

THE TRANSSEXUAL VOICE

JUNE 1993

3.00

I'M NOT GAY
(BUT I SHOULD HAVE SAID I WAS)
Phoebe Smith

In the autumn of 1961, I was forced to have a physical for the draft board. I was terrified of having that physical from the moment I knew about it.

During my early teens (when I was figuring out what was wrong with me) I was sure I would never have to go through such an ordeal. I was so sure that when I told a doctor what was wrong with me, he would take pity on me and correct the terrible problem I had. Little did I know that the feeling the doctors I first contacted would have for me would be anything but pity.

When I was sixteen I was suicidal. My parents made me see a doctor; he told them I was the most nervous person my age he had ever seen. He was kind to me, but I couldn't tell him what was wrong with me. He did write a letter to my school requesting that I be removed from military class; a class I hated and failed the first year I had it. I couldn't take my rifle apart so I couldn't clean it the way it was supposed to be.

Getting out of military wasn't enough, I quit school in the eleventh grade. This upset and hurt my parents; they just couldn't understand why I couldn't give them a reason.

When I was eighteen, I had to register for the draft and every time I received a letter from the draft board, I panicked. The letters became very frequent when I was 21 years old. By that time, I had written them (draft board) and told them my story. I thought they would be hearing this story for the first time and be full of understanding. It didn't mean a thing; they did send me to two doctors who obviously knew nothing about transsexualism. One of them insisted that I was gay; the other reprimanded me for wasting his and other people's valuable time. I had to have the physical, but I was allowed to have it alone before the others were called in. Questions I was asked by the examiners indicated they thought I was gay. I insisted I was not. If I had only known then what I know now - that the military doesn't want gays - you can be sure I would have insisted I was gay.

GENDER UNIQUE
By Donna Hudson

When I was four years old, I lived with my mother and father, on a second floor of a two family house. I have no sisters or brothers. One day I looked out of my front window, down on to the sidewalk below, I saw a teenager carrying a pair of full length crutches, in a horizontal fashion like she was taking them to someone. The crutches were much to long for her to use. I could read a newspaper and tell time from a watch before I was four years. (I'm almost 58 years old now.) From the time I saw that girl, on that day so long ago, my life changed forever. I know then and there that I wanted a pair of crutches to use, I was fascinated by them. The girl was coming from the same direction that a store that sold orthopedic items was located, about a block and a half from my house. From that day on every time I saw a female in braces, and on crutches I was jealous of her. By the time I was five years old, I became fascinated by female clothes, but not the clothes of children. I was fascinated by adult women's clothes. By the time I was seven all of this combined in me and that is when I think the "crippled woman inside" of me came into conscious existence. I know before the age of seven ever time I saw a female in leg braces and crutches I was jealous of her. I wanted to be her, it was just like my mind was in her brain. I wanted to be her, I wanted to wear braces like her, I wanted to use crutches like her, I wanted to dress like her.

I was never dressed like a girl, nor was it ever suggested that I be. I look, act, and speak, like any other genetic male, but inside I feel like a woman, a "crippled woman". When I use the word "crippled woman" I do not mean someone that is looking for pity or even help, it is that I feel I should be that way, and I do not know why. Yes, it is sexual, but it is far more than that.

I know from a very young age that I wanted a pair of real leg braces and crutches. Like the rest that I communicate with that feel like I do, we all have made home-made braces and crutches, but we all also want the real thing.

I lived a life not knowing another person that shared my brace interest until 1989, and that is a long time to be so isolated from others that share your interests. When I was 17, I suffered a severe breakdown that left me an agoraphobic with severe panic attacks. I have had three more breakdowns, the last being in 1984 and I am now on SS disability.

