

# TWENTY MINUTES

DECEMBER 1989

THE XX (Twenty) CLUB

\$2.00

## TS Also Means Truly Serious

by Louise L. Raeder

Perhaps you may have, at one time or another, wondered why there were so few people in attendance at the local TS club meeting, or why the gender services and clinics in an area are either inadequate or non-existent, or even why important information related to transsexuals is often so hard to obtain. I certainly have.

Is it because we all "crawled back into the woodwork"?, or we are all afraid of getting involved?, or is it because there is "a secret organization out there destroying transsexuals"?, or is it because of something else that we may not have considered before?

After reading a copy of Veronica Jean Brown's pamphlet... "Everything You Always Wanted To Know About Transsexualism", I began to appreciate why it is often so difficult for a TG to achieve important goals.

She listed various groups of gender dysphoric people by percentage based on her personal research. At first, I was so shocked by the findings that I found it difficult to believe. But after getting opinions from other transsexuals, I began to appreciate the validity of the findings.

The findings list four groups and although Ms. Brown did not use the labels and terminology that I am using here, I went ahead and took the liberty to do so in an effort to emphasize the importance of the groups.

The first group is the 90% group, which I like to refer to as "The Lip Service Group". This group likes to talk about gender dysphoria and how they would LIKE to be more congruent while doing nothing more than that to achieve it.

The second is the 10% group, "The Do Something Group". This group at least will usually do somewhat more than just talk about their problem. They may read a book or two, perhaps, even try electrolysis just to find out what it feels like. Usually they are able to convince themselves that they are doing or have done all that they can. After all, who wants to lose their job, risk divorce, alienate themselves from their family and friends and possibly have to start a new life all over again? That's just too much to ask!

The third group is the 5% group, "The Serious Group". This group is composed of individuals who have already done some research on their condition, probably joined a TS club in an effort to find intellectual and emotional support, already live or are planning to live some part or all of their lives in their chosen gender, if M to F, are having electrolysis and are receiving or are in the process of obtaining approval for hormone therapy. These people have already taken considerable risks to their psychological and

financial status and are probably considering the next step...S.R.S.

The "Dedicated Group" is the fourth and by far the smallest group and represents between 1% and 2% of all those who have claimed to be transsexuals. This group has made it "over the top", had their surgery, achieved "ultimate congruity" and can look forward to an emotionally fulfilling and happy life (if all has gone well during their transition)...after all, they've suffered enough to get there.

May we all achieve this goal some day soon! That is, those of us who really want to!

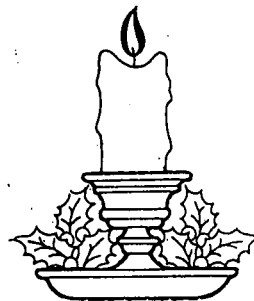
This is not a put-down of any of the aforementioned groups nor is it an attempt at polarization, it is merely an effort to indicate that different groups have different goals. I was not previously aware of the situation being what it is and there may be many others out there who are also unaware of these percentages.

Society in general is even less aware and will consider behavior by any other gender group to be a reflection on all of us, regardless of the degree of our convictions or our personal dedication to achieving our goals.

Obviously, those of us who are the most dedicated will be hardest hit and again as always, we will be the least able to absorb the impact. The recent issue involving former M.D. John Ronald Brown's promotion in our community despite his track record is proof that misunderstanding of us by others and disunity among ourselves as a group is conducive to just this kind of situation which can only get worse the longer it is allowed to continue.

LET'S ALL DO OUR PART TO ENSURE A POSITIVE REFLECTION ON OUR COMMUNITY AND ON OUR CAUSE!

(EDITOR'S NOTE...This editorial reprinted from *Trans-World Bulletin*, the newsletter of *The Sunday Society*.)



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Lesley Bernard

Taylor Rebutts Kelly  
by Christine R. Taylor



# TREASURER'S REPORT



Balance - from October \$1432.33

INCOME:

Collections - meetings	22.00
Newsletter subscriptions	16.00
Brochure sales	17.30
IFGE sales	10.85
CDS sales	.00
JZCP sales	5.00
GF sales	4.00
Donations	2.50
Savings interest	6.85
<b>Total Income</b>	<b>\$ 85.00</b>

EXPENSES:

Refreshments	9.24
Newsletter & brochures	.00
Postage	65.00
Supplies	.00
Bank Fee	.85
<b>Total Expenses</b>	<b>\$ 75.09</b>

Net Income for November \$ 9.91

Balance - end of November \$1442.24

# calendar

## MEETING & CHRISTMAS PARTY

Saturday, Dec 9

### MEETINGS

Saturday, Jan 13

Saturday, Jan 27

Regular meetings of the XX Club are held the second and fourth Saturdays of the month at Christ Church Cathedral, 45 Church Street, Hartford, CT, at 2 PM sharp to 5 PM. (Located at the corner of Church and Main Streets in the downtown area across from G. Fox.) If you believe you are gender dysphoric, you are welcome to visit and find out more about our group and talk about yourself and your feelings. The XX Club is a transsexual support group, not a dating service. There is **NO SMOKING** allowed during the meetings, though we do allow smoking during breaks and after the meetings. We attempt to provide peer support and practical information about making the gender transition, as well as information about the Gender Identity Clinic of New England. Parents, siblings, spouses and significant others are also welcome to attend.

## CHRISTMAS PARTY

Saturday, Dec 9

The annual XX Club Christmas Party will take place following the meeting to be held on Dec. 9 at Christ Church Cathedral. The club will provide a meat, cheese and vegetable platter, rolls, soft drinks and various goodies. You may bring a treat of your own to share with others. All XX Club members, their families, friends, spouse or significant other are invited.

## Election results

At the November 11th meeting, a motion was made to elect all nominees for club officers. This motion was carried and all candidates were elected by acclamation. Congratulations to all.

The new officers are:

President	Wendy
Vice Presidents	Vicki Debra
Treasurer/Sec.	Becky
Community Liaison	Laura



## TWENTY MINUTES

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THE TRANSEXUAL SUPPORT GROUP OF NEW ENGLAND AND NEW YORK

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## The Family Circus



"The only men allowed to wear dresses are Scotchmen, judges, and priests."

All the news that's print to fit.

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Season's

Greetings

and

Good Bye!

Veronica & Paddy



I recall a film some years ago about a down and out comedy team, who were so bad (how bad were they?), why they were so bad, they had to pay the cover charge for the audience, in addition to buying the first three rounds of drinks. The owner of the club they supposedly worked at finally gave them the axe. The straight man and lead of the pair was so emotionally distraught over this disaster, he couldn't go on for the last performance. His partner, not wanting to disappoint the few faithful and stupid gathered in the little piano bar, said "Oh what the hell, might as well go out with a bang!" and took the stage one last time.

He brought his drink to the piano, lit a cigarette, and proceeded to do and say whatever popped into his head. He did what can be called, dry, black humor. He poked fun at the owner of the bar, insulted some the audience, and even made fun of himself. Now, this was all before the deluge of standup comics, who should be told to sit down, who have inundated television and miserable, going broke night spots around the country. And you know what? He was a hit. He was sort of a Mort Sahl with teeth, a Don Rickles with a conscience, and a Bob Newhart with a cynical attitude. I'll leave those of you who have some degree of imagination, to fill in the rest of the plot. Oh yes, there was the standard love interest with a member of the opposite sex.

And speaking of the opposite sex...how's that for a transition. Transition! Did somebody say transition? That's what this is all about, isn't it. Transsexualism, transition, gender dysphoria, confusion, guilt, emotional pain, human rights, lack of dignity, loss of family and job, prejudice, and discrimination are all words or concepts many of us have come to experience.

What it isn't about is crossdressing, how to put on your makeup, wearing sexy underwear, male hierarchy, social organizations, status, power and recognition.

For the past couple of years I've insulted transsexuals and transvestites, ridiculed the helping professionals, and actually even poked fun at myself. Why? Why bother to do this? Well, because nobody else had done it and it seemed like a good way to get rid of some of the pain I'd seen lying around various places.

