

***Everything You Ever Wanted
to Know About Sex Change****
**but were afraid to ask*

Edited by

Melanie

*founder of the Transgender Community Forum
on America Online*

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Introduction

Unlike its frivolous name, this book is actually a serious look at the nature of transsexuality: what it is, why it is, and how sex reassignment is accomplished, both surgically and socially. You may be surprised to learn that one out of ten adults in this country believe themselves to be transgendered to some degree.

What does it mean to be transgendered and how does that relate to being transsexual? Before we can define transgenderism and transsexuality, we must first be able to define gender and sexuality without the "trans".

Surprisingly, although most everyone has a good feel for what these terms mean, hardly anyone has a good understanding of them. Before we try to describe the nature and process of sex change then, let us take a brief moment to examine human sexuality in general.

Human Sexuality 101

There are four aspects to Human Sexuality, they are:

1. Anatomical (physical) sex
2. Sexual preference
3. Gender Identity
4. Mental Sex

Anatomical sex

Anatomical sex is simply what body you are in: male or female. But it is really not all that simple. There are hairy women and very slender men. Facial features can range from more "male" to more "female" regardless of what's between one's legs. In addition, there is the chromosomal nature of being XX, XY, or even XXY. On top of that, we have hermaphrodites.

So, all things considered, each and every one of us can not simply be seen as wholly male or female physically, but truly occupy a range on a spectrum. And, we can alter our physical sexually characteristics (short or long hair, nose jobs, sex change surgery) so that the line blurs even more. True, most people gravitate to one end of the scale that the other, which creates an inverse "bell curve". However, the line from one side to the other is truly unbroken, with more than a few people right in the middle.

Sexual preference

This one comes in four flavors: same, opposite, both, or neither. Regardless of anatomical sex, any individual might be any one of these four. What's more, most people find their sexual preferences depend on context and may shift depending on the situation or the person. For example, a man who sees himself as attracted to the opposite sex might not be at all attracted to a female body builder. If he were honest with himself, he would probably find some level of attraction to a very pretty boy. It is the cultural training we have that leads us deny and not even experience the capacity to shift our perspectives here.

In addition, people change over time as well as in different contexts. Some start out being heterosexual, then shift to bisexual, then to same sex, then give up altogether, and then jump back in somewhere else. With the spatial and temporal flexibility in this area, each of us is fluid. But in the range of people as a whole, regardless of where you fall on the anatomical sex scale, any individual might at any time have any one of the four sexual preferences.

So, since anatomical sex does not determine sexual preference and sexual preference is independent of anatomical sex, the two factors are independent and can be multiplied together to determine a great range of human sexuality on these two points alone. Already we can see there are a tremendous number of combinations!

Gender Identity

Gender Identity describes where on the scale of masculine and feminine behavior an individual falls. Clearly this is a range. What's more, each of us changes in context as well. Men who are very macho on the weekend playing tackle football with friends might be very demure during the week at their job as a bank teller. And, over time, we all change. Most men are more masculine at age 35 than they are at age 80.

Gender identity for any one of us does not fall at a single point, but ranges in a segment of the masculine/feminine line. Which segment we define depends on our conditioning as a child which "locks in" somewhere between age 3 and 5. Then, for most of our lives, we move up and down that segment, feeling uneasy if we get close to one of the ends of our personal range.

Now, since masculine or feminine is a range and does not depend on sexual preference or anatomical sex (we all know masculine women and feminine men) then we can multiply that in as well and create an ENORMOUS number of combinations of human sexuality.

Mental Sex

In the 12th to 14th week of pregnancy, a developing fetus will get a wash of hormones over its brain. Boy babies get a flush of testosterone, girl babies get a flush of estrogen. Testosterone has a direct impact on the level of the neurotransmitter Serotonin in the brain. As testosterone goes up, Serotonin production goes up.

Serotonin is an "exciter" which stimulates the firing of the neurons. When they fire, the neurological activity of the brain takes center stage, and the biochemical aspect of the brain steps a bit into the shadows.

In contrast, estrogen increases the relative amount of the neurotransmitter Dopamine. Unlike Serotonin, Dopamine is an inhibitor, which means it lowers the tendency for neurons to fire. This does not mean it diminishes mental processes, but rather that the biochemical processes of the mind take center stage and the neurons step into the shadows.

If the effect of this flush of testosterone or estrogen only lasted for the two weeks the chemicals are present, it would have no lasting effect on the mind. But, for reasons we shall see later in this book, the brain "locks in" to a bias toward the neurology or the biochemistry. It is this bias that makes a mind more focused on logic or more concerned with feelings.

In truth, this hormone wash can vary in intensity from individual to individual, so that any given person may range from very heavily favoring the neurology or the biology to being more evenly balanced in which kind of processing takes control.

As nature would have it, again for reasons we shall later explore, most people are born very heavily biased to one side or the other. Still, this just indicates our preferred method of thinking - the kind of thought process we fall into first or most skillfully. Each of us, however, often employs the other manner of thinking when the first one is at a loss or when we need an internal second opinion.

The neural networks of the brain function in a binary fashion so those with a testosterone wash tend to see the world in more logical terms, more spatial terms. The biochemistry of the brain functions in a more wave-like fashion, so those with an estrogen wash tend to see the world in more experiential terms, more temporal terms. Spatial thinkers look outward and first see things in terms of their arrangement and where it leads. Temporal things first look inward and see things in terms of what they mean and how they are going.

Because men tend to fall toward the spatial end of the scale and women to the temporal, society has built up rewards to motivate the population based on the expectation of this bias according to anatomical sex. And, most nearly often, this is an accurate system. But when something causes an individual to get the opposite pre-birth bias than anatomical sex would suggest, he or she is technically a transsexual.

Why do I say "technically"? Because the practical definition of a transsexual would be someone who actual has surgery to change his or her anatomical sex, or at least someone who truly wants to. In truth, most of those born with the opposite bias are never aware of it, and would be appalled to even consider changing their sex.

In a like manner, there are many who have had sex change surgery (called SRS for Sex Reassignment Surgery) who are not mentally transsexual at all. Why? Because gender identity determines how masculine or feminine we wish to be, and society determines the range of behavior which is acceptable along that scale, based on anatomical sex.

So, a man with very feminine tendencies might wish to change their anatomical sex through surgery, whereas a man with a masculine gender identity might be quite comfortable as a male, even though he is true transsexual in the mental sense.

Finally, it must be considered that each of us has an inherent body map in our brains. This blueprint gives us a feeling for the shape in which we expect to find our physical selves. Even if we are typically matched between Mental Sex and Anatomical Sex, our body map may be for the opposite physical sex.

In psychology, stress caused by feeling one is in the wrong body is called genital dysphoria, and stress caused by feeling on is living in the wrong role is called gender dysphoria, which lumps gender identity and Mental Sex into one overall symptom.

Those who have enough pressures upon them from all four of the aspects of human sexuality may choose to remedy their uneasiness through surgical means. Other combinations of these tendencies will lead an individual to choose to cross-dress and experience femininity or masculinity occasionally, yet continue to live in the role which pleases him or her most of the time. The term "transgendered" describes both of these kinds of people. Those who elect surgery are transsexuals, and those who do not are cross-dressers (the term transvestite means the same as "cross-dresser", but is not considered politically correct.)

It should be noted that cross-dressers almost always know they don't want surgery, even though they may fantasize about it for erotic or adventurous purposes. In contrast, most transsexuals start out believing they are cross-dressers, and spend many years suffering an internal conflict wondering if it is something more, even while they try to deny it to themselves.

Having briefly explored the meaning and causes of transgenderism and transsexuality, it is time to outline the nature and methodology of the transition from one sex to another.

The Nuts and Bolts

In truth, there is much more to sex reassignment surgery than the surgery itself. Still, the nuts and bolts of the actual procedure seems to be a topic which most piques the interest. In deference to this interest, I'm putting a description of the specific of the surgery right up front. With that out of the way, we can continue or exploration into the whole phenomenon, including it's personal, social, financial, and legal ramifications.

What is Actually Done?

Technically, you cannot truly change one's sex. That's why the procedure is not really called "sex change surgery" but "sex reassignment surgery". The idea is to alter the physical appearance of a person's anatomy to approximate as nearly as possible the anatomic arrangement of the other sex.

Part of this procedure involves extended hormone therapy, which alters secondary sexual characteristics. In male to female transsexuals, it leads to the growth of breasts and the build up of body fat in particular areas. In female to male transsexuals it lowers the voice and causes body hair and beard to grow. (It should be noted that the male to female transsexual's voice is not changed by taking estrogen.) We shall fully explore the purpose and effects of hormone therapy later in this book, but for now we shall ignore this aspect in favor of a blow by blow description of the surgery.

The Long and the Short of it

Contrary to popular belief, the penis is not amputated during SRS. Rather, the internal penile tissue is mostly removed, but the outer skin is left attached, inverted and inserted into the body inside out as the new vagina. The testicles are removed, but the scrotal tissue is also left attached and used to fashion the vaginal lips or labia through standard plastic surgery procedures.

Here is how it happens. Once the patient has been prepped, sedated, wheeled into the operating room and anesthetized, the doctor slits the skin of the penis lengthwise from the head or glans down to the base on the underside. The skin is then peeled away from around the penis, but since the slit only opened the penis, the base of the skin is still attached.

The penile skin is then turned inside out, much like one might turn a sock inside out. When this is done, the slit is stitched back together, creating an inverted penis, which will ultimately form the new vagina.

Before this occurs, a rather miraculous, yet simple procedure is performed. Earlier, when the internal penile tissue was removed, a small stub of tissue was left behind, still attached. This is erectile tissue, which becomes stiff when stimulated, and also carries sexual sensation.

A tiny slit, perhaps a half-inch in length, is made in the new, inverted penis near the base where it is still attached. The stub of erectile tissue is pushed through the slit, forming the equivalent of a clitoris, and providing the opportunity for complete orgasm and sexual satisfaction after surgery. In addition, a second tiny slit is made below the one for the clitoris. The urinary tube is rerouted to this second slit to create a typical female urinary opening.

Once this procedure has been accomplished, the skin and muscles of the lower abdomen are lifted up with surgical instruments, providing a gap near the pelvic bone. The inverted penis is pushed into the gap, still attached at the base, so that it hinges down and into the proper location for a vagina.

To allow for proper vaginal contractions later, some of the abdominal muscles are repositions around to new vagina so that they can squeeze in on it, both by conscious control and also automatically during orgasm.

The new vagina is filled with surgical gauze to maintain shape, and then anchored in place with a thin surgical wire which enters the abdomen from the outside, runs under the pelvic bone, through the new vagina, back up around the pelvic bone and out the abdomen again. Once the vagina has healed in place, which takes approximately seven days, the wire is removed by the surgeon, who simply slips it out.

Post Op Information

The post op patient will remain in bed for seven to eight days. The pain of surgery is not at all as bad as one might expect. The only real pain comes if one sneezes, coughs, or laughs. The procedure does take a lot out of one's reserves, so that the patient drifts in and out of sleep and is too weak to roll over unassisted for the first day or so.

For the first three or four days, the patient is on a catheter for urinary purposes, which allows urine to drain through a tube to a bag on the side of the hospital bed. This is standard medical procedure for all urinary surgeries. In addition, any use of general anesthetic usually causes a shut down of bowel function for three or four days. Many post op patients require an enema to get the system flushed out and working again.

Urination after the catheter is removed is painful and difficult at first, but not to the point one cannot bear it. Over the course of the first few post op weeks, urination becomes increasingly easier, and the bladder is able to hold more and more until pre-surgical bladder capacity is usually recovered.

Most patients are back at work two to three weeks after surgery. The area of surgery will be sore for more than a month. Sexual sensation may return in as little as two weeks. Sexual intercourse can be allowed six weeks after surgery.

Hormones

Most everyone is familiar with the two principal categories of sex hormones: Estrogen and Testosterone. In fact there is a whole range of different specific hormones which are lumped into these two broad categories.

Hormones are very powerful, natural drugs. They strongly affect both mind and body. In concentrations too low, they can allow diseases to flourish, such as osteoporosis. In concentrations too high, they can open the door to other maladies, such as blood clots and cancer. At normal levels, hormones determine our secondary sexual characteristics, such as breasts and beards as well as fat distribution and muscle mass.

Mentally, hormones affect our intellect by making us more capable in the external or internal worlds. They also adjust our feelings, causing us to be more aggressive or submissive, more reasonable or emotional.

Certainly, any drug capable of all this is not to be taken lightly. That is why it is extremely important to use hormones only under the care and direction of a qualified specialist. Unfortunately, hormonal issues have historically been considered part of Women's Medicine, which has been traditionally ignored. So, although more and more studies are being done in this area today, there is not the wealth of information available for male medical issues of the same caliber.

For example, very little is known about the effects of different kinds of estrogens such as Estrone or Estinyl, on the mind. From personal experience, I have found that using only one of these hormones alone is not sufficient. Both are present in the female body. Estinyl is originally created, and then breaks down into a number of other hormones in the blood stream, including Estrone.

Estrone tends to make one feel more gentle, more graceful and feminine (regardless of how one may actually appear to others!) Estinyl causes one to look more toward external issues than internal ones. So, with Estrone alone, one becomes passive and internalized, often leading to depression or a lack of ability to accomplish real world tasks. But Estinyl alone makes one less feminine in thinking and at a male level of external assertiveness and rational thinking.

For me, after trying many levels and balances between these two, I found that an even balance between the hormones made me feel feminine as a person, yet motivated to accomplish. In addition, this balance allows me to have access to strong emotions, spontaneously when events warrant, but also to be reasonable in business or practical situations. This balance will not necessarily be true for anyone else, as the effects of hormones vary greatly from individual to individual.

Physically, I have found that Estrone alone slows body hair growth, softens skin, and adds a thin layer of fat all over the body. But it also makes one more sensitive to cold, lowers the metabolic rate, and robs one of energy. In contrast, Estinyl alone creates a higher level of musculature, hardens body lines, removes fat, and raises the metabolism, often making one feel hot when others are comfortable.

Once again, by balancing the two, a good physical compromise is reached, where there is enough muscle to feel well toned, but enough fat to soften the lines. One has a resistance to both cold and heat. Metabolic rate centers at a good, athletic level. Of course, most people interested in hormones want to know:

Can hormones grow breasts?

Yes, but hardly ever as large as a normal woman. Usually the results end up at about an "A" cup, though if you are fat, you will get more apparent growth because the fat is redistributed to the breasts.

Can hormones grow beards?

Yes, for female to male transsexuals, beard growth is an immediate effect. Unfortunately, a long term effect is male pattern baldness!

Can hormones change the voice?

Yes and no. For female to male transsexuals, the voice will lower to normal male levels as the voice box or Adam's Apple increases in size. For male to female transsexuals, the voice must be altered, either by surgery or by a special technique in which one learns a new pattern of vocal chord muscle control, which is covered elsewhere in this book.

Can hormones change one's sex?

No. A penis or vagina will remain even with hormone therapy, although the penis may diminish somewhat in size, and the clitoris may enlarge significantly. The physical effects of hormones are primarily in the secondary sexual characteristics. Some of these effects are almost immediate, occurring a week to ten days after starting hormones. Other effects, such as muscle redistribution, continue for years.

There is a third kind of hormone with very special effects: Progesterone. Progesterone is the hormone associated with menstruation and pregnancy. In pre-menopausal women, it ranges from being almost absent from the system during the middle of a cycle to being the predominant hormone just before ovulation. Progesterone is what principally causes premenstrual syndrome (PMS). It also has many physical effects.

For a number of years, women undergoing hormone replacement therapy (HRT) have taken a combination of Estrogen and Progesterone to mimic the natural cycles of menstruation. In addition, it is thought that Progesterone helps reduce the elevated risk of uterine cancer often associated with HRT involving Estrogen.

The most commonly prescribed Progesterone is a synthetic hormone which is similar, though not identical, to that which naturally occurs in a woman's body. For years, women on this therapy suffered leg cramps, shortness of breath, difficulty in sleeping, and many other serious and minor maladies before anyone thought to attribute these effects to the synthetic Progesterone.

Lately, several studies have revealed that the synthetic variety is indeed the culprit of these problems. The solution is to use natural Progesterone instead, which occurs in such organic sources as Mexican wild yams. One can get these supplements from most health food stores, but the quality and concentration of the Progesterone content varies widely. I have chosen, for the time being, to avoid using them altogether, and so far have suffered no noticeable ill effects.

Recently in the news is some disturbing information about Premarin. While Estinyl is also synthetic (though apparently without serious side effects), Premarin is a natural hormone. It is purified from the urine of pregnant mares, hence its name: PREgnantMAREuRINE.

The problem is, that to get the urine, the mares are kept constantly pregnant, then locked into small stalls attached to machines much like dairy cows. For most of each year, they remain confined, often in the dark, acting as living factories without any kind of normal life. For a few brief weeks a year, they are let out to pasture so they can become pregnant again.

Some women have boycotted Premarin until more humane methods are implemented. But, since a Premarin/Estinyl mix is essential to a well balanced life, one must weigh the moral implications against one's personal needs and arrive at a decision for oneself.

In other areas, the whole notion of HRT is being questioned as a plot against women. Recognizing the tendency of post-menopausal women to be more assertive, and considering the fact that menopause is a natural occurrence, some women's groups are speaking out against the whole concept, branding it as an attempt to keep women docile and rob us of our elder wise women. Again, one must make this assessment at a personal level, rather than simply going with a crowd in either camp or trying to impose either point of view on everyone.

Requirements for Surgery

There are several reputable sex reassignment surgeons in the world today, and none of them will perform the procedure without sufficient proof that an individual has met the requirements. These requirements are not law, but are based on a set of Guidelines originally proposed by a Dr. Harry Benjamin.

As applied today, these guidelines require that a person seeking SRS must meet the following specifications:

1. Live for at least one year full-time in the new gender role (called Real Life Training or RLT)
2. Engage in hormone therapy for at least one year (which can be simultaneous with the full-time experience)
3. Gain the recommendation of a psychologist or therapist after an appropriate series of sessions.
4. Gain a recommendation of a psychiatrist that surgery is not contrary to the mental health of the patient.

When all these qualifications have been met, each surgeon also requires an HIV test to read negative (which they have performed at their facilities) and a personal interview so that they may verify your mental and physical condition personally.

These guidelines are not arbitrary, yet often seem so to those who are so motivated and sure of their feelings. But the surgery is not the big issue in the long run. The real issue is the kind of life you will have to lead afterward. If you were to have surgery before RLT only to discover that you really hated the new role, well that would be a life disaster.

On the other hand, it should be kept in mind that even if one were to have surgery, the option always remains to continue to live in the original role, since exposing one's genitals publicly can usually be avoided, therefore no one would have to know. In fact, I have met one such person who felt a deep personal need to change his physical sex, while continuing to live in the old role. For him, it works just fine.

Digging Deeper

Having briefly outlined the basics, it is time to look deeper into our subject. What follows is a series of essays regarding all aspects of sex change and gender identity. Some will cover the material already presented in greater detail. Others will explore whole new topics ranging from the conceptual to the practical. Still others will provide personal commentaries written by those who have taken this journey themselves.

There are those of you reading this book who are simply interested in the subject of sex change, but have no desire to follow that path yourself. There are others who are seriously contemplating this course, or have perhaps already started down it. As we begin to dig deeper into the subject, the material presented will hold a different meaning for each of you.

For those who are simply interested, you will find a much wider variety of concerns than you have likely imagined. For those who are faced with this path, you will find these essays both a road map and a recipe book.

To help guide you to the specific areas in which you are interested, the remainder of this book has been divided into three principal sections, followed a series of questions and answers.

Section One deals with practical issues regarding transition, surgery, and post op living. It includes essays on developing a female voice, hormone use, information provided by the most noted surgeons, discussions of legal rights and concerns in the workplace.

Section Two explores personal issues through the stories of those who have taken this journey themselves, related in their own words.

Section Three examines social ramifications of sex change, as well as providing useful information for dealing with situations such as harassment or how to tell one's parents.

The Questions and Answers come both from those in the transgender community and those who have stumbled across it.

Practical Issues

How To Develop A Female Voice

Nothing gets you read faster than a voice that doesn't match your appearance. Many gender folk dress up to the nines and look like goddesses... until they open their mouths. Suddenly, in spite of the grace and curves they turn into truck drivers or lumberjacks right before your eyes. Clothes may make the man, but it is voice that makes the woman.

Whether you are a crossdresser or transsexual, developing a truly FEMALE voice - not just a feminine one - is of paramount concern. When I began my transition, there was electrolysis to worry about, mannerisms... but it was voice that seemed to me the greatest obstacle.

Like most, I tried simply feminizing my voice, softening the voice I had. I tried raising my pitch artificially, arriving at that bad falsetto that forms the stereotype of the transgendered marking them as parodies rather than the real thing. Eventually I even consider vocal chord surgery as a last resort.

Voice surgery made me nervous though. I had a fairly decent singing voice, I like to do character voices, I liked to sound dramatic when I spoke. But the thought of being read every time I uttered a word was enough to tip the balance to consider voice surgery, even though all end-results I had heard were not very convincing AND I had heard horror stories of those who as a result of the surgery lost their voices completely!

I had just about resigned myself to that risk when, a few months into full-time, I stumbled into something quite by accident that has made the difference in my career, my relationships, in my life as a whole: I learned to sound female.

Notice I did not say "to talk like a woman", but rather "to sound female". This is because the secret I found is not in the way one speaks but the way one sounds. I had been trying out different voices that day (as I did most days), sometimes trying to sound like a squeaky teenager, other times like a mature matron. For weeks I had been struggling with no progress to speak of. And then, this one day, suddenly something happened. My voice "slipped gears" and came down in a different place than it had ever been.

All at once, in one broad stroke, the TIMBER of my voice had turned female. I couldn't believe it! I actually SOUNDED female! I tried saying this and that and EVERYTHING sounded female. This was incredible! After all my fears and yearnings... well, it was almost like magically being transformed into a woman!

It was just about quitting time when this happened. At the time, I was working as Melanie, but still going home to my wife as Dave. The kids did not know about my transition yet. So each night, I would leave work, take off the nail polish and make-up, change my clothes and go home. So, I decided it was time to go back to my "drab" voice and do Dave again for the night. But when I tried to revert, I couldn't find my old voice. I tried again - nothing! Suddenly I felt that I really HAD been transformed! That somehow my whole voice box had been changed to a female form! But this was terrible!!! My wife was going to kill me!

After half an hour of unsuccessful attempts to get out of voice, there was nothing left to do but face the music. I drove home, stepped inside. Mary said, "How was your day?" I replied, "Fine", but it wasn't Dave's voice, it was Melanie's voice, and Mary threw a fit!

"What's wrong with your voice?!", she demanded. I explained what had happened and how I got stuck. She told me I had darn well better figure out how to get my old voice back before the kids woke up in the morning. Try as I might, I met with no success. But then, over the course of an hour or so, my voice relaxed and the old voice came back. I was saved!!! But then, I worried that I couldn't get the new voice back again. After all, it happened by accident, and I really didn't know what I had done. At first, I DID lose the new voice. But then, I found it again, and practiced and practiced going in and out all the rest of the night.

The next morning, the first thing I did when I woke up was try to find the new voice again, and there it was, mine to command! Over the following months, I worked on the fine points of my voice, adding all the incidental

elements that affected not only my sound, but the manner in which I spoke. And now, over four years later and two years after SRS, I can report that my new voice is fine. If I choose I can still slip in and out of it at will. This voice has been crucial in my career advancement, relationships and ,best of all, my female voice has helped developed my sense of self as Melanie.

In this article, I will share with you how I did it and provide all the steps you need to find your own female voice.

To begin, as I looked back over the path I had taken, I discovered seven important tools for developing a feminine voice. Six of them work on the femininity but the seventh is the "secret" that actually makes one SOUND female. I'll describe each briefly, then cover them all in greater detail. By name, the seven tools are Pitch, Resonance, Dynamic Range, Annunciation, Vocabulary, Grammar, and Body English.

Pitch:

Most people assume that the primary difference between men's and women's voices is Pitch. But we shall see that the actually difference in pitch between the sexes is minimal. In fact, the overlap of range between the sexes allows for almost ANY individual to fall well within accepted norms of pitch.

Resonance:

Resonance is the real secret of this method. Resonance is the modulation of whatever pitch you have. It puts the envelope on the voice that takes the pitch and assigns it Timbre. In the course of this article I will describe a simple exercise anyone can do to find that special place in their voice and develop a truly FEMALE resonance.

Dynamic range:

Dynamic Range describes the difference between the highest highs and the lowest lows that a person uses while speaking. Men use a very narrow dynamic range, even though they are quite capable of extending that range. It is simply a matter of training, not physiology. In contrast, women use a much WIDER dynamic range, which is what gives their voices more of a "sing/song" effect.

Enunciation:

Enunciation is the way you pronounce your words. Just as one might do a dialect, there is a female dialect that transcends languages and cultures. I will describe a means for developing a fully feminine enunciation.

Vocabulary:

Yes there are masculine and feminine words. In our culture, certain words are almost exclusively reserved for males and others for females. I will cover some of these and show you how to be on the lookout for more.

Grammar:

Being masculine or feminine has a lot to do with brokering power. When one forms words into sentences, the ORDER of words as well as modifiers and parentheticals change the position of power of the speaker. We'll look into ways to adopt the "power level" appropriate to the many roles played by either sex.

Body english:

Body English is they way you move while you talk. In fact, it has an actual impact of how the voice itself will sound. By using the proper Body English while you speak, you can improve the femininity of your voice - even on the phone!

Now that we've seen the overview of what will be covered, let's move on to the first of these areas in depth.

PITCH

What do Susanne Pleshette, Marlene Detrich, Cher, and Bea Arthur have in common? They all have VERY low voices! In fact, they have voice LOWER in pitch than most of the male population. However, we would never mistake them for men! In fact at least three of the four are generally considered rather sexy. When women have low voices they are not considered masculine. Rather, their voices are referred to as "husky".