Back in 1970 I was able to get a used pair of leg braces and a pair of full length wood crutches, and I do know what it like to crossdress and wear long leg braces and walk with crutches but only in private. It is quite fascinating to say the least. I kept the braces and crutches till about 1986, when like a fool I got rid of them thinking that I could purge myself of the feelings. The braces and crutches went, but the feelings only got much, much stronger till now I can not stand this much longer, and I have no one to turn to for help. Being an agoraphobic makes my life very limited, both in movements and in income. My wife knows all about me, but does not accept what I am. Back in 1989 I put my interest in crossdressing and leg braces and crutches and my fascination with women that wear them on America Online and I did receive some e-mail a short time later. It was then and only then that I found that there are others that share my interests/needs in may different ways. Not only are there people that want to wear braces and use crutches, but there are those that want to role-play an amputee and also those that want to be amputees for real. I am now in contact with a man, who is 80 years old and is a graduate of West Point. He wanted to see a female amputee so bat that he created "Helen". This man calls himself a life-long transvestite but he also says that he is not gay. He was married for nine years to a non-disabled woman, who did use crutches for him for some time, but they have been divorced for years. When this may was 57 (about 1970) he took a shotgun to his leg so that it had to be amputated above his knee. I have a 8 mm film of this man as "Helen" after his leg had been amputated, and it shows him walking in a park in RI dressed as Helen the amputee. I also have many of his photos, given to me by him with his original writings on them. He says he feels the "crippled woman" on the outside, and I feel the "crippled woman" on the inside.

I have over the years told a lot of doctors about myself, but all of them including the one I have been going to for the last seven years either does not know anything about this or they are not interested in it.

My need for a pair of braces is so strong that I do not know if I can stand it much longer. I know all of this is so hard to believe.

There is a constant battle going on in me, between the male and the female parts of me. There is a lot of guilt, anger, confusion and there is always the "cripple woman" inside that wants to live.

I would love to see this researched, I think its time has come. I feel if society knew about it that there are far more like me all over the world.

I also know of others that are not into crossdressing and do not feel the woman inside that want to wear braces and use crutches.

I know and communicate with a man that for five years worked for a company in leg braces and on crutches who did not need them at all. Can you really believe what your eyes see????

If there is someone out there that can supply what I need, braces, crutches and make me up, I will let them see the "cripple woman inside".

Donna;

I have sent your article to Dr. Wollman and Dr. Dorn; asking for their comments. I will print them in the next issue. Also, if anyone else has ever heard of this kind of thing or knows anything about it; let us hear from you too.

Donna, I don't know anything about this sort of problem, but I think you can rest assured that "Society doesn't want to know about it".

If anyone wishes to write to Donna, please send your correspondence to her % TSV.

OHIO INFORMATION WILL BE INCLUDED
IN THE AUGUST ISSUE. THERE WAS NO
SPACE IN THIS ISSUE.

SELF ESTEEM:THE KEY TO A SUCSESSFUL TRANSITION

By: Ms. Courtney B. Eckler

I am a preoperative, Male to female (M-F) transsexual (TS). I have been on estrogen therapy for three years and I'm about a year away from my sex-reassignment surgery. I would like to talk about self-esteem; the most important ingredient to creating happiness for your self. There is no substitute for self-esteem or self-love and nothing outside of yourself can compensate for the lack of it. Being physically beautiful feels good but cannot make up for not having a beautiful spirit. My room-mate is a very attractive genetic female with blond hair, blue eyes and a perfect figure, yet she is not happy because she suffers from very low self esteem and has been depressed all her life because she has never healed herself from growing up in a dysfunctional family. Many transsexuals fall into the trap of thinking that all will be well if they can just have that perfect female body. Of course it is important to pursue the best appearance you can, and it does figure into the equation that adds up to being a happy, healthy woman. I just feel that if TS's pursued spiritual well-being with the same fervor that we pursue the physical feminization and the superficial trappings, we would be a lot happier during our transitional period as well as after we've had the surgery.