Americans love black humor (not to be confused with Afro-American ethnic slurs). Remember the Challenger disaster? Remember the Challenger jokes that circulated around only a week or two after the disaster? Pretty sick, weren't they? But they made you laugh. They helped to take away some of your pain. A friend of mine, who is a construction engineer/consultant, happened to be overseeing some work at an adjacent launch pad. He watched the launch and dozens of seconds later, saw the shuttle explode, heard the boom and watched the smoky pieces flutter to the ground. The calm voice of mission control announced, "We have a post ignition problem, we have a post ignition problem..."

Within hours, NASA employees and others connected with the launch were spreading the first of the Challenger jokes. A post ignition problem indeed. Black humor or poor taste? Put your own label on it. And when Christine Jorgensen came back, the current joke going around back then was, "Did you hear about the guy who went abroad and came back a broad?"

Life doesn't have to be serious all the time, as some make it out to be, and neither does transsexualism. Life should be fun, enjoyable. Life should be lived to the limit. Transsexualism is no different. And where there's pain, there needs to be release, whether it be black humor, self ridicule, poking fun or whatever.

There are people out there who always got in my way of having fun. Some didn't like the way I walked or talked, some wanted me to do things their way, some degraded my being for the benefit of their own prestige and wit, and some were uncaring and selfish. So what else is new?

But, before you call me a pessimist, there were many other people who gave freely to me, and touched my life in so, so many positive ways. I'd like to take this time to mention a few people from both categories and say thanks.

I'd like to thank my natural father, Fillard Brown, for not marrying my mother and not once allowing me to see his face, and my natural mother Doris, who died of alcoholism and other complications in 1958, for giving me up for adoption when I was seven.

My adopted parents, Fritz and Rita (my former uncle and aunt), deserve my gratitude for all the food, clothing and care they attempted to give me while I was growing up. I'd also like to thank them for kicking me out of their home when I was eighteen years old, and for rubbing my sex change in my face recently. My mother recently told me over the phone, "...you should have killed yourself instead of doing what you did to your wife and kids!" Thanks Mom.

And I mustn't forget the dozens and dozens of classmates, who during grade, junior and senior high school, called me pansy and queer (faggot wasn't invented then), and further ridiculed me because my father was a cop. "Hey! What's a penny made out of? Copper, dirty copper," and worse.

Then, there was Janet, my high school sweetheart, who married me in 1967, and whom I'd hoped would help make me a man and rid my soul of my secret pain.

And then there's John, the owner of the machine shop I slaved in as foreman for eleven hours a day, five days a week in the late 60's, who hired an older man, who just happened to be a relative and paid him as much as me.

I'd like to thank Alice, sweet Alice, the young woman with a heart of gold, who shared her life, her children, her home, her emotional problems and her love with me for eight years while I pondered my gender confusion.

I mustn't forget Doctor Teitel, the kindly, white haired physician, who gave me my first shot of estrogen in '77, and who treated me for the next four years, several times, taking advantage of my vulnerable condition by introducing me to his sex organ. And thanks also, for his refusing to treat me any more, when I repeatedly turned away his further sexual advances.

Thanks to Dr. O., who took my money every month for three years, for "much needed counseling", who after six months, referred me to a qualified, but expensive NYC endocrinologist for hormone therapy. "Well," said Dr. O., "I really don't believe you are a transsexual, but because you've already been on hormones, and show obvious discomfort without them, I'll let you have them again."

And to Merissa S. Lynn, my deepest thanks for putting me at ease at the Gifford House in Provincetown 1984, and who prevented me from running out the door while I reeled in fear from my first visual contact with crossdressers.

Thank you very much to the un-named CDs at Tiffany, who in 1984 and 1985, ridiculed me for not dressing according to their standards of feminine adornment. Thanks a lot guys. How about them Celtics? Want another beer?

My deepest gratitude go to Laura and Sue Granger of Tiffany, for being so warm, kind, and friendly to me, during the years of my active involvement at the club.

And thanks a lot to Harry, Diane, Laura, Monica, Phyllis, and all the other fun people at Harriet Lane's TV Set, who introduced me the lighter side of crossdressing.

Thanks to Becky, my friend, who shared her home with me and made my trip to Brussels and my surgery possible in 1985.

And to Michelle Hunt, who gave so much to me, and showed other Americans that there was an alternative to the expensive surgeries in this country.



And of course, thanks to Docteur Michel Seghers, who cut and sewed parts of my body together in such a way, as to give me a better than even chance at happiness for the next forty years.

Thanks to Reverend Clinton R. Jones, of the Gender Identity Clinic of New England, for being there for the thousands of people he's helped over the years. Thank you Reverend Jones.

And to Diantha, my undying, deepest thanks, for proving that you can still be a jerk even after surgery.

Thanks to all the transsexuals who have dared go public, and who have taken our plight to the people.

To JoAnn Roberts, thanks for being a good sport and a warm, energetic human being.

And thanks to my psychiatrist, Dr. F., for having the balls to charge me three hundred dollars for a fifteen minute, post-operative interview and for typing a half page letter stating I am of sound mind, as required by the New York City, Department of Public Health, for them to further mutilate my birth records.

And lastly, to Sister Mary Elizabeth, thanks for being my friend, and for giving me the thrill of a private meeting with her friend, Christine Jorgensen.

Thanks for the Twenty Club, which in 1985, showed me there was a lot more to being transsexual than hanging around with transvestites. They will continue to meet, exchange and discover. They will continue to flourish. New leaders will come forth, and the work will continue.

The newsletter, Twenty Minutes, evolved from a local rag to a nationwide political and informational voice that presented a different point of view, a candle in the night sea of despair, the minority transsexual viewpoint, in a gender community enjoyed and run, for the most part, by males answering to a different gender call. This is not their fault. Transvestites are different from transsexuals, as are transgenderists, though TGs are closely related to the TVs.

We listened to people who had no other place to air their complaints. We listened and understood their feelings, their anguish, their frustrations. We listened because we've tripped up the treacherous, rocky slopes to the gender mountain ourselves.

And we listened to people who thought they had all the answers, and who later found peace of mind and a different outlook as their brains, bodies and attitudes were feminized by estrogen.

No, I won't quote from the DSM-III-R, or out of context passages from Benjamin's Transsexual Phenomenon, or even from Dr. Doctor's recent book with the pretty, bright red cover. I won't relate conversations with or speeches given by helping professionals, or things I've heard on the Phil Donahue show. I don't have to. I've been there, and I've suffered and cried like the rest of us. I've felt sorry for my self, came to a decision, fought, listened, fought, learned and fought my way through the gender jungle. I've jumped through the hoops, made a lot of mistakes, I've paid the price.

You see, there is another side to all of this. There is the other end of the cold, clinical, scientific studies. It is the human compassion, and not the human equation. It is individuals seeking information, friendship, a kind word of encouragement, and a sense that they aren't the only ones. In one sense, this is similar to getting a formal education with a piece of paper that says you've done such and such, or by getting streetwise and learning it the hard way. There are no diplomas from the College of Transsexuality. We are a people, we are people, and we have worth.

The scientists, the clinicians, the psychiatrists grab us with one meaty hand, hold us up to the light and shake vigorously from side to side. They turn us over, poke underneath and prod inside us and ask questions. They write, study, and look at more of us. Then they write rules and make us do things. Most of us do it. We have no choice. It is for our own good. It is to protect themselves.

Look at the back of a recent Tapestry. It reads, "The trinity of being: of being masculine, of being feminine, of being one with yourself and nature!"

Language is the key here. Sometimes it's not what you say, but how the hidden meaning is understood by the subconscious. At first glance, the statement on the back of Tapestry looks pretty solid, sounds reasonable, and appears to make a grand, yet fuzzy pseudo-religious statement. Everything will be wonderful if you can accept yourself for being a crossdresser. Everything will be wonderful for the person (crossdresser or transgenderist), who has both male and female qualities to express and who buys and reads this tasteful, gender publication, which serves in the end to ultimately re-enforce a socially unacceptable and deviant behavior pattern.