How can they get away with that? Because the difference between the average male voice and the average female voice is only about 1/2 octave. That's right! Just 1/2 octave! It is not the pitch that makes them sound female, but the Resonance!

Because each of us has at least a 1 1/2 octave range to their voice and most of us have two octaves or more, there is a lot of overlap between the pitches of the two sexes if there is only a 1/2 octave AVERAGE difference. That means there is just half an octave higher that some women can go that no men can and only a half an octave lower that some men can go that no women can.

My voice now is only 2 or 3 notes higher on the scale than it was before I started. But the audible impact is quite difference. That is because it is not how HIGH you pitch your voice, but where you pitch it FROM that makes all the difference! Once you get your voice coming from the right place, it doesn't really matter what pitch it is at all. And the added bonus is, with the Resonance secret we will discover, you get 2 or 3 notes of increased pitch as well (which, though not crucial, doesn't hurt!)

So let's move on to that area without further delay!

RESONANCE

What is Resonance? Imagine an orchestra. Now imagine the same not being played by a violin, a trumpet, and an oboe. They all have different sounds, even though they are all playing the same note. This is because the tone they play is "modulated" differently. Each has its own unique Resonance.

In a trumpet, that resonance is created in the coils. It is created in the body of the violin or in a cello. That body is a chamber in which the sound can vibrate, mixing and intermixing to create complex wave forms with many striking and identifying harmonics.

That chamber is like our own voice box. Men have a larger voice box. That's what makes their Adam's apple larger and their voices add more low-end resonance. Women have a smaller voice box and as a result have less low end resonance. So, in a sense, men have MORE harmonics than women. This is fortunate for those in the masculine gender who wish to be perceived in the feminine. The whole trick is to learn to use LESS of your voice. You've got it already, you are using it already. It's not something you have to add to sound female, but something you need to suppress. The problem is, that when men go into a falsetto, they suppress ALL of the harmonics, resulting in that silly high-pitched voice that is surely a dead give-away.

Let's try an experiment to drive the point home. Put your finger of one hand on the top of your larynx, at the top of your Adam's apple. Place the fingers of your other hand at the very bottom of your larynx, below the Adam's apple. Now, speak aloud in your normal masculine voice. You will note that both the top AND bottom of the larynx vibrate almost equally as you speak.

Keeping your fingers in place, go into a falsetto and speak. You will note that there is hardly ANY vibration in either the top OR bottom! The exercises we are going to learn will allow you to create a voice that vibrates ONLY at the bottom and NOT at the top. This effectively cuts the part of the voice box used in half and thereby loses the lowest of the harmonics, leaving almost EXACTLY the same range of harmonics as a genetic female voice.

An Exercise

The female voice I've discovered feels like it sits "behind" your normal speaking voice. After I had used it for a while, I found there were two easy to get to this place - a place your voice does not usually go while you are speaking. The first way is with Falsetto, the second way is by gargling.

A. Falsetto:

Start with your highest falsetto. If you sound like a cartoon character with big round ears that lives in Anaheim, you've got it! Now take that voice and bring the pitch down as low as you can **WITHOUT BREAKING YOUR VOICE**. You see, if you break your voice it will "come out front" again, and you'll be using the full voicebox for modulation - just what you don't want.

Take your voice down as low as you can go in falsetto. That's the spot. You will notice that neither the top nor bottom of your larynx is vibrating very much, if at all. Now, before I explain what to do once you get to that spot, let's examine the other method of arriving there. If you try both methods, one will work best for you. Also, by trying both, you will have a better sense - a "cross reference" of where your voice needs to be.

B. Gargling:

Just go back in your throat the way you do when you gargle and make that standard gargling sound. When you do, you will automatically tighten up your throat. You will find that your voice is resonating from exactly the same place either with the lowest falsetto or the gargling. However, with the gargling, you can actually feel both the top and bottom of your larynx vibrating.

The point you want to reach for this voice is the center between where you put your voice to gargle and the lowest falsetto you have. Some people like to do character voices for fun. If you can do a little old man or old woman, say "The Alludium Q38 Space Modulator, or do the Wicked Witch of the West, you are very near the spot.

As I mentioned before, the first time I found this voice I hit it by accident. Then I got stuck. So if you try this exercise and are not living full-time as a woman, make sure you have an hour or so to find your way back to male voice just in case.

Now, what you are actually learning to do is develop one set of the muscles on your larynx while not using the others at all. This is a tough trick - kind of like wiggling your ears or patting your head while you rub your tummy. It takes practice - LOT'S of practice.

But don't practice too much right at the start. Once you find the voice it is such a magical experience that you want never to come back. But you will find that using the lower set of muscles to do all the work leads to hoarseness at first. This is your body's way of telling you that you should knock off for a while.

I found that during the first week I used this voice, I could only go about half an hour or so before I got hoarse. Then, I had the good sense to rest my voice. Just like doing exercises for the body, you don't want to do too much too fast of you will injure yourself.

For me, it took about six months to fully develop my voice to the point I could use it all day long. Then, it took another six months to fully develop loudness and dynamic range. But these things did come with practice and patience. I imagine that eventually, the other muscles at the top might atrophy if, like me, you just don't use them at all. However, for those of you switching back and forth, both will stay in tone and like me, even now after four years, I can still call up the old voice if I have to. For me, that's about once a year when I need to demonstrate to a friend that it is possible to do this.

So, don't push it. I'm no medical doctor. I can't tell you exactly what's going on physically, nor can I guarantee you won't cause yourself problems. I can merely say that for me, I have been using this voice for over four years with no apparent ill effects.

Having covered Resonance, and discounted Pitch, its time to move on to the other five steps that can feminize your voice. Remember, Resonance creates a FEMALE voice, these other well-known steps are useful in FEMINIZING whatever voice you have.

DYNAMIC RANGE

When I first started using my new female voice, the muscles were only developed enough to create a very monotone sound. In fact, it took me six months to get a good Dynamic Range.

As I mentioned earlier, Dynamic Range is the difference between the highest pitch and the lowest pitch used in conversation. Women use this range to put emphasis into their conversation. It brings extra meaning to the words beyond their normal definitions by putting a different "spin" on them.

Men use a different technique for emphasis: they get louder or softer within a narrow range of tones. So, in conversation, a man will "punch" some words and hold back others. In this manner they "make their point". In contrast, women will rise and lower in tone while keeping roughly the same amplitude or loudness. This is a striking difference in speech patterns and is a key identifier of a masculine or feminine personality. Keep in mind that masculine women will adopt the loudness approach in monotone, and the feminine man will rise and fall in tonality with even amplitude.

You'll notice the difference in the way women speak when you call them on the phone. If you are a man and call a company getting the female receptionist, her voice will be up in the scale, high in note so as to be cheerful and non-threatening. If she hears a man calling her she will stay there at that range of pitch. But if you are a woman calling in and get the same receptionist, she will answer the phone the same way, but as soon as she hears that it is a woman calling her, she will lower her tonal range.

This happens because men control the power in the world, especially in business. As a result, as a woman, unless you are very assertive by nature, you don't want to appear threatening. Men in business compete with men and also with women who are threatening. However, since women have to stick together to get anything done in a male world, they must form a conspiracy.

When men in business get together its a competition, when women in business get together its a conspiracy. And this difference in approach and status is reflected in the higher or lower tonal range that a woman adopts depending upon the gender of the other party. Similarly, if a woman IS assertive and using amplitude to punch her emphasis, a non-assertive woman will keep her voice high to show she is not a threat.

Now, this is easily seen in women because they naturally use a wider dynamic range. But have you ever noticed how a man's voice goes up a few notes whenever he fears a superior is angry with him?

Now another aspect of Dynamic range is "stair step tonalities". What I mean by this is that in every group of several words a woman will string together in a sentence, usually no two are spoken at the same pitch. This is what makes women's voices sound so "sing song". In fact, they ARE singing!

Sometimes the stair steps go down to lower into that conspiratorial tone. Other times they go up to raise the emotional stakes. Often they rise and fall like sine waves to rush up under a phrase, then retreat like a wave on the sand. Speaking in stair step tonalities is best learned by listening to others, but it is learned, not intrinsic. Just like Dynamic Range, it is a function of conditioning rather than biology.

So, Dynamic Range is largely a masculine/feminine issue rather than a male/female one. How to learn it, however, is best covered in our next area.

ENUNCIATION

Enunciation describes the shape into which words are formed. Men lean toward denotation rather than connotation. In other words, men get the job done as quickly as possible with the most focus. When speaking they hit the edges of words like square waves, cutting each one like they were chopping carrots.

In contrast, femininity more connotation oriented. Women are not as concerned with the meaning of a word so much as its context, and that context is expressed in a more flowing, graceful manner. Women will round the edges of their words to avoid cliffs and walls.

Believe it or not, the best source I've found as an example of this is with Valley Girls. Val Speak for girls puts an envelope on the words that sing songs with stair steps, rounds the words and flows the hidden agenda of meaning in the background context.

I suggest that you rent either Whoopi Goldberg's stand up comedy routine on video tape or the movie "Valley Girls". Both of these have the feminine dialect down pat.

It is MUCH easier to go overboard to an extreme and then tone it down than to try to build up from where you are now. There is so much initial embarrassment trying to speak female AND each step requires addition work and additional habits to be broken. You learn one level of success then have to unlearn that to get to the next. But if you jump all the way to the extreme and use that, it will begin to average out with the enunciation you are using now and will tone itself down until it is right on the mark for normal conversation as today's woman.

Now, I referred above to the "feminine dialect". But it is much more than that. IN fact, the enunciation and dynamic range of femininity is applied to every language and every culture in the world. The words and grammar may change, but the connotation of the feminine meaning is a universal language that can be understood from woman to woman in times and worlds apart.

Still, it is not stilted or defined. In fact, it is quite flexible. Women do not live a single role, but many, as mother, wife, career woman, friend. As such, she plays variations of the feminine dialect depending upon the role without ever losing the femininity. This can be accomplished by realizing that the feminine dialect is not one thing but several blended together. As a woman shifts from role to role, she uses the same tools, but with different emphasis depending upon the situation.

The voice that I use with my girlfriends is different than the voice I use when lecturing at work to my interns. The voice I use with my boyfriend is different than the voice I use with my wife. Get away from the binary, free yourself from definition. Go with the flow, be flexible, and play with variations on a theme.

VOCABULARY

Think about the phrase, "I Got a pain in my gut." Who would say that, a man or a woman? A woman might say, "I have a pain in my stomach.", or, if she really wanted to be obnoxious, "My tummy hurts..." (GAK!)

The point is, that some words are more masculine or feminine than others. Part of this again derives from the brokering of power. For example, a man usually "wants" something while a woman "would like" something. "Want" means "lack" and implies "need" which further implies the right to have. This reflects the aggressive side of the power equation.

On the other hand, "would like" states a preference, not an intent, and therefore runs the idea up the flagpole to see if anyone is against it before acting. This reflects the submissive side of the power equation.

You can notice the difference in the way men and women will order at the speaker of a drive-through fast food restaurant. A man will say, "I want a Big Mac.", whereas a woman will say, "I'd like a salad, please."

This point was driven home to me when I was working on a movie as a Director of Photography. When I worked this position as a man, I would just tell the crew exactly what I wanted and they would hop to! But on the first day of this two day shoot I was working with a crew I had not met before. AND it was my first D P job as a woman.

So, I went to work as usual, telling everyone exactly what I wanted: "I want a 1K mini in that corner as a set light and a half K kicker with a yellow filter as a hair light." Nobody moved. I looked around wondering why nothing was happening. Finally I just said, "Okay, let's go to work", and they did. But they went ever so slowly. And the more I told them what I wanted, the slower and less precise they became.

At the end of the day, we had only accomplished half of what I had wanted to. We were WAY behind schedule. These guys had moved five times slower than I was used to. So I went home and thought about it and then it hit me... What if they didn't like being told what a woman "wanted"?

So, the next day, I brought the crew together and said, "Today I'd like to put a little light back there to light up the set and could you rig something to get some yellow light on her hair?" They looked at each other wondering if this was the same person, then the crew captain said, "Okay, let's get to work", and they moved twice as fast as the previous day.

By the time we were finished we had made up all the lost time. Somehow by my telling them what I "wanted" I had emasculated the crew, because I was putting myself above them in skill. But by telling them what I'd like, they worked to give it to me. Of course, they still worked only half as fast as they would have when I was a male DP, but at least it was twice as fast as the day before. So, as a woman, you're going to have make workers not give you the same effort you would get as a man, but at least you can limit the damage by telling them what you'd like, even though you know exactly what you want!

Now another thing men do is slur. They might say, "I hafta gota the store". "Hafta" is not a word! "Gota" is not a word! A woman might say, "I have to go to the store." Or even more, she might say, "I ought to."

"Have to" is driven by need. "Ought to" is driven by should". Its really a question of Instigation vs. Obligation and is yet another example of the Power Equation in our society. Look for those power words and if you want to be feminine, avoid them like the plague.

GRAMMAR

Grammar deals with sentence structure and parentheticals. Keeping on the Power Equation concept, men are supposed to be assertive in our society, women submissive. Women can have moods, but not opinions. Men might say they were "going to do" something, but women would say "I'm thinking of doing" something.

Now, I use the terms "men" and "women" because those are the standards for our society by sex. But it is really (like all of these points) a matter of masculine vs. feminine. It is the issue of cooperation vs. conflict. This article is not about breaking stereotypes, but becoming a stereotype. Once you have arrived, BELIEVE ME, you will find LOT'S of reasons to break them!!

But first you must go to the extreme and then tone it back. Keep in mind that there is hardly a woman alive who does all these things. But by using most of them regularly in different combinations, you can have your overall speech pattern fall more within the feminine range than it does now.

BODY ENGLISH

They last area we will explore is Body English. This is simply the way you move when you speak. Body English supports voice and voice supports Body English. If a feminine voice is like a song, feminine Body English is like a dance. When you put the song and the dance together, they create harmonies between them that underscore and counterpoint, making the entire process a symphony.

The most interesting part is that voice and Body English actually change each other. Try saying something while standing absolutely still. Then try speaking with broad gestures. You will hear a difference in your voice just because you are moving.

Many gender folk using the phone get so nervous they freeze up physically and it can be heard loud and clear in their voice. But if you move in rhythm to your thoughts, your voice will follow. Even on the phone you will sound more feminine AND more human!

IN CONCLUSION

This is what I have to offer from my personal experiences. I hope you find it of interest and use.

How To Develop a Female Voice

(Additional Information)

When I originally wrote the article *How To Develop a Female Voice* years ago, it was at the request of friends in the gender community who kept asking me how I achieved my own results. The article led to a video tape that has become the standard training tape for this subject around the world. It is even used by speech therapists at major universities, and not just for gender folk either! In fact, the tape has become something of bible on male/female speech differences. Well, all this quite surprised me, as I was simply trying to answer questions people had asked me so that they might use the same techniques to arrive at the voice they were trying to achieve.

Since that time, many people have written me with success stories, but a number have also written to say they are having a bit more difficulty using the method. I hate to hear that, especially considering the importance of voice to the image these people want to project. So, I've gone back and tried to offer some different perspectives on the same technique in the hope of making it more accessible to everyone. With that purpose in mind, here is a follow-up article to the original with a new approach.

When trying to develop a female voice, it's not so much a matter of pitch as one of resonance. The trick is that the male voice box is about twice as large in size as the average female voice box. So, deeper harmonics are created around the same pitch. That is why if a woman and a man sing the same note it sounds different. The pitch is the same, but women don't have the low harmonics.

When you speak in falsetto, you tighten all the muscles around your voice box, killing ALL the harmonics. When you speak normally, you relax them all and get all the harmonics, even the low ones. But the muscles that tighten on the voice box are not one set, but can be trained to tighten on the top and stay loose on the bottom. When this is done, the muscles clamp down on half of the voice box, effectively cutting the resonance chamber to half size and deadening the low-end harmonics. This produces an authentic female resonance voice at any pitch.

The hard part is training yourself to clamp down on only one set while keeping the other loose, since all your experience either clamps both or neither. It is a bit like trying to pat your head and rub your stomach at the same

time, or perhaps more like learning to walk again after an accident. The brain doesn't know how to do this thing and must stumble around it for some time before the neuro pathways open up and the way to control those muscles "clicks" at a subconscious level. This can take a lot of time!

Those who do cartoon character voices or impressions for fun or have done vocal exercises singing higher harmonies will have an easier time finding the "feel" of what the body has to do. You can gauge if you are doing it right by touching the top of your Adam's apple with one hand and the bottom with the other as you speak. Speak normally, both will vibrate. Speak in falsetto, neither will vibrate. If you can get the bottom to vibrate while the top does not, you'll have the voice.

I don't know if it is possible to get the top to vibrate while the bottom doesn't, but I suspect the sound would not be as pleasing as if the portion that vibrates is closer to the chest cavity which produces a pleasing acoustic sound.

Words of warning are that these kinds of vocal exercises can easily strain your voice, especially at first. Don't practice any longer than a minute or two to start. Work your way up slowly to longer periods of time, but never even approach the point at which you might get hoarse. It would be a shame to permanently damage your voice when a little patience could reward you with the voice you've always wanted.

Everyone has the capacity to find this new voice. When the voice breaks at puberty, it is a sign that the voice is not merely lowering as the voice box gets bigger. If that were the case, the resonance would get deeper smoothly. Rather, muscle use around the voice box changes to take advantage of the larger voice box. Until the muscles learn to relax at both the top and the bottom, the voice jumps back and forth between the fully relaxed voice and the half tight/half relaxed voice you are now trying to relearn. The capability is still there and the brain can be taught to remember, but it happened so long ago that it currently has forgotten.

As a visual aid, imagine the voice of a child as having the shape of a capital letter "I" representing the range of pitch in a voice, with high notes toward the top and lower notes toward the bottom. As a female child grows into a woman, the "I" gets longer at the bottom, indicating that in addition to the high notes, even lower ones have now been added to the vocal range.

In contrast, when a male child grows up, it is not just pitch that lowers, but in addition, new low-end harmonics are added. In our visualization, this would appear as if the letter "I" grew an extra arm and became an upside down letter "Y". At the high end, the voices between male and female are almost identical. But as the male voice matures, it jumps back and forth over the hump of the upside down "Y" from one side to the other as that extra arm of low harmonics grows deeper. This is what we hear when the voice breaks at puberty.

Eventually, the male voice settles into the new arm of the "Y" and no longer falls into the old arm at all. So, it still shares the high ground, but is now quite different in normal speaking range. The good news is that the old arm of the original "I" in which grown women still speak is still there. It is just rusty and lost due to years of neglect. The trick, then, is to help the brain find that old arm of the "Y" again and to exercise those forgotten muscle pathways until that voice is once more accessible.

For those who want to switch back and forth, a little practice now and again in the female voice will keep the gears oiled. For those who want to use the new voice all the time, the male-resonance side of the upside down "Y" will eventually be forgotten by the brain, just as the female side was once lost. Under those circumstances, you wake up with the new voice and use it even when startled. In fact, it would take a long period of time to retrain the old voice to come back again - the reverse problem!

Well, that's it in a nutshell - the path to a female voice. But even a female voice is not necessarily FEMININE! To sound like a woman requires the proper resonance, but to sound like a lady require training in Enunciation, Grammar, Vocabulary, Use of Pitch, Dynamic Range, and even Body English to complement vocal patterns. If you feel a little more help would be useful, you can always order my 49 minute video on the subject.

A Trip to the Voice Doctor

by Sarah Williams

I arrived at nine o'clock sharp and walked into the fanciest doctors office I've ever seen. Dark green plush carpet & tasteful antiques, about a million dollars worth of art on the wall. The receptionist asked me to have a seat and said that the doctor was running a little late today.

My stomach was doing the most interesting things down there. As is usual in surgery I had been asked not to eat before coming in. It might have also had something to do with the fact that I've never had any surgery done before and the thought that this was the first big unalterable step on the way to becoming the woman I've always needed to be.

As I sat there, worrying, thinking about all the things that could go wrong, I could still hear Dr. Mayer going through the list of possible complications on my first visit, things like, scarring, infection, trouble swallowing, and five or six other things I can't remember. The one that scared me the most though, was that my voice might just return to it's old pitch sometime after surgery. He said what ever happened there was no way to fix it again and that I'd be stuck with the way it turns out, good or bad. He made it clear that he wasn't making any promises, or guaranteeing anything.

I asked Dr. Mayer, exactly what he was going to do to make my voice change. He told me the technique was his idea, and that only he and god could do this, and that neither of them was going to tell anyone else. He said he was afraid that if he told how it was done, some fool who wasn't as good as he was would try it and screw it up. Then the technique would get a bad name. Well OK, I didn't like that much, but squeamish as I am I'm probably better off not knowing.

I must have set in that waiting room for at least two hours, though it seemed more like a week. Finally a nurse came and took me to a room and got me into one of those cute little hospital nighties. Then I was off to the operating room. I sat there for a long time, shivering, wondering if this is just a dream. Then the nurse came back and started doing all those nurse things, installing all kinds of wires and sensors all over me. When she'd finished she told me to take it easy, don't worry, and don't pay any attention to the things the Dr. said to her during the operation. She said it would sound like every thing was going wrong, but that this was just the way Dr. Mayer was during surgery, and it was really going to turn out fine. I was to speak when he told me to and there would be times he would ask me not to swallow. I had no idea how hard that would be. She covered my eyes and the rest of me except for my neck and in came the doctor.

As soon as he came in he asked the nurse "did you give her your little talk". She said she had and then he asked me to speak into a mini tape recorder for a few seconds. He then began to shoot me up with a local anesthesia all around my Adam's apple and started drawing on my throat with a felt pen.

As soon as I was good and numb he began to cut. The incision was about two inches long, it followed a line that already existed on my neck so it wouldn't show later. As he cut he used an electric device to stop the bleeding. I could hear lots of sizzling and the sound of his scalpel. I began to wish they had put me out entirely.

From the time Dr. Mayer walked into the room, It had seemed he was in a foul mood, and though he was always polite to me , he was incredibly rude to his nurse. This got worse and worse as we went along. I, of course, couldn't see what was going on, but from the sound of it he just couldn't get what he wanted from her. He'd say "OK, pull it up this way, no that's too far, come on get it right honey." "I can't do this if you can't do what I tell you". "NO, that's not right I can't see". "Please honey, this is getting all screwed up, if this doesn't work its all your fault". "Don't be stupid, pull it over here". It got so bad I couldn't see how she kept from punching him out right then and there.

This all went on for about an hour. Sometimes it hurt a lot but I didn't say anything because I didn't think I could talk. I could feel him suturing something that was very tough in my throat. I think he broke several needles doing it. He kept repeating "don't swallow, don't swallow". I tried to keep from it but the urge was incredible. Sometimes

I couldn't stop and he'd say "OH SHIT, DON'T SWALLOW", you've got to stop swallowing. As he worked, he'd ask me to say something. I'd try to talk, some squeaky noises would come out, and he'd put in another stitch.

Finally he said "that's as far as I can go, it sounds pretty good". I wasn't so sure, but I was so relieved that it was over, I didn't argue. In a few minutes I was stitched up and he was gone. It felt like there was a huge lump in my throat when I swallowed, and it seemed like I was going to choke, but I fought the urge because the thought of gagging and coughing scared me to death.

The nurse got me up and cleaned me off, and back into my dress. She took such good care of me that I started to feel a little better. She gave me the post op instructions and I was out the door.

There I was, in downtown Beverly Hills, feeling sick, scared and lost. Here's one point of advise, don't do anything like this alone. I found my rental car and sat there for a while just trying to breathe and get my head together enough to drive. I needed to eat so I stopped in at a fast food joint for lunch, which I promptly threw up in the parking lot. I didn't like that much, but it didn't hurt as much as I thought it was going to. I felt a good bit better after that, and I went back to my room to see if I could sleep.

The doctor had asked me not to turn my head side to side or tilt it back for at least two weeks. this made driving in the big city kind of tough. I had a lot of pills to take for pain and swelling and to prevent infection. It figures, the antibiotic he gave me was a pill that would choke a horse, but I managed to get them down anyway.

If you should ever get desperate enough to try this crazy operation, there are some things you should know. The first is that no matter what anyone tells you, it hurt. It hurt a lot for the first two weeks, and for the next two it felt like I had a cramp in my throat. The pain is almost gone now after six weeks, but my voice is still hoarse most of the time. I don't think that I was one of Dr. Mayer's big successes, they said that the goal was to give me a voice that sounded female on the phone. I still have trouble convincing people on the phone that my name is Sarah, but as I get back more and more control of my voice, it's slowly getting better. At first I had almost no dynamic range. Now I've gained back about half the range I had originally and I feel it stretching a little every day.

The voice modification surgery, as its called, cost \$4,000 not including travel and expenses. They ask that you stay in town for at least two days after surgery, so they can check up on you.

Looking back, though the whole ordeal was as hard as anything I've ever done, I'm very glad I did it. The change I got wasn't all I had hoped for, but it did help a lot. It gave me at least \$10,000 worth of confidence. I'm no longer afraid to talk and person to person I seem to pass without question. I feel reborn and my new life feels so right.

If you wish to get more info you can write to the doctor at:

The Beverly Hills Institute of Aesthetic & Reconstructive Surgery
416 N. Bedford Drive, Suite 200
Beverly Hills, CA 90210

Hormones

Hormones: When Reality Takes A Break

by Wendi Pierce *

Recently I saw a cartoon in Tapestry that took a little while to sink in. The cartoon was a take-off on the drug addiction awareness ads running in many national publications. The original ad went something like this, "This is Crack, this is your brain on crack". This cartoon substituted "Premarin" for "Crack" and showed the brain image as flowers, rainbows, etc.. At first I thought it amusing and a novel parody but the more I thought about it, the more serious it became.

The mind and what it perceives govern our lives. We as members of the "gender community" have decided to explore our minds and likewise our inner desires. In many cases, we are now able to express that inner self publicly. We have allowed our "inner self" to come out into the light of day, to be expressed openly and we are, "on a grow", as a good friend of mine puts it.