A girl friend of mine, who is a pre-op TS, is slender, petite and has a very pretty face. She also has the benefit of being only 26 years old (younger for the average TS when she finally begins her transition), so she has her youth as well. She was the envy of our support group because not all of us are lucky enough to have as naturally feminine an appearance as she. Despite her feminine physicality, she is still miserably unhappy and suffers from extremely low self esteem. She is afraid to go out of her apartment without her boyfriend there to shield her from the public scrutiny she has quit a high paying job which could have provided the money she needs for her surgery, thereby cutting herself off from the very source of relief from that part of her unhappiness. She has told me how her father criticized her and told her she was ugly when she was a teenager. In the last two years her two nose jobs gave her an even prettier face but she still feels unattractive and is unhappy. I, and other friends of hers, believe she will be unhappy even after her surgery because she is not healing the hurt little girl inside her. She believes that if she can just be a little more beautiful, have bigger breasts, a smaller waist or a more feminine voice then surely then she can be happy. She will wait forever for that happiness to come through this physical means.

I believe many young teenage girls feel this same way. I know I let myself fall into that fantasy sometimes when I get depressed because the female changes are not happening fast enough for me or when some circumstance slows down my transition. I have found that if you make your transition the focus of your entire existence then you give it too much power over your entire happiness. That is, if you could only define yourself as simply a member of the human race first; with all the rights and expectations that all humans have, and a transsexual woman second, then you will feel better about yourself and possibly acquire the patience needed to go through this wonderful but sometimes painful period in your life.

Another girlfriend of mine who is very troubled and is always in pain during what should be a very beautiful time in her life if she could look at herself a little differently. She is finally making this gender change for herself and should feel good about it. My mother says to me when I get depressed or get to feeling sorry for myself because my transition is not going fast enough, "if this is not making you happy then why do it? This should be a very positive and beautiful time in your life". She is absolutely right! Of course there are difficult times during this period but the overriding feeling should be one of JOY. When I try to explain this philosophy of self-esteem, spirituality and inner peace to my depressed friend she says "yeah that and 25 cents will buy you a cup of coffee! Well maybe so for her, but I am not going through the torment she is because I have spent the time and energy to heal my pain and I have" done the work", as the saying goes in the new-age healing jargon.

All I really set out to do here was recommend a wonderful book entitled Revolution From Within, A Book About Self-Esteem, by Gloria Steinem, which helped me immensely in my own personal growth, but I ended up writing this whole article. I guess I needed to say this for my friends and for any other TSS who are unhappy and may benefit from the outlook I have come to embrace. All I am saying is that we are all going through this transition to feel happy and whole and to live the fulfilled lives we deserve, but if we ignore the spiritual and focus only on the physical we will never get there. Read Gloria Steinam's book, she has struggled all her life to raise her own self-esteem and the self-esteem of all women. She learned along the way that you can only achieve it by addressing and healing your internal and as well as your external self.

Best Wishes For A Happy Life!

Dear Phoebe;

THE HARRY BENJAMIN CRITERIA FOR SEX REASSIGNMENT SURGERY (SRS) -- which, among other things, requires transsexuals to live for two years "in their perceived gender roles" -- IS ABSURD.

Does feminine mean, "innocent," "virginal" or sweet and pretty to attract a mate; wearing dresses and make-up, adopting a feminine name? We are as pretty, or as mentally healthy, as we feel. I perceive that many "Christians" are mentally ill but they claim peace and happiness through loving a dead man and they ritualistically eat his flesh and drink his blood! (Jesus, in the uncannical, ancient "Gospel of Thomas" said, "Every female who makes herself masculine, will enter the Kingdom of Heaven.") Life may be schizophrenic, depressing or manic and we may reflect what we see or feel about ourselves and the world -- for good (positive, attractive, energizing, creative, edifying, enthusiastic, faithful, male) or ill (negative, repellent, discouraging, introspective, destructive, hopeless, cynical, pessimistic, draining, female), "that's life." If you can't accept your perceived reality* you may alter it or seek a psychiatrist who will prompt you to change your false, illogical, negative, "inappropriate" perceptions and aspirations or accept the things you can't change and guide you into an alternative role to play -- for a fee but transsexuals are chronic and steadfast, there is no acceptable alternative.