The people at IFGE have set up restrictive guidelines for those who wish to ascribe to their "you're okay - I'm okay" philosophies. Many crossdressers enjoy some degree of sexual stimulation and arousal while being crossdressed. That is a fact. So? Some deny it. So? That's another fact. There may very well be 99 different reasons why men crossdress. That has never been my concern. Male crossdressing is perhaps the most intimate and final way a male can subjugate the female of the species, by becoming and sometimes falling in love with the ideal, stereotypical female himself. What a perfect sexual partner. She never gets a headache, loves to dress up in sexually stimulating outfits, adores makeup and high heels, will "spring into action" at the drop of a Lee press-on-nail.

Yet, there are many more lurid and graphic publications that cater to the sexual connotations of crossdressing, than there are the "tasteful" Tapestries and ladylike. Why is this? Fewer restrictions, perhaps? The ability to accept and embrace the real, underlying reasons for crossdressing?

Does this sounds familiar? The Christians (men) set up restrictive guidelines to keep their people in line. "It's okay that you're gonna suffer because life is so rotten, see, 'cuz we've made a bunch of rules and laws to explain why the omnipotent being (a male deity) allows this crap to happen to you." St. John the Abuser, 69:33-34.

But it offers nothing to the male or female transsexual. In fact, the hidden message here in effect, serves to turn away or reject persons who are indeed searching for a state of gender congruity, namely being male or female.

Transsexuals do not wish to be masculine and feminine, but perhaps maybe, just maybe, they do wish to be one with themselves and nature. That is, after all, a fundamental, Shamanistic, New Age, Wiccan, non-Christian attitude. The cover of Tapestry proclaims TV-TS Tapestry, maybe it should read, TV-Token TS Tapestry.

Look at the table of contents in Tapestry #54. There are (post-mortem) tributes to Christine Jorgensen by (here's those labels again!) Merissa S. Lynn (a non-transsexual) and by Jan Redbear (I will make an ass of myself and by her writings in Gender Expressions, assume her to be a non-transsexual). Jan Redbear called Christine Jorgensen "Our Celebrity". Our? That's yours and mine, isn't it? TV's and TS's celebrity? Really? And there is a third (post-mortem) tribute, this time for Karen Ulane (a transsexual) by Eve B., a member of TRI-ESS and a non-transsexual).

Eve B., a crossdresser writes in her tribute to Karen Ulane, to being a personal friend to a (an accepting) transsexual. Golly gee, I'm a crossdresser and had a real



transsexual friend, and she recuperated from her surgery in my home. How nice.

How come there were no tributes to Christine Jorgensen (a transsexual) written by known transsexuals? Rupert Raj wrote one, as did also Sister Mary Elizabeth. Did IFGE not get these? I hardly think (another assumption) that was the case. Will they appear in future issues of Tapestry, if at all?

Remember the Phoenix, the monthly publication of the Gateway Gender Alliance. It's very name makes you feel warm. Gateway: an entrance, door. Gender: self explanatory. Alliance: Ah, there it is, the key word. An alliance is a union for a common purpose, a subclass or group of families.

And, on the bottom of every month's cover, was the C.S. Lewis quote, "Friendship is born at that moment when one person says to another, 'What! You too? I thought I was the only one.'" Look at what that says. What you too? I thought I was the only one. How many times have people told me at meetings that they felt so alone in their secret feelings?

There are so many differences among the diverse gender groups, it is impossible to cater to, understand, or administer to all groups.

This past year, the concept of open and closed groups was kicked around the political arena, one group accusing the other of undesirable attitudes, and other groups rebutting the other. TRI-ESS was the group under fire. By these definitions, the Twenty Club could be considered a closed group, because we are for transsexuals only. We are not, have never been, nor will ever be, a group for transvestites. But, we are a family, we hug, and listen, and share food together. And we admit anyone to a meeting, whether they be TV, TG, TS, or undecided. Why, we've even had cute little doggies at our meetings. We judge no one, set up no rules or guidelines, and we don't do this for fun. Yet, we minister to pre-pre-ops, pre-ops, mid-ops, non-ops, M-F and F-Ms TSs, and SDs. We are truly an alliance, a union for a common interest. We are a family.

A recent article by Janice Van Cleve in the Renaissance News talked very nobly about labels, and how we should all band together as human beings, throw labels out the window and so forth. There is a movement by the non-transsexual majority of the gender community to lump everyone together in one large bowl. Stir well to get a homogenized concoction, but because of Twenty Minutes and some others, there are lumps. Yes, we do need labels, how else can we tell the good guys from the bad guys. Labels are an inherent characteristic of our society.

IFGE honored Christine Jorgensen at the 1988 Chicago convention. But why? Why did an organization devoted primarily for the education and pleasures of crossdressing want the world's most famous transsexual present. Some said it was to lend more credibility to the crossdressing community. Others said it was to draw larger numbers of registrants and to make more money for the convention. They'd already honored their own Virginia Prince, and you can only do that a few times before it gets a little tired.

Rumor has it that IFGE may honor Sister Mary Elizabeth with the Virginia Prince award at the 1990 convention in Natick, Massachusetts. Would you dare serve hamburgers and hotdogs to a vegetarian?

Does the International Foundation for Gender Education exude the warmth and friendship offered by the Gateway Gender Alliance? It's a business founded on merit, a desire to serve, educate and the like, but it also provides status, power and rewards to a few. True, the former has a noble purpose, a singular expression of the whole, but where is the friendship? Where is the sisterhood? Where is the sorority? Wigs and dresses don't make for true feelings of femininity or sisterhood, no matter what they say.

By the very nature of where M-F transsexuals are headed, they haven't been attended to very well by non-TS groups. The M-F transsexuals take female hormones. They grow breasts and get fat around the hips. Their brains get feminized, and that means their thought processes are altered. The F-M transsexuals take testosterone, grow muscles and hair, and get their brains masculinized. Once they get started, they have less need for support groups. You want clinical data? You want empirical information? Forget it, I don't have any. But I've watched enough transsexuals transition to know that something definitely happens inside of their heads. This happening involves feelings and emotions, and not a lifestyle.

Transsexuals really don't belong in the gender community, well, maybe at first, just to stick a toe in the water and see if it gets bitten off. Many never get involved in the first place. Transsexuals do belong in the transsexual community. They belong among their own, among those who understand, care, and those who can help. They belong among those who have already walked their own mile.

Picture this, little groups of transsexuals all over the country, helping and supporting each other. How about one or two central locations for national information exchange - but for transsexuals only? Conventions? Do we really need those? Naw, too expensive. They serve no purpose. What about concerned transsexuals to write letters, hundreds and hundreds of letters to congressmen and representatives, when needed to speak out. No one will do it for us. What about an alliance, a union for a common purpose? What about a caring, loving family of people, who share and take care of each other?

There doesn't need to be a hierarchy, award banquets, self preening and congratulatory speeches. There doesn't need to be prejudice, there doesn't need to be one-up-manship. There doesn't need to be politics.

About the worst I've heard from some transsexuals is how they don't like the job Dr. X does, but Dr. Y does a real neat Z-plasty, and Dr. Z prescribes Estradiol instead of Premarin. Politics.

What politics? By nature of their extreme vulnerability, the majority of transsexuals are not political in the outside world, but they could be if they wanted to be. What about getting dirty and political in the gender community? Transsexuals have the ability to do whatever they want, they can even be part of the greater family of transsexuals everywhere. They can speak up for themselves in the gender community, or leave.

There are several things we, as a family can do; we can stick together, we can try to work within the confines and restrictive attitudes of the gender community, we can nurture our own, close knit community and we can make our presence known as a restricted minority in the real world, in an attempt to legally gain rights.

