with a **non-medical** attribute, yet, conversely, those of: Alberta, Saskatchewan, Manitoba, Quebec and Nfld. grant coverage in those cases (and sometimes, others) in which **psychiatric** problems may result, thus, clearly implying the **unquestionable medical** nature of the TS's circumstance and the consequential '**medical necessity**' of appropriate treatment (i.e., in most cases, carefully supervised endocrine therapy and specified procedures of surgical intervention). Such **therapeutic** measures are often employed in cases of congenital anomaly (hermaphroditism, pseudohermaphroditism, genital abnormalities, etc.). In order to qualify for surgery, the applicant must be thoroughly screened by, as a rule, at least 4 specialists: an endocrinologist, a plastic surgeon (and frequently, also, a urologist and/or gynecologist) and 2 psychiatrists (or sometimes, a psychiatrist and a psychologist). In this way, the rigorous and comprehensive evaluation required, should clearly indicate which of those individuals assessed truly '**medically require**' (and are suited for the appropriate) treatment, namely, **medical** reassignment, thereby, denying the latter to those persons who are not so '**medically indicated**'.

I would like to state, at this point,

my intuitive belief that there may well be, in fact, 2 (or more) sub-groups contained within the larger group of people who personify the TS experience. **Firstly**, those who demonstrate a **psychosomatic condition**, which may arise from genetic, chromosomal, glandular and/or cerebro-neural variables that may or may not be amenable to clinical detection by present means. (More and more evidence is being progressively marshalled to substantiate the theory that the absence of an important enzyme in females—often FTS—may activate the latent male sex hormone that plays a substantial role in stimulating traditionally-masculine behavioural traits such as, dominance and aggression, and male somatic features such as, hirsutism, i.e., extensive body and facial hair). **Secondly**, there are those who embody, in clinical jargon, a '**behavioural disorder**' and display '**psychosexual deviation**' (in this case, a reversed-gender identification and self-perception underscored by a persisting obsession to undergo drastic, **contrasexual**, bodily modification) without apparent signs of biological influence. A **third possibility/probability** is that both of these 2 groups result from a dynamic interplay of internal, physiological processes and external, environmental stimuli (learning factors), the former overshadowing the latter in the first group and the former obscured by the latter in the second group. This idea of the necessity of the internal-external/body-mind/biophysical-socio-behavioural interdependence in human activity may be essentially analogous to the situation of schizophrenia which some researchers insist becomes manifest only when the individual's inherited predisposition is stimulated to expression by appropriate situations and patterns of learning and behaviour.

Should this model of physiological-psychological interrelation prove valid for **cross-gender identity/role** behaviour, then, logically, both TS groups should be covered by medical insurance insofar as they both evidence **medical phenomena** (be it psychosomatic or psychiatric) that demand **immediate medical attention**. (Suicide attempts/acts are not uncommon in TS persons who have been denied the appropriate **medical resolution** of their gender-existential dilemma due to financial or other reasons).

(F.A.C.T. invites public feedback on the position presented above).

LIFE PROFILE



F.A.C.T. President & Editor, Nicholas C. Ghosh

I'm the proverbial, 'dry, intellectual **philosopher**', at times a bitter **cynic** or an 'incurable **romantic**' and ironically, perhaps, a would-be **Zen adept**. I am allergic to allergies and possess a truly remarkable aptitude for inept behaviour. My 'weaknesses' are: Uncle Scrooge comics, Dostoevsky & Colin Wilson, bitter-sad love ballads, Salvador Dali's 'Last Supper', Dirk Bogarde & Bettie Davis, 'Carry On' comedies & psychological thrillers, Black Russians & 'Old Ports', perogies & rosogollahs, the sun (Ra), intense blue skies, thick, shady forests & the over-powering perfume of lilacs on a humid, summer evening, sex fantasy & play, TSism & F.A.C.T., life & people (sometimes) and me (most of the time). Of **Eurasian** heritage, I was born in Ottawa in 1952, the second oldest of 5 siblings, was reared as a Roman Catholic but subsequently, turned **atheist** and after working at diverse types of employment (from landscaper to hotel clerk to encyclopedia salesman to medical research assistant to security officer to librarian to caterer to cab-driver), graduated from Carleton University, with a B.A. in **psychology** in 1975 and am presently applying to the University of Calgary's **social welfare** program for fall admission. My appointmentship as **executive director** of F.A.C.T. arose out of my intense fascination with the subject of TSism and my extensive contact with TS men and women, many of whom I count as my good friends. As well as my constant preoccupation with the study of gender dysphoria, I am an avid reader of literary works ranging from fiction to mysticism to (para-)psychology. My other interests and hobbies include: music (from classical to rock to blues), cooking (ethnic and Canadian dishes), playing mind-challenging games as: chess, scrabble, cards, etc., participating in various sports and activities (eg.: fencing, archery, hiking, yoga, etc), viewing vintage TV and film classics, drinking and dancing with friends, writing long letters to relatives and friends, and recently, constructing my own household furniture. Needless to say, I rarely have time to indulge in many of the above inasmuch as Time has not yet condescended to befriend me.