A candidate for SRS may look and act any way they want. THE ONLY THINGS THAT SHOULD CONCERN THE SURGEON IS WHETHER OR NOT THE CANDIDATE HAS THE MONEY AND IS PHYSICALLY HEALTHY.

Carol Dearborn

* MY PERCEIVED REALITY (in part): This world's not fit for children to suffer and doesn't require me to create more children; genitals and clothes doesn't make you a man, happy or a messiah; I dislike having a penis and testicles (like a thorn in the flesh) and I believe I would look (naked) and feel (physiologically) better without these superfluous appendages, becoming a masculine (psyche), androgynous female.

Dear Phoebe:

Your Good Advice article is well written, to the point and informative. There were some things that I did want to write over the years, but never had the time. About four issues ago a physician wrote an article on the problems confronting transgender changes. I sense some concerns in her essay towards those who take on that long journey.

There is something almost sad, almost tragic in the attempts of some transsexuals to come across. When they cross dress, myself not excepted, there is a mismatch of clothes, the make up is out of harmony and the hair done wrong. In short many transsexual are a bit ugly looking. They startle people and make people uncomfortable. I would suspect some of the outward incongruity also reflects some internal problems adjusting as well. It is sad to watch though, men trying to make the change to women.

A very big problem, in my experience in making the switch, is money. Not every person can work up enough passion to propel themselves through the grueling process. Not having sufficient passion leaves the candidate in a nether world of uncertainty. It is very difficult for some professional persons such as myself to make the switch since my clients simply would not understand. I am in a very image conscious profession. I have very little good image to begin with to sell my services to the public so to cross dress and go out and meet prospective clients would only be the final nail in the coffin as far as my work would be concerned. People have uncontrollable feeling towards sex and sexual orientations. Well-meaning people simply would prefer to deal with another professional if it comes down to a choice.

This makes the one full year of cross dressing for a person like myself impossible. Since I cannot fulfill that requirement doctor's would not want to proved me with an operation. Moreover, cross dressing is not the reason I want the full operation, being physically a woman is. This reality makes doctor's requirements a bit discriminatory upon my needs. I can quite adequately work the cross dressing after I have had the operation but I cannot do it now. I am extremely sensitive to annoying or upsetting anyone in my community. The confidence to cross dress constantly must come from the knowledge and feeling of totally being a woman. Being physically a woman.

Doctor's rightfully are worried and concerned about a candidate proving their commitment to becoming a woman. It is a most civilized concern of theirs and I respect them for their regards. However, there are from time to time exceptions to the rule. In my situation the operation must come first. Then an operation on my vocal chords and then my nose and facial bones.

I think part of my response to the good doctor's concerns is that while the process may appear tragic-comical-in some respect it is also unfortunate that we all do not have the passion and financial resources to see the process through in the proper form. Why should I have to give up a good paying profession to work for minimum wage to satisfy the requirements of a doctor that I cross dress for a year? The fact of the matter is that it is none of any person's business how I dress and present myself to the public. Yes, it does

indicate a degree of commitment to separate an idea of the mind and make it real to cross dress. However, some, people are just as committed without having to demonstrate that state of mind by cross dressing.

Doctors feel that they have the legal right to discriminate because the surgery is elective, optional. I would, however, take issue with this belief. I do not think that the desire to be a woman is elective; a fantasy of the mind, rather a need of the human body that must be resolved to bring harmony to the world. Moreover, it is insulting that psychiatrists become involved, and endocrinologists become involved in an issue that is so very personal and private to the transsexual candidate. The expense of paying for the exaggerated concerns of the operating doctor is almost overwhelming to a person of limited economic means. You are concerned about me yet I am the one footing the bill for concerns I do not have.