However, we need to be clear headed and rational in our exploration of this inner self. We need to be able to evaluate ourselves clearly and choose the right path at each and every fork in the road, less we wake up some day realizing that where we are now is not the place that we started out heading toward. Worse yet we may have no way to go back.

Everyone knows the physical effects which hormones produce. However, a powerful influence which may not be apparent to some is the effect of hormones on our mind. Most people do not realize that these chemicals have a dramatic effect on our mind as well as our bodies. If you want proof, just ask any "natural" woman how her mood, attitudes, and ability to function varies at times due to her natural cycle. In the case of a person on large doses of hormones being used to cause a gender change combined with the natural hormones present of the person's original gender and one may end up with a mental state the equivalent of a bottle of nitroglycerin ready to blow at the slightest jarring.

For those who choose to experiment with hormones in a non-controlled environment, the situation is extremely dangerous. Supervision is the key here. Not just physical supervision which is usually provided by a family doctor or an endocrinologist but psychological supervision by a professional trained in "gender therapy". A professional who is keenly aware of the mind altering properties of these drugs and a professional trained to observe subtle attitude shifts. One needs this kind of care to prevent the worst from happening. It would be horrible to wake up one day and realize that during a long sleep we now have mutilated our body, have lost the support of our family, are broke, without a job and on the verge of suicide.

Don't get me wrong, I'm not negative on hormones. I feel that they can perform nothing short of a miracle to modify one's physical and mental being thereby correcting what I feel is a major birth effect, but the key is to use these chemicals in a controlled environment. A good friend of mine related to me how he (she) was on a rocket ship for about six months. At the beginning of the period she began a program of hormone treatment wanting to become more feminine to "see how it felt". After about four months on a fairly high dosage program (5-7mg/day), she was seriously contemplating a trip to Colorado for reassignment surgery. Within a month after she stopped treatment, she was still positive about being able to express her internal "second self" but surgery was no longer an immediate goal. She may someday have surgery but has decided that for now, the immediate gains would not be worth the price which must be paid, i.e. the loss of her family and career.

For others hormones and the effect on their minds had meant the opposite. The effect seems to have been to allow these people to more clearly see how comfortable they are in their new chosen gender. After hormone treatment their path became clear and the internal conflict which had been a life-long strife was resolved.

Hormone therapy can both resolve and create problems and should be administered with this in mind. In most cases, I would advise that the person discontinue use for a period after the initial effects have begun to take hold. This break will allow for the "hormone high" to subside and give the person a time to reevaluate where they

want to go. A period of a month or so won't hurt any long term progress that is desired and it will give the person's mind a chance to return to their pre-hormone thought patterns. Therapy during this period is very important, and an in depth consultation should precede the continuance of hormone therapy. Questions such as "what am I gaining and what am I giving up should be asked. If the answers are not conclusive, then continuance of hormone therapy should be postponed until some point of resolution of these questions is possible. If hormone therapy is reinstated at this time, it may conceal the true inner self and the replies may only be those reflecting the person's "hormone high".

Successful "gender therapy" is the desired result and proper application of the methods and therapy (including hormone therapy) are the tools. These tools should be used under the close supervision of a trained gender therapist. If the methodology described here is followed, I feel that the person has a better chance of attaining a true peace and contentment with the true inner self.

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HORMONES

by Melanie

The subject of hormones is a hot one. These chemicals are essential to feminization and transformation, and yet they are very poorly understood. Medical experts around the country stand firmly behind the information they supply. The problem is, they all disagree! So what's a girl to do? How can I learn the REAL story on hormones? Well, as a small step in that direction, I am opening the discussion here today. I would like to hear REAL LIFE comments from those who are on or have taken hormones about the effects and side effects they experienced. Pills vs. Injections, emotional effects, physical complications, desired physical effects. In short, let's gather our OWN data base of information from real people who are actually USING hormones.

The most important thing to remember is that

HORMONES ARE DANGEROUS!!!!

They are not candy, they are not recreational drugs, they are not womanhood in a bottle. So, in the traditional warning: "Don't try this at home!" You could kill yourself.

I know a doctor here in LA who will give you whatever you want. Just tell him the dose and he'll inject it or sell you the pills. Now THAT's REALLY dangerous!!! Unless you know what you are doing, you might just end up on a slab or a mental vegetable.

You see, one of the gravest dangers of hormones is blood clotting (or Thrombosis). When clots form, they might be so small as to be undetectable. Yet if that clot is dislodged and thrown into the blood stream, it can lodge in the heart, lungs, or brain, and cause everything from heart attack to stroke.

And then there is the liver. Anyone taking hormones by pills needs to have regular checkups to test for impaired liver function. Injections bypass the liver, going directly into the bloodstream, but pills are processed by the liver and the wrong dose can permanently damage it. The liver does not regenerate. Once it is damaged, it STAYS damaged for the rest of your life.

So, a physician's care is ABSOLUTELY ESSENTIAL for ANYONE on ANY KIND of hormones. Now, many of us ignore that, trying to get on the 'mones without anyone knowing, or afraid that a doctor would not prescribe them. And even those of us on professional care often change dosages to our own idea of what they should be because we are dissatisfied with our own progress.

That last point is pertinent to me. My doctor saw me through all my hormone therapy and all the way through surgery. He had always told me that after surgery, you need to drop your dose. But, right after surgery, he retired

and moved out of the area with no forwarding address. He turned over his records to another doctor, but the new doctors were just general practitioners, not Transsexual experts. So, I switched to my S.O.'s HMO plan. The doctor there was very accommodating. He looked at my dosages and said, "I don't have much experience with hormones, but these levels look about right." So he just rubber-stamped my pre-surgery levels, not even knowing they were supposed to come down.

Doctor Biber gives you an "ad lib" or "for life" prescription for HIS recommended dosages: .05mg Estinyl daily, 10mg Provera one week per month. He does not believe in "cycling" like with birth control pills, for example, where the standard prescription is three weeks on and one week off everything for a 28 day "cycle".

Now the dosages I was taking from my HMO were .25mg Estinyl (5 times as high as Biber recommends) PLUS 5.0mg Premarin on a 25 day on, 3 day off cycle. Then 10mg Provera on the last 10 days of the cycle. Quite a difference!!! But, this was all prescribed by my doctor. So, who is right? What is right? Well, that brings me back to the purpose of this article: to find out! To start the effort off, here is a portion of a letter I wrote an online friend earlier in the month about my attempt to find the proper hormone type and dosage. "I have been dissatisfied with my bust development. I knew it felt like there was more of an effect when I first started on injections three years ago, but I don't want to go back on them because I had some severe mental effects. That's why I switched to pills after two months. Before the injections, I used B.C. pills. I used the 1/50 kind, which I understand to be 1mg of Provera and either .05mg or .5mg Estinyl. Now, after about 60 days of that, I developed trouble breathing and a general lethargy and tiredness and weakness. I stopped and the effects went away. I was not sure if they were caused by the pills or not.

On the dosages I had from my doctor, which ended up at .25mg Estinyl and 5.0mg Premarin daily on a 25 day on 3 day off cycle with 10mg Provera on the last ten days, I had no ill effects. But I also never got that breast tenderness I had experienced with the injections and only ended up an A cup. I had heard that Estinyl was 10 times as powerful as Premarin, meaning the 5.0 Premarin amounted to .5mg Estinyl. But the two drugs also have slightly different effects. The Premarin sneaks past the glands and is not noted as an increased Estrogen level, but the Estinyl is noted and before surgery, the body increases Testosterone to counteract the Estinyl. But the Estinyl is what increases the breasts best, so it is a catch 22. But AFTER surgery, you don't need the sneaky Premarin, and you can use all Estinyl with no backlash, thereby getting the good effects.

After surgery, you are supposed to lower your dose. Well, my doctor moved out of the area after 16 years here, just after surgery. So I went to the HMO and they just rubber stamped my old prescriptions. So I wanted to lower the overall dose, but get more effects. So, I stopped the Premarin, (the equivalent of .5mg Estinyl, and added .25 to the Estinyl to bring it up to .5 total. That way, it cut down the effective dose by 33% but added more of the good stuff. I also switched to a daily dose of 5mg Provera, amounting to the same overall amount taken over the full month.

Well, I got a BIG boost in development (especially around the nipples from the Provera). But the weakness and breathing problems came back. So, I am in my 3 day off cycle now. I stopped the Provera and Estinyl. I will go back on the regular cycle except I will use the .5mg Estinyl daily and only use the Provera on the last 10 days as before at 10mg daily. I cannot be sure if it is the higher estrogen level or the Provera that causes the problem, nor which one is the cause of the extra development, but this last test should clear that up. I'll let you know what happens.

Okay, so there's an opening salvo in the war against Hormone Ignorance. If YOU have any REAL experience or knowledge of hormones, PLEASE take the time to make that information available to the community, so we can be all that we want to be at the smallest possible risk to our health.

HORMONES II

by Cheryl

I took my first Premarin in June of 1992, two weeks after going full-time. I had planned it all six months earlier. After finishing up a computer contract in Baton Rouge, I went to the Be All in Detroit. It had been building for a while, to where I couldn't stand not being Cheryl for more than three or four days. I knew quite a few people in the Midwest, from the gender groups and BBSs. The Be All was my first convention, though. I had a great time,

and met a number of people who were living full-time, both pre- and post-op. I knew this was very much what I wanted, more than anything.

Two weeks later, I met a friend who I had been talking to online for quite a while. She gave me a hundred 1.25 mg Premarin that she had from Mexico. We stopped at a restaurant, and she gave me a long lecture on hormones. She told me to use what she had given me to take to a doctor to show that I could get them. I sort of half agreed. Ten minutes after leaving her, greedy little me took her first Premarin tablet. About an hour later, driving home, I took another one. It was wondrous, this was something my body had been missing all my life.

For about two months, I was so happy to be living full-time and having hormones. I didn't go to see a therapist or an endocrinologist, though. I was living in a small town, and didn't know where to go. Several weeks after running out of Premarin, I went into a severe mood depression. I hadn't known that stopping suddenly could cause that. When I described my symptoms to a woman friend, she said, it sounds like PMS to me. For about a month, I went into a deep withdrawal from everyone and everything. I stayed in the house most all of the time, only going out to get food, and didn't talk to anyone. The depression started over hormone withdrawal, but continued because I felt that I was dead in the water with my transition. It seemed like I would never succeed in transition.

Eventually my friend Janice called. She wondered why no one had heard from me. I poured my heart out to her. I hated my life, and if I had to live as a male, I'd sooner die. She talked me into coming to Chicago and seeing her. Janice is very motherly, a sweet person. I feel like I owe her my life. She and another girl set me up to see a doctor to get a prescription. I got my first real prescription, for Premarin and Provera. I also got a shot from the doctor. I don't know how much was physical and how much psychological, but after getting the injection, I felt the weight of the world lift from me. For the first time in nearly two months, I could see daylight again.

I wasn't over my depression yet, but I was much better. What brought me around was a spiritual experience. I had been trying to transition using male thinking. I was doing it with my head rather than my heart, and it wasn't working. I came to the point where I had to give up the male completely. It was a submission, that I knew I had no control over this thing, and gave up completely, turning it over to the Feminine inside me. At the same time I came to an acceptance that this was me, the male had to die so that the woman could live. A wondrous thing happened. I felt a suffusion of feminine strength, rather weak at first but growing stronger over time, like a seed sprouting from the earth. I felt a love, a nurturing and connection, that I'd all but forgotten from childhood. At the time I started reading Marion Woodman on the Feminine, and felt an instant empathy with what she was describing. Marion describes the Feminine as, not a Goddess exactly, but a connection with the universe, a way of seeing. The Feminine is bountiful, but has her terrible aspect too if shunted aside and ignored. This made perfect sense to me.

For the next several months, I did everything I could to nurture this new wonderful freedom. Old habits die hard, though, and I tried to control things again. I have a strange dominance/submissive streak in me. While sexually I'm submissive, sometimes a strong independent dominance comes through in non-sexual situations. I think it may have been a cover to hide from myself that I really am a submissive.

Anyway, I decided that I was going to take control again, I knew what I was doing. I doubled my Premarin dose, added Spironolactone, and over the next six months began taking extremely high and dangerous dosages. At one point, I was taking 7.5 mg of Premarin, 0.5 mg of Estinyl, 3 mg of Estrace, a day, along with wearing the Estraderm patch and taking Provera and Spironolactone, and getting my weekly shot. I had confused 0.05 mg of Estinyl with 0.5 mg, which is only given to males with prostate cancer. It was an enormous dosage, more than 10 times what is commonly considered a safe regimen.

Needless to say, I got to be a sick little kitty. Severe headaches, wild and terrible mood swings, physical nausea, my body was rebelling. I blamed it all on the Provera, so I stopped taking that. (g) On top of that, I had several ounces of simsellian pot that a boyfriend had given me, which made me feel better, I thought.

I had an almost unlimited source of hormones, but even I recognized it was much too much. I was going crazy. I'm generally a pretty mellow, thoughtful person, but I turned into superbitch. It was like having incredibly bad PMS all the time. My whole system was completely out of whack, and I started going into suicidal depressions again. My boyfriend of the time said I was going to blow out my liver.

Gradually, over several months, I started cycling down, to where I was taking about 5 mg a day of Premarin, which was much better. Instead of leaving it at that, though, I started doing my own injections of Estradiol Valerate and progesterone. Not knowing what I was doing, I overdosed on that. My hands and arms broke out in sores. At first I thought I might have AIDS. I've engaged in unprotected anal sex on a number of occasions in the past, and there was a time when I would go to bed with just about any man who would be nice to me and appreciate me as a woman, it was the only way I knew to validate my identity. I was so scared, I was afraid to go to have it checked for a week. Finally I went to the clinic. As it turned out, I was HIV negative, and it was probably due to progesterone poisoning.

When I had my testosterone checked, there was hardly any to measure, I was way below a nontranssexual woman's level. Over this period of six months or so, I'd gone first sterile, then impotent. Which was fine by me, except that I knew I needed to retain the ability to orgasm. Only now, four months later, is that coming back a little bit.

I've been following the doctor's regimen now, and while I still have PMS and mood swings, it's nowhere near as severe. I don't consider suicide an option anymore. I'm going to pull through this, and I'm going to get back to that happy state I've experienced before in transition.

What did I get out of all the overdosing? Well, maybe my breasts grew a little faster than they might have otherwise, but I risked my life for a few months development. Mainly, though, what I got was expensive piss. The body can absorb only so much, and the rest is excreted, putting an extra strain on the liver.

So to any sister contemplating upping the dosage, I say don't. It's not worth the risks. We're in this for the long haul, and nature can't be hurried along that quickly. I know I don't want to die a male, and it would be ironic to kill myself with estrogen overdose, not that I'd appreciate the irony. The steady course is the safe one.

Book Review

"Hormones - The Woman's Answer Book"

Book by

Lois Jovanovic, M.D. and Genell J. Subak-Sharpe, M.S.

Reviewed by Melanie

If you are looking for a book that gives you hard numbers regarding dosages and effects of hormones for replacement therapy or transsexual pre-surgical therapy, this is not it. But if you want a wide ranging and easy to read exploration of the bigger picture: how hormones and the organs of the endocrine system interrelate, you will find plenty of meat here.

Many of us enter hormone treatments and even complete our surgeries unaware of what we are really doing to our bodies. Of course we all want soft skin, less body hair, and larger breasts, but what else do hormones do to our bodies?

In this book, the authors carefully explain how each independent organ is connected to all the others through the interplay of hormones. Some glands secrete tropic hormones that have no direct on the body but serve only to stimulate and regulate other organs to produce hormones that do act upon the body proper. Once desired levels are reached, a complex feedback system triggers the instigator organs to either cease producing the tropic hormones, or triggers other glands to produce tropic hormones that in turn tell the instigator gland to stop producing ITS tropic hormone. All in all, the endocrine system is not to be thought of as just testosterone or estrogen.

Of note is the great detail the authors draw in regard to the glands of the brain - hypothalamus, pituitary, and pineal, and how they are related to the thyroid, parathyroid, and adrenal glands. This keen and easily upset network controls body functions and conditions from skin, hair and nail growth, temperature, appetite, intestinal function, to the tremendous emotional effects. On this last point, the book is perhaps weak in its concentration on the physical effects, while the emotional and psychological areas or only lightly touched upon.

Fortunately, the style is fairly conversational, and though at times it gets bogged down in technicalities, these passages are usually brief and segue quickly into more understandable material.

One technique of interest is that although the focus is on the female system, whenever certain hormones also appear in the male, this is noted and briefly explored, showing how sometimes the same hormones can have radically different effects on each sex.

An aspect of the book that I found personally very helpful was the sprinkling of useful tidbits of information throughout the book that described symptoms of hormone use that I had experienced but not connected with hormones. For example, from a clear complexion, over my four years of hormone therapy, I developed a heavily freckled face, mostly on the cheeks and under the eyes. I assumed it was the result of electrolysis until I read that this is caused by large doses of estrogens and even occurs with some regularity in women using birth control pills. I had used skin bleaches to some success, but the freckles always came back. According to the book, once hormone doses are lowered, the freckles may remain, but then they may be successfully bleached with fade creams. So, now that I am on lower levels since surgery, I will give that a try again and fully expect it to work. Definitely useful information in my case. Of course there are many other little side notes of that nature that you are sure to find good preventative or curative information.

In conclusion, it is simply a dangerous idea to jump into hormone therapy without an understanding of just what one is doing to one's body. Doctors frequently leave us in the dark, preferring to tell us to trust their experienced judgment. **NEVER DO THIS!!!!** Some hormone doctors are experts in their fields while others are nothing more than quacks. Before you begin hormone therapy, or even more so if you are currently in therapy, take the time to learn about what you are doing to yourself. A good place to start is with this book.

Surgeons

The following section provides copies of the letters several prominent sex reassignment surgeons send out in response to requests for information.

Eugene A. Schrang, M.D.

EUGENE A. SCHRANG, M.D., S.C. Plastic and Reconstructive Surgery
240 First Street. Neenah, Wisconsin 54956
Office: 414-725-6661, FAX: 414-725-1925

Dear patient:

This letter is intended to present you with the most pertinent information you will need regarding your transsexual surgery. It is meant to be informative about our requirements, our monetary policy and all of those things that will be necessary for you to know about your operation. Keep in mind that everyone's experiences are different and what material is presented here may not be exactly what happens to you, rather, it is intended to provide a general overview of the entire procedure.

The transgender operations are done at Theda Clark Regional Medical Center located in Neenah, Wisconsin. The town has a population of about 25,000 people and is located about 100 miles north of Milwaukee and thirty miles southwest of Green Bay on Highway 41. The city is covered by air service out of Appleton airport eight miles to the north, or Oshkosh airport eight miles to the south. The area is also serviced by Greyhound bus from Milwaukee and Green Bay. Most travel services can assist you with your travel plans.

If you have never been seen by me, you will be evaluated in my office around 1:00 PM the day before surgery. It would be advisable that you arrive either that morning or, the day prior which would give you an opportunity to get a good night's sleep before you are seen in my office. We suggest you stay at the Valley Inn (414)-725-8441 or the less expensive Twin City Motel (414)-725-3941 if you are coming a day prior to your office appointment or if you intend to remain in a hotel after you have been discharged from the hospital before making a long trip home. Neither hotel is within walking distance after your surgery but Taxi service (414)-832-8890 is available, both from the hospital and from the airports. If you plan to stay at the Valley Inn, give them your flight number and time of arrival when you call for reservations and they will have their airport shuttle pick you up. If you have already been seen by me in my office, you may proceed directly to the hospital the day before your surgery but please be there no later than 2:00 p.m. so the necessary lab work and preparations can be done before the personnel leave for home.

It would be a good idea to bring only the necessities which you will need in the smallest and lightest carrying case that you have. This is to prevent tearing of the sutures and damage to the new vagina following surgery. You will spend most of your time in bed and, therefore will not need numerous changes of clothes. It is suggested that you bring only one outfit and wear it both arriving and departing. It is advisable to wear something loose fitting as there will be some tenderness and swelling following surgery. Tight fitting jeans and panty hose may cause discomfort. It is certainly possible that there will be some discharge and light bleeding in the genital area after surgery. Although you will be required to use sanitary napkins to absorb the blood, there is a chance that some will leak through, therefore, dark clothes will help conceal any stains on the return trip. You will need to bring your personal toiletries and robe if you want to leave your room after you are up and around. The hospital provides gowns which you will be wearing while you are confined to bed. Personal items to entertain you such as cassette players, reading materials, etc. are suggested but we strongly recommend that you keep your baggage as light as possible.

Theda Clark Regional Medical Center is located on the Fox River at Lincoln and First St. and one block from my office which is at 240 First St., just north along First St. on the corner of First and East North Water Streets. A map is enclosed which should be helpful.

As mentioned before, if you have not been evaluated prior to hospital admission, it will be necessary for you to be seen in my office early in the afternoon before the day of your surgery. At this time you will be interviewed and undergo a physical examination. You will sign consent forms, have your photograph taken, receive instructions and take care of any remaining financial matters.

We must have TWO PSYCHIATRIC EVALUATIONS WHICH SPECIFICALLY RECOMMENDS SRS OR SPECIFICALLY STATE THAT YOU ARE A GOOD CANDIDATE FOR SRS OR ANY SEX CHANGE PROCEDURE SUCH AS AUGMENTATION MAMMAPLASTY. These are to be done by Psychiatrist or Psychologists who are recognized, licensed workers in the gender or sex-oriented field. A letter is required from your Endocrinologist outlining the history of your hormone therapy. We strongly recommend and advise you that you do not call to schedule your SRS operation until you have completed at least nine months of psychiatric evaluation and understand that the final evaluation for SRS is done by me the day before your surgery.

If it is determined that you are eligible for transsexual surgery, you will be sent to Theda Clark Regional Medical Center for admission. At that time you will sign hospital consent forms, check your valuables, pay any remaining fees and get your lab work done.

Very little lab work is necessary which will be done together with an AIDS test at Theda Clark Regional Medical Center the day before the operation.(on rare occasions a false positive is obtained from rapid HIV test) SRS will not be done for anyone who is HIV positive, has Herpes, or has any other venereal disease, therefore, it would be wise to know your HIV status before you arrive.

[Editor's note: Although some surgeons will not perform the procedure on those with HIV or other sexually transmitted diseases, there are other who will. If you suffer from these problems, don't be discouraged. You can obtain current information about various surgeons on the internet or through your local support group.]

The hospital staff is courteous, friendly and competent and although they will be as helpful as possible, any technical questions regarding the surgery are best reserved for me.

It is most important to prepare the patient both inside and out, therefore, you will be given a thorough bowel prep to make the inside of your body as clean as possible for the operation. You will be asked to take a shower with a shampoo. There will be a perineal and perianal prep which amounts to having those areas shaved. This will be followed by painting the middle part of your body with an antiseptic solution to keep the bacteria count down. A liquid supper is served around 6:00 p.m. and you will be given a sleeping pill around 10:00 p.m.

In the morning you will be given your pre-operative medication which will make you feel groggy. You will then be taken down to the operating suite where a general anesthetic will be administered. You will remember nothing until you wake up in the recovery room.

Depending on what is done, the operation can last anywhere from three to five hours. If you are having additional work such as a skin graft, more time, of course, is required.

It is important that you know about a basic fundamental problem regarding the depth of your new vagina. I try to make the neo-vagina as deep as I can - up to six or seven inches is common and obviously, the longer your penis, the more skin will be available to line this newly created opening. Sometimes however, the new vagina may not end up being as deep as one would like. If future sexual intercourse is in your plans, and your penile length is adequate, the standard genital procedure without a skin graft would be done. On the other hand, if your penis has relatively little length, I would suggest that a skin graft be used to help make the vagina deeper, unless of course, you have NO plans for future intercourse. The skin graft comes from the area beneath the umbilicus and above the pubic hair or it can be taken from the thigh or buttocks. The donor site does leave a mark and is noticeable. The determination whether or not to use an ancillary skin graft would be made at the time of the physical examination. In general, the shorter your penis and the greater your desire for future intercourse, the more likely a skin graft would be considered. If you have a relatively short penis and insist on SRS without a skin graft, the inadequate depth of your vagina for future intercourse must of necessity be YOUR RESPONSIBILITY.

The question of secondary scarring from the skin graft donor site is always raised... Yes, there is a mark where the skin graft is removed. The color of this area varies in intensity from person to person and in some patients it can become red, raised and last a long time. Although it invariably fades out in time, this involution process can be hastened by applying sheets of silicone to the area for several months. Again, the response of this new technology varies from patient to patient.

We expect our results to be good to excellent; however, complications can occur. Although most problems can be readily and successfully dealt with, the Recto-Vaginal fistula is the most serious possible problem that could happen. Should the rectum be inadvertently entered, the opening would be closed, but a future fistula could result. Your bowels are cleansed thoroughly before surgery to prevent this problem but if a fistula does form, it would be necessary to do a temporary diverting Colostomy until the fistula could be adequately closed at a later date. Keep in mind that the dissection of the Neo-vagina is delicate and hazardous with the possibility of rectal damage always present.

I WANT TO EMPHASIZE AS STRONGLY AS I CAN THAT THE FIRST SURGEON TO DO THE SRS WITH OR WITHOUT A SKIN GRAFT HAS THE BEST CHANCE FOR SUCCESS. Experience has taught us that redo's to deepen the vagina can be (but are not necessarily) very difficult and run the risk of being unsuccessful. The rectum could be entered due to the fact that scar tissue is present in the deep vagina making secondary dissection perilous. Once the secondary dissection is complete, a skin graft must be used to line the newly created, deep vaginal area which had previously contracted. This newly created opening has the TENDENCY AND GREAT ABILITY to contract again and obliterate itself in spite of diligent dilating on the part of the patient resulting in NOTHING GAINED. Therefore, we suggest for anyone who has had SRS done elsewhere and develops a vaginal contracture that they return to their original surgeon for treatment.

While in the recovery room, we make every effort to avoid the feeling of nausea and vomiting which we do with both drugs and the administration of oxygen. You will have a Foley catheter in your bladder which may give you a feeling of wanting to urinate. This feeling will pass. Once you are awake, you will be returned to your room where you will sleep for much of the remaining day. The IV in your arm usually stays until you no longer have pain which is about five to six days. Your pain medication (Demerol or Morphine) is given through the IV. Sleeping pills will be given every night that you are in the hospital.