Many of us have seen the celebrity transsexuals on television. These are but a few of those who have made it through. Sometimes it was easy, and sometimes it wasn't. Many of you have read the books and some have attended seminars at conventions. But a lot of what happens to a transsexual never comes to light. There are some dirty people out there.

We've attempted to show some of this dirt, some of this pain, and some of the successes of the people who will not, for whatever reasons, appear on television or tell their stories in books. We've attempted to play Devil's Advocate, be a saddle burr to others, and have a little fun doing it.

Well, my time is up. My glass is empty, some of the audience is yawning, and I can't think of any more tunes to play. I've insulted just about everybody I can think of. So, I'll say good night. Thanks for being a good audience.



## Tayleur Rebuts Kelly

by Christine R. Tayleur

(EDITOR'S NOTE - The following article doesn't really belong in Twenty Minutes, but it does. It is a rebuttal of one person's articles that have appeared in Tapestry and other publications. It is the apparent policy of Tapestry and other publications to print only good news, give beautiful weather reports and to shy away from anything that smacks of discord and un-harmony, especially when the rabble doing the rousing is the minority within the greater minority. It is the belief of this editor that there are many things wrong within the restrictive confines of the gender community, and that these "things" should be brought to light of day, and that everyone's opinions should be heard and respected. There is no free lunch, and if you go out to play in the street wearing a blindfold, you will get run over, I can promise you that. Pretending these and other hazards don't exist, will not make you any less dead.)

I enjoyed the articles written by Mme. Tommye Kelly, M.A., in the last issue of Tapestry. However, there are a number of points she raised at which I must take issue. Her rebuttal to an article appearing in the Denver, Colorado Rocky Mountain News (May 8, 1988) was well written, as was also her article on the HARRY BENJAMIN INTERNATIONAL GENDER DYSPHORIA ASSOCIATION (HBIGDA) 'Standards of Care', regarding hormone therapy for transsexuals. She raises some good point and much of what she suggests is worth heeding. Nevertheless, I strongly disagree with a number of points that she made.

In the first article, "Positive Action", she responds to an article written in the Rocky Mountain News. The paper reported a crime committed by a crossdressed person, who was referred in the article as a transvestite.

Mme. Kelly challenges the assumption of the author, that the person in question was a transvestite. In the first article, she refers to transvestism and transsexualism as mental illnesses. I emphatically disagree with that viewpoint! It is incorrect to refer to either phenomena as a mental illness. As a mental health professional working with gender deciphered individuals, I take issue with that stance. As a transsexual woman, I object to it from a personal perspective and find it offensive as well. Also, I am disagreement with Kelly's position on a number of points she made in her Standards of Care article, in regards to hormone therapy for transsexuals.

Kelly has incorrectly referred to transsexualism and transvestism as an obsessive compulsive disorder (OCD). In the Diagnostic and Statistical Manual (DSM-III-R), transvestism is defined as "...[r]ecurrent, intense sexual urges and sexually arousing fantasies of at least six months duration, involving crossdressing..."

Further, the International Classification of Diseases, (ICD9) of the World Health Organization, Geneva, 1978, defines transvestism as, "sexual deviation in which sexual pleasure is derived from dressing in the clothes of the opposite sex." The DSM-III-R classifies transvestism as a "sexual disorder", under the sub-class "paraphilias." Paraphilia is usually defined as "...current, intense and sexually arousing fantasies involving either (1) nonhuman objects...the diagnosis is made only if the person has acted on these urges, and is distressed by them..." The term "paraphilia" is preferable because it correctly emphasizes that the deviation (para) lies in that to which the person is attached (philia).

Finally, it is certainly unhealthy to repress feelings, especially feelings as strong as gender dysphoria. Repressions of transgender feelings can lead to a host of disorders such as; alcoholism, addictions, co-dependency, as well as borderline personality disorder, schizophrenia, and etc. As I have argued above, transsexualism is not a

mental disorder, but a physical one with psychological repercussions.

Though this may be considered a deviation from the norm, this has nothing whatsoever to do with OCD. The DSM-III-R defines OCD as "...recurring obsessions or compulsions sufficiently serve to cause marked distress, be time consuming and significantly interfere with the person's normal routine, occupational functioning, or the usual social activities or relationships with others." This is very different from transvestism, as can be plainly seen. With transvestism, there is pleasure, in obsessive compulsiveness, marked distress. Further, the ICD-9 defines it as: "states in which the outstanding feature is a feeling of subjective compulsion which must be resisted, to carry out some action, to dwell on an idea, to recall an experience, and to ruminate on an abstract topic...the obsessional urge or idea is recognized as alien to the personality..." None of the above definitions for transvestism are consistent with the definition of Obsessive Compulsive Disorder.

As I see it, transvestism is an expression of the true self. In Jungian psychology, this might be expressed as a manifestation of the anima as expressed through the persona. That is to say, the feminine part of the soul of a man is being expressed through a part of his personality (persona). The anima is the feminine part of a man that he needs to complement (complete) his masculinity. Anima mean soul in Latin. The persona is the public part of one's personality or the external self. Coming from the Latin word meaning <mask>, this is the part of the true self or soul that the public sees. It is part of one's self that transvestism is very much a part of the personality.

Transsexualism is also not alien to the self. It is by definition, an expression of the self. The transsexual feels her/himself to be truly a woman/man trapped in the wrong body. What else is this, if not an expression of the self.

As previously noted, the essential feature of transvestism is the pleasure derived from the behavior, not any kind of compulsion. Benjamin (1967) aptly pointed this out, that the transvestite has a problem with society, in that his behavior is considered to be socially unacceptable. In H.H. Goldman and Lange's Review of General Psychiatry, Obsessive Compulsive Behavior is specifically differentiated from paraphillic sexual behaviors. "So-called compulsive behaviors such as...paraphillic sexual behavior are not true compulsions because they provide pleasure."

The writer calls transsexualism an "obsessive compulsive disorder." While it is true that transsexuals become obsessive with changing their sex, this is not "obsessive compulsive disorder," and even though the transsexual may describe feeling "compelled," as if were, to make the change. The difference lies in that obsessions that are repetitive, intrusive thoughts, images, dominations, or impulses. Some people experience obsessions focusing on specific or single objects for brief periods of time. The person comes for treatment when he or she is afflicted with obsessions that involve many subjects. Obsessions frequently involve the idea or thought of hurting oneself or others, or spreading contamination around. Compulsive rituals are repetitive and stereo-typic acts usually performed reluctantly. In an abstract sense, the acts may have some sense to them, (e.g., washing ones hands) but the constant repetition and frequency with which they are done make them incapacitating and repugnant to the individual so afflicted.

Transsexualism in the DSM-III-R is defined as, "...persistent discomfort and a sense of inappropriateness about one's assigned sex...persistent preoccupation, for at least two years, with getting rid of one's primary and secondary sex characteristics, and acquiring the sexual characteristics of the other sex." Transsexualism in itself does not usually incapacitate people in the same way as Obsessive Compulsive Disorder. With transsexuals, there are

no rituals as with OCD. In transvestism, crossdressing is done to relieve the emotional and psychic conflict that arises from a feeling of being "trapped in the wrong body." It provides temporary relief. As Mme. Kelly pointed out, transsexualism is thought by some authorities to be a result of a possible pre-natal hormone mix-up, though this theory is disputed and there is no known exact etiology. By contrast, OCD is thought to be the result of a malfunction in the release or make-up of the neuro-transmitter serotonin. So, one is an endocrine disorder, and one is a neurological disorder.

To refer to transvestism and transsexualism as mental illnesses gives the wrong impression, this is not merely a semantic difference, for in the public mind, "mental illness" is associated with psychotics and/or psychopaths, sexual deviates or perverts. This does nothing to clarify public misconceptions, already clouded by jingoistic and sensationalistic coverage by newspaper articles such as the one previously mentioned and television talk show hosts such as Donahue and Downey.