Doctors must admit that they are overreacting a bit in worrying about malpractice. I would suggest that instead of all of these expensive requirements that the candidate be required to see a designated psychiatrist and from there once the approval is granted see an attorney to accede to a contract that relieves the doctor of the legal responsibility for the politics of the candidate suddenly wanting to change back once the surgery is performed, still holding the surgeon to quality work however. The candidate should provide the doctor a statement that were not sold or enticed in anyway by the doctor into becoming a woman. Once this is done I see no reason for doctors to prescribe social behaviors such as how to dress.

I was taking premerin for a while until the requirements for taking it became so expensive. No, I do not need to be seeing a psychologist on an ongoing basis to be taking premerin. Instead I switched to a very concentrated form of licorice root. Licorice root is an estrogen like substance that maintains breasts. I have seen an endocrinologist who sees no harm in my taking the root. Like premerin, taking too much causes the brain to take on too much water. I know it does that and I have learned how to give myself the proper dosage. Personally, I would rather take the premerin but the hurdles are insurmountable.

Yes, I do cross dress and go out in public, but not very often. My legal name is Sarah and I am designated on my drivers license as a woman. It has been this way for more than ten years. There is not much I can do but continue to take the licorice root and the operation looks all but impossible. You may want to share these insights with a doctor sometime.

Sincerely

Sarah

Dear Phoebe;

I have been struggling trying to understand the sexual orientation of a friend of mine.

I always envied my friend John (not his real name) for being a stunningly handsome, masculine man who turned heads of both genders. He was about 6'2" with light brown hair, kind of exotic looking. He was married and had one son.

Then one day, at about 25 years old, he concluded that he was a lesbian. He realized that while most of his friends were gay men, he did not share their feelings nor those of straight men living the life he was living, either. So, much to the confusion of his wife and the rest of us, he decided to change genders. He reached this decision after a lot of soul-searching, in which he admitted that he loved women, but could only effectively do so as a woman. He was on a waiting list for the surgery for a year while he underwent psychotherapy and was declared completely fit and normal. He had the surgery about two years ago.

The last time I spoke with him, he was pre-op and he already had a lesbian girlfriend. Both of them could not wait for him to shed his "horrible" male genitalia. They were already living together as a lesbian couple, although he was the most "man's man" you could have imagined.

I am a pretty open-minded guy, but this totally blows my mind. I may be ignorant, but is he's totally into girls, isn't life a lot easier for him as a straight male (which we thought he was)? I guess this gives credence to the fact that people are indeed BORN gay or lesbian.

I hope you can shed some light on this phenomenon.
Morris

(No, Morris I can't but maybe someone else can and will. If you think this is something, wait until you read Gender "Unique".)

CONNECTIONS

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

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

ROOMMATE WANTED - ONE BEDROOM APARTMENT, CAN CONVERT LIVING ROOM INTO BEDROOM. WALL-TO-WALL CARPET, AIR CONDITIONED, FULLY EQUIPPED KITCHEN AND POOL. CALL SHELBY (513) 293-7926.

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

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

ROOMMATE WANTED - GAY MALE (TRANSSEXUAL INCLINATIONS IN REMISSION) WITH FOUR CATS, HAS EXTRA BEDROOM IN TWO FLOOR APARTMENT IN NEW BRUNSWICK, NEW JERSEY; \$350.00/MONTH, PLUS ONE-HALF UTILITIES - NEGOTIABLE IN EXCHANGE FOR LIGHT HOUSEWORK. WILL BE HELPFUL, SUPPORTIVE, AND SENSITIVE TO SPECIAL PROBLEMS AND NEEDS OF TRANSSEXUAL. ANGEL, (908)249-8027.