Not counting the day of surgery, you will be confined to bed for six days. For example, if your surgery is on Tuesday, you will not be able to get up and out of bed until the following Monday. Since this may seem like a long time to you, it is best that you bring reading material or paper work to occupy your time.

Constipation is not unusual and you may not have your first bowel movement for three or four days. Of course, it will be necessary for you to use a bed pan as we cannot allow you out of bed until more healing has occurred.

Ice packs will be applied to your groins continuously; your sanitary napkins will be changed as necessary and sponge baths will be given while you are in bed. You will find a wire tied over cotton in your pubic area this along with your urinary catheter will be removed on the sixth day after which you will take a shower or bath when your strength has returned. At first you will feel weak, but your strength will recover rather quickly. If urination is difficult, it is because of swelling and the presence of the vaginal pack. Should you be unable to urinate, the catheter will be temporarily replaced.

You will be leaving the hospital on the eighth day. For example, if your surgery was done on Tuesday, you will be discharged on Wednesday of the following week. The day you leave, your vaginal packing will be removed and you will receive instructions as to how to keep your own vagina dilated. If you are sent home on additional drugs, they can be obtained at the hospital pharmacy but be prepared to bring enough money to cover costs. In order to make your trip home easier and more pleasant, especially if you live far away, we STRONGLY SUGGEST that you stay in one of the area hotels for several days after your hospital discharge. Because we have experienced non-payment of our fees in the past, we have formulated the following fee policy. If you consult with me in my office any time other than the day before your surgery, I charge \$75.00 for this time and this \$75.00 is to be paid IN ADVANCE BEFORE YOUR OFFICE CONSULTATION IS SCHEDULED. To avoid cancellations, no shows and people who are not serious, this fee is NONREFUNDABLE. The basic fee for the genital surgery is \$4750.00. If your penis is so small as to warrant a skin graft procedure along with the usual inversion technique, there will be an additional \$500.00 charge.

Once we set a surgical date, whether or not you have been seen by me in my office, we require a \$500.00 deposit to reserve that time. The \$500.00 is to be received in our office NO LATER THAN ONE WEEK FROM THE DATE THAT YOUR SURGERY IS SCHEDULED. Once we set the surgery date and you cancel for any reason whatsoever, the \$500.00 is ABSOLUTELY NONREFUNDABLE. The only exception to this would be if I determine, at the time I first see you in my office, that you are not a candidate for transsexual surgery. Only then will your \$500.00 be refunded. Remember, the \$500.00 advance deposit is to secure your surgical time. If your

deposit is not received per our office policy, you may lose your surgery date to someone else. The remainder of your bill is to be paid at least two weeks prior to your surgery and NO PERSONAL CHECKS PLEASE.

Hospital and anesthesia fees MUST LIKEWISE BE PAID IN ADVANCE. Please have separate cashier's checks made out to each provider in the designated amount. The hospital fee is \$5,400.00 and should be made out to Theda Clark Regional Medical Center. The anesthesia fee is \$924.00 and should be made out to the Association of Hospital Anesthesiologists, Inc.

The following is our basic fee schedule including the other ancillary operations done to feminize the face, chest and genitalia:

SURGERY HOSPITAL * ANESTHESIA *****

PROCEDURE Sched. A* Sched. B**

- Genital Surgery (SRS) \$ 4,750.00 \$4,950.00 \$5,400.00^ \$890.00
- SRS with Aug Mam 5,850.00 6,100.00 6,000.00^ 1,117.00
- SRS with skin graft 5,250.00 5,450.00 5,400.00^ 924.00
- SRS w/graft & Aug Mam 6,350.00 6,550.00 6,000.00^ 1,151.00
- Later deepening of 7,750.00 8,050.00 5,400.00 920.00
- Vagina with skin graft (for stenosis)
- Chin shave 1,500.00 1,600.00 250.00 160.00
- Orchiectomy
 - unilateral 1,000.00 1,200.00 510.00 450.00
 - bilateral 1,700.00 1,800.00 510.00 450.00
- Labiaplasty 1,500.00 1,750.00 750.00 452.00
- Tracheal Shave 1,300.00 1,400.00 510.00 452.00
- Malar Implants 1,300.00 1,400.00 670.00 452.00
- Augmentation 2,200.00 2,300.00 680.00 454.00
- Mammoplasty

Implant fees are not quoted due to constantly changing prices. They are sold to you by us-not the hospital--- at our cost in order to keep the price down for you.

- Total Reduction 3,600.00 3,800.00 1,450.00 636.00
- Mammoplasty (Female to Male)
- Testicular Implants 1,200.00 1,300.00 250.00 160.00

* Schedule A - Surgical fee if paid by cash, (cashiers check or money order) and RECEIVED BEFORE OR NO LATER THAN 14 DAYS PRIOR TO SURGERY.

** SCHEDULE B - Surgical fee if received WITHIN the 14 days prior to surgery or if paid by any means other than cash. *** If you wish to pay the hospital and/or anesthesia by any means other than cash, such as by credit card, you must contact them for permission to do so.

^^ - There has been an increase in the prepay hospital fee which allows for coverage of unexpected hospital expenses incurred over and above the usual charges. However, should your operative and post-operative courses be uneventful and you do not require additional costly medical care or if you are medically able to be discharged one day early, a rebate in an amount up to \$600.00 will be refunded to you within five working days after you are discharged. In the past, added expenses were absorbed by the hospital and the patient was never billed for them; now, the hospital can be covered without having to collect from the patient after she returns home.

If procedures are staged, such as orchiectomy followed later by SRS, the initial procedure will be full price. When the second procedure is scheduled a price break will be given; we will reduce the SRS fee by subtracting 1/2 the price of the initial procedure. This policy applies ONLY if the initial procedure was done by me. If done by someone else, the FULL PRICE for SRS will still be charged.

Regarding Secondary Genital surgery to correct problems from a previous operation; experience has taught us that Sex Reassignment Surgery to correct cosmetic or functional problems occurring at the time of or after the first surgery are FAR MORE DIFFICULT the second time it is done because distorted anatomy and scar tissue interfere with meticulous surgical dissection. Complications such as operative and post-operative bleeding are more common and patient stay in the hospital can be prolonged over the usual 8 days. For these reasons, the surgical fee for an SRS redo is \$7,750.00. The hospital and anesthesia fees will be the same as primary SRS, HOWEVER, there may also be INCREASED OR ADDED HOSPITAL, ANESTHESIA AND SURGICAL CHARGES if complications arise necessitating more surgery or if the eight day stay is exceeded.

Any additional charges will be the patient's responsibility, so please come prepared to pay these extra costs at the time of your discharge. I will continue to be responsible for my own patients and will do whatever I can to improve upon any complications that may have arisen from surgery that I have performed. This however, does not make the degree of difficulty of any additional procedure less, but I would prefer that other surgeons deal with their own complications.

If more than one operation is done (for example: Genital Transformation plus Augmentation Mammoplasty), it is customary for the surgeon and the anesthesiologist to cut the cost of the lesser procedure in half. However, this is NOT the policy of the hospital; their fees are additive because they have already discounted their prices well below the standard going rates as a special favor to cosmetic and transsexual patients.

Please remember that all hospital quotations for ANCILLARY cosmetic and transsexual surgery are for ONE DAY STAY ONLY. There is an additional \$80 charge to stay overnight if I feel it is medically necessary for you to be observed for another 12 hours; the charge will increase to \$225.00 if you elect to stay overnight for no other reason than it would be a convenience for you. If you remain in the hospital longer than 24 hours, - No matter what the reason - your quoted fees will no longer apply and you will be charged A GREAT DEAL MORE than those original quotations. Therefore I suggest you limit the procedures you want to a reasonable number. There is a limit to how many different operations I can do on one person at any one time. I will determine how much surgery will be judicious and prudent on a one day stay basis.

ALL FEES ARE SUBJECT TO CHANGE. Regarding insurance - experience has taught us that insurance does not pay for cosmetic surgery nor gender dysphoria problems. There is, however, always that rare exception but since the hassle with insurance companies is so great, we ask that if you have insurance which will cover your procedure, PLEASE HAVE THIS FACT NOTED IN WRITING from your insurance company and we will then, and only then, SEND WHAT FORMS YOU GIVE TO US into the insurance company. However, WE WILL STILL ASK FOR PAYMENT IN ADVANCE and any monies received from insurance companies will be refunded to you.

Lastly, please do not ask this office to send letters to insurance companies trying to convince them that your problem is medically necessary. This is just the hassle we wish to avoid. We suggest that this be done in advance of your being seen by me. The matter of the overweight patient has come up on a number of occasions. Without having seen you prior to surgery, it is impossible for me to determine the feasibility of doing your surgery if you are markedly overweight. SRS can be done on most people, however in the morbidly obese, the operation is still very difficult and the final results are compromised because of the presence of great amounts of fat tissue. Overweight people simply do not do well during and following surgery and the results of our efforts are not as good as they would be if the person were of normal weight. Some obesity can be dealt with, but I just want to emphasize that anyone over 200 pounds may have a very difficult time. I realize that 200 pounds on someone over 6 feet is not a problem, but 200 pounds on someone 5 feet tall is a weight problem very difficult for any surgeon to overcome. The final determination of whether or not your surgery can be performed because of your relative weight, will be determined at the time of your physical examination. If you are markedly overweight, do not be disappointed if your surgery is postponed giving you a chance to lose some excess poundage.

Much discussion has evolved around the discontinuing of hormone therapy prior to SRS surgery. When the genetic female undergoes routine surgery, nature has provided protective mechanisms (not entirely understood) against the formation of thrombotic emboli (which can cause death) that are not present in the genetic male taking female hormones. Therefore, even though the likelihood of this dreaded eventuality is remote, we STRONGLY RECOMMEND for your own safety, that you discontinue taking hormones three weeks prior to and

three weeks after your surgery - ANY SURGERY! Withdrawal symptoms are uncomfortable, but temporary, and much better than dying. Also, please stop taking Aspirin as well.

Since the operation cannot be completed in one stage, some patients elect to have the Labiaplasty portion done three months later. This is intended to feminize the operated area and cannot be done at the time of the SRS because important blood supply would be cut off from vital tissue. Whether or not to have the Labiaplasty is your option.

Because we live in an age of high technology, computers, etc., it has unfortunately come to our attention that psychological evaluations can be and have been falsified. Since we have no way of knowing the credentials of very psychologist and psychiatrist who refer patients to us, we must CONFIRM the fact that you are indeed a candidate for SRS. If your evaluations are in doubt, we will have our own Clinical Behavioral Scientist evaluate you on a one time basis either at her office in Chicago for \$250.00 or, if it is more convenient for you, at my office here in Neenah for which she charges \$500.00. Because this surgery is irreversible, we do not want you to enter into a situation which you will later regret. Dr. Randi Ettner's interview will be on a one time basis and keep in mind that this is necessary for your protection as well as ours. If it so happens that you only have one psychological workup, Dr. Ettner will be asked to evaluate you as a second opinion which may take several sessions or even a complete course of evaluation may be required. In any case, great weight will be placed on her final recommendations.

Enclosed find a map of the area. If the Appleton Airport is used, cab transportation is readily available by a phone conveniently located in the airport. The number is (414) 832-8890 and the cost is around \$11.00, also, the Valley Inn provides shuttle service. If the Green Bay Airport is used, patients have told us the "Fantasy Limousine Service" for \$45.00 would be less expensive than renting a car since they take you to the hotel and it would not be necessary to drop a rented car off at the airport. Their number is (414) 730-3866. A copy of the Male to Female consent form is enclosed. You may find it helpful.

Hopefully the above has provided adequate information, but if not, please call our office and any one of us will gladly answer what questions you may have. It is our sincere wish that your transsexual operation will be a relatively pleasant experience and we will do everything we can to make it so.

Very sincerely yours,

Eugene A. Schrang. M.D

GENDER DYSPHORIA

OFFICE POLICY INITIAL OFFICE CONSULTATION

We have established the following guidelines for setting an initial consultation with Dr. Schrang. We ask that the patient to send the following to our office when scheduling the initial consultation. No operation of any kind to change a person's sex will be done until the following are completed and/or received.

1. Name
2. Address
3. Telephone number
4. Date of Birth
5. Social Security number
6. \$75.00 check for prepayment of pre-op consultation. The \$75.00 fee will be waived if the consultation is done the day before surgery.

CHECKLIST FOR TRANSGENDER SURGERY

1. Letter confirming a year of hormone therapy from: Dr. _____
2. Two Psychiatric Reports recommending SRS must be sent to our office pre-operatively and will be verified.
 - A) From Dr. _____
 - B) From Dr. _____
3. Advance payments:
 - A) \$500.00 to secure operating room time. Due one week after surgery is scheduled.
 - B) Balance of surgical, hospital & anesthesia fees due two weeks in advance of surgery by three cashier's checks sent to our office.
 - C) If implants (Mammary, malar, chin, testicular, etc.) are to be used, advance payment for their purchase.
4. Signed consent form.

INFORMED SURGICAL CONSENT AGREEMENT FOR MALE TO FEMALE TRANSEXUAL SURGERY

1. I, _____ hereby authorize Eugene A. Schrang, M.D. to perform any or all of the following operations intended to transform male anatomy into female anatomy: total penectomy (removal of the penis), bilateral orchiectomy (removal of testes), construction of a vagina from the penile skin and/or with a split thickness skin graft in the area where the scrotum now exists, a clitoris and a new urethral opening, labiaplasty, tracheal shave (reduction of tracheal cartilage), revision of a previously constructed vagina and/or urethra.
2. This operation has been explained to me by Dr. Eugene A. Schrang and I understand the nature and consequences of the procedure. I understand that during the course of the operation and/or medical treatment, unforeseen conditions could become apparent that may necessitate an extension of the original procedures or different procedures than those set forth above. I therefore authorize and request that Dr. Schrang perform such surgical procedures or render such medical treatment as are necessary and desirable in the exercise of professional judgment. The authority granted under this paragraph shall extend to treating the conditions that are both known and unknown to Dr. Schrang at the time the operation is commenced. I also understand that it is impossible for a surgeon to disclose every conceivable risk, however remote. Although good results are expected, complications cannot be anticipated; therefore, there can be no guarantee either expressed or implied, as to the result of this surgery since the practice of medicine is not an exact science. The following points have been made specifically clear and are intended to provide information and not to cause alarm:
 - A. Scars result from any surgical procedure but, every effort is made to conceal or make them as inconspicuous as possible
 - B. The signs of inflammation do occur such as tenderness, swelling and discoloration (redness or black and blueness) which may last for several weeks or until the wound is completely healed. Residual swelling and redness can last a year or more.
 - C. Numbness in or around the operative site may occur and may persist for an indefinite period of time. Occasionally this may be permanent. Numbness may also occur in the hands, arms, or legs due to the position of the body during surgery. This may or may not be permanent.
 - D. Infection in the operative site, hematoma (local collections of blood in the operative site), dehiscence (wound edge separation) could possible occur. Severe bleeding after surgery may occur necessitating a blood transfusion - you will be responsible for this additional cost.
 - E. Unintentional interruption of blood supply to a flap, skin graft or part of the operated area may result in its loss.
 - F. Asymmetry (noticeable difference in the size and shape) between two sides of the operated area may result when both right and left sides are operated upon.
 - G. Inadvertent entry into the rectum may occur which could necessitate immediate closure of the opening; closure of whatever vagina has been created; and the immediate closure of the opening; and the immediate or later creation of a colostomy (exteriorization of the colon in order waste does not pass through the rectum)
 - H. Inadvertent entrance into the urethra, urinary bladder or peritoneal cavity is a possibility and could cause later scar contracture or other unforeseeable problems in the future.

- I. Although very rare, embolism from a blood clot may happen which could result in death.
 - J. Completely unpredictable and unusual complications, although extremely rare, including even death may occur.
 - K. Shortening of the newly made vagina may occur secondary to scar contracture deep within the vaginal vault. I understand that this complication is generally due to failure on my part to diligently dilate my new vagina.
 - L. The Tracheal procedure can result in hoarseness and deepening of the voice which can, in some cases be permanent.
 - M. I understand that because of the nature of the above procedures, it is impossible to predict all the possible psychiatric and psychological results.
 - N. Some of the possible complications explained to me which can be involved in these procedures include in addition to those set forth above but not by way of limitation, are the following: severe loss of blood, infection, cardiac arrest, poor cosmetic results, permanent pain and discomfort, adverse affects from anesthesia, and psychiatric disorders.
3. I understand this operation is totally irreversible and that I no longer will be able to have intercourse as a male or to conceive children, I also understand that Dr. Eugene A. Schrang does not guarantee any sexual pleasure or function as a result of the above stated procedures.
 4. I consent to the administration of such anesthetics as may be considered necessary or advisable by the physician or anesthesiologist responsible for this service.
 5. I consent to be photographed before, during and after treatment, and understand that these photographs are the visual part of my clinical record and are the property of Eugene A. Schrang, and may be published in scientific journals and/or shown for professional reasons.
 6. I have been informed by Dr. Eugene A. Schrang that his professional fee for this operation is \$_____. I consent to pay this amount which I understand includes the surgical procedure and all postoperative hospital and office visits up to six months. This fee does not include the hospital fee and anesthesiologist's fee, preoperative office consultations and examinations and surgical intervention to correct operative or postoperative complications.
 7. I certify that I am not presently married and will not be married prior to the operation contemplated herein or if I am, my wife has signed the Spousal Release Form.
 8. I certify that I have read and fully understand the above consent and agreement which has been preceded by explanations by Dr. Eugene A. Schrang. I also certify that I have read and understand Dr. Schrang's standard form letter regarding Sex Reassignment Surgery. His explanations in no way vary from the contents of this consent statement or his form letter and are understood by me. I agree not to revoke, limit or alter this consent in writing delivered to Dr. Schrang prior to commencement of the operation or procedures hereto described:

I FULLY UNDERSTAND ALL OF THE ABOVE. I HAVE NO FURTHER QUESTIONS. I DO AUTHORIZE EUGENE A. SCHRANG, M.D. TO PERFORM ANY OR ALL OF THE PROCEDURES OUTLINED IN PARAGRAPH ONE, OR SPECIFICALLY THE FOLLOWING:

Date: _____
 Patient: _____
 Witness : _____

Toby A. Meltzer, M.D.

OREGON HEALTH SCIENCES UNIVERSITY
3181 S.NW. Sam Jackson Park Road, L352A
Portland, OR 97201-3098 (503) 494-7824

School of Medicine, Division of Plastic and Reconstructive Surgery

September 2, 1994

Name Address City, State Zip Dear Ms. _____: This letter is in response to your request for information regarding surgery for sex reassignment at Oregon Health Sciences University. At OHSU we have a gender dysphoria team which consists of Dr. Paul Kirk of Obstetrics and Gynecology, Dr. Steve Skoog of Urology, and myself of Plastic and Reconstructive Surgery. Our team adheres to the same guidelines and principles of the Harry Benjamin International Gender

Dysphoria Association. Prior to any surgical procedure, the prospective patients must fulfill the criteria established by the Benjamin Society and have a letter from a therapist (psychiatrist, psychologist or psychiatric social worker) who has had a long-term psychotherapy relationship with the patient and feels comfortable referring the patient for sex reassignment surgery.

Although we did not create these guidelines, patients who are generally considered good candidates for surgery are those who meet the following criteria:

1. Identification as the cross gender which is lifelong.
2. Inability to adapt to the biologically assigned gender role.
3. Ability to pass convincingly in society and to be gainfully employed.
4. Not a fetish cross-dresser.
5. Demonstration of emotional stability
6. Willingness to accept and actively engage in psychotherapy before and after surgery.
7. Adequate social and family support systems.
8. Completion of a one-year period where the patient lives in the cross gender role without relapse.
9. At least one year of medically supervised hormonal treatment.

Male-to-female cross gender surgery is performed by me. The construction of the vagina and removal of the penis and testes usually requires a 2 to 3 day hospitalization. The penile skin is used to reconstruct the vagina, which avoids the use of skin grafting. A sensate clitoris is formed from a small portion of the glans of the penis and the nerves that supply it. The total cost of surgery, including hospitalization, surgical fees, and anesthesia, is \$10,850. (These fees have increased recently due to an increase in anesthesia charges.) Breast augmentation can be done at the same time for \$3000, or as a separate procedure, for \$3500. Other aesthetic and reconstructive procedures are available, and these can be discussed. The fees are dependent upon the procedure itself. We hope this information has been useful to you. If you feel that you are a good candidate for surgery, we encourage you to meet with us in our clinic. Prior to that visit, it is customary to have your therapist send us a letter of referral. We look forward to meeting with you.

Sincerely,

Toby E. Meltzer, M.D.

Assistant Professor of Surgery
Division of Plastic and Reconstructive Surgery TRM:gm
Montreal, November 29th 1994.

Yvon Menard, M.D.

In reply to your request, it is with pleasure that I send you the following information concerning sex reassignment surgery (male to female).

CRITERIA FOR ELIGIBILITY:

To be eligible for S.R.S., one must, first of all, answer to the criteria of the "Standards of Care of the Harry Benjamin International Gender Dysphoria Association, Inc".

That is:

- "Hormonal sex reassignment recommended by a clinical behavioral scientist.
- Full-time living in the social role of female sex at least 12 months.
- Two recommendations for S.R.S. made by two clinical behavioral scientists. One of the two recommendations must be made by a person possessing a doctoral degree (e.g. PhD, Ed. D., D.Sc., D.S.W., Psy. D., or M.D. in a clinical behavioral science granted by an institution of education accredited by a national or regional accredited board. The clinical behavioral scientist making the primary recommendation in favor of S.R.S. shall have known the patient in a psychotherapeutic relationship for at least six months prior to making said recommendation".
- The patient has the responsibility to see that the behavioral scientists have the necessary qualifications mentioned above and that they are clearly stated in the recommendation. Also most important is the fact that one of these recommendations has been made by a scientist who has followed the patient for at least six months.
- The medical history and the two recommendations for S.R.S. must be well detailed and must arrive at my office before a date can be set for the surgery. Also, I wish a report from the Doctor who is supervising the hormonal therapy as to the type of hormones being administered, the dosage and the duration of the treatment.

PRE OPERATIVE CONSULTATION:

It is preferable to meet with the patient a few months prior to surgery. However, if the patient lives very far from Montreal, it is possible to meet a few days prior to surgery. If the latter is the case, the patient's file must be complete : the two recommendations, the laboratory reports and the medical history must be at my office before the visit. If a document is missing. the surgery could be cancelled.

PRE OPERATIVE ANALYSIS:

As this is a major surgical procedure, under general anesthesia, the patient must pass the following exams about two months before the date of the surgery and the results of these exams must be sent to my office before three weeks prior the date set for the surgery. Without these test results, there will be no surgery.

Following is a list of the obligatory tests:

- CBC (complete blood count)
- BUN (blood urea nitrogen)
- Glucose (blood sugar)
- Urine analysis
- Chest X ray (the report only)
- E.K.G. (over 40 years of age)
- H.I.V.

HOSPITALIZATION:

Normally, the surgery is performed on a Monday. Therefore, you enter the hospital around 7 p.m. on Sunday. The following Friday you leave the hospital for the week-end. You are re-examined the following Monday to remove the vaginal stent and the urinary catheter. You must remain another 2 to 3 days in Montreal to master your vaginal dilatations. With regard to your stay post hospitalization, we are enclosing a list of recommended places.

SURGICAL TECHNIQUE:

I perform the inversion technique. When the penis is too short, I use the excess skin from the scrotum to have sufficient amount of skin for the vaginoplasty. I am enclosing diagrams describing the technique used.

COST:

The total for the surgery, anesthesia and hospitalization is \$ 7,285.00 CAN. Once a date has been set for the surgery, you must send a \$ 500.00 CAN deposit within the following 15 days or the date will not be reserved. Also, if you decide to cancel your surgery less than 3 weeks prior to the date set, your deposit will not be returned. The balance due shall be \$ 6785.00 CAN, \$6685.00 payable the week before your surgery and the balance of \$ 100.00 the day of the surgery. All payments must be made in cash, certified check or bank draft to CLINIQUE-DE CHIRURGIE ESTHETIQUE ST. JOSEPH. If you are unable to pay in Canadian funds, you could make a check in American money and when we will deposit it, we will reimburse you the difference if any afterwards. If you consult prior to setting a date for your surgery, the fee will be \$ 50.00 CAN. This will be deducted from the total amount at the time of the surgery.

YOUR STAY IN MONTREAL:

Your stay in Montreal should be about 14 days: 2-3 days before the operation, 5 days in hospital and finally 5 days after leaving the hospital.

To make your stay more agreeable and secure, we have set up a residence specialized in the field of transsexualism. This organization is called TRANS P.O.R.S.. For a very reasonable price, they supply transport, lodging and meals. This enables you to come to Montreal unaccompanied and to have someone to care for you 24 hrs\day. I strongly recommend that you reserve your stay at Trans P.O.R.S. only. Do not forget that post-operatively you will need help and Trans P.O.R.S. is the only place that you will receive adequate, professional care. If you come accompanied, Trans P.O.R.S. will be very happy to find shelter for the person who will be with you.

The document concerning Trans P.O.R.S. are included in this package and I repeat, I prefer my patients to be at Trans P.O.R.S. because I know they will be more secure and therefore, I am more secure.

ADDITIONAL SURGERIES:

If you wish an additional surgery at the time of your S.R.S. (e.g. mammary augmentation, shaving of the Adam's apple, nose, eyelid surgery etc.) you must contact my office and we will give you the additional information and cost for these surgeries.

I hope that this information will be to your satisfaction. If you wish further information, you may write to me or call me at my office on Wednesday or Friday between 10H00 a.m. and 11H30 a.m.

Yours truly,

YVON MENARD M.D. F.R.C.S. © YM/ encl.

Stanley H. Biber, M.D.