Finally, it is certainly unhealthy to repress feelings and especially feelings as strong as gender dysphoria. Repression of transgender feelings can certainly lead to other serious disorders, as I mentioned previously. However, as I have argued above, gender dysphoria is not a mental disorder.

In the second article, Mme. Kelly argues that the clinician is solely responsible for determining whether or not the client is truly transsexual, or as Sister Mary Elizabeth puts it, "pseudo transsexual". She states "the client is paying the clinician to be stronger and more objective than he or she can be...the client is paying for the therapist...to have more information and awareness than he/she can have..." I fundamentally disagree with this statement on several points.

The writer states that she feels that the therapist necessarily (evidently) has more awareness of the condition than the client. She apparently believes the client is necessarily weaker than the therapist. Au contraire, in my experience, this just isn't so. Most of my clients are very much aware of their condition, many are also very strong. To live a lifetime of 20, 30 or 50 years in the wrong body takes a great deal of strength. Many of my clients have raised children and held jobs for long periods of time and maintained "normal", stable jobs. Others of my clients are homeless, alcoholic, drug-addicted, or living in abject poverty, and are trying to crosslive, often not very successfully, and getting harassed on the streets, dealing with uncaring, often hostile bureaucrats and police. I am continually impressed with the strength of many of my clients.

How very many transsexuals have had to deal with parental and/or family rejection? To deal with these kinds of hell takes an enormous amount of inner strength. It takes more strength to face one's problems and make a choice to work through them rather than remain static and not change. It takes a lot of courage and faith...and goodness knows, it's not easy to be a transsexual.

Mme. Kelly takes a rather superior attitude and feels that we are helpless children. Such an attitude denies the self empowerment of a client coming from self actualization and self realization. Therapy is not just to treat psychopathology, but also (and I feel more importantly) to stimulate and encourage personal growth, to empower the client. That is the very reason d'etre of therapy.

In the article, the writer also expresses the opinion that transsexualism cannot be self diagnosed and self determined. I feel that just the opposite is true. I feel that it is a condition which must be self diagnosed and self determined. The therapist acts as a guide to the client. It is the client's responsibility to determine whether or not she/he is truly transsexual. The therapist is there to assist the client in getting to know

her/himself. How can the therapist be more aware of the client's condition than her/him? This is impossible unless the client is psychotic or has some form of personality, or is addicted to something, alcohol, drugs, relationships, work, etc. There are of course, a number of psychological disorders, such as personality disorder, or schizophrenia that have some symptoms that include gender identity confusion, however, these are serious disabling mental disorders. In cases like this, the task of the therapist is to sort out whether the gender dysphoria is a symptom of the illness, or if the illness results from gender dysphoria. I have also seen conditions which I am tentatively terming "ego-dystonic", or "ego-alien transsexualism", where the individual is experiencing transsexual-like feelings as alien to her/himself. The individual thinks they are transsexual, yet in reality, the individual is running from other problems. However, this may be akin to what Sister Mary Elizabeth calls the "pseudo transsexual", and what Mme. Kelly is talking about when she talks about "keeping up with the girls" and other hazards the therapist and client must be cognizant of. These are certainly very real problems and unfortunately all too common and needs more research. Nevertheless, the vast majority of my clients as I shared before, are very much aware of their condition and an approach such as Mme. Kelly espouses all the power and responsibility on the therapist. This is wrong.

Mme. Kelly makes some very good points about hormones not being benign substances and being very powerful chemicals. She also rightly explains the 90 days of preliminary therapy [where] the individual begins to explore her/himself more deeply. However, I think she is wrong when she says it is inappropriate for an individual to "take hormones to see how it feels." That, is the very point. After counseling, the individual next needs to see if hormones are right for them. That, after all, is one of the reasons physicians start people off on small doses of hormones, both to see how an individual physically tolerates them and just as important, how she or he will psychologically tolerate them.

When hormones are administered, all sorts of feelings begin to surface, which have been long suppressed. Hormones are an important test for the individual. To illustrate this point very clearly, I had a client a few year back, who had briefly experimented with hormones. After he had been on them a while, he discovered they were definitely not for him. As he put it, "they put Junior to sleep." He realized of course, he really didn't want to be a woman, and wasn't a woman.

Therapy is a process of self-discovery and of course, must continue after hormones. It is rather like peeling an onion, or lotus blossom of a thousand petals. We are seemingly peeling newer and more delicate layers as we progress. It is a wonderful opportunity to get to know that child within and to heal her from "...the slings and arrows of outrageous fortune..." (to borrow a wonderful phrase from Shakespeare), of our childhood. It is an ongoing process of continuity to "take personal inventory", as the twelve step programmers so aptly put it. While Mme. Kelly basically states this, the general attitude and tone of her article belie a belief in the client's volition and ability to do so.

I am in profound discord with Mme. Kelly when she states that "the therapeutic process needs to focus on the client's attitude towards his genitals." As a therapist, I am interested in a more wholistic and transpersonal approach. I feel that is a process with the therapist as guide, of helping the client become more self-actualized and more self-realized though helping him/her get in touch with the true inner self, "the woman [man] within", as it were. It is important to consider the focus at indifferent times on the genitalia and the person's attitude towards them, but a person is much more than his or her genitals. It is a mistake, in the view of this writer, to focus solely on the genitalia, the whole person must be fully

considered, otherwise the therapist denies the client's total humanity.

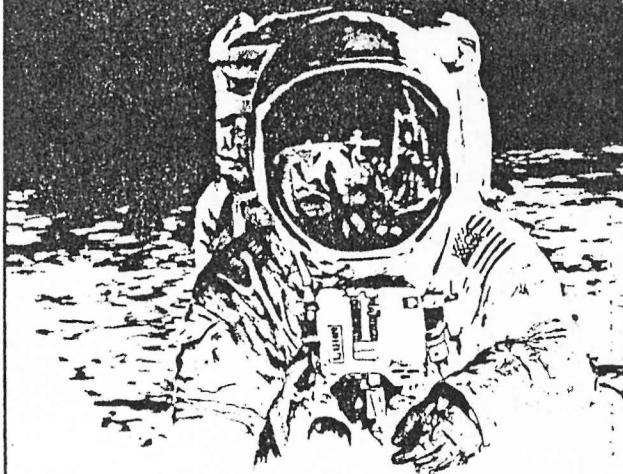
In closing, while I think Mme. Kelly certainly has made some excellent points and gives some good advice well worth paying attention to, she has missed the mark in calling gender dysphoria a mental illness. She has also erred in her approach to therapy with transsexuals in focusing on the genitalia almost exclusively and to the non-consideration of the person as a whole and in placing all responsibility for awareness determination and diagnosis on the therapist.

If there should be any question regarding this refute, please feel free to get in touch with the Gender Minority Program. Thank you.

Christine R. Tayleur  
Clinical Director  
Gender Minority Program  
PO Box 4447  
San Francisco, CA 94101

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## Estrogens and Anti-androgens

Canadian Practice and Research  
As Observed by the Consumer

by Dawn Raby and Lesley Bernard (Toronto),  
Micheline Johnson (Ottawa), and Olivia Jensen (Montreal)

### Motivation

A letter to the editor of *Twenty Minutes* [the November 1988 issue, page 6] from Roberta Angela Dee of Augusta, GA, points up the lack of information on recent endocrinological developments as applied to transsexuals. Ms Dee asks in her letter about the anti-androgenic use of an antibiotic called Nizoral (200mg).

Further information on Nizoral was provided in the February 1989 issue of *Twenty Minutes*, p.4, in which it was described as:

Mexican made, reduces male hormone production to a minimum. [The same item mentioned two other drugs, Lutoral and Lactoglandin, see End-note 1.]

A recent article on hormones by Dr Sheila Kirk [1988] makes no mention of androgen suppressants.

Meyer, Walker and Suplee [1981a] in their survey of transsexual hormonal treatment in twenty gender-treatment centers (12 in the USA, and 8 in other countries such as South America, Europe, Asia and Canada) found no regimes involving the use of androgen suppressants.