- Nick

FAMILY FORUM

Question: "My 16-year old daughter, Nancy, won't wear dresses or skirts to school or at home and tells me and my husband that she wants a sex-change operation and that if we don't give her the money to get it, she'll somehow get it herself. Now, I see myself as fairly broadminded and unprejudiced but I have some moral feelings in my conscience that this is wrong and that a person should try to do their best in this life to be happy and successful without going against God or nature because if they were meant to change sex then, what's the sense in being born into the body of one sex instead of the other in the first place?"

- Mrs. A. B. Ottawa

Answer: "Yes, it appears that a fair number of parents entertain feelings of moral confusion and doubt, and often, personal guilt or even a sense of insecurity about their own gender feelings and behaviour when confronted with their TS child (which

your child may or may not be; a psychiatrist, psychologist, endocrinologist and/or other professional specializing in gender problems should be sought for evaluation of your daughter's psychosexual identity, preferably, one working out of a university-based, gender dysphoria clinic). So, in this respect, you are definitely not alone. Yet, only you can resolve your ethical dilemma which may be accomplished by means of objective detachment, on the one hand, viewing/ assessing your daughter as possibly one of a group of unfortunate individuals who require appropriate medical treatment, and on the other hand, giving your child all your loving care, empathy and support in this very difficult period of both of your lives. It may help if you talked with the mother of another TS child or perhaps, if you were to read of a similar situation, eg., "MY DAUGHTER CHANGED SEX", Good Housekeeping Magazine, May 1973."

(We welcome queries/comments by TSs' relatives).

KYLE & KAROLINE'S KORNER

Question: "I am a pre-op MTS taking estrogen pills and am able to pass in public. I am romantically and sexually attracted to another teller in the bank where I work but only know him casually, having been out with him on only one date so far. My problem is that I'm not sure whether I should tell him of my being TS as I'm afraid he just might let the cat out of the bag, making me lose my job, friends and cover or else, reject me as a 'queen' or freak which would be such a 'downer' for me as I'm doing pretty good right now. Or he may get really shook and beat the hell out of me or go the other way and get really scared of me which could really mess up both of our heads if he can't figure what's going down. Please tell me what I should do."

- Ms. J. J. R., Vancouver

Answer: "Many (pre-operative) TS people find this sort of situation to pose a problem insofar as they are afraid of possible rejection and so, avoid intimate contact with a member of the opposite sex. Fortunately, the majority are resourceful enough to resolve this frustrating dilemma on their own. Nonetheless, here is some general, practical advice. First, establish your financial, employment, social and emotional priorities and needs for companionship, love and acceptance. Secondly, try to foresee all of the possible/probable outcomes, given knowledge of yourself, said teller, your boss, co-workers, friends and society's general attitude (which includes both adverse and empathetic reactions). Then, in making your decision, carefully weigh the pros and cons, countering each potentially negative situation with a pre-prepared positive strategy. For example, should you confide in this man and he was to tell your employer, know in advance, how you would handle a confrontation by either one or by a fellow employee. In the event you choose to reveal your secret, be sure to proceed gradually, informing him only of what he needs to know at that moment as too much at once may prove overwhelming. There is no simple solution or guaranteed guideline to this problem, yet, the manner in which you approach it in this particular instance will serve as experience for like encounters in the future. Always be prepared for the worst but hope for the best!"

- Karolyne

GENDER DYSPHORIA CLINICS IN CANADA

Drs. Donald R. Angus & K. Roy MacKenzie
Sexuality Clinic, Faculty of Medicine
University of Calgary, 2920 24 Ave. N.W.
Calgary, Alberta T2N 1N4

*Alberta/Saskatchewan residents only

?Dr. David Charles, Professor & Chairman
Department of Obstetrics, Faculty of Med.
Memorial University, St. John's, Nfld.