Here is a copy of the letter Doctor Biber sends out in response to an initial inquiry regarding Sex Reassignment surgery. The actual costs have gone up roughly 10% from the figures in this copy. Also, I believe the anesthesiologist named in the letter is no longer working with Doctor Biber. Finally, immediately after this letter, Doctor Biber added the requirement of a second HIV test to be done at the hospital before surgery, as several girls were faking their results in order to obtain surgery.

If you want the most accurate and up to date information, you should contact Doctor Biber yourself directly. If anyone has more current information, or information on other surgeons or procedures, please forward it to me for inclusion in The Subversive.

Stanley H. Biber, M.D., P.C.

General Surgeon Office
Phone 846-3301 406
First National Bank Bldg. Trinidad, Colorado 81082

September 3, 1991

Dear Melanie,

As per your letter asking for information Regarding the requirements for anatomically changing sexual characteristics in the transsexual.

We do not have a gender identity clinic here. We can do the surgery for you, which includes the genital surgery and breast implants, and other services like nose or chin surgery.

Our basic fee is \$4,000.00 for the genital surgery and \$1,200.00 for the breast implants. The hospital bill for the genital surgery will be \$5,125.00. Any additional service above the average extended length of stay for any reason will be billed extra. **WE AND THE HOSPITAL MUST RECEIVE CASH AT THE TIME THE SURGERY IS DONE.** We do not work with any insurances, however we will fill out any insurance forms for you after surgery and you may collect directly from the insurance company or we will reimburse you if the insurance money is sent to us. If other procedures are done during the same hospitalization the hospital will require an additional \$1,505.00 if you have the breast implant surgery: and additional \$1,125.00 if you have the nose surgery, an additional \$310.00 if you have the tracheal shave done. Our fee for the SMR with corrective Rhinoplasty (nose job) is \$1,200.00: tracheal shave \$850.00 providing they are performed during the same hospitalization with the above surgery.

There will also be a charge for our anesthesiologist, a separate check must be made out to Dr. Frank Polanco. His fee for the genital is \$800.00 and additional \$200.00 if you have the nose surgery: an additional \$200.00 if you have the breast implant surgery: an additional \$200.00 if you have the tracheal shave done. These fees are only if they are done at the same time the genital is done.

We require a social history from yourself. We have to know that you have lived in your chosen gender for a whole year, 100%. Are you working in the opposite sex, etc.? Also you must be on hormone therapy for a whole year before surgery. Have you had electrolysis? Have you had any other cosmetic Surgery? Remember you must live one year in your chosen gender role prior to surgery.

WE MUST HAVE TWO PSYCHIATRIC EVALUATIONS, preferably one by a psychiatrist and the other by another psychiatrist, psychologist, or a recognized licensed worker in the gender or sex oriented field. You must understand that the final evaluation which will determine your acceptance for surgery is done by ourselves immediately prior to your surgery. We would appreciate the evaluations at the earliest possible time.

Please send us a picture of yourself, that we may keep for our files. Once we set a surgical Date, we require a \$500.00 deposit to reserve the date. No personal checks, please. We must have received the \$500.00 deposit in our office no later than one week from the day that you scheduled your surgery.

It will be necessary for you to have an HTLV-III or an HIV (AIDS) test done at a certified laboratory as close to your surgery date as possible, no later than six weeks. you will be required to have the negative results with you when you arrive for surgery. Please be sure you have the test done where the will put your name on the results and not just a number, our hospital will not accept the results with just a number. We will provide the necessary surgical consent forms on your arrival here and be glad to help you if you can meet our requirements.

Sincerely,

Stanley H. Biber, M.D.

Note: If your penis is so small as to warrant a skin graft procedure along with usual penile inversion technique, there will be an additional \$500.00 fee.

Here is a copy of the letter Dr. Biber sends home explaining post-op care:

DISCHARGE INSTRUCTIONS:

Dilate five times a day, 15 to 20 minutes each time, utilizing the pair of rubber dilators provided and as instructed. Space the dilations over the 24 hour period as much as can possibly be done. it is very important to keep the depth in the vagina, especially the first two or three days after discharge. it is very important to utilize plenty of jelly and place the dilator in such a fashion down toward the rectum primarily for a small distance then directly inside into the vagina, without using a screwing motion, because when you use a screwing motion, the ribs on the dilator might harm the new baby skin that is healing in the vaginal cavity.

Graduate to a longer dilator between the fourth and fifth week. The easiest place to get a firm dilator is to go down to any adult bookstore and get a plastic dildo, get it the same diameter as the large dilator provided. Approximately 4.5 to 5cm in diameter and get it two inches longer, which will make it about 8 inches in length. Utilize this in a similar fashion as the original dilators and continue the dilation for a period of six months, however when you get to the fifth, sixth month, and everything is staying wide open, you may, with common sense, decrease the number of dilations too. May begin intercourse about the sixth week period. You will be somewhat moist inside, however not moist enough for penetration so it is important in the pre-sexplay period to insert some K-Y jelly and be prepared for penetration. If you do not use the K-Y jelly, you are going to tear yourself up. When beginning intercourse for the first time, take it slow and easy to avoid any damage that difficult and forceful penetration may cause.

We will send you home on Estinyl and Provera. Take the Estinyl one a day and cycle the Provera so that you can take it one a day for one week, perhaps the last week of the month, along with the Estinyl. It will place you essentially in the feminine cycle. We will send you home on urinary and tissue antibiotics and utilize them for a period of ten days. But even more important than the antibiotics is to drink copious amounts of fluids, 10 to 12 glasses a day. You may also drink a couple glasses of cranberry juice a day, which will acidify the urine and take

away some of the smell. You may also douche, even once or twice a day because the vagina will present some obnoxious material while healing. You may douche twice a day if you wish with a tablespoon of white vinegar to a quart of warm water, not dark vinegar, but white vinegar. Do not do any heavy lifting for a period of six weeks. If you have any specific problems, call my office, the office personnel or myself will handle your telephone calls and should be able to answer all your pertinent question. If you have to see a doctor at home for any reason and he doesn't understand what is going on, please have him call me.

Also, remember that you are specifically female now. You are subject to all female diseases. You can get Trichomonas infections, you can get Yeast infections, and these have to be treated just like any other natural female. It is conceivably possible now that you have a cervix, that you may develop cancer of that cervix, even though we have never seen this happen. However, it is probably very wise once every six months or once every year to get yourself a Pap Smear, to rule out this possibility. Remember you are subject to other diseases as well. Be very careful with your exposes, you can still pick up gonorrhea, you can pick up syphilis, and all the other exotic diseases that females are subject to.

Keep in touch with me, fill out the six month questionnaire in six months, and please send it back, so I can add to our statistical volume and utilize it in our presentations.

Any time you feel like writing, let me know your general status, i.e. financially, socially, what you think about your body image, and what adaptation you are making to your new role. I'd be more than happy to hear from you. In other words, keep in touch. Do not let us lose your address. We want to follow you for a considerable period of time. For any other complications that may arise, please call and let us share them with you.

Stanley H. Biber, M.D

Post Op Living

GENDERARTICLES -This regularly posted Internet column provides educational information regarding transgender living. (TS/TG/CD/SO) Each column has been written to inspire contemplation and dialogue. Authored by Gianna E. Israel, columns may be reprinted in any medium insofar as each article, its introduction and the author's contact information remains unaltered.

"POST-OP LIVING" #05 / August '96

This article addresses some of the questions and issues presented to me by individuals who have had genital reassignment six, twelve, and even twenty years ago. The material addressed may also be of interest to persons who are considering permanently living "in role" as a member of the opposite gender, or who are considering undergoing genital reassignment. The decisions to live in role permanently and undergo genital reassignment are serious ones having numerous consequences.

"I Wish I Had Waited..."

Surprisingly, for all the clamor I have heard over the years from pre-operative transsexuals who feel waiting one year while living in role is too long, the preceding is one of the most frequent comments I hear in the privacy of counseling from persons who underwent genital reassignment. After feelings of permanency and newness wear off, many new women find that little else has changed in their day-to-day lives. This is particularly true for those who placed more importance on obtaining surgery than on refining their overall appearance and presentation.

For example, women who did not finish their electrolysis still get 5 o'clock shadows, and those who gave up on needed speech practice still sound like men. Occasionally, I hear very masculine appearing women state that they wished they had spent their money on facial reconstruction, rather than spending it all on hidden body parts. There are many reasons a person may wish they had waited before undergoing genital reassignment, however, once the surgery is done life does not stop.

After surgery, having special transgender needs does not cease, and persons with unfinished business are advised to move forward completing unfinished business as time and finances allow. If an individual is having difficulty putting together a good presentation, such as for a job interview, then seeking wardrobe and cosmetic consultation would be beneficial. If a person finds him or herself dealing with confrontation or transphobia, then he or she should seek assertiveness training and learn how to deal with harassment.

"Help, I've Gone Stealth and Might Be Found Out!..."

This is a very, very common concern. Many transgender persons who are in the process of coming out or who have lived in role for only a short time look forward with anticipation to the day they can "pass" all the time. Others, who during transition had great difficulties, find themselves working as hard as possible to bury their former identity. However, no matter how presentable you are or how many surgeries you have, this does not stop you from having a transgender identity. For numerous transgender men and women, passing becomes easier the longer they live in role. However, passing can present problems of its own. After surgery, some persons disconnect entirely from the transgender community. They may move to areas where few transgender resources exist, or accept an employment situation where nobody questions their gender identity. Sometimes these persons have difficulty explaining their situation to a new physician, particularly after disclosure skills become rusty from disuse.

The art to living in stealth takes skill. A person must decide when disclosure is appropriate, and when people do not need to know. Generally speaking, a person's regular physician need know, while a temporary care provider need not know if this will not affect medical care. An employer need not know, however discreetly letting an employer know can prevent co-worker difficulties if someone finds out.

A one-night-stand need not know about your transgender identity if you are post-operative; however, if you are dating or seeking a relationship it is generally a good idea to disclose early on so as to prevent complications.

Generally, disclosing your transgender status is best done when you are sharing personal information about yourself and gauging how that person responds to new information. Doing so "matter of factly" before actually engaging in sexual intercourse works well for many.

Sometimes telling about your transgender status isn't easy. I have frequently received calls from people stating that they are involved in a relationship which is becoming serious, and that they feel afraid to disclose because they may get rejected. If a person is going to be rejected, it is best to get it done and over with. However, in most circumstances transgender men and women aren't rejected. Disclosing under these circumstances is not that much different from when a person is just in the coming out process. Set an appointment to talk, validate the relationship, disclose, offer an opportunity for question-asking, and reiterate your love. Finally, if you must respond as to why you did not disclose earlier, simply state you did not know how to do so. Be honest!

"I've Now Had Surgery, So I Can't Get AIDS..."

WRONG! Having genital reassignment does not make a person immune to HIV or any other sexually transmitted disease. I have heard this misconception too many times, sometimes too late. If you have sex where body fluids are exchanged, use condom protection or abstain. Also, taking "birth control" does not protect against sexually transmitted disease, only pregnancy.

"Where Can I Get Gender-Sensitive Medical Care?..."

If you are located in a major city, contact a gender specializing counselor or therapist and ask for a referral. The next step is to check with gay and lesbian resources. Both post-operative males and females frequently require follow-up work, sometimes years after surgery. Stenosis or hardening of tissue may set in, or the person may have difficulty with urination. Transgender women who failed to dilate may need surgical intervention. They should contact a local gynecologist, urologist, or sex reassignment surgeon and ask for a specialized referral.

"A Tax Statement Showed Up With My Old Name..."

Oh, that paper tiger rears its ugly head again! Lots of people think being transgender is all about hormones and surgery. Wrong. It's really about the creation of lots of unnecessary paperwork and aggravation. If the tax collector says you owe money, pay it and then ask a supervisor to follow through with correcting your name. If you have problems with bureaucracies, continue climbing the supervisor/manager ladder until you find someone who will help you. If that doesn't work, try visiting a different office. Surprisingly, I have heard from clients having serious difficulties getting passports changed at one location who later had no problem whatsoever at another location. Finally, if you receive an inheritance or trust fund check payable to your old name, on the reverse, sign it the old way, then the new way and deposit it. This is standard banking practice. Afterward, write out a donation to your local transgender support organization.

****G I A N N A E. I S R A E L provides nationwide telephone consultation, individual & relationship counseling, evaluations and referrals. She is principal author of The Recommended Guidelines for Transgender Care, writes Transgender Tapestry's "Ask Gianna" column; is an AEGIS board member and HBIGDA member.

She can be contacted at
(415) 558-8058,
P.O. Box 4244447
San Francisco, CA 94142,
or via e-mail at Gianna@wco.com.

Transsexuals in the work place-a guide for employers

by Beverly Copeland, contributing editor (WEST COAST)

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To the employer:

possibly you were presented this material by one of your employees, quite likely soon after learning that the employee was undergoing or had already undergone a "sex change." Much information and misinformation abounds in the media, but little of it is helpful to the employer in comprehending the new status of their employee. Also, small or new companies are likely to have never encountered such a change in status before; hopefully the text that follows will be useful and informative. This article is written in respect to the case of the male-to-female employee; however, most of the information applies identically to the female-to-male employee if the sense of the pronouns and gender-specific statements is reversed. The remainder of the text is presented in question/answer format.

What is a transsexual?

The answer to this question is best given in rather technical medical terms. Strictly speaking, a transsexual is a person with the condition known as Gender Dysphoria Syndrome, a psychiatric term which means "feelings of conflict and discomfort felt by a person due to the anatomical gender of their body". Research indicates that Gender Dysphoria Syndrome is the psychological condition which results from a birth defect in the matching of brain and body, similar and perhaps related to the condition known as intersex, in which a child's body at birth has genitalia which are not clearly either male or female or has the characteristic of both male and female. In other words, transsexuals are persons born with a perfectly normal and healthy brain of one gender, but in a body with a perfectly healthy and normal anatomy of the opposite gender. The affected person lives with a struggle to reconcile their natural personality, gender identity, and body image with their physical body and social status until a time in their life when the conflict becomes too great to bear and they seek medical help to change their anatomy and social role.

No effective psychotherapeutic treatment for transsexualism exists, since the only defect is the mismatch of body and brain, and a healthy gender identity (even a mismatched one) cannot be changed; therefore the only effective treatment is to surgically change the gender of the body to align with the person's natural gender identity, a "sex change." Such treatment is effective in relieving the secondary problems of depression, low self esteem, and anxiety which often accompanies gender dysphoria, and the patient is then able to pursue a normal life in their new gender.

Today, transsexuals are potentially valuable research subjects in the new studies of pre-birth programming of gender identity and personality into the brain during fetal development, though the rarity and desire for privacy of transsexual persons often makes the gathering of data difficult. At present there is little agreement in the medical community as to the cause of a person being born transsexual; researchers and physicians today are largely divided into groups advancing theories of either genetic cause or fetal-development causes. Environmental conditions seen to have an effect on how long the individual is able to adapt to their reversed-gender life situation before seeking medical help to correct it. Transsexualism is rare occurring at a rate of one in every ten thousand births. Currently no method capable of detecting the condition at birth is known.

Why aren't there female to male transsexual persons?

There certainly are: about 45% of all transsexuals are female to male. Male to female transsexuals receive the largest amount of exposure through the media of TV and print, apparently because they are considered more "newsworthy" in our traditionally male-oriented society.

Are Transsexual persons homosexual?

No, transsexualism has nothing directly to do with sexuality at all; the "sex" root of the word refers to gender rather than sexual preference. This misconception, largely disappearing today, apparently resulted from public confusion of transsexuals with two much larger groups: effeminate homosexuals (gay males imitating feminine mannerisms or dress as an expression of their sexuality) and transvestites (males, usually heterosexual, who

find enjoyment in wearing female clothing); neither of these two groups has the body-identity gender conflicts which are experienced by transsexuals and lead to an eventual change of physical gender.

Transvestites outnumber transsexuals by at least 50 to 1; gay males outnumber transsexuals by about 900 to 1. In addition, these other two groups are composed entirely of males only; transsexuals are nearly evenly divided between male-to-female cases and female-to-male cases. Transsexual, both before and following surgery, may be heterosexual, bisexual, Lesbian, or celibate, with the proportion of celibacy being somewhat higher than with the general population of women. Transsexuals are NOT members of any known AIDS high-risk group.

Dose this effect our company's medical insurance?

Many group insurance policies have specific exclusions which limit or eliminate payments for transsexual surgery; if your policy has no such exclusions, your employee may seek coverage for medical expenses under your current plan. Insurance companies with exclusion provisions do so only because the surgical costs are expensive-surgical and hormonal treatment for transsexuals has been legally established as medical necessary treatment, and not cosmetic in nature. An insurance company might, for instance, have similar exclusion for liver transplants, another very expensive procedure. Whether or not your insurance company provides coverage, it should not affect your rates.

Will this affect the productivity of my employee?

*Often, the employee in their new gender role is more productive and produces higher quality work than in the past, due to improvement in their own self-esteem and motivation. Time off from work to recover from surgery procedures may be necessary, however-but it should be noted that your employee will have no need for maternity leave in the future since she will not be able to bear children, so net time lost from work may prove to be less than in the case of your other female employees. The process of changing gender usually takes several years to complete, with surgical, hormonal, and social changes progressing at different rates with different individuals; you can expect a dramatic change in her appearance and in expression of her personality. Your employee may already have completed much or most of the transition before advising you. Transsexuals are often conservative individuals and frequently set high standards on their appearance and performance following their gender change.

*If your employee is doing heavy physical work, bear in mind that her entire muscular structure will change to female norms. and she may not handle task requiring physical strength as easily as she did before. [The opposite applies to the female-to-male, of course.]

How do other companies handle this?

With the increased public awareness of transsexuals today, the major problem which remains is that the employee is an object of curiosity among co-workers for several days following her appearance in her new gender role. Very large corporations with large numbers of employees may encounter a transsexual employee every few years, and often set up internal guidelines. In nearly all cases, a memo is circulated among co-workers informing them simply that the employee will return to work at a certain date as a female employee. Some companies call a short meeting of co-workers at which management and the employee is present to inform them of the change and to answer questions which may appear; this technique is particularly effective in keeping the transition smooth.

One company (IBM) also transfer the employee laterally for several months to a different department; at the end of that time she is given the option of either returning to her original department or staying in her new position. If the employee is new to the company sometimes no action at all is necessary, since her former gender status may be undetectable to others, or even to management itself.

What is my employee's legal status?

Upon completion of her surgery, under state law in every state she is considered to be female, and entitled to all the considerations applying to that gender. Under state law in every state she is considered to be female, and entitled to all the considerations applying to that gender.

There are differences in detail of how administrative law handles such cases from state to state-- your employee will take care of any needed legal matters concerning state and federal identification papers, tax status, social security, and legal name change herself. Please note that for employers participating in a state-subsidized equal-employment plan, your employee may now be a "double bones" person, fitting into both the female and handicapped categories, and entitling the company to a substantial subsidy(details vary from state to state.)

Legal Issues

[The following is the latest revision to the Legal Aspects pamphlet distributed at cost by J2CP Information Services. It is uploaded here as a text file and may be freely copied or retransmitted as long as the entire file is left intact, including this section. Due to transcription difficulties, this text does NOT include the 116 footnotes that detail exact case numbers and court references. The complete text, including footnotes, may be obtained from J2CP Information Services, P.O. Box 184, San Juan Capistrano CA 92693-0184 at cost of \$15.00 to cover printing and mailing.

J2CP is a non-profit education and information service providing referrals and help to the gender conflicted community and interested professionals. J2CP is operated by Sr. Mary Elizabeth under the auspices of the Sisters of St. Elizabeth of Hungary, a ministry to the dispossessed, including the gender conflicted. Donations to assist this effort, or to cover costs of information packets, are fully tax-deductible if directed to the Sisters of St. Elizabeth and designated for J2CP. The address is the same P.O. Box as for J2CP.

It is also requested that both the professional community AND the gender-conflicted themselves PLEASE communicate any new or revised information concerning legal issues to J2CP so that this text can be as accurate and up-to-date as possible. If you are involved in a court case or insurance arbitration, you can get copies of the proceedings or rulings at low or no cost; for J2CP to acquire them after the fact they are charged as much as \$50.00 plus \$1.00 per page. Funds for this are severely limited.

We as a community can only help ourselves by supporting the free distribution of the facts we need to help ourselves. Your support will be appreciated.

Tara Drennen, 26 Nov 1988]

LEGAL ASPECTS OF TRANSSEXUALISM

by Sr. Mary Elizabeth, SSE
© 1988 J2CP Information Services,
P.O. Box 184, San Juan Capistrano, CA 92693-0184

FOREWORD

Everyone who sets out on the arduous and uncertain journey toward sex change bumps into legal questions, usually by the bushel. And to many of these questions there are as yet no clear-cut answers, because the field is still new and the picture is constantly changing-not just from year to year but from week to week, as court cases and government decisions continue to build a body of precedent. The field is also very small, encompassing a minuscule segment of the population, so that few lawyers ever have reason to familiarize themselves with the complex legal problems that confront transsexuals. Where, then can you turn for guidance on this route?

There could be no happier answer to that question than the little book you are now holding in your hands, which has been thoroughly revised and updated almost to the moment of publication. Its author, Sr. Mary Elizabeth, is without doubt one of the nation's most knowledgeable experts on the subject. In this legal primer for transsexuals she has clarified and compressed an astonishing amount of helpful information. From A (for Armed Services) to V (for Vocational Rehabilitation), you will find precisely the directions you need for the dozens of situations you may face in your daily living-changing your name, coping with discrimination on the job, handling yourself during a police interrogation when you are cross-dressed, to mention a few.

As director of Confide, it has often been my privilege to work with Sr. Mary Elizabeth on projects concerning transsexuals. And I have been unfailingly impressed by the speed, energy and all-out-ness of her response to any appeal from a transsexual in distress. Certainly the cause of transsexualism has never had a more effective legal champion. Sr. Mary never hesitates to take on an employer, a jail, a court, a legislature or the federal government itself when she feels there is an injustice to be righted. And her zeal is backed up by an encyclopedic knowledge of case law that commands attention even in the halls of power.

This book is a distillation of that knowledge. It is a book of straight answers. Here you will learn what's legal, what's illegal and what lies in the gray area between. Here you will find an abundance of tips and caveats to help you chart your way through the legal jungle, along with clear directions on how and where to obtain further specifics. It is a book I commend to you at every stage of your journey across the perilous chasm that separates the sexes.

Garrett Oppenheim, Ph.D., Director CONFIDE-Personal Counseling Services, Inc.

INTRODUCTION

Descriptions from classical mythology, classical history, Renaissance and nineteenth-century history plus cultural anthropology point to the long-standing and widespread pervasiveness of the transsexual phenomenon. These descriptions were generally hidden away in historical or scientific documents, unavailable and of little interest to the general public.

This situation changed in late-1952, however, when transsexual (sex reassignment) surgery burst publicly upon the world. On December 1, 1952, the New York Daily News carried the banner headline, "Ex-GI Becomes Blonde Beauty." For the next few months transsexualism became a household topic as story after story was published. Eventually interest in the subject dwindled and one-time front page stories were lost within the inner pages of the tabloids.

Few articles appeared during the period 1954 to 1976. Those that did seldom rated front-page space. During the summer of 1976, however, the world of professional tennis was disrupted by the controversy surrounding a player who had undergone sex reassignment and subsequently desired to play professional tennis as a woman. The controversy once again sparked the nation's curiosity concerning transsexualism and, during the following months, numerous magazine articles, newspaper reports, and television programs dealt with the scientific phenomenon of a "female mind trapped in a male body" or vice versa.

Interest in transsexualism would have dwindled once again, had it not been for a seemingly endless series of newsworthy stories involving transsexuals, such as "Transsexual Wars With The Army" and "Sex Changed Teacher Seeks Job Back." Further, the courts were suddenly alive with transsexual litigation; the common denominator in each being a persistent pattern of severe discrimination. Systematic medical treatment of transsexualism was initiated in the early-fifties by Harry Benjamin, a prominent New York endocrinologist. The first gender clinics opened during the 1965-67 period at Johns Hopkins Medical Institutions, the University of Minnesota, and UCLA (University of California Los Angeles).

Professionals involved with these clinics realized early in their research that differential diagnosis would be difficult and controversial. Consequently, international symposiums were established to resolve many of the issues surrounding the treatment of transsexualism. International symposiums have since been conducted in London (1969), Denmark (1971), Yugoslavia (1973), Stanford (1975), Norfolk (1977), San Diego (1979), Tahoe (1981), Bordeaux, France (1983), Minneapolis (1985), and Amsterdam (1987).

By 1976 it was clear that transsexualism was no longer seriously questioned as an accepted medical entity. And, in 1979, a professional subspecialty group (The Harry Benjamin International Gender Dysphoria Association) was formed during the Sixth International Interdisciplinary Symposium on Gender Dysphoria, with minimum standards subsequently being established for the treatment and care of gender dysphoria patients.

Today, some 30-plus years since becoming front-page news, gender dysphoria syndrome is described thoroughly in the literature. The literature suggests that: (1) The causes remain unknown; (2) pre-surgical transsexuals as a group are among the most miserable of people, often exhibiting extreme unhappiness which frequently brings them to the verge of suicide or self-mutilation, and (3) a satisfactory outcome to sex reassignment surgery, in of improved social and emotional adjustment, is at least 10 times more likely than an unsatisfactory outcome in properly selected patients.

The literature describes the problem of transsexualism as a disturbance of gender identity, where individuals experience a sense of incongruity between their psychological sex and their anatomic sex. Other disturbances described, but frequently confused with transsexualism, include homosexuality and transvestism. They are, however, actually distinct from it.

Homosexuals, who are sexually attracted to members of their own sex, and transvestites, who occasionally dress in clothes of the opposite sex, experience conflicts which are only superficially similar to transsexualism.

Unlike the transsexual, they do not desire to alter their anatomy. The transsexual, in sharp contrast, feels trapped in a body of the wrong sex and seeks release; either through skilled surgical intervention, or through what ever means-including suicide-available to effectively escape.