In her well researched article on estrogen therapy, Chambers [1988] makes no reference to androgen suppressants. She speaks of the use of Provera, but not in the context of suppressing testosterone.

At the 1989 IFGE Convention in San Francisco, Dr Ranata Smilo, a local endocrinologist, described the "cocktail" she prescribes to TS's:

2.5mg Premarin,  
10mg Provera, and  
50ug Estinyl.

She regards 2.5mg Premarin as a high dose. I did not hear her discuss the effects of the Provera, but at these dosages it is probably used for its progestinic effect rather than for its androgen suppressing effect, see Money [1986]. [Money used 300-400mg to curb male sex offenders]. She does not recommend Spironolactone because of the dangerous side-effects on the blood. She warned that Progesterone should be used with care, and be carefully monitored, because in some it has caused suicidal depressions.

In conversations with many American TS friends about their hormone therapy, it appears that in the USA in all cases androgen suppression is obtained by the use of only estrogens (relatively high doses, usually oral), with the lower effectiveness [residual testosterone and low blood estrogen levels] and the higher risks involved.

Chambers [1988] notes that Premarin alone has been shown to be unable to reduce blood testosterone levels to a female level. In my own case (Micheline), with Estinyl alone, although the testosterone was sufficiently reduced, the blood estrogen level was not more than the normal male range.

The research done on androgen suppression and the practice applied to transsexuals in Canada may be of general interest.

### Estrogens

In Vancouver, Prior, Vigna, and Watson [1989], at UBC and the Vancouver General, describe "conventional treatment" as oral and parenteral estrogen prescribed in doses 2 to 15



times the normal physiological female replacement range. Contraindications to high-dose estrogen therapy are rarely mentioned, however, life-threatening complications have occurred as noted in five case reports. The essential aim of endocrine therapy for the m-f TS is to provide feminization without causing complications or decreasing survival.

In Toronto, most patients obtain hormone therapy from Dr Nicholas Forbath, on recommendation from the Clarke Institute of Psychiatry. Treatment is normally confined to Ovril-21. Ovril 21 contains 250ug d-norgestrel (as 500ug dirasemete) and 50ug ethinyl estradiol. Dr Killinger recommends to GP's (but does not prescribe himself)

2.5mg Premarin plus

5mg Provera per day.

Some Toronto TS's are taking daily doses of 5-7.5mg Premarin with 5mg of Provera.

Killinger considers this an outrageous dose of Premarin and strongly advises against it. Not all of the above drugs are prescribed by doctors. Some patients have also obtained hormones from Dr Helen Gladwan, who prescribes Premarin as well as Ovril.

TS's on Premarin and Provera do have both physical and psychological problems (see Smilo above), but whether this is from the hormones or from other causes is not known. One of these TS's does have a serious problem with depression.

Some of the TS's on the Ovril 21 also seem to be having a problem with depression, but again, it is not known if the cause is hormonal or psychological.

In Ottawa, rather than Premarin, synthetic estrogens such as Estinyl (Ethinyl Estradiol), prescribed in the range 50ug to 500ug (0.5mg), were the most commonly used before the introduction of androgen suppressants.

Recently, estrogens have been applied topically rather than orally in order to bypass the liver and thus to minimize the potential damage to that organ. Estradiol 17 beta, 8mg (release rate 0.1mg/24 hr) is available as a skin patch in Canada in a commercial product called Estraderm-100 (DIN756792). The patch is replaced twice per week. I have seen Estraderm-50 used by TS's in the USA.

As I understand it, according to Meyer et al [1981b], 100ug (0.1mg) of Estinyl (ethinyl estradiol) should be taken to be equivalent to 2.5mg of Premarin. 0.625 mg of Premarin is equivalent to Estraderm 50 according to Dr Norman Barwin of Ottawa. Therefore presumably Estraderm 100 is equivalent to 1.25mg Premarin and therefore to 50ug of Estinyl.

In the pre-antiandrogen days, Baker [1969] (quoted by Barwin [1980]) recommended Estinyl 500ug daily as TS hormone therapy.

### Androgen Suppressants

As stated above, estrogen therapy alone either does not sufficiently suppress blood testosterone levels (to those in a normal female), or if it does, it often does not produce estrogen levels in the blood in the normal range for genetic women. Attempts to do this with high estrogen dosages can produce dangerous side effects.

Antiandrogens can take care of the plasma testosterone levels, enabling near physiological safe doses of estrogens to produce normal female levels of that hormone in the blood.

The effect of the estrogen then is not to merely suppress the androgens but to act on the body in the way it does in a normal female. With such an androgen suppressant, the required amount of estrogen (and hence the corresponding risk to the liver) is then very little (e.g. 50ug/day Estinyl). Minimum use of oral estrogen is especially

important for older TS's, or those with a family history of heart problems etc.

In a study on 50 m-f TS's in Vancouver by Prior, Vigna and Watson [1989], about half had previously been treated conventionally (CT) with high-dose estrogens, and the rest had had no previous hormonal therapy (SPS). All 50 were prescribed:

(i) near physiological doses of cyclical oral conjugated estrogen [Premarin at 0.625mg/day increasing to 2.5mg twice/day three weeks out of four],

(ii) cyclic or continuous medroxy-progesterone [Provera at 10mg/day during weeks three and four of the four week cycle], and

(iii) Spironolactone, an antiandrogen [initially 100-200mg/day, gradually increasing to achieve adequate testosterone reduction].

After twelve months of this therapy, normal female levels of androgens, marked feminization of the skin, decrease in beard hair and acne, and increased breast size were produced. Preliminary data on lipids, blood pressure, prolactin and glucose-intolerance suggest that there will be less risk of long-term complications. Blood pressure dropped in the CT group. Coronary heart disease is associated with higher estrogen levels.

In Toronto a few are taking 200mg/day of Spironolactone with 2.5mg Premarin and 5mg Provera. Otherwise, hardly any of the TS's are using antiandrogens.

In Ottawa, both Spironolactone and Androcur have or are being used as antiandrogens. Spironolactone (DIN 285455) is taken at about 100mg/day (50mg twice/day). It is moderately effective as an androgen suppressant, and it is relatively cheap.

Cyproterone Acetate or "Androcur" (DIN 704431) has now replaced Spironolactone in Ottawa. It is claimed to be the most powerful androgen suppressant known.

Androcur has been used for years in Europe as an androgen suppressant for TS's and others. According to Money [1986], Neumann and his colleagues in West Berlin discovered the anti-androgenic properties of cyproterone and cyproterone acetate (Androcur) in the early 1960s, see Neumann, Elger, Steinbeck and von Berswordt-Wallrabe [1968]. Money states that Androcur has not been released by the Food and Drug Administration (FDA) for use in the USA. Money has found it possible to substitute medroxyprogesterone acetate (Provera) for the Androcur in the USA. Provera is a synthetic steroid most widely known for its progestinic effect, but known also to have a counteractive effect on the sex hormones. Androcur has, in fact, very recently been released by the FDA for use in the USA according to Kirk [1989].

Androcur, which is legal here, is now starting to be used in Canada. Dr John Bradford of Ottawa claims to have done all the major research in Canada on this drug. Primary use of Androcur is for reducing the libido of sexual offenders (e.g. child molesters) for whom the appropriate dose seems to be around 50mg/day, and for treating cancer of the prostate for which the dose is around 800mg/day. Bradford's main research experience is with the former (one of his jobs is Director of the Sexual Behaviours Clinic at a hospital in Ottawa). Dosage for feminization of TS's is somewhere in between these extremes, i.e. in the range 100-400mg/day. It certainly seems to be effective to one of the authors to whom it has been prescribed at the rate 100mg twice per day. "Usual dosage (adults) is 200-300mg daily divided into to 2-3 doses. After orchiectomy 100-200mg" according to the instructions on the bottle, but it does not state for what application this dosage is applicable. Androcur is said to have minimal harmful side effects as compared with estrogen.