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

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

I WOULD LIKE TO CORRESPOND WITH SPOUSES OF TRANSSEXUALS, PRESENT OR FORMER, ESPECIALLY THOSE WHO HAVE OR HAVE HAD POSITIVE RELATIONSHIPS. ALSO, I WOULD LIKE TO HEAR FROM TRANSSEXUALS THEMSELVES, WHO HAVE POSITIVE RELATIONSHIPS WITH THEIR SPOUSES OR FORMER SPOUSES. I WOULD LIKE TO SHARE EXPERIENCES AND RELATE COMMON 'MILESTONES'. I AM VERY INTERESTED IN KNOWING IF THERE ARE ANY OTHER TRANSSEXUALS OUT THERE WHO ARE TRYING TO LIVE IN THEIR BIOLOGICAL ROLES HAVING MADE, FOR WHATEVER REASON (TOO EXPENSIVE, FEAR THE RADICAL SURGERY, ETC.), A DECISION NOT TO PURSUE THE ACCEPTED TREATMENT OF HORMONE THERAPY AND SURGERY. REPLY TO M.E. & TSV.

Dear Doctor Wollman:

My hormone regime consists of the following: 10 mgs. Premarin for days 1 through 25; 10 mgs. Provera for days 16 through 25; 1 c.c. of 40,000 units of Estrone, given by injection weekly by my doctor's nurse; and 75 mgs of Aldactone daily (Searle Spironolactone).

I "cycle" on everything except the Aldactone (spironolactone) which I take straight through everyday to get my testosterone levels way down so that my hormones work better.

Question: My doctor had me on the Delestrogen shots, but now I am on Estrone shots instead. Is Estrone better than Delestrogen; or is it the same stuff?

Another question concerns my Spiro - they offer a generic for this stuff (which is cheaper). I have been getting the brand name but was thinking of getting the generic (\$39 versus \$10).

And one more thing, can I cut my dosages of hormones and Spiro down after my operation? Taking mega doses of hormones long-term kind of scares me (like for the rest of my life).

Please Advise.

Brenda Petry

P.S. Does your body hair go away after awhile?

Dear Brenda;

The dosage schedule is excessive. One must be careful of liver damage resulting from so much steroid medication.

My recommendation is intramuscular injection of 40 mg Delestrogen every two weeks; and orally 2.5 mg. Premarin every day.

"Cycling" is intended for individuals who have a uterus and ovaries. Males, unfortunately (or fortunately) lack these organs.

Delestrogen and Estrone are both female sex hormones.

After sex-reassignment surgery, one takes female sex hormones as does a menopausal woman with signs and symptoms of estrogen deficiency.

I do not find it necessary or preferable to give Aldactone.

As long as a genetic male takes Estrogen he will find his body hair gradually does not regrow.

Leo Wollman, M.D.

Dear Doctor Wollman:

What are the long term effects of being on estrogens without having surgery. In other words, can a person be on estrogens for a long period of time (years) without having surgery, and still be safe from bad or deadly side-effects? Someone who wants to live as a woman but not have the final surgery.

Thank you. S.R.

Dear S.R.;

Years of estrogen therapy in a male transsexual, who does not want surgery, will not produce any ill effects.

Many of my patients wish to enjoy the physiological benefits of female sex hormones; and live their lives as females. This is a viable option for many male transsexuals.

Leo Wollman, M.D.

Dear Doctor Wollman:

What could be done to stimulate milk production in genetic male's breasts; i.e., what type hormones, exercises, stimulation, etc.

Thanks. Terry

Dear Terry;

Genetic males who have had at least two years of estrogens may have lactation after concomitant injections of Pitocin (posterior pituitary hormone).

There is a devise called "Breast Fulfiller", which works on the principle of a vacuum, that enlarges the breast and stimulates milk flow. It was devised by Dr. Rachel Copelan and investigated by Dr. Leo Wollman, and by Dr. Erwin DiCyan in New York; and by Drs. Lawrence Scott and Harold Peart in Los Angeles.

Leo Wollman, M.D.