The literature indicates a consistent trend towards rejection by both family and friends, harassment and/or discrimination in varying degrees by most of society, and more often than not, a refusal by many in the legal and medical professions to render services; either by reason of questioning the validity of such a diagnosis, or perhaps fear of potential peer and/or community sanctions.

Additionally, it is clear from the literature that the causes of transsexualism are disputed among professionals; most of the controversy focusing on whether the etiology is psychogenic or organic.

Money and Ehrhart suggest that a fetal metabolic or hormonal component may predispose a person toward gender confusion. Block and Tessler discuss an endocrine theory which assumes that chromosomal sex and endocrine do not always correspond, and Seyler and associates have demonstrated that the response of female transsexuals to diethylstilbestrol (DES) and luteinizing-releasing hormone (LRH) was intermediate between the female and male patterns, suggestive that a biological component is present.

Virtually countless theories abound, with research failing to wholly support any one position. The result is that most professionals accept the theory that best corresponds with their own personal background, education and clinical experience.

Adding to the controversy is a lack of standardized criteria to determine the presentation of true transsexualism; the diagnostic process being one of inference and the ruling out of other disorders. Definitive diagnostic tools such as standardized physical or psychological tests are simply non-existent.

On the other hand, there is considerable indication that experienced practitioners are finding methods to accurately differentiate primary from secondary transsexualism and predict outcomes. Extensive patient histories, psychometric testing and psychiatric evaluations intake, mid-transition (following initiation of hormone therapy and full-time living in the gender-role of reassignment), and just prior to surgery are used to monitor patient progress and adjustment/suitability for sex reassignment surgery. Coupled with this evaluative process is the real-life test, extending from one- to two-years, supplemented by private or group therapy to resolve non-gender related emotional problems, etc. and develop realistic patient expectations prior to surgery.

Despite the about transsexualism, the literature on the subject does reflect some recurrent themes. First, each individual's gender identity is well established by early childhood.

Second, transsexualism usually manifests before puberty, and once the pattern is established, it is highly resistant, if not impossible, to change.

Third, true transsexuals do not respond to psychotherapy, rejecting this mode of treatment because they see their problem as physical and the solution as surgical, not psychiatric. Consequently, therapy aimed at other than sex reassignment has consistently failed, rendering self-castration or suicide a real risk.

Fourth, transsexuals suffer from a distinct gender disorder of unknown etiology that is capable of amelioration, if not cure, uniquely through sex reassignment.

Fifth, as might be expected, surgical complications are more frequent when individual surgeons or surgical teams are making their initial attempts at vaginal construction. As experience of each group develops, the complications may be largely reduced eliminated.

Sixth, sex reassignment, while often treated as cosmetic in the literature, has consistently been deemed non-cosmetic and, in the majority of cases, medically necessary by the courts.

Despite the generally favorable non-cosmetic and medically necessary judicial decisions, the American judicial system has failed to keep pace with medical and scientific advances, particularly in the area of gender dysphoria syndrome and transsexualism. This failure is aptly demonstrated by a diversity of decisions, rendering the transsexual vulnerable to discrimination in a variety of socio-economic contexts, especially in the areas of civil rights and health care. This vulnerability was clearly described in a recent article by Tim Alger, wherein it was stated that "[t]here [are few] provisions for transsexuals under the law. They're kind of left out there, hanging in space. Each time they go into court, depending on the empathy of the judge, it is unknown how they will be treated."

There can be little doubt about the complexity of the socio-legal problems surrounding the transsexual. The newness and limited size of this field makes research difficult. Furthermore, more often than not, the professional may find that once a body of information has been accumulated, it may well fail to provide an answer to the question which motivated the research. On the other hand, few fields of endeavor offer more challenge.

Lawyers, legislators, and judges need to better understand the human condition as it relates to gender dysphoria syndrome, in particular transsexualism. For only through this group of professionals can the advancement of equal rights and equal protection under color of law be attained.

Every member of society, regardless of race, national origin, religious belief, sex, sexual orientation, or sexual status (transsexual, hermaphrodite, etc.) should be entitled to be judged and to live under a government of laws, free of prejudice and the weakness of a government of men or women acting without laws to regulate their treatment.

ARMED SERVICES

Introduction

The United States military's long standing employment policy of discriminating against transsexual individuals is somewhat ironic insofar as the federal government is generally regarded as being in the fore-front of liberal, nondiscriminatory employment policies. Present military regulations, however, bar appointment, enlistment, and induction of those individuals who have undergone sex reassignment and disclosure of one's desire for sex reassignment can be grounds for immediate dismissal.

This discrimination has particularly far reaching effects because a transsexual person denied appointment, enlistment, or induction into, or dismissal from, the military for transsexualism can encounter severe problems in subsequently locating employment in the private sector. It has, in effect, the potential for fixing upon the transsexual "an official defamation of character."

Additionally, it should be noted, that service members becoming romantically involved with transsexual individuals, are subject to potential dismissal. The effect of such a dismissal could, potentially, be no less damaging than a dismissal for transsexualism.

Appointment, Enlistment, and Induction

The specific disqualifying regulation, common to all service branches, which bars appointment, enlistment, and induction of those individuals who have undergone sex reassignment, reads:

Section IX. GENITOURINARY SYSTEM

2.14 Genitalia

The causes for rejection for appointment, enlistment, and induction, are-

a. Major abnormalities and defects of the genitalia such as a change of sex, a history thereof, or complications (adhesions, disfiguring scars, etc.) residual to surgical correction of these conditions.

The Department of Defense's rationale in implementing this regulation is based upon the determination that "enlistment of transsexuals would not be in the best interest of the individual or the military service. Transsexuals are not considered psychologically or sociologically suited for military service, and they require continuing sophisticated medical care because of the absence of organs and glands normally present in an individual at birth."

Discharge, Dismissal, Separation

There are no specific regulations that require the immediate discharge, dismissal, or separation of a service member seeking sex reassignment. The vagueness of military regulations utilized in separating service personnel, however, permits easy discharge, dismissal, or separation without cause, especially in the case of service personnel suffering from gender dysphoria syndrome-i.e. transsexualism-or sexually or romantically involved with a transsexual. Consequently, completion of the service contract, without disclosure of one's transsexual feelings, or feelings towards a transsexual, may gain the service member an honorable discharge assignment of an "eligible for enlistment" reenlistment code. An "ineligible for enlistment" reenlistment code can be just as damaging to the individual as a less than honorable discharge.

Boards for the Review of Discharges or Dismissals

The Servicemen's Readjustment Act of 1944, Section 301, as amended, now Title 10 United States Code, Section 1553, directs the Secretary of each military department and the United States Coast Guard, when it is not operating as a service of the Navy, to establish boards for the review of discharges and dismissals of military personnel.

These boards, operating under rules and regulations issued by the individual Secretaries, are authorized to review either on their own motion or upon request the type of nature of discharge or dismissal of former members of the service, except a discharge or dismissal by reason of the sentence of a general court martial. The scope of their [the board] review is to determine whether, under reasonable standards of Air Force, Army, Coast Guard, or Navy regulations and discipline, the type and nature of the discharge or dismissal should be changed, corrected, or modified; and if so, to decide what change, correction, or modification should be made.

The boards have no authority to revoke any discharge or dismissal, to reinstate any person in the military service subsequent to discharge or dismissal, or to recall any person to active duty. Neither do they have any authority to waive discharges to permit enlistment in any of the Armed Forces; to cancel enlistment contracts; to change, correct, or modify any document, other than the discharge, from or to physical disability; or to determine eligibility for veteran's benefits.

The boards may record a recommendation for reenlistment. This recommendation, however, is not binding and Secretarial approval of the board's decision will not constitute endorsement of its recommendation for reenlistment unless so stated by the Secretary. Application for review of a discharge or dismissal must be made on DD Form 293, and must be submitted within 15 years of discharge or dismissal. Current editions of DD Form 293 may be obtained from the Veterans Administration, or by writing the appropriate Board of Review of Discharge or Dismissal.

Boards for the Correction of Military or Naval Records

Public Law 601, 79th Congress, Section 131, the Legislative Reorganization Act of 1946, provides that no private bill or resolution and no amendment to any bill or resolution, authorizing or directing the correction of military or naval records shall be received or considered in either the Senate or House of Representatives. Section 207 of this same Act, as amended (now Title 10, United States Code, Section 1552), however, authorized the correction of military and naval records through boards of civilians established by the Secretaries of each service branch.

The boards may correct any record of their respective service when it is necessary to correct an error or remove an injustice. Further, under this Act, the Secretary of the service branch is empowered to act on dishonorable discharges issued as a sentence of a general court martial.

Application for correction of a military or naval record must be submitted on DD Form 149 and must be submitted within three years of discovery of the error or injustice. Current editions of DD Form 149 may be obtained from the Veterans Administration, or by writing the appropriate Board for Correction of Military or Naval Records.

Judicial Response

The medical and constitutional validity of AR 40-501, paragraph 2-14s, was first challenged in the Federal court system in 1978. The initial complaint, cited as *Clark v. Brown, et. al.* was filed in the U.S. District Court for the Central District of California. The plaintiff, a veteran of 17 years (as a male) U.S. Navy, U.S. Naval Reserve and 22 months (as a female) U.S. Army Reserve service, filed suit alleging a violation of her right to due process and equal protection. The suit was dismissed without prejudice and findings.

The plaintiff subsequently filed a series of in pro per administrative appeals with the Navy Discharge Review Board, the Board for Correction of Naval Records, the Merit System Protection Board, and the Army Board for Correction of Military Records. In mid-1981, the Army Board for Correction of Military Records ruled in favor of the plaintiff, finding that an injustice had occurred, that the plaintiff was entitled to credit for military time served and a honorable discharge. The Board refused to reinstate the plaintiff, however.

Following the Board's finding, in favor of the plaintiff, the ACLU Foundation of Southern California, filed a revised complaint with the U. S. Court of Claims. The revised complaint, cited as *Clark v. United States*, again challenged the medical and constitutional validity of the preceding regulation, as well as the constitutional validity of a Navy assigned RE-4 (Ineligible for Enlistment) reenlistment code. Prior to setting a date for hearing, however, the Army offered to settle and plaintiff accepted in order to get on with her life.

The second case to come before the courts involving appointment, enlistment, or induction, was *Doe v. Alexander*, Doe brought suit under civil rights statutes seeking damages and injunctive and declaratory relief with respect to the Army's enforcement of AR 40-501, paragraph 2-14s, following rejection of her application for admission as an officer into the Army Reserve in 1976.

The court evaluated Doe's complaint under the *Mindes* test and found her claim to be non-reviewable, in that: 1) Plaintiff has no constitutional right to a commission in the Army Reserve; 2) Plaintiff's injury was speculative at best; and 3) The courts are peculiarly ill-equipped to develop judicial standards for passing on the validity of judgments concerning medical fitness for the military. The third and final case involving a transsexual service member is *Leyland v. Orr, et al.* Leyland, a 15-year veteran of the U. S. Air Force/Air Force Reserve, made the promotion list to Lieutenant Colonel just prior to undergoing sex reassignment surgery. Following an Air Force Review Board hearing, Leyland was discharged from the service.

Leyland filed suit for mandatory, declaratory and injunctive relief, in the United States District Court for the Southern District of California, alleging the discharge was invalid in that: 1) The discharge hearings violated pertinent procedural military regulations; 2) The administrative review, including the Disposition Board, the recommendations, orders and discharge were arbitrary and capricious and unsupported by substantial evidence; 3) The proceedings violated plaintiff's constitutional right of privacy guaranteed by the First, Fourth, Fifth and Ninth Amendments to the Constitution; 4) The proceedings violated plaintiff's constitutional right of free speech and association guaranteed by the First Amendment to the Constitution; and 5) The proceedings violated plaintiff's constitutional right of substantive procedural due process guaranteed by the First Amendment to the Constitution.

The trial court found that the Air Force had acted in an arbitrary and capricious manner in handling the matter. The court failed to rule on what should be done, however, referring the matter back to the parties for resolution.

Leyland appealed to the Ninth Circuit Court of Appeals. The court ruled that discharge of a member of the USAF reserves on ground of physical unfitness after sex reassignment surgery did not violate regulation requiring individual assessment of evaluatee's ability to perform before removal for medical reasons, given expert testimony that sex reassignment invariably impairs ability to perform.

A fourth case, *Von Hoffburg v. Alexander*, involved a non-transsexual service member and her marriage to a female-to-male transsexual. Plaintiff Marie Von Hoffburg was honorably discharged from the United States Army because of her alleged homosexual tendencies.

During pre-discharge procedures, the Army elimination board found that plaintiff's husband, Kristian Von Hoffburg, was a psychological female-to-male transsexual but biological female. The board further opined that the intent of AR 635-200 is to define the sex of a person in the biological sense. As such, the board recommended that the plaintiff be discharged from the service because of homosexual tendencies. Plaintiff was subsequently discharged. Plaintiff filed suit just prior to her discharge, seeking a declaratory judgment, injunctive relief and monetary damages. The United States District Court for the Middle District of Alabama dismissed the complaint without prejudice because plaintiff had failed to exhaust her administrative remedies.

Upon appeal the 5th Circuit Court of Appeal held that: 1) The plaintiff must exhaust her administrative remedies prior to seeking judicial review of her honorable discharge from the Army; and 2) Plaintiff's claim for monetary damages cannot be satisfied by the available administrative remedies; she must resort to the courts for that form of relief. Finally, the Appellate Court remanded the case back to the district court with directions to vacate the order of dismissal of the claim for monetary damages, but hold the claim in abeyance pending the administrative resolution of plaintiff's remaining claims.

CIVIL RIGHTS

Sex discrimination in employment may be either overt or covert. Overt discrimination exists where specific personnel policies deny equal employment opportunity basis on sex. Such policies may include establishment of

different job qualifications for men and women performing identical or similar functions as other men or women, advertising job openings for men only or women only, or specific exclusion of transsexuals from employment opportunities. Discrimination against transsexuals is generally, but not always, based on:

-Presence might have a potentially adverse affect on co-workers and customers.

-Disruption of office-routine because employees threaten to quit if transsexual allowed to use their restroom.

Title VII - Civil Rights Act of 1964

Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972, prohibits discrimination in employment in Federal, State, and local government and in the private sector based on race, color, religion, sex, or national origin. Unfortunately, the majority of recent court decisions at both the District and Appellate Court levels have ruled that Title VII does not apply to transsexuals. Examples of discrimination forbidden by Title VII include: maintenance of sex segregated classified advertising ("help wanted-male" and "help wanted-female"); establishment of different retirement ages for men and women (62 for women and 65 for men); maintenance of separate promotion ladders for men and women; or the refusal to treat pregnancy as a temporary disability. Discrimination based on "change of sex" rather than "sex" itself, is not covered by Title VII, however.

Judicial Response

Current Title VII case law involving effeminate males and/or transsexuals includes: *Smith v. Liberty Mutual Insurance Co.*, *Voyles v. Ralph K. Davies Medical Center*, *Holloway v. Arthur B. Andersen & Co.*, *Powell v. Read's Inc.*, *Audra Sommers v. Budget Marketing*, *Sommers v. Iowa Civil Rights Commission*, *Kirkpatrick v. Seligman & Latz*, *Ulane v. Eastern Airlines*, and *Doe v. U. S. Postal Service*.

In *Smith* the court held that Title VII did not forbid employment discrimination based on "affectional or sexual preference" of the job applicant, despite the fact that the plaintiff was not characterized as a homosexual person but "effeminate."

The *Voyles* court expanded the non-applicability view to include both transsexuals and bisexuals. *Voyles*, a medical technician, was dismissed when she informed her employer that she intended to undergo sex reassignment from male-to-female. She was dismissed on the ground that such a change might have a potentially adverse effect on coworkers and patients. She sued under the Civil Rights Act of 1964 for injunctive and monetary relief on the grounds that the dismissal constituted sex discrimination under the Act. The District Court granted the defendant's motion to dismiss, stating that "[s]ituations involving transsexuals, homosexuals, or bisexuals were simply not considered [by Congress in passing the Act], and from this void the Court is not permitted to fashion its own judicial interdictions." The dismissal was upheld on appeal by plaintiff to the Ninth Circuit Court of Appeal.

The Court reached a similar decision in *Holloway*, wherein plaintiff, employed as a multilith operator, was dismissed after having informed her supervisor that she was undergoing treatment in preparation for sex reassignment from male-to-female. The Court granted the employer's motion to dismiss the suit, ruling again that Title VII did not embrace transsexual discrimination.

Again, the decision was affirmed on appeal. The Court did, however, go on to rule that "a transsexual who claimed discrimination because of his or her sex, male or female, could state a cause of action under Title VII. In *Powell*, plaintiff was engaged in the required trial living venture prior to sex reassignment surgery. On her first day of employment as a waitress in a new job, plaintiff was dismissed by her supervisor who had been informed by a customer that plaintiff had been a man. The court followed the *Voyles* and *Holloway* decisions, stating that Title VII did not embrace sex reassignment.

The Eight Circuit Court of Appeals followed the reasoning of previous courts in *Sommers*. Miss *Sommers* was fired by her employer, Budget Marketing, after having told them she had the anatomy of a woman and working two days. The company said she was fired because its office routine was disrupted because female employees threatened to quit if Miss *Sommers* were allowed to use their restroom.

While the Court was not unmindful of the problem *Sommers* faces, they recognized the problem Budget faced in protecting the privacy interests of its female employees. An appropriate remedy was not immediately apparent to the Court. "Should Budget allow *Sommers* to use the female restroom, the male restroom, or one for *Sommers*'s own use?" The issue before the court, unfortunately, was not whether such an accommodation could be reached but, rather, whether Congress intended Title VII of the Civil Rights Act to protect transsexuals from

discrimination. The court held with the other Circuits that such discrimination is not within the ambit of the Act. Sommers, having failed in the federal court system, next brought suit against the Iowa Civil Rights Commission. The Iowa Supreme Court held, however, that an Iowa statute prohibiting discharge of an employee because of that employee's sex or disability did not proscribe employment discrimination based on transsexuality.

The Kirkpatrick court found that a preoperative male-to-female transsexual terminated from employment for not dressing and acting as a man while at work, failed to state a cause of action under 42 U.S.C. Section 1985(3). Under color of law, "plaintiff must allege that defendants' refusal to allow her to continue work while dressing and acting as a woman denied her equal protection, or equal privileges and equal immunities, and where there was no allegation that any other employees who were biologically men, were protected, privileged, or immune so as to have a right to work while dressed and acting as women (or vice versa)." Further, the court went on to find that transsexuals "are not (a) suspect class for purposes of equal protection analysis and (b) clearly there was rational basis for employer's requiring its employees who dealt with public to dress and act as persons of their biological sex since allowing employees to do otherwise would disturb customers and cause them to take their business elsewhere." The decision was affirmed, on appeal, by the Fifth Circuit.

What initially appeared to be a landmark decision occurred during the trial court phase of *Ulane v. Eastern Airlines*. Ulane, an Eastern Airlines pilot, fired after undergoing sex reassignment surgery, was reinstated with back pay by U.S. District Judge John Grady, who found Eastern guilty of sex discrimination. Judge Grady ruled that Ulane was fired not because of any legitimate safety reasons, but because Eastern officials were concerned about the image of having a transsexual flying their planes. Grady attacked Eastern's "ostrich-like" motives, comparing the airline's position to that of opponents of civil-rights legislation. "Ignorance, prejudice, discrimination and hatred have throughout history been justified by, 'I don't know. We can't take a chance,'" he wrote.

Grady ruled that Eastern's medical witnesses "are in my view contemptuous of transsexuals, with an intolerance and prejudice that's culpable." He then went on to reject Eastern's claims that Ulane, as a transsexual, was not entitled to protection under the federal Title VII law prohibiting sex discrimination. The decision, however, was overturned by the Seventh Circuit, with the Supreme Court denying certiorari. In handing down its decision, the Seventh Circuit wrote: "Ulane is entitled to any personal belief about her sexual identity she desires. After the surgery, hormones, appearance changes, and a new Illinois birth certificate and FAA pilot's certificate, it may be that society, as the trial judge found, considers Ulane to be female. But even if one believes that a woman can be so easily created from what remains of a man, that does not decide this case."

Current case law clearly indicates that transsexuals cannot bring suit under Title VII. However, a recent case involving the U.S. Postal Service, has opened the door to possible claims and protection under the Rehabilitation Act of 1973.

In *Doe v. United States Postal Service*, the court found that Doe had: (1) failed to state a claim under Title VII, (2) succeeded in her claim based on denial of equal protection, since no court has held either that all governmental discrimination against transsexuals rationally based or that it is somehow outside the scope of equal protection, insofar as applicants for U. S. Government employment are entitled to protection against arbitrary or discriminatory treatment, (3) succeeded in her claim under the Rehabilitation Act of 1973, in that her transsexualism is an impairment that substantially limited at least her major life activity of working.

CRIMINAL LAW

In general there is no reason to believe that the transsexual will run afoul of the criminal law more often than anybody else, with two significant exceptions which apply to the preoperative transsexual whose anatomical sex is incongruous with the individual's psychological disposition and preferences. First, the transsexual may indeed have sexual contacts that will be regarded by unsympathetic police and prosecutors as homosexual. Second, the preoperative transsexual's more serious problem is with "cross-dressing"-i.e. wearing the clothes and generally presenting oneself to others as being of the "opposite" but desired sex.

Cross-dressing

It is impossible to determine how many locales still have laws on the books that could be construed to prohibit cross-dressing or "disguising" oneself as a member of the opposite sex. Cross-dressing is a status offense, one which can be or is in practice enforced only against a specific group of people-i.e. individuals perceived as cross-dressers; transsexuals, transvestites, and female impersonators.

These laws are seldom, if ever, enforced against females dressed as males. Examples of how the courts have dealt with cross-dressing situations can be illustrated by *City of Columbus v. Zanders*, *City of Cincinnati v. Adams*, *People v. Simmons*, *City of Chicago v. Wallace Wilson, et. al.*, *Doe v. McConn* (formerly reported as *Jane Doe I et. al. v. The City of Houston, et. al.*), and *Columbus v. Rogers*.

The defendant in *City of Columbus v. Zanders* was apprehended while wearing women's clothing and makeup, arrested, charged and tried under Section 2343.04 of the Columbus Municipal Code. The court, after receiving expert testimony that defendant was a true transsexual, dismissed the charge based on a finding that "a person is not responsible for criminal conduct if at the time of such conduct as a result of mental defect he lacks substantial capacity to appreciate the wrongness of his conduct or to conform to his conduct to the requirements of the law."

In *City of Cincinnati v. Adams*, defendant was charged with a violation of a city ordinance prohibiting any person to "appear in a dress or costume not customarily worn by his or her sex, or in a disguise when such dress, apparel, or disguise is worn with the intent of committing any indecent or immoral act" Defendant, a male, was standing in a parking lot wearing a woman's wig, earrings and carrying a purse. The court struck down the ordinance on due process grounds, ruling that the law did not give the defendant fair notice of what was prohibited because of its vagueness and overbreadth. The court implied in its opinion that any ordinance prohibiting transvestism, unaccompanied by criminal activity or solicitation, would be unconstitutional.

The defendant in *People v. Simmons*, was dressed in female clothing and after soliciting another male for sex, stole some money from him. One charge against him was violation of a New York statute prohibiting criminal impersonation, defined as when one "impersonates another and does an act in such assumed character with intent to injure or defraud another." The court, after a lengthy discussion of definitions of the words used in the statute and other cases, concluded that the statute did not apply to this defendant because he was not impersonating another but was simply himself.

In *City of Chicago v. Wallace Wilson, et al.*, defendants, two preoperative male-to-female transsexuals attired in female clothing, were arrested as they left a restaurant following an early Sunday morning breakfast. Convicted and fined, they appealed their case to the Illinois Supreme Court, which upheld the constitutionality of the ordinance but overturned the lower court's action, recognizing the need for cross-dressing of the preoperative transsexual undergoing treatment for eventual sex reassignment.

The court, in *Doe v. McConn*, declared a Houston, Texas, city ordinance making it illegal to appear in public areas "dressed with the designed intent to disguise his or her true sex as that of the opposite sex," unconstitutional as it was applied to preoperative transsexuals who cross dress in preparation for sex reassignment surgery. The court noted that an integral part of the presurgical process requires that a transsexual wear the clothing of the gender to which reassignment is sought throughout the preoperative stage, and that the ordinance in question, therefore, directly inhibited the treatment of the transsexual plaintiffs and their reassignment. The court noted that there was no exception or defense under the ordinance for transsexuals, including those under a doctor's care. The court also pointed out that the defendants, past and present city officials charged with the responsibility of enforcing the ordinance, had not submitted evidence of a state interest in the enforcement of the ordinance.

In his four-page opinion, U.S. District Judge Norman W. Black described, at length, the transsexual syndrome and the generally agreed upon treatment program which a presurgical candidate must follow in order to receive sex reassignment surgery, stating "[t]ranssexualism is a rare syndrome of gender identity disturbance which appears to occur more frequently in male than in female subjects. The cause of the syndrome is unknown. Treatment of this condition in adults by psychotherapy alone has been futile.

Administration of hormones of the opposite sex followed by sex-conversion operations has resulted in better emotional and social adjustment by the transsexual individual in the majority of cases. Prior to undergoing surgery, the patient is required to be seen by a team of specialist in physical and psychological medicine over an extended period of time, generally one to two years." Judge Black continued his discussion of the treatment process, stating "To date, it is generally agreed that the common requirement of a preoperative period of six to twenty-four months of living and working in the gender role of choice provides the best index of judgment for eliminating non-transsexuals."

One of the reasons for the requirement that the preoperative transsexual live and work in the gender role of reassignment, is that this "real-life test" is presently the most relied upon indice of how well the transsexual can adjust to the demands of everyday living in the gender of reassignment. It provides the individual, as well as the treatment team, with an accurate indication of the individual's ability to function in society as a member of the opposite sex. Also, as stated by the court in *McConn*, supra "[s]ince some patients presenting transsexual symptoms and desiring surgery may change their mind, a period of hormone therapy and of living in the desired gender role is strongly indicated, so that those whose motives are confused or weak may discover this for themselves through direct experience."