At the Montreal General Hospital, Dr Louis O'Dea has proposed a new therapy for transsexuals (both m-f and f-m) who are following the gender reorientation program at the Human Sexuality Clinic. An LH-RH (luteinizing/releasing hormone) analog (LUPRON) completely suppresses the release of sex hormones (androgens and estrogens) through suppression of the pituitary gland's action. Essentially the patient is brought to a pre-puberty hormone regime upon which exogenous hormones supplement levels into the puberty-adulthood range. This therapy is said to be completely reversible in that pretreatment hormone levels will eventually reestablish upon cessation of treatment. Dr O'Dea is currently using the therapy to treat patients with precocious puberty. A new pelletized-injectable form of the LH-RH analog is now being used experimentally though not yet on any transsexual patients. Dr O'Dea has estimated that a single monthly injection would maintain suppressed pituitary stimulation sex-hormone release.

A detailed description of Lupron is contained in Drug Information Fulltext (DIF) [1989]. The article is 72,000 bytes long (16pp) and has 98 references so it would appear that the drug has been fairly extensively researched. Leuprolide Acetate (Lupron) is a synthetic nonapeptide analog of naturally occurring porcine or ovine gonadotropin releasing hormone (GnRH). It differs structurally from natural GnRH by slight modifications which result in increased potency in terms of luteinizing hormone release [20-60 times the LH-RH, 10-30 times the follicle stimulating hormone (FSH) release hormone, ... and so on]. It is used with patients who are intolerant to or at risk with estrogen therapy, and is associated with fewer adverse side effects. It's main application to date is to counteract hormonal induced cancers, as is that of Androcur.

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Note 1 from Twenty Minutes, Feb 1989

Lutoral - a Mexican estrogen and a low cost version of Premarin.

Lactoglandin - Mexican made, causes lactation in women, helps produce larger breasts in males.

## Relative Cost

Drug	Strength /tablet	Cost ea. /tablet	D a i l y dosage	Monthly cost	Comment
Nizoral	200mg	\$1.20 US			Mexican made
Premarin (US made)	2.5mg	60cents US			
Mexican Premarin	2.5mg	30cents US			Produced by Ayerst/USA and shipped to Mexico.
Lutoral	2.0mg	28cents US			
Lactoglandin		20cents US			
Estinyl	50ug	21cents Can	100ug	\$12.47 Can	
Estraderm-100	patch		100ug	\$26.35 Can	
Spironolactone	100mg	35cents Can	100mg	\$10.50 Can	
Androcur	50mg	\$2.00 Can	200mg	\$268.43 Can	Better have a good drug plan!
Lupron		injection		\$250.00 Can (Dr O'Dea estimate)	This one too! LH-RH analog.



Dear Veronica,

You have a terrific sense of humor. You could be a gag writer for Johnny Carson. Thank you very much for your lengthy and informative letter you recently wrote me in reply to an inquiry I made about voice surgery. I am writing again to ask if you know how I could get in touch with any of the surgeons who do any of the operations.

Sincerely,  
Catanja  
Houston, TX

Dear Catanja,

Thanks for the stamp, it was - urp - delicious. Say, could you get me an interview with the producers of the Tonight Show? I don't seem to have any connections there. Thanks. You are the first person who has called my bluff about surgeons. Everyone else is just content to ask for general information, and then not follow up on it.

Cosmetic and Reconstructive Surgery  
Richard G. Fleming, M.D., F.A.C.S.  
Toby G. Mayer, M.D., F.A.C.S.  
416 N. Bedford Drive, Suite 200  
Beverly Hills, CA 90210

Phone (213) 278-8823

This information is accurate as of October 1987. Dr. Mayer can be reached by phone on Mondays and Wednesdays at 6 PM BHT (Beverly Hills Time).

UPDATE - The person mentioned in my letter of 8 September had her surgery done three times, but I found out just last night it was done by a different surgeon the first time. There will be a personal article by Lesley Bernard, the editor of *TransNews* of Transition Support in Toronto, appearing in the January *Twenty Minutes*. Lesley had the laser voice surgery done by the doctor listed below and her article is very positive. This surgeon does minimal surgery the first time, as he feels it's better not to overdo it at first. He doesn't want his patients to sound like Minnie Mouse. As of July 1989, he's done 60 surgeries and of those, only two he considers to be failures. Fifty of his patients have excellent sounding feminine voices.

J. Simon McGrail  
Wellesley Hospital  
Toronto, Ontario  
Canada

Phone (416) 926-7767

Veronica

Dear Veronica,

I am saddened to read that Twenty Minutes lifeline under your direction is soon to run out. I hoped that you were perhaps running a second April Fool's issue, but the serious articles concerning the heinous Senate Bill 933 impressed me with the reality that a very noble and gifted woman was moving on to Canada. Where in Canada are you planning to move?

I have been impressed by the contributions of *TransNews*, put out by Transition Support in Ontario. Micheline Johnson and Lesley [redacted] appear to be energetic and politically active feminists.

Will you be re-establishing contact with the gender community? Whatever your future career and social aspirations, your selfless devotions to your transsexual sisters, as well as your unique voice on issues concerning us will not soon be forgotten.

I am now fourteen months into hormone therapy and plan to make my transition in 1991. My SRS will be in 1993 with either Dr. Seghers or Dr. Menard. A good friend who is a physician had SRS in Trinidad with Dr. Biber in July and was very unhappy with his quality of medical care. I have heard that Dr. Seghers leaves his patients with only a two inch vaginal canal. Has this been your experience? Did Christine Young have a positive experience with Dr. Menard?

Since our correspondence last year, and your much appreciated referral to "Sulka's Wedding" as a primer on post-surgical anatomy, I've discovered truly remarkable and tasteful videos with Shannon (*Forbidden Dreams*). The director is Jennifer Jordan and as a woman, she is able to sensitively convey the transsexual's erotic potential with tender and caring lovers of both sexes.

I have explored my sexual identification with other women and though I still see men, the potential for real intimacy appears greater with another woman. Your gentle "big sister" advice put my mind at rest and I'll always be in your debt.

Veronica, please continue writing and consider an autobiography. Your sensitivity and "no-nonsense" intelligence are irreplaceable resources for our isolated and now threatened minority.

Jocelyn, Encino, CA

PS: I've written to my congressman Howard Berman about SB 993. His administrative aide sent back a non-committal response.

Dear Jocelyn,

Good news, possibly...at the last meeting of the Twenty Club (14 October), 27 people showed up. Of those gathered, one person expressed a mild interest in the newsletter, and the second expressed a very strong desire to take over the editorial leadership. The latter has an IBM clone computer and would be comprehensively trained in several areas.

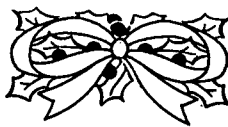
While Becky, the copy editor, does not wish to carry on alone, she has agreed to do one or more future issues on her own, allowing more time to find and train a new editor. Becky will also continue to answer post office box mail and fill orders for literature for a while longer. Yes, we are in transition, but new leaders will be found.

I plan to move to the province of Ontario, either in the greater Toronto area, or perhaps somewhere around Niagara-on-the-lake. I've fallen in love with a big, blond Canadian woman of German descent and we plan to be married in the gay community. I'll be working with her in a field of consultation and personal services.

Senate Bill 933 was not heinous, but the amendment attached to it was.

I have, at this time, no plans to be involved with the gender community on a direct basis as before, however, I may be involved to the extent of writing more articles. But then, anything can change. After all, I did.

It is not uncommon for a physician in the a patient's role, to be overly critical of other medical professionals. Of all the former Biber people I've met, not one has said anything negative.



Having a too small vagina has been the complaint of post-ops for the past thirty years. And yes, my original vaginal canal was shallow, but Docteur Seghers gave me instructions for dilating, for the purpose of increasing depth and size. I was able to dilate it enough to allow intercourse with a male. Any "hole" that is made in the human body will close up after a time, and the neo-vagina is no different. The methods of wearing a stint for days at a time, or manual dilation must be done to keep the hole from closing and to increase the size. If the post-op person doesn't follow this regimen, they will have problems, and these problems will be blamed on the surgeon, no matter who he is.