(DOCTOR WOLLMAN IS AN INTERNATIONALLY KNOWN AUTHORITY (PSYCHIATRIST/ENDOCRINOLOGIST) ON THE SUBJECT OF TRANSSEXUALISM. HE WILL PROVIDE ANSWERS TO YOUR QUESTIONS IN THIS NEWSLETTER. PLACE YOUR QUESTION(S) FOR DOCTOR WOLLMAN IN A STAMPED, SEALED ENVELOPE WITH DOCTOR WOLLMAN'S NAME ON THE ENVELOPE AND ENCLOSE IN AN ENVELOPE ADDRESSED TO ME (PHOEBE). I WILL FORWARD (UNOPENED) TO DOCTOR WOLLMAN.

*Billy Tipton
was a jazz
musician.*

*When he died,
in 1989,
television
and
newspaper
sources
proclaimed*

*him to have
been a woman
who had lived
as a man in
order to be a
jazz musician.
“He gave up
everything,”
they said. They
were wrong.*

*He didn’t give
up anything,
for he wasn’t a
woman.*

Billy Tipton was a (choose one):

- a. woman
- b. lesbian
- c. crossdresser
- ✓ d. man

AEGIS
P.O. Box 33724
Decatur, GA 30033

*The gay
community
was quick to
proclaim Billy
as a lesbian.
They were
wrong, too.
Billy wasn’t a
lesbian,
either.*

*Billy was
married, with
three adopted
sons. His
family did
not know of
his female
anatomy,
but they
knew*

*something the
newspaper
and television
and gay press
didn’t— that
Billy Tipton
was a man.*

Billy Tipton was transsexual. He lived and died as a man. His life was not an imposture, and the notion that he was anything less than a man is a denial of everything that he was. Hands off! He’s one of ours!

Before trading in your old equipment go for a test drive first.

You wouldn't buy an expensive car without looking under the hood, would you? Without starting the engine? Without taking it out on the road? Without having it checked by a mechanic? Of course not. Well, neither should you rush into an irreversible procedure like sex reassignment surgery without a period of at least one year in which you will work and live 24 hours a day in your chosen gender.

This period of crossliving (called the real-life test) is part of the Standards of Care of the Harry Benjamin International Gender Dysphoria Association, and is required by all reputable surgeons and gender clinics, for it has been found that a period of crossliving minimizes the chance of surgical regrets.

Sex reassignment surgery does not turn men into women, or women into men; it merely confirms what already is. Few people see your genitalia, but your gender is evident to everyone. Rushing into surgery before establishing yourself in your new role is taking a needless risk.

The period of crossliving is like a test drive. It enables you to establish yourself in your new role, to experience your new life before making permanent changes to your body.

Think about it: would you rather pay for that new car before you take the test drive or after you have taken it around the block?

Don't be sorry... Be sure.

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Clara Black, C.P.E.
Board Certified Electrologist

Louise Hahn, M.A., NCC
PSYCHOTHERAPY

Service to the Crossdressing and Transgendered community includes individual psychotherapy, marriage, family and "significant other" counseling. Sessions are conducted in a warm, accepting and safe environment. Dressing is encouraged.

Sliding Scale Winston-Salem: (919) 788-1553
Greensboro Location

The Transsexual Voice

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**SINCE 1981, THE LEADING PUBLICATION DEDICATED
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**Tasteful, comprehensive, non-
profit journal for all persons
interested in cross-dressing
and transsexualism**

The following survey is being conducted by the American Educational Gender Information Service, Inc.
Please return it to AEGIS, P.O. Box 33724, Decatur, GA 30033-0724.

Instructions: There is no need to identify yourself by name, but you may do so if you wish. Please complete all items legibly. If you want to editorialize, do so, but please answer the question as asked. Do not leave any items blank. You may mark N/A (not applicable) for items which do not apply to you.

Results of this survey will be presented at the October, 1993 meeting of the Harry Benjamin International Gender Dysphoria Association, Inc. Results will be published in *Chrysalis Quarterly*, AEGIS' magazine, in the first half of 1994.