*consultation, surgery, follow up A1C 5S7

Ms. Judith Godfrey, B. A., Co-ordinator
Gender Identity Clinic, Clarke Institute
of Psychiatry, 250 College St., Toronto
*1 year prior residence in Ontario M5T 1R8

Dr. R. J. Walton, M.B., Vice-Pres., Med.
Health Sciences Center, 700 William Ave.
Winnipeg, Manitoba R3E 0Z3

*not a gender clinic but individual
treatment available to Manitoba residents

TS (&OR TV)-SERVICE ORGANIZATIONS

Ms. Fantasia Fair & Ms. Ariadne Kane
THE OUTREACH FOUNDATION, 102 Charles St.
Suite 433, Boston, Massachusetts 02114
*publications, newsletter, workshops

Ms. Dyanne Hudson, Counsellor
BETTY FARHOOD CENTER, 77 Metcalfe St.
Suite 208, Ottawa, Ontario K1P 5L6
*drop-in center, counselling, referrals

Mr. Mario Martino, R.N., LL.B., Director
THE LABRYNTH FOUNDATION COUNSELING SERVICES
122 Windsor Terrace, Yonkers, N.Y. 10701
*info' on phalloplasty, etc. (donations)

Mr. Garrett Oppenheim, Director
CONFIDE: Personal Counseling Services, Inc.
Box 56, Tappan, New York 10983
*TRANSITION newsletter: \$1/1 issue, \$5/10
issues (U.S. funds + 80¢ foreigners plse)

Mrs. Carol Z. Steinman, M.S.W., Director
GENDER IDENTITY SERVICE INCORPORATED
Room 860, 80 Boylston St., Boston, Mass.
*diagnosis, evaluation, counseling. 02116

Ms. Inge Stephens, Director
ASSOCIATION FOR TRANSSEXUALS OF QUEBEC
c/o FACT, Box 1238, Stn. M, Calgary, Alta.
*counselling, referrals, political reform

Mrs. Zelda R. Suplee, Director
THE JANUS INFORMATION FACILITY
The University of Texas Medical Branch
Galveston, Texas 77550
*info', pamphlets (advance \$5-\$10 plse.)

OF INTEREST TO MTS LADIES

A sophisticated and fairly realistic-appearing **breast prosthesis** made of silicone rubber with a latex covering, requiring no medical supervision nor the use of a bra, has been recently developed by THE OUTREACH FOUNDATION in Boston.

Cosmetic products and grooming aids are now available from Vanda Beauty Counselor/Distributor (a division of Dart Industries Canada Limited): Miss Janice Anderson, 89 Carrick Street, Hamilton, Ontario L8M 2W6 (613-544-7123).

OF INTEREST TO FTS FELLOWS

F.A.C.T. has recently discovered that a man's **rib supporter** (for support of broken ribs - sold in some pharmacies) can effectively be used as a **breast binder**. In addition, sewing patterns for the latter are published in the F.A.C.T. handbook, **A TRANSSEXUAL GUIDE**.

A **urinary assist device**, i.e., a baculum or insert rod (stiffener) for use in the surgically constructed phallus, complete with a tube leading to the urethra down the inside of the phallic tube has been designed by: Mr. Werner Schultz, c/o the Stanford University Medical Center, Division of Plastic Surgery, Stanford, California 94305.

A wholly realistic-looking **artificial phallus**, to be either surgically attached or alternatively, cemented to the body and removed every few months for cleaning purposes, is currently being designed by the team at the gender clinic at the University of Texas Medical Branch in Galveston. Clinic director, Dr. Paul A. Walker, Ph.D., reports that although premature at this point to comment further, he feels quite optimistic that this phallic prosthesis will be a viable alternative to the surgical construction of a penis - great news for FTS men who are presently suffering from a lack of the male organ! F.A.C.T. is especially pleased inasmuch as it sees a prosthetic phallus of this type to be a **vital need** in the absence of **unconditionally** medically sound and functionally satisfactory penile construction. On behalf of phallus-less FTS fellows, F.A.C.T. thanks you, Dr. Walker & Co., for responding to our need! (Rather than contact Dr. Walker directly on this still premature device, we urge our FTS readers to learn of future developments through reading upcoming issues of **GENDER REVIEW**.)

Dr. Walker also reports that **phallic surgery** (the surgical construction of an artificial penis) has been performed at the above clinic on 2 FTS patients who are very satisfied with the results: a fairly realistic appearance, **erectile capacity** (by insertion of a stiffening rod), **urinary function** and **sensation** in the very lower portion of the penis where the original clitoral tissue is embedded. The surgical technique employed is the same one used at Stanford, i.e., the abdominal skin-tube pedicle-flap. Costs are \$2500 for professional fees (including surgery); hospital charges vary as multiple inpatient and outpatient surgeries are required.