Yes, Christine Young did have a positive experience with Dr. Menard.

Veronica

Dear XX Club members,

First of all I would like to thank Becky and Veronica and whoever else is leaving the club for all they have put into it over the years. I wish them all the best and hope they can help others in their new locations. I think I speak for others also when I say that even though I don't attend many meetings and don't contribute too much, I feel the XX Club is important and should continue.

In all the meetings I've attended I've seen newcomers who have had a chance to explore their own gender identity in a group setting. For many it is the first time they've ever let anyone see a side of themselves that many do not wish to see.

What I've said so far is old hat and probably boring, but I would like to add that my mother is very interested in hearing from other parents of TS's. If anyone would like to correspond with her please contact me at a meeting so she can perhaps start a support group of TS parents as they have needs and concerns of their own.

Thank you,  
Robin  
Woodbury, CT

Dear Robin,

Reverend Jones has consoled parents and spouses of TSs to help them cope with the emotional problems involved, so too has Dr. Higgins. Parents, siblings and significant others are invited to attend meetings and many have. At the Nov. 11 meeting, others expressed interest as well in having their parents meet and form a support group.

Becky

Dear Becky,

I was clearing files last night when I came across an interview of Wendy Carlos by Arthur Bell in 1978/79 that eventually appeared in Playboy. Quoting Wendy:

"Transsexuality is a crash course in dealing with the fear of rejection."

"No one should follow this hellish path if an alternative exists. Try other options first."

"I feel that what I achieved is the removal of one very large negative in my life. Now that I've solved my gender crisis, I've still got to come to grips with the other parts of life that go into making a happy individual: living a productive existence; having time for other human beings; having time for passion and compassion; having the time to create and shape the multifaceted diamond that a fine life can be."

"...being a transsexual makes me a barometer of other people's own comfort with themselves. Those who aren't sexually at peace with themselves tend to be the most uptight around me. Others who are really relaxed think it's no big deal."

Regards,  
Terri  
Portland, ME

(EDITOR'S NOTE...Composer Walter Carlos, now Wendy, created the 1960s biggest-selling classical album "Switched-On Bach", had her surgery in 1972.)

Dear Veronica,

As always, I was amused and stirred up after getting my copy of *Twenty Minutes*. This time, however, I was saddened to see that we will be losing your wit and wonderful editorial abilities as you move onto what I would assume are more challenging opportunities.

These past few years the Twenty Club has been extraordinarily blessed by your leadership and that of your friends. The club has had other presidents who brought talent and ability to the job, but you have certainly exceeded by far what others have been able to give to this labor of love.

In a way such excellence explodes any notion that transsexualism is a handicap or disability. Frankly, while I disagree with the intent of the amendment cited in the last issue, I would rather not be protected by legislation that assumes this condition is a permanent condition which prevents a person from functioning satisfactorily. In such instances where this is the case, then medical certification of disability should be sufficient. That is what should be the qualification in the amendment as well. Categorically excluding those named presumes that these human beings, regardless of medical assessment, are not worth saving. I intend to write as suggested, but it would be helpful to see the full text to know exactly what we are opposing.

Finally, I see that Janet Raymond's book the *Transsexual Empire* is still being read and believed and quoted, judging from the last few issues of *Twenty Minutes*. When the book was published some years ago now, I read the book back to front. I was progressively amazed and then enraged to see that the book contained no documentation for the preposterous assertions being made. I could not believe such stereotypical nonsense would be published by a person in the academic community. I wrote asking about sources of her information and never received a reply. I subsequently met with some of her students quite by accident. They informed me that Raymond's contact with transsexuals was with approximately eight (as I recall the number) persons, none of whom being more than interviews (no tests or profiles or long term follow ups).

The main thesis of the book, the conspiratorial nature of the medical community in devising sex reassignment surgery, reflects the defensive character of the whole book which belittles the seriousness of the difficulties faced by transsexual people and ironically relies on such stereotypes of women (such as alluded to in your last issue to the effect that single-mindedness is a masculine trait. I am sure that would rank among other such solemn truths of our society as the inability to do math and the overly emotional and kinder nature of women that are offered up as indisputable certainties until faced with the obvious contradictory evidence.)

I offer these observations on Raymond's book, mind you, years after having read it and relying solely on memory. My caution is simply to know what it is. It is not a serious work, but rather a bit of feminist hyperbole which would have been more interesting had the author more of our editor's wit. Instead of being able to laugh with the



author, one is left to be amused by the solemn warning she intended to give.

Well, Veronica, I do hope that you have big adventures planned and that your talent is put to good use in Canada. I hope it is not the last we see or hear of you.

Peace,  
Sarah, CT

Dear Veronica,

I read the October issue of *Twenty Minutes* with all the horror suggested by some of its Halloween graphics. No, not just merely the news of Senate Bill S.933 and Amendment #722, but the announcement of the apparent reorganization of your club...which sounds like the *Twenty Club* might become at least temporarily defunct, I certainly hope not.

Even more shocking than the news of the possible reorganization of the club are reasons why. Why is it that at least 5 of the group's key people (yourself included) will become "invisible transsexuals", mostly by moving away? It would seem obvious that there's something wrong! What's going on? Our community is being forced to endure one atrocity after another. Is this a new one?

The very thought is terrifying! For 26 months, your organization has been a ray of hope for TSs by supplying something that we can't afford to be without: information and sisterly camaraderie that can only come from an exclusively TS organization. Myself and many others have looked forward every month to receiving the latest issue of *Twenty Minutes* while you and a small handful of others within the organization, no doubt, faced the responsibility of making such things possible while living the rest of life as well.

Yet, when others out of that 80,000+ out there in our community are asked to "lift a finger" and get involved by doing something for our cause, they turn deaf, complacent ears on our cry for help...until it's their turn to cry!

Although the Sunday Society is poorly funded, we have managed to get our newsletter, *Trans-World Bulletin* somewhat circulated and we even have our very own computer BBS up and running as a further enhancement of the US TOO project but we need to do much more and to do it, we will need much more help from the rest of the community than we're presently getting.

The problem of "burn-out" is truly an indicator of a very sad state of affairs in which a dedicated few attempt to pull the weight of thousands looking for a "free ride" and simply sooner or later say "to hell with it" and leave those complacent masses to their well deserved fate.

Still there are those out there who really do need us and are worth all the trouble. Neophyte TSs in particular need help in finding their way around and in "learning the ropes" if they are to make a successful transition. Every now and then someone out there will get involved in our cause (like yourself) and those few, special individuals make it all worth while.

Yours in Sisterhood,  
Louise L. Reader  
Chicago, IL

Dear Louise,

The XX Club is not dead. They're still alive and kicking and have elected new leadership within the club to pick up the slack and carry on the torch.

Veronica

Dear Veronica,

I want to tell you how wonderful it was having you as a housemate for nearly four years. You were more than just a roommate, you were and are a very special friend. You were like an older sister to me and I will always cherish the time we spent together, most of all our European vacation to Brussels for the SRS in December of 1985. Friends like you are one in a million, and I'll probably never know anyone else quite like you the rest of my life!

Paddy, you are also a warm, wonderful and exciting woman. I want to wish the both of you the best of luck in Toronto for a successful and happy life together. Truly, America's loss is Canada's gain. Please keep in touch where ever life's paths may lead each of us in the future.

Love,  
Becky



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The requirements for participation in this project are:

1. any personal computer
2. a modem with a rate of 300, 1200, or 2400 baud (with the appropriate communication software)
3. a single telephone line (not a party line)
4. a serious desire to help our community

That's all there is to it, about as easy as calling someone on the phone except that now, the possibilities for growth of our community will become virtually unlimited.

We would like to see as many groups participating in this project as possible.

For further information, call or write:

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