In *Columbus v. Rogers*, the same city ordinance as that in *Zanders*, supra, was held unconstitutionally vague on its face, on the grounds that it failed to give fair notice of the conduct forbidden by the ordinance and to provide guidelines to law enforcement officials charged with its enforcement. The court noted that modes of dress for both men and women are historically subject to changes in fashion, with clothing presently being sold for both sexes which was so similar in appearance that a person of ordinary intelligence might not be able to identity it as male or female dress.

Moreover, said the court, it is not uncommon today for individuals to purposely, but innocently, wear apparel which is intended for wear by those of the opposite sex. The court stated that once it is recognized that present-day dress may not be capable of being characterized as being intended male or female wear by a person of ordinary intelligence, the constitutional defect in the ordinance becomes apparent. The defect, said the court, is that the terms of the ordinance, "dress not belonging to his or her sex," when considered in the light of contemporary dress habits, make it so vague that men of common intelligence must necessarily guess at its meaning and differ as to its application.

A note of caution is warranted in conclusion. The preoperative transsexual who is presently, or is considering, wearing the clothing normally associated with the individual's gender of reassignment should be cautioned to give some thought to the activities the person will be involved in while dressed as a member of the gender of reassignment. If the transsexual is an individual who may be involved in illegal activities such as prostitution, etc., he or she should be aware that to do so while so dressed exposes one to the possibility, more likely probability, of verbal and physical assaults by either arresting officers, jail staff, or other inmates. In many states it is commonplace for judges and their staffs, as well as juries, to be unsympathetic to the plight of the preoperative transsexual who may make a living from such activities.

To cross-dress without running afoul of the law involves avoiding compromising situations, securing proper identification and authorization, and learning to dress appropriately. The latter is most important: if you are going to cross-dress, don't be obvious about it.

Finally, a letter from the attending physician attesting to the fact that the individual is being treated for transsexualism and that cross-dressing is a required part of therapy should be carried at all times while cross-dressed. While such a letter has proven useful in helping some individuals to avoid embarrassing situations, it is not a guarantee of immunity from arrest. It is not a replacement for common sense.

Imprisonment

There are few alternatives for transsexuals who find themselves incarcerated. The right to treatment in the area of mental health has been given such unconstitutional underpinning that during an involuntary civil commitment the right requires adequate treatment or release. Prison officials are charged with the protection and safety of the inmates in their care and with seeing to the inmate's physical and mental health. Thus, the preoperative transsexual, who has been receiving medical treatment for his or her transsexualism prior to incarceration, may

have grounds for continued treatment. On the other hand, the individual who has not been diagnosed and treated for their transsexualism prior to incarceration is at the mercy of prison authorities and associated medical personnel as to whether he or she will have an opportunity to be diagnosed and treated.

Prisoners are normally admitted to prison facilities in accordance with their physical anatomy at the time of incarceration. Thus, the untreated preoperative male-to-female is assigned to the men's facility, and the untreated preoperative female-to-male is assigned to the women's facility.

The decision of which facility to assign a preoperative transsexual in mid-transition is complicated. There are few administrative decisions or case law to rely on. Common sense, however, should tell the transsexual facing incarceration that it is impossible to undergo hormone therapy and visibly feminize or masculinize one's body while institutionalized without problems.

The physical changes associated with hormonal sex reassignment have caused serious problems in relations with both prison staff and other inmates.

The news media has carried a number of articles concerning preoperative transsexuals incarcerated at mid-transition. Each of these stories has detailed sexual abuse, beatings by both inmates and prison guards, extended solitary confinements. For example, in Farmer, district Judge William Nealon dismissed a transsexual inmates civil rights suit against the Federal Bureau of Prisons because it lacked merit.

The inmate, identified only as Farmer, a diagnosed transsexual serving a sentence for theft and forgery, claimed FCI Lewisburg officials were deliberately indifferent to [her] serious medical condition by refusing to continue [her] estrogen treatment, subjected [her] to cruel and unusual punishment and violated [her] rights to due process and equal protection by isolating [her] in administrative detention during [her] Lewisburg stay.

In denying Farmer the medication Premarin, a brand of conjugated estrogens, based on informed medical opinion and not an indifference to [her] medical needs, Judge Nealon stated the court would not second-guess three doctors who agreed the proper treatment for people "who feel that nature has assigned them the wrong sexual characteristics remains firmly in the providence of psychotherapy, not in hormonal or surgical manipulation."

On the other hand, the Supreme Court has refused to review a ruling by the 7th U.S. Circuit Court of Appeals, which ordered a lower court to take up Lavarita Meriwether's suit against Indiana prison officials. Meriwether, 28, a preoperative transsexual, alleged in her complaint, filed in 1983, that she has been denied all treatment, including estrogen therapy for her gender dysphoria, that she has been the victim of violence and sexual assault while housed in the general prison population, and that she had been segregated for up to five months while being sexually and emotionally abused by guards.

U. S. District Judge James E. Noland threw out Meriwether's suit, ruling that no "serious" medical need was involved. His decision was reversed and the suit reinstated by the 7th U. S. Circuit Court of Appeals. The Appellate Court, in sending the case back for further review, found evidence of deliberate indifference to the medical needs of Meriwether, and that she has a right to some kind of medical treatment, but stressed "it might not take the form of estrogen therapy." Under similar circumstances, U.S. District Judge Raul Ramirez, granted a preliminary injunction to Anna Marie Mostyn, a preoperative transsexual, stating that "although prison officials classified her as a man, because the sex change has not been completed, evidence is overwhelming in every respect that Mostyn has predominantly female characteristics and is a true transsexual."

Judge Ramirez ordered that she be kept out of the general male population of any prison, and that medical treatment be continued because the inmate "could have severe psychological effects" if they were stopped. He refused, however, to grant her request to be allowed to wear feminine clothing and cosmetics while in prison.

The course of action, therefore, for the preoperative transsexual undergoing treatment should be quite obvious - avoid compromising situations which could lead to incarceration.

FAMILY LAW

Child Custody

In child custody cases involving a gender conflicted parent one hesitates to predict what action the courts will take. As Jan Elliot points out, "[t]here are few published court opinions dealing with cross dressers . . . [and] in general the opinions present a 'mixed bag.'"

The traditional legal standard for dealing with children is to place the welfare of the child in a predominant position. While the relevant factors are relatively comprehensible in the ordinary custody proceeding, a case involving a gender-conflicted parent presents a unique situation, the threshold question being whether the gender-conflicted are by definition unfit parents.

In re Tenure Hearing of Grossman, the trial court held and the Court of Appeals affirmed that the mere presence of a transsexual teacher whose sex reassignment was known to the children caused the likelihood of psychological damage to the children sufficient to justify her dismissal. On the other hand, the Colorado Appellate Court ordered that custody remain with the natural "mother" (now a male) in Christian v. Randall. The court found that "[t]he record contained no evidence that the environment of the respondent's home in Colorado endangered the children's physical health or impaired their emotional development."

In 1987, a Minnesota appellate court reasoning that the best interests of the child would be so served sustained the grant of sole custody of a daughter to her "transvestite" father. Important to the decision were the facts that the father did not cross dress at home; would tell his daughter about his cross dressing at an appropriate time with the help of a therapist; and, perhaps critically, that the child had been abused while in the mother's custody.

Finally, in 1988, custody was given to a transsexual parent, In Re Custody of T. J., who had determined for the present to maintain his male identity and not cross dress, even though his son knew of his father's gender conflict.

The controversy continues, however. In Re Clark, an Orange County Superior Court judge approved an adult adoption of a 25 year-old prison inmate. A week later, the judge changed his mind and rescinded the adoption decree, having belatedly discovered that both parties were labeled as transsexuals. The presiding judge ignored the fact that the adoptive parent was: (1) now legally female and had been for the past 12 years, and (2) a highly respected member of the local community with considerable community support for her action. The judge's position was that the adoption was not in the public interest.

Parental rights became a major issue in the case of Daly v. Daly, when the respondent mother petitioned the trial court to terminate appellant's parental rights. The trial court terminated appellant's parental rights and Appellant appealed.

The court reviewed jurisdictional grounds for termination of parental rights under Nevada statute NRS 128.105. Expert witnesses examined the child and testified that there was a serious risk of emotional or mental injury to the child if she were allowed to be in her father's presence. Further, the child stated to the court that it would be disturbing to visit with her father and made it graphically clear that she didn't want to see him again.

Based on the above the trial court found the requisite jurisdictional grounds existed to terminate parental rights.

On the other hand, in Mackenzie, the Arizona Supreme Court has ruled that the defendant's crossdressing and preoperative transsexual lifestyle were not an issue significant enough to cancel either custody or visitation.

Whether the gender-conflicted are per se unfit school teachers and/or parents is clearly unresolved scientifically and judicially at this time. Preliminary psychiatric data, however, indicates that as parents, the gender-conflicted do not adversely affect their own children's sexual identity. Richard Green, of the State University of New York at Stony Brook, having studied 16 children of gender-conflicted parents over a two year period stated that "[at] this

stage I tentatively suggest that children being raised by transsexuals ... do not differ appreciably from children raised in more conventional settings"

Divorce

Individuals who have entered into marriage and are later diagnosed as gender-conflicted should seek legal assistance if they decide to pursue sex reassignment surgery. This is especially important when children are involved, should the transsexual parent desire to maintain custody and/or visitation.

With the exception of perhaps the Randall, In Re Welfare of N. H. and In Re Custody of T. J. cases, discussed in the preceding section, parental custody and/or visitation rights have generally been denied the gender-conflicted parent; the Daly decision being typical of the many uncited custody/visitation rights battles.

Divorce is traumatic enough on children. The situation is complicated even further when one parent is sufficiently gender-conflicted to seek sex reassignment, and the other parent is hostile, seeking to deny parental rights to the other altogether. The real losers are the children of such a union/custody and visitation rights battle.

Love sometimes means letting go . . . particularly when the long-term emotional health of the children are at stake. The gender-conflicted parent, faced with a hostile spouse in a divorce action, should consider very carefully the long-term effects on their children of a prolonged custody battle. Finally, it should be noted that few physicians will provide hormone therapy, and even fewer surgeons will perform sex reassignment surgery prior to a divorce action being completed because of the threat of a malpractice suit by the gender-conflicted's spouse.

Marriage

Marriages between gender-conflicted and non-gender-conflicted fall into three categories: (1) Marriages between two persons of the same sex (preoperative marriage); (2) Marriages between a person of one sex and a person of the opposite sex who was formerly of the same sex (postoperative marriage); and (3) marriages between two persons of the opposite sex, one of whom subsequently became a member of the same sex.

Preoperative Marriage: Marriage contracted by preoperative gender-conflicted individuals are clearly considered invalid: the law making no provision for a marriage between persons of the same sex. The reported cases have unanimously rejected claims by parties involved in same sex marriages.

In Baker v. Nelson, the Minnesota Supreme Court denied efforts by two males to obtain a marriage license, reasoning in part that "[t]he institution of marriage as a union of man and woman, uniquely involving procreation and rearing of children within a family, is as old as the book of Genesis." Further, the Court ruled that such denial did not violate the plaintiffs' First amendment right to freedom of religion, their Eighth amendment right not to be cruelly and unusually punished, their Ninth amendment right to privacy, nor their Fourteenth amendment right to equal protection and due process. The same issues were subsequently raised and rejected by other courts in Jones v. Hallihan and Singer v. Hara.

In Anonymous v. Anonymous, a marriage contract was entered into by two males, one of whom thought the other was female. Upon attempting to consummate the marriage, the unsuspecting male discovered the true sex of the other.

Shortly thereafter he was transferred overseas. In the meantime, the second male underwent sex reassignment. The first male sued for a declaration as to the status of the marriage. The New York Supreme Court declared that the marriage ceremony had not in fact created a valid marriage, noting that "[w]hat happened to the [second male] after the marriage ceremony is irrelevant, since the parties never lived together." Postoperative Marriage: The issue of whether a marriage is legal when one of the parties has changed his or her when one of the parties has changed his or her sex before the marriage ceremony appears to present more of a problem for the courts. The validity of a postoperative marriage hinges on many factors, as do all marriages; for example, fraud and absence of consummation.

Early case law (pre-1975) clearly considered all transsexual marriages to be invalid. In *Francis B. v. Mark B.*, the husband had undergone operations for mastectomy and hysterectomy, and was undergoing hormonal therapy at the time of the marriage. During attempted consummation the wife discovered that the husband was without a penis and could not perform sexually. The wife brought suit for an annulment on the ground that the husband was a female, wherein the husband brought a cross-suit for divorce. The court ruled that the husband could not succeed on a suit for divorce because there had been no valid marriage to begin with. "While the inability to consummate the marriage would have been enough to justify the annulment, the defendant was in fact a woman," thus invalidating the marriage.

On the other hand, in *M. T. v. J. T.*, the New Jersey Appellate Division unanimously declared in 1976 that an individual who changes sex through surgery is entitled to all the legal rights enjoyed by others of the same sex, including marriage. The court rejected previous decisions in this country and abroad, in which a person's sex was determined solely by his or her chromosomes or designated sex at birth. The court ruled that "[i]f the anatomical or genital features of a genuine transsexual are made to conform to the person's gender, psyche, or psychological sex, then identity must be governed by the congruence of these standards." Therefore, at least in New Jersey, a marriage between a postoperative transsexual and a person of the opposite sex is valid as long as the transsexual tells the partner in advance about his or her sex reassignment.

The controversy continues, however. In *re Ladrach*, reported upon by Jan Elliot, a postoperative male-to-female transsexual sought to marry a genetic male. Noting [incorrectly] that only Arizona, Louisiana, and Illinois statutorily permit changing sex on a birth certificate, although another twelve permit such change without statute, the court held that it could not alter the birth certificate of the transsexual without statutory authority and accordingly the transsexual could not lawfully marry a man.

HEALTH CARE

Introduction

During the late 1970's private health plans became more generous of providing coverage for preoperative evaluation, sex reassignment surgery, related therapies and hospital costs: (1) the establishment of multidisciplinary gender programs, (2) the work of dedicated professionals, such as Harry Benjamin, M.D., Paul Walker, Ph.D., Alice Webb, M.S.W., and Donald Laub, M.D., (3) the establishment of minimum "standards of care" by the Harry Benjamin International Gender Dysphoria Association, and (4) a number of "positive" judicial decisions, ruling sex reassignment as non-cosmetic and medically necessary in properly selected patients.

Although Federal Employee Health Benefit Plans began excluding benefits for sex reassignment as early as 1974, it was not until August 1979, following publication of the Meyer/Reter study, with subsequent worldwide press coverage, that exclusion clauses began to appear on a widespread basis in privately issued insurance policies. The Meyer/Reter study was published shortly after the Health Care Financing Administration (HCFA) financed study, which was published without news media commentary or notice.

Following these events the race to publish studies critical of sex reassignment was on, with the National Center for Health Care Technology (NCHCT), and the office of Health, Research, Statistics and Technology (HRST) and Public Health Service (PHS), financing studies which they have relied on heavily to instruct federal agencies that federal funds are not to be used to fund or pay for sex reassignment surgery.

More recently a Federal District Court in Atlanta, Georgia, issued a ruling in the case of *Rush v. Johnson*, finding that transsexual surgery was experimental in nature and that Georgia's prohibition of said services to transsexual applicants was rationally related to a legitimate governmental interest in protecting the public health. The court also found that the state's determinations that sex reassignment surgery was not generally accepted by the professional medical community as a proven and effective treatment and that there was no authority of evidence that the surgery is safe and effective were reasonable. The decision effectively confirmed the position taken by HCFA in 1981.

Much publicized and often quoted, the Meyer/Reiter study was the turning point, despite critical reviews, and a general lack of acceptance within the professional community. The study has, however, been a rallying point for many private individuals (both professional and non-professional), bureaucrats, and government entities seeking to end or severely limit sex reassignment surgery in the United States.

The trend today is towards a full denial of benefits related to transsexual surgery. A trend that is most unfortunate considering: The prevalence of the phenomenon, the mental anguish characteristically suffered by the transsexual, and the vulnerability of this group to abuse and discrimination.

Judicial Response A search for cases involving transsexuals and health insurance related issues was conducted in May, 1988, utilizing both LEXIS and WESTLAW. The search produced less than a dozen cases despite the fact there are clear indications that more have come to trial. The majority are either settled out of court or never go beyond the trial court level.

One fact became increasingly clear during the above case search; that is the inability of the American judicial system to keep pace with scientific and medical advances of the past 30+ years. The judicial decisions rendered by the courts represent a broad-spectrum of societal concerns-i.e. Change of name, correction of birth certificates, criminal issues, civil rights, marriage, and health insurance. These decisions have been, in general, nothing more than a succession of confused and inconsistent legal pronouncements as the system attempts to reconcile medical and biological facts with legal and social concepts of sex and gender. The system's diverse opinions are aptly illustrated in *Richards v. United States Tennis Ass'n* and

Ulane v. Eastern Airlines.

The first medical necessity case to come before the court was *Denise R. v. Lavine*. Denise R., a male-to-female transsexual, having lived fully as a female for 18 years, was denied medical assistance for sex reassignment surgery by the New York City and State Department of Social Services.

Neither the City or the State questioned the diagnosis, but determined that there was insufficient evidence to find medical necessity.

The New York Appellate Court ruled in favor of plaintiff, holding the state commissioner's denial of services as arbitrary and capricious. On appeal,

the Court of Appeals reversed the appellate court decision, concluding that

"[w]here an administrator adopts one of several conflicting opinions," the court could not "assume the role of either social agency or legislative body."

On facts similar to those in *Denise R., Doe*, an adult male-to-female transsexual, appealed from a decision by the Minnesota State Welfare Department denying medical assistance benefits for sex reassignment surgery.

The trial court affirmed the Welfare Department's decision; however, on appeal, the Minnesota Supreme Court reversed the decision. The Supreme Court held that: "(1) The total exclusion of transsexual surgery from eligibility for medical assistance payments was void; (2) The standard of medical necessity requiring applicant for benefits to prove by conclusive evidence that requested medical treatment will eliminate disability and render applicant self-supporting was invalid; and (3) The Welfare Department's determination to deny medical assistance benefits was arbitrary and unreasonable."

Verna Pinneke successfully filed suit in the U.S. District Court for the Northern District of Iowa, in 1977. The court ordered state and local officials to reimburse Pinneke for her medical expenses, and awarded \$500 in punitive damages as compensation for mental anguish and suffering. The State of Iowa and local officials appealed. The Eighth Circuit Court of Appeals affirmed the trial court's decision, holding that: "(1) Iowa's denial constituted an arbitrary denial of benefits based solely on diagnosis, type of illness or condition, and (2) Iowa's policy of denying Medicaid benefits for sex reassignment surgery was not consistent with the objectives of the Medicaid statute."

The medical necessity and cosmetic surgery issues first came before the California courts in 1978. *G. B. v. Lackner* and *J. D. v. Lackner* involved claimants applying for sex reassignment surgery under the state's MediCal medical assistance program. The Director of Health Services [Lackner] denied benefits in both cases on the ground that "the proposed surgery was to be performed solely for cosmetic purposes and was therefore not covered under the MediCal program." The trial court entered judgment, in both cases, for defendant Lackner. The claimants appealed and the Court of Appeal, First District, reversed and remanded with instructions to the trial court to issue a Writ of Mandate.

Both Lackner decisions treated transsexualism as an illness and recognized the medical necessity and reasonableness of the surgery for the plaintiffs.

In regards to the cosmetic surgery issue, the language of the *J. D.* decision is most noteworthy-"As stated in *G. B. v. Lackner*: We do not believe, by the wildest stretch of the imagination, that such surgery can reasonably and logically be characterized as cosmetic."

Recently a Federal District Court in Atlanta, Georgia, issued a ruling in the case of *Rush v. Johnson*. This case actually began in 1976-77 as *Rush v. Parham*, with the federal district court ruling that state officials had to pay for the requested surgery, and the state appealing the decision. The U.S. Court of Appeals for the Fifth Circuit held that 1) The state should have been permitted to show at trial that the Georgia Department of Medical Assistance had a ban against making payments for experimental treatments because treatment is not medically necessary, and 2) that transsexual surgery is such a treatment. Richard C. Freeman, the District Court Judge who issued the court's ruling on June 9, 1983, and who also issued the court's prior ruling in 1977, began by briefly describing the history of the case and the prior district and appellate court rulings and the nature of the court's present proceedings as directed by the Fifth Circuit.

Using the somewhat limited guidelines established by the Court of Appeals, the district judge made a lengthy set of findings of fact and conclusions of law, concluding that: (1) Transsexual surgery was experimental in nature and that Georgia's prohibition of said services to transsexual applicants was rationally related to a legitimate governmental interest in protecting the public health, and (2) the state's determinations that sex reassignment surgery was not generally accepted by the professional medical community as a proven and effective treatment and that there was no authority of evidence that the surgery is safe and effective were reasonable.

The first cited case involving a private health carrier was decided by the New York Supreme Court in 1979. The Davidson facts were again similar to preceding cases and were not in dispute. Davidson's insurance carrier, Aetna Life Insurance Company, refused to bear the cost of medical expenses, alleging: (1) Gender dysphoria is not an injury, (2) Transsexual surgery is cosmetic in nature, and (3) Surgical intervention is not necessary and unreasonable. The court found in favor of Davidson, finding the surgery "cannot be considered to be of a strictly cosmetic nature," and that the "sex change operation of the plaintiff is of a medical nature and is feasible and required for the health and well-being of the plaintiff." A single arbitration case was found utilizing DIALOG. The case involved an employee of Ohio Steel Tube Co. and a member of Steelworkers, Local 3057.

The arbitrator found the employee who had transsexual surgery in addition to hormonal treatment and counseling to be ill and entitled to insurance benefits under the contract's program of insurance benefits.

Overall the court's position continues to be one of indecision as it grapples with the issues. While the majority of decisions involving the extending of health care benefits to transsexuals have been in favor of the plaintiff, the *Rush* decision sets a precedence that is sure to be relied upon by other jurisdictions, just as the *Lackner* and *Davidson* decisions have been relied upon.

Public Agency/Private Companies Response

CHAMPUS: The Civilian Health and Medical Program of the Uniform Services

(CHAMPUS) is a medical benefits program provided by the Federal government to help pay for civilian medical care rendered to spouses and children of active uniformed services personnel, to retired spouses and children, and to spouses and children of deceased active duty personnel. With one exception, medical benefits for military

dependents are not available for any medical service or supply directly or indirectly related to sex reassignment (transsexualism or hermaphroditism), including psychotherapy, prescription drugs and medicines, and surgery. The one exception is for otherwise covered services and supplies in connection with surgery performed on a child less than ten years old to correct sex gender confusion (ambiguous genitalia).

MEDICARE:

There has been a great deal of misunderstanding about Medicare's payment policy for sex reassignment surgery because of certain erroneous and misleading newspaper reports that received widespread publicity during late 1978 and early 1979, alleging that Medicare had decided to cover sex reassignment.

The Health Care Financing Administration (HCFA) clarified Medicare's position in 1983 with the issuance of HCFA Transmittal No. 833, declaring sex reassignment surgery to be experimental in nature. Consequently, Medicare does not provide benefits for sex reassignment surgery and related therapies.

PRIVATE COMPANIES:

A survey of private health plans in mid-1985, resulted in the following list of companies providing health coverage for sex reassignment and related therapies:

Connecticut General

- Prudential
- John Hancock Company
- The Equitable
- Massachusetts Mutual Life
- The Hartford
- Metropolitan Life
- The Travelers *
- Northwest National Life

*Two policies have appeared in recent months with specific exclusions relating to intersex and/or transsexual surgery. The key issues in obtaining benefits from those companies providing coverage (the above list is by no means complete) for sex reassignment surgery and related therapies will be the lack of pre-existing condition and adequate documentation that the patient has been diagnosed in accordance with the minimum "standards of care" established by the Harry Benjamin International Gender Dysphoria Association, thus establishing that the requested procedures are medically necessary.

A total exclusion trend has begun to emerge in recent months involving individual, small group, and insurance trust policies. The rationale for this total exclusion policy is provided in a recent letter by Mutual Omaha:

The specific medical reasons as to our decision to deny applications from gender-conflicted individuals is that this situation requires intensive, often multiple procedures and continuing long-term maintenance observation involving multiple systems as well as many bio-psycho-social aspects of care.

Also, any exclusion rider would not be broad enough to adequately encompass this form of care. This new policy has yet to be challenged in the courts.

IDENTITY & IDENTIFICATION

[The section on Identity, including birth certificates and changing records. is being revised and updated at the time this text was uploaded. The complete text, including footnotes is available from J2CP Information Services, P.O. Box 184, San Juan Capistrano, CA 92693-0184; a donation of \$15.00 to cover printing and mailing costs is requested.

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Personal Issues

The following essays are the personal stories of those who have taken a transgender path. They are presented to the curious as a counter to popular misconceptions, and to those considering this path as an assurance that you are not alone.

My life story as a TV/TS

by Michelle

I am writing this because I have been silent far too long now. First let me tell you a little about myself, I am now 23 years old and came from a violent alcoholic family. I remember very little about my earliest years because my mind has seen to protect me from some of the more horrible memories. My life like so many others has been one of confusion and bitterness because I have been forced to accept a life with an affliction known as gender dysphoria.

My earliest recollections of crossdressing were at a house next to my grandparents. I had an aunt who at the time would babysit the girls that lived there. During these times she would also help them practice ballet and being the only boy she would try to get me to practice along with them, I remember very little about these times save for the tights and leotard I was talked into wearing. I also learned the intricacies of ballet, which I have long since forgotten. I remember that I was treated just as the girls were, and though I felt that this was wrong I still felt shivers of excitement at the feel of these strange and feminine clothes on my body. This went on for months until my aunt moved away to go to nursing school.