Dr. Milton T. Edgerton, Chariman of the Department of Plastic Surgery at the University of Virginia in Charlottesville and Dr. Charles E. Horton, gender team member at the Eastern Virginia Medical School in Norfolk are, respectively, performing a remarkable new type of **penile operation** that involves micro-surgically grafting together the gracilis muscle of each inner thigh to form a phallic tube that requires no stiffening agent due to its muscularity and, since both blood and nerve supplies are left intact, retains (thigh) **sensation**. Besides the capacity for erection, **urination** in a standing position is also possible. Of the 2 phalloplasties performed by Dr. Edgerton, 1 failed and 1 was successful. Costs are \$3500 for surgery and \$360 for clinic evaluation (if required); hospital fees are variable. Surgical and hospital charges at the E.V.M.S. are not known.

Dr. Charles L. Puckett, Head of the Division of Plastic Surgery at the University of Missouri in Columbia and Dr. Joseph Montie, urologist, are now performing an intriguing but still highly experimental form of **phalloplasty**, enabling a **controllable erection!** This entails the implantation into the tissue of the surgically constructed phallus (fashioned from a skin flap from the thigh/groin - **unlike** Edgerton's technique of a micro-sized, silicone rubber, hydraulic device or **inflatable penile prosthesis** which contains a fluid-filled reservoir in the abdomen, valves and a pump in the scrotum, one testis pressed to erect and the other, to make flaccid the phallus. (The device was designed and engineered by American Medical Systems, Inc. in conjunction with Dr. F. Brantley Scott, plastic surgeon at St. (→ p. 12)

Luke's Hospital in Houston, and originated the idea for the operation in 1971 and performed the first known implant of the device in an impotent genetic male in 1973 at a cost somewhere between \$5000-\$7000.) There has been at least 2 implantations on FTS patients at the Columbia Center but since surgical complications still occur frequently (eg.: leakage, rejection, mechanical problems, etc.), the surgeons are **not** accepting further patients at this time and are extremely reluctant to reply to FTS inquiries. (Once again, F.A.C.T. will keep you posted as we learn of further progress. The F.A.C.T. handbook contains a comparative chart of phalloplastic techniques, including, as well as the above surgeries, those performed in Stanford, Jacksonville and the Bronx).

Please address all correspondence to:
**FOUNDATION FOR THE ADVANCEMENT OF
 CANADIAN TRANSSEXUALS (F.A.C.T.)**, Box
 1238, Stn. M, Calgary, Alberta T2P 2L2.

TS-PEER REFERRAL SERVICE

F.A.C.T. is prepared to establish a confidential directory service such that an interested TS reader can correspond with another. Send us your name, address, age, marital status, TS status (ie., pre- or post-op MTS or FTS), interests, activities and preferences as to type of correspondent and we will supply you with the name and address of an appropriate correspondent (if available).

HANDBOOK: A TRANSSEXUAL GUIDE

Contents include:

- *WHAT IS TRANSSEXUALISM?
- *GENDER CLINICS IN CANADA & U.S.A.
- *PROFESSIONAL ORGANIZATIONS/TS ASSOCIATIONS IN CANADA & U.S.A.
- *MEDICARE POLICIES & PROCEDURES IN CANADA
- *CHANGE-OF-NAME & SEX LEGISLATION & PROCEDURES IN CANADA
- *ADMINISTRATIVE PROCEDURES IN CANADA
- *CASE HISTORIES: 1 MTS & 1 FTS
- *PRACTICAL AIDS: MTS & FTS
- *COMPREHENSIVE BIBLIOGRAPHY
- *COMPARATIVE CHART OF PHALLOPLASTIC TECHNIQUES

Don't wait! Act now and send \$2.50 (Canadian funds) plus 50¢ for postage and handling charges to F.A.C.T. for **your** copy of the TS handbook while supply lasts!

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RESEARCH QUESTIONNAIRE

F.A.C.T. is mailing out to its TS readership a 4-page research questionnaire together with this issue of **GENDER REVIEW** which we are requesting recipients to please fill out and return to us at their earliest possible convenience as this data will help us to generate proposals for future research in the field of TSism. Anonymity is guaranteed as no name or address is required. Thank you.

NEXT ISSUE OF GENDER REVIEW FEATURES:

- *FOUNDATION PROGRESS
- *FRONT PAGE STORY
- *TRIBUTE OF THANKS TO...
- *IN THE NEWS...
- *FEATURE ARTICLE
- *BIBLIOGRAPHY
- *PUBLIC PLATFORM
- *LIFE PROFILE
- *FAMILY FORUM
- *KYLE & KAROLINE'S KORNER
- *SPOTLIGHT ON...

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