1. Please write today's date: (mm/dd/yy)

____ / ____ / ____

2. What is your date of birth? (mm/dd/yy)

____ / ____ / ____

3. What is your age in years?

4. What was your sex of assignment at birth?

MALE: _____ FEMALE: _____

5. In what gender are you living now?

MALE: _____ FEMALE: _____

If crossliving, for how long? _____

6. Have you ever taken hormones?

YES: _____ NO: _____

7. Have you had genital sex reassignment surgery?

YES: _____ NO: _____

8. Do you plan to have sex reassignment surgery?

YES: _____ NO: _____

9. Have you had breast reduction/chest reconstruction surgery?

YES: _____ NO: _____ (N/A if MTF)

10. Do you consider yourself:

Transsexual: _____ Transgenderist: _____
Crossdresser: _____ Other (Specify): _____

11. Have you ever heard about the Harry Benjamin International Gender Dysphoria Association (HBIGDA)?

YES: _____ NO: _____

12. Have you ever heard of the HBIGDA Standards of Care for Hormonal and Surgical Sex Reassignment of Gender Dysphoric Persons?

YES: _____ NO: _____ (If NO, go to #15)

13. When did you first hear of the Standards of Care? (mm/dd/yy)

____ / ____ / ____

14. From whom or where did you first learn of the Standards?

15. Have you ever been to a gender clinic?

YES: _____ NO: _____ (If NO, go to #17)

If YES, what year? _____

16. Did anyone at the clinic tell you about the Standards of Care?

YES: _____ NO: _____

17. Have you ever consulted a therapist (specify psychologist, psychiatrist, counselor, etc.) about your gender dysphoria?

YES: _____ NO: _____ (If NO, go to #21)

18. Did he or she tell you about the Standards of Care?

Therapist #1: YES: _____ NO: _____

Psychologist: _____ Psychiatrist: _____

Counselor: _____ Other (Specify): _____

Therapist #2: YES: _____ NO: _____

Psychologist: _____ Psychiatrist: _____

Counselor: _____ Other (Specify): _____

19. Did you tell your therapist about the Standards of Care?

Therapist #1: YES: _____ NO: _____

Therapist #2: YES: _____ NO: _____

20. Did you know about the Standards of Care when you entered therapy the first time?

YES: _____ NO: _____

21. Have you ever consulted a physician for hormones?

YES: _____ NO: _____

22. Did the physician tell you about the Standards of Care?

YES: _____ NO: _____ (If NO, go to #24)

23. Did you tell the physician about the Standards of Care?

YES: _____ NO: _____

24. Have you ever joined a support group?

YES: _____ NO: _____ (If NO, go to #26)

25. Did anyone at the support group tell you about the Standards?

YES: _____ NO: _____

26. Did another transgendered person tell you about them?

YES: _____ NO: _____

27. Have you ever told another transgendered person about the Standards of Care?

YES: _____ NO: _____

28. The Standards of Care require a 90 day evaluation period by a therapist before referral for hormonal therapy. Did you follow this standard?

YES: _____ NO: _____

29. Do you think this standard is a good idea?

YES: _____ NO: _____

Why or why not? _____

30. The Standards of Care require a one-year (minimum) period of full-time living in the new gender role before sex reassignment surgery. Did you follow this standard?

YES: _____ NO: _____

31. Do you think this standard is a good idea?

YES: _____ NO: _____

Why or why not? _____

32. The Standards of Care require a letter from a therapist for authorization of hormonal therapy and two letters from therapists for sex reassignment surgery. Did you follow this standard?

YES: _____ NO: _____

33. Do you think this standard is a good idea?

YES: _____ NO: _____

Why or why not? _____

34. Do you think that the Standards of Care serve a useful purpose?

YES: _____ NO: _____

Why or why not? _____

35. The Standards of Care require that the individual wish to be rid of the genitals in order to receive hormonal therapy. Do you agree with this standard?

YES: _____ NO: _____

Why or why not? _____

36. Do you believe that breast reduction surgery/contouring of a male chest in genetic females should be considered genital sex reassignment surgery (i.e. should require approval letters)?

YES: _____ NO: _____

Why or why not? _____

If you wish, you may address these or other issues on separate pages.