I imagine that at the time she saw this as merely innocent play, but it was to have a very profound and confusing effect on my life. As time went on I started to search for other clothes with which I could live out my girlish fantasies in. I also had another aunt who was the others sister, and I found her styles were quite a turn on for me to wear. I also started to search out more items in my own home as well as my grandparents house, and within months I was building a collection so large it was nearly impossible to hide away. This went on for some time until, one day I was caught by my mother upstairs in the room I stayed in at Grams. The look on her face was one of shock and horror, and she had no idea what to do with me.

I was terribly ashamed and felt that something was very wrong with me, and there was no one that I could ask to explain this to me. It was during this time that I began to act out on the surface, but went ever deeper into myself. I became secretive about what I was doing and talked very little to anyone. I was very confused about why I felt how I did, and had no idea what was wrong with me. I felt compelled to wear women's clothing, and at the time of my first sexual awareness my fantasies revolved around me being a girl. I could talk to know one, and with the fact that my parents often came into talk to me in my room I was probably caught a hundred times, each one with the same look of disgust and lack of understanding.

It was when I was thirteen that I had gotten in so much trouble that I was sent to a treatment center, my family was falling apart and I was torn apart inside with my own very personal conflict. During the time I was in treatment my parents thought they would bring this issue up with the counselor, and they put me under a microscope. I have never been more embarrassed in my life since that two hour session. I was asked all types of questions, yet no one had any answers for me and I was very mad at being cornered like this. I came home a few months later and for a time things were fine, but again I felt the feminine side of me pull me back to where I had hidden my collection.

With great alarm I found it was gone, and I went searching that night for my dresses and lingerie. I found them in the basement of our shop, in my fathers hobby room where he built scale models of cars. And it was this night I got the greatest shock of all. It had never occurred to me that the lingerie was far too small for my mother who was heavysset, and I began to get suspicious finding male pornography mixed into the chest where the clothing

was stored, along with catalogs and breast prosthesis and a pair of latex underwear with a vagina fashioned into the front of it. It was then that I realized who I had been borrowing clothes from all this time, my own father.

About a year later I finally felt comfortable enough to bring all of this up to my mother about my dad, and also about myself. It was from this time on that I had found my protector. She swore me to secrecy about him and explained that she had been dealing with this for years with him, and my interest only made it worse. She did promise not to just walk in on me and something of acceptance was finally found at last. It was because of this bond that I developed such a close relationship to my mother and after all these years I can finally talk to her about parts of this subject. There are parts of this she has no knowledge of save for hints made at various times. I continued on in the years that followed and always felt out of place when the guys in high school would talk about women the way they do. I always felt out of place because of my dark secret. I still fantasized about being a girl, and would daydream about it often, becoming distracted in school. I would watch the other girls to see how they acted and carried themselves and when I was alone I would try to imitate it.

As I reached the age of sixteen I had as many female clothes as any girl my age had and I was always trying to conceal what I was doing and most nights I would sleep in something feminine as soon as I felt I was alone for the night. I also lost my virginity that year and the whole time the only thought in my head was that I wanted to be Jessica, the girl I was with. I didn't enjoy it very much and I resolved that I would try to become as masculine as I possibly could, thinking I could escape this double life I was living. We broke up shortly thereafter and I was single for six months. During that summer I met Melissa, who later became my wife.

I felt that joining the Army would help me to straighten this out so eighteen days after graduation I was in Basic Training. I was still living totally in the closet save for 3 family members knowing, and now I was a soldier. Upon completion of Advanced Individual Training, I was sent on a hardship tour to Korea for a year, and the whole time I felt very conscious of my body in the barracks. I also didn't feel like I fit in with the guys so I began to drink and party with them downrange, (our term for the villages). I tried to play the single man bit and became a motorpool stud. Unbeknownst to them on one of my overnights with a girl, we had sex and said she would be back in an hour. When she didn't return to the hooch, I began to go through her clothes, and in no time I was wearing her outfits and putting on her makeup, while up front in the bar my buddies were drinking and whoring it up. She never came back that night till I was sound asleep, but I was very happy indeed because I had gotten to do what I had missed for so long.

After the tour ended I got married to Melissa. During the entire ceremony I remember feeling jealous of her getting to be the bride. After a short honeymoon we moved to Ft Hood Texas, where I was assigned to the Cavalry. It was during this time that being in good shape helped me in another way. I was a full head taller than my wife but very thin, and when she would visit her friends I would go through the drawers and closets and put on the clothes she had that I could fit. That was most surprising because she was a petite 5'0" and I am 5'9" and still could wear some of her clothing. This went on for a year and a half, and our marriage was getting very bad for both of us. During this time I felt that I had to tell her what was happening to me.

I had gone to Desert Storm and returned to do the very same things, and I finished up my time in service and we returned home to Minnesota. Our marriage was shaky already and we had separated twice by this time. Shortly before the birth of our son, I shared the details of this condition to her. The night I told I fear I made a mistake, because I dressed up and got back into bed. I was rubbing myself against her and she flew out of bed enraged by what I was doing. She had been shocked by what I had told her and now she felt I had gone too far. I had asked her that when I was dressed especially that I wanted to be treated as a woman, she hadn't known how to take it at all. It was during this time that I gave my feminine persona a name, which was Michelle, a name I had always liked a great deal.

The following day in openness I asked her if I could finally start my own collection of clothing again, and grudgingly she consented. I was in seventh heaven and giddy with excitement. I was finally going to be allowed to live the only way I felt right about doing. This was a new era in my life and of course I was anxious for my first order to arrive. I admit that part of my rationale for telling her about this was because catalogs were starting to gather at home and I may not beat her to getting the packages from the apartment managers office. My first order was over \$400 and I was impatient for it to arrive. The greatest pleasure had been to openly go shopping through the catalogs at the kitchen table for hours on end carefully planning out my new wardrobe. Several events were to shock me greatly over the next few weeks. First of all, my order came in and I went into our soon

to be born sons bedroom for an hour glorying in the feel of my clothes on my body. When she came in I was very embarrassed at first, but too happy to let it stop me now, I was on my way. When she jumped on me and we made love passionately it was my turn to be shocked.

This was a whole new dimension to our marriage, and in my eyes opened doors I had never even thought of. I insisted on her calling me Michelle when I was dressed and I imagine that it was my newfound freedom breaking loose with a bang. She was very against that part, but she did treat me in a very feminine manner and that was a fair compromise for the moment. I asked her for one other favor and that was to pick me up some things in town, including makeup, and she said she had no idea what I liked so I would have to come along too. This was the experience of a lifetime, and to the clerks it must have been obvious who they were for, due to our difference in size. This was extremely exciting to me and I enjoyed it immensely. Who ever would have imagined the degree of support she was giving me. This was not to last long however, as weeks past she started to attempt to forget this so I went back to being independent with it again.

Our marriage was also having more and more problems now, so things were on the rocks in every other way now. During the next several months we had two more separations, one for a week and one for three months, and after getting back together again, two and a half months later it was over for good. We had finally destroyed everything else in our marriage and on November 11th, 1992, we separated for the last time, this time with me leaving. My whole life was shattered and I wanted the end of it to come. I was living with family, with only this, school, and a few of my closest friends to help me get through.

By Summer of 93, I was back on my feet in my own place and I met a girl. I really couldn't stand her but I was dressed most of the time around her when alone at home and she accepted this easily. I found that the only reason I could tolerate her at all, but I continued this for months because I now had my freedom to be myself with another human being again. She bought me many presents and I felt like roles had started to reverse. All the gifts were feminine, including makeup, and clothes. The only problem with it were our different tastes, and I often kidded her that if she listened to my advice she would be one of the best dressed women in the whole town. I was starting to find some humor in the anguish now, and even really enjoying the freedom I had living alone. I had started to accept that this wasn't something I was going to grow out of and occasionally I felt that I wanted to go the rest of the way as well, but at this time I had very little knowledge about transsexuality at all.

It was during this time that I found my hero, a transsexual by the name of Tula, of which most people are very aware of. I found her to be both beautiful and witty, a striking combination. The most important part of it was that for the first time I had some information to understand what was going on inside of myself. I had gone through marriage counseling alone before this woman had entered my life, and they had taken a personality test. Some of the questions asked about whether I had ever wanted to be a girl, and related questions. I gleefully answered yes to all, hoping that it would stand out in the results and later I would be questioned about it. I was depressed when nothing of the sort got mentioned, because it would have been my chance to attempt to resolve the conflict going on inside me.

After some months I could no longer handle the woman, in spite of the shared interest in my feminine side and I sought to have solitude from her and others. For months I just enjoyed living alone and having my son every other week, so I was still in seventh heaven that way, even though so much was yet to be done. Then I had a real godsend, AOL, which has changed my life forever.

It was here that I met someone I fell in love with, found out a wealth of information on gender issues, and also started to use my feminine persona more actively online. I met others like me, and most of these people know of my distaste of labels and stereotypes, but it at least gave me a new language to learn to describe my condition in a way that others can stand. I recently have decided that I need to begin counseling to deal with this issue, because I know I am no longer a cross dresser. I never get sexual excitement out of being in a feminine role, but rather feel that I am acting in a way I need to be. The woman I am with is incredible, but God only knows now what twists and turns are up ahead as I finally unravel the pieces of the puzzle that is my life.

One thing's for sure now, I am definitely on my way, no matter which way this leads I can now see it out to completion. I love the woman I am with, but recently had started to actually say good-bye to her. She works in the insurance business, handling claims, and she has dealt with transsexuals before, paying their bills, but never thought she would deal with the issue with someone she is in love with. I can now only trust to God, and support

of friends as the answer gets closer each day. I am proud of who I am, I have no reason to feel shame, and I have found that helping others get to my point of acceptance with this is a very fulfilling way to return the support I have had for so long now. I recently started the TS Support Room on AOL, as a forum to discuss these very issues and I hope from it will come the answers so many of us desperately need to get ourselves in the right direction.

Dream A Little Dream

by Pam 36C

BACKGROUND; I was born in February 1947. In the spring of 1950 my family (Mom, Dad, Sister and Me) moved to California because I was asthmatic. It didn't help my chronic attacks so in 1952 we moved back to Ohio, and our old neighborhood. The new house we moved into was about ten blocks away from our old house. My sister was and still is very pretty but back then we played quite allot together. My sister is 353 days younger than me.

My first memory of crossdressing is in this house. As children go we got bored with our toys and make believe scenarios. We played grocery store, house, cowboy/cowgirl, etc. Well I can remember my sister asking "What can we play now?" On this one occasion I responded "Lets play dress up you be the boy I'll be the girl" Of course she went along we were completely oblivious to the gender stigma attached to clothes. As I remember this only happened four or five times until she didn't want any part of this make believe game. Try as I might she rejected the game each time. My next exposure to crossdressing would be by myself quite a few years later.

At about this time I started having a nightmare. I call it this now because then it was a very traumatic experience when it occurred. I would wake up each time very scared, distressed and confused. Here I must say the dream was the same every time I dreamt it. I had three or four a year over a period of probably five or six years.

As the dream started it was like the description of an out of body experience you hear about. My mind would be watching a scene unfolding. Though I would not be conscious of that mind being in a body. It was sort of like only my consciousness or intellect observing this 3D Technicolor panorama unfolding. It seemed as though I were a very great distance above a lightly wooded area. Not being concerned with the forest in particular my attention would immediately be drawn to a log cabin resting gently on a very green patch of perfectly kept lawn. The lawn subtly rolled away from the cabin in all directions, peaceful was the only way to describe it.

Looking at the cabin I am then drawn into it almost automatically and only by sight or so to speak telescopically. After the first few times dreaming the dream I tried to resist this but I couldn't.. As I zoom in on the cabin it becomes transparent and I am suddenly gazing at the scene inside. The walls of course are logs. The light inside is soft and warm but I don't know where it is coming from. Then I notice a very attractive very young very blonde little girl. She is sitting in front of the only window that I am aware of. Sitting, rocking just gazing out that window content and happy looking. The rocker is a child's rocker, you know small, but real old looking.

She is very pretty in her pink dress with lace at the collar, cuffs and hem. Her hair is as soft as corn silk and about that color too. In her hair is a pink ribbon holding back her hair so only part of her ears are showing. Soft gentle curls cascade out of the ribbon and seem to flow from it. The curls sway easily a tiny bit as she rocks back and forth. With all this that I see I can't remember ever seeing her face though.

I am aware of her emotions also almost as if I am connected to her feelings. She is content, happy and pleased by the sights outside the window. Rocking in the little chair and gazing out the window makes her very happy. Then an overwhelming feeling sweeps over my whole consciousness. I have an unmistakable knowledge that I am that little girl in the chair, I knew it, I could feel it, all my being knew I was her and she was me. At best I was completely confused by this sense of a connection with her. I didn't understand any of this but I knew what I knew. That person in the rocking chair was me! Why, how, or what for I didn't have the slightest idea. I could feel the contentment the peace inside this little girl. I knew she was happy where she was and what she was. All this peace, contentment and connection I could feel.

Then I became aware of a rumbling, distant sound. You know the kind of sound that when you hear it, even for the very first time, you know it isn't a good sound something bad is coming. Well, that's what this brought to me, pure fear. As the sound came closer the little girl's joy turned to terror. Still watching out the window as the sound and apprehension increased her rocking decreased. Then she stopped rocking and just leaned towards the window, watching and waiting. She knew what was approaching and she knew what would happen. I could feel her fear mounting.

Then just as in the beginning of this scene my consciousness zoomed backwards out into space. Automatically, as if someone just pushed the button on a rocket and I flew back out to my original, detached, safe position. Once there the otherwise pastoral scene was transformed into a terrible scene of destruction. The quite calm cabin was about to be crushed by an avalanche of large rocks and earth.

As I watched from my lofty and safe observation point I could still feel the little girls' emotions. The peace, warmth, and happiness now were replaced with terror and panic. It filled me to my very core and I would cry out and weep uncontrollably. Then the emotional transmitter ceased and it's now terrible transmission silent. The little girl was dead and so was that part of me that she was. At this point I would wake up usually drenched with sweat and filled with that lingering terror that something in me had really died, but I was still alive. Many times after I quit having that dream I wondered why she died what this nightmare meant. Then one day it hit me I killed her, each time I denied she was in me. She was the girl in me sitting patiently, awaiting her time to leave that cabin. Waiting to breathe Gods fresh air, see the beautiful world He made and show off that pretty pink dress she wore. Time after time the avalanche of guilt would crush her and the beauty inside her. leaving me empty, alone, and crying because I killed her again and again.

Then the dream stopped sort of by itself. As I remember it may have stopped around the first time I put on one of my sisters' dresses when we moved into another house in 1959. Time clouds many of the dates but the sights and emotions that happened over and over I'll never forget.

Well, we are proud now who we are.

We are alive and living our lives together now. We are at peace now that I have accepted her.

We both are happy now that she is out of that cabin and I am out of that guilt.

We may still not be able to venture beyond that soft green velvet lawn and out into that forest of unknowns, yet.

We have put up a welcome sign in the yard finally. The most important though is I will never lose her ever again. The rest of our lives will be at peace, happy and together.

Be All You Can Be

by Stephanie

Enclosed is the journal I kept during my trip to Chicago. I offer it pretty much as I wrote things down. I couldn't have made this trip without all of the support and love received from this group which I have come to call the Electronic Gender Community.

Thanks for the support.

Stephanie

The following is a journal kept during the Be All You Can Be convention hosted by the Chi Chapter in Chicago, from June 8-12, 1993.

- Stephanie Julia Havens -

"My Journey - Be All You Can Be - 1993"

Day One - June 8, 1993.

What a day. When I awoke this morning I knew Steph was beginning a new adventure and my life would never be the same again. I was very excited and terrified at the same time. Chicago!

I was up until 2 am packing a suitcase that contained enough cloths for two weeks. Yet I knew the whole trip would last only 6 days. I will never bad mouth an over packed lady again. Thank god I visited Joan and "borrowed" a few things. Stephen needs to take Stephanie shopping.

Took long bath and SHAVED! I'm read to go. Three quick stops; Post Office, Car Wash, Museum, then on the road. It should take about nine hours to arrive in Chicago. (Wrong - only 6)

Funny thing happened outside of Rockford. I decided to wear the forms under my white sweater. I pulled over for gas and got out to fill the tank. There was a gentleman filling his car just in front of mine. As he looked over I realized what I had on and that without makeup I looked like a guy with a serious glandular problem. Lost the forms before paying for gas.

Arrived at the Ramada Inn, sit of "Be All" by 3 pm. Coincidentally the cab I followed into the parking lot contained my room mate Michelle from CT. Inside the lobby I call for Naomi and make connections.

Still in male mode, Michelle and I walk up to the counter and announce "Room for Stephanie and Michelle." I couldn't believe it cam out of my mouth. the clerk made me spell my name and she (Joan) found the slips and we signed in.

Michelle and I hit it right off. We exchanged histories and firsts like old friends. This was Michelle's 5th Be All and while ironing clothes for the week she fills me in on what to expect.

6pm we head to dinner and eat a wonder Italian meal at the hotel. conversation was like that between old friends even though we had only met 4 hours earlier. (Cool)

Back up in the room Stephanie makes her first appearance. (Joan you are right, plucking the eyebrows makes a huge difference.) Michelle is working on her legs, arms, eyes. I decide to give plucking shot. WHAT A DIFFERENCE!!!

Michelle gave me the most wonderful earrings. They use converter so you can take studs and turn them into clip-ons. WOW!

I decide to take a chance and leave the room for some soda. The first attempt went down in flaming failure. There were 3 men waiting at the elevator and I couldn't get past. I was frightened but I didn't panic. So I returned to the room with my tail dragging.

Michelle told me not to panic and take my time. Where have I heard that before. Later I made it to the machine, what a feeling of freedom. Still I am very self-conscious.

As the day closes, I prepare for bed and think of what is yet to come. What an adventure.

Day Two - June 9, 1993.

My first day out. After the plucking of the eyebrows last night, the eye makeup looks much better. Registration begins at 10. So Michelle and I head down the elevator. Still very nervous I brace myself for sharing a ride with the other guests. It is always worse in you fears than in real life. A change begins to take place that is what I came here for.

No one is in the registration room. So Michelle and I go exploring the hotel. The outdoor pool looks wonderful. Maybe later in the week for a dip. I begin to gain confidence as we walk and talk. I get used to the stares and resolve that this is going to be a good week.

By 11:30 Michelle and I have been sitting in the Registration room for 30 minutes. We have met and chatted with Sandy and Karen.. They are a husband and wife couple from Canada. Just another example of how open and accepting this community is.

During registration met Vicki from IN. She is a country western impersonator. Rachel, Vicki, and Michelle and I chat, have lunch and can feel others watching. It doesn't matter. (We are sharing the hotel with the Baptist General Conference [state] Convention).

Some of the Vendors have arrived, and I strike up a conversation with Anne for Louisiana. When I informed her that she might not have my shoe size, she starts looking. (Size 9 1/2, she specialized on larger sizes) She produced at least 5 pairs in my size. There are two pair I immediately fall for, a pair of red flats and a black pair of 1 1/2+ pumps. I can only afford the flats but I'll have the pumps by Friday.

Short nap & the White Welcome dinner time 6:30. I became enthralled with all of the women who arrive. Beginning to feel part of a sisterhood. Politics is the conversation over dinner of salad, chicken (oriental) and almond Mousse. Some average and some drop dead good looking women.

Nature calls and another first, the women's restroom. (I've cleaned enough of them.) It just didn't feel right to go to the men's room in a white sundress with pink turtleneck. First time to adjust make up.

Prior to the start of dinner we all stood and introduced ourselves and I found three other girls from MN; Roseville, St. Paul, and Duluth. Cool.

Heading off to the bar...

Tomorrow brings a boar tour of Lake Michigan, and a make over lesson from the Mary Kay rep (Fay). I know they may have been buttering me up, but I enjoyed the compliments just the same. The agreed to teach me how to do my eyes, I can hardly wait.

Everyone looked great. A few people commented on how lovely the gold bracelet looked. As well as the nicety of having a GG friend. (THANKS JOAN)

Today is the first time in my life I got my shot at being a girl, and I loved it. Thanks

Day Three - June 10, 1993.

As the day begins, Stephanie becomes more real to me. Today is for fun only. A boat ride s schedule at 10am. I head down stairs to get into the vendors room to meet with Fay and set up an appointment. On the books for 3 pm.

I run into Sonya, a designer from In. She is spending the day going into Chicago to meet with designers to sell her line of fashions. Living out a dream.

The bus ride over almost wipes out everyone. They never should have used school buses. The traffic due to construction is as bad as St. Paul was last year during the worst of it. 3x.

On the boat I have a lovely chat with two of the ladies from MN. They told me they brought NO male clothing along. Whew. The read of the boat ride I talked with Sandy & Karen. Except for chat with woman from Mississippi. We decide that if Stephanie make a public coming out, I'll do it as the first Cross Dresser to canoe the Mississippi from end to end.

3pm and even though I am exhausted and sun burned, I sit down and take the lesson from Fay. She explains proper skin care and make up application. \$103 is the cost of all of the accessories to make the face beautiful.

5:30 a new adventure begins. Rachel, from Houston, introduces me to Amanda from IN/FL. We decide not to take the bus to the dinner theater, but take Rachel's rented Continental.

When we got into her car and looked around, the busses have left without us. Here we are three tourists with no idea of how to get to the theater. We head south in hopes of catching the busses. Amanda caught them moving down the free way parallel to the frontage road we are on. Quick U-turn and we are on the same road, but no busses.

We head south and go on for about 30 miles before pulling off at an oasis to call for directions. My personal instincts cause me to volunteer to make the phone call. So out of the car, not feeling particularly feminine I trudge into the Wendy's and make connections with the Candlelight Dinner Theater.

Back on the road we laugh about the whole incident and continue onto the most wonderful performance I have ever experienced. First half of the play was a solo actress singing every word, the second was a dance troop of 12 dancing the same story. AWESOME. (Andrew Lloyd Weber's: Song & Dance)

Back to the hotel by 11. I talk Michelle into coming down to the bar to get a coke. While there I spot a Baptist minister I met in the elevator the previous day.

I went over to say hello and see how the conference was going. This began a two hour Q&A session. They put my faith to the test and wanted to beat me with scriptures, but failed. Having a rock solid faith in Christ got me through the last 24 years, and didn't leave me when I needed him most. They also couldn't shake my lifestyle choice.

The women couldn't truly accept Stephanie, but told me that I carried myself very well and by the end began to understand. I also realized for the first time that Stephen was very firmly entrenched inside. I was a whole person with an eclectic taste in clothing. I was comfortable with who I was and had become for the first time in over 20 years.

Exhausted I slip into bed a whole person.

Day Four - June 11, 1993.

Boot Camp! The session spoke about how to carry oneself, comportment. Most of this I learned a long time ago as an actor. How to stand, sit, walk, and just present yourself in the best light. The leader was a CD of many years who was pinch hitting for her wife who is a professional model.

Fashion was the next topic. Nothing that I hadn't read about in the newspapers or seen on television. I did learn how to use color to create the illusion of a waist line.

The keynote luncheon speaker made a wonderful point...labels like CD,TV,TS are for the back of your shirts and dresses.

After lunch Rachel full fills a dream...to go to the mall. We talk Amanda into going with. Amanda says she wouldn't miss my first "mall crawl" for the world.

We head out to the Woodfield mall and head for a larger women's store. There is a freedom and nervousness that I feel until Rachel asks the head clerk, "how many cross dressers do you sell to?" The ice broken the store clerks open up and all is normal.

We had to talk Rachel into this beautiful dress and then into buying it. I get talked into a wonderful black silk dress. The hem stopped at the knees with a string fringe to below the calf. It felt wonderful, but it was a size 22 and way to big for me. I couldn't afford it anyway; \$195.00.

Another dinner and I just couldn't wear the same outfit one more time. No matter how many scarves and accessories I tried, it was getting old. So I headed down to the vendor area and put together a smashing outfit. A blue sleeveless dress with white polka-dots from one vendor. I found a perfect hat from Rachel's Wigs, a red belt from Jim (makeover artist), the red shoes from Anne and a bracelet from Mary Kay.

Met my one and only Jerk. This guy was here on vacation with his wife and he just didn't understand. He wore a "stupid" grin and had nothing but fear in his eyes. Like what we were doing would somehow rub off and change him. He oozed machismo.

Later in the bar, I noticed that every time his wife would strike-up a conversation with anyone from our group, he would "reel" her into his arms and hold her like a mother protecting a baby from the world. It was the saddest behavior I have ever seen.

1am - sleep.

Day Five - June 12, 1993.

Its Saturday. The day begins as usual; shower, shave, makeup. I'm off to a session about Balance. even as the session begins I sit and workout yesterday in my journal.

I've notice water goes through me a little faster...silly

The panel talks about adolescent & gender confusion. I think of Anony1 from AOL and how these people could help. I must get some names. They also talk about finding a balance to Cross Dressing and the public life.

Full time is not for everyone. Left unchecked this could become as destructive as gambling or drinking. Keep in sight who you are and why you do this. Make time for this like any other hobby.

Lunch is a fashion show. Amanda is wearing an absolutely stunning black dress with gold beading.

The big dinner is tonight, and I don't know what I am going to wear. I have one last outfit from Joan...but no blouse. Just then Rachel comes along and invites my up to her room to try on a dress that was too small for her to wear. After an initial goof, the dress looks and feels great. I ask to borrow it for the night and she says OK.

I run down and get the shoes to go with it, these black satin pumps with gold and silver accents. Anne agrees to hold my check for two weeks so it won't cause an overdraft charge. What a community.

Rachel (wigs) has agreed to work on my hair in exchange for back rubs previously given. It is another first, my hair in a very feminine style, and I begin to feel beautiful. She adds a black lace bow with rhinestones to complete the look.

After meeting and a short prayer session with the ladies of the Baptist General Conference, I run into Rachel (Houston) and agree to help her put together a surprise for Amanda. We pick up a few things at the gift shop and I get another Q&A from a stewardess.

Up in Rachel's room with Amanda, Rachel reads a couple of poems she has written for the occasion. Tears and emotions swell as the words speak directly to my heart.

Amanda has been mulling over the purchase of the dress she wore for the fashion show when Rachel hands her the present. Inside is the dress. She then looks at me and tells me she really met to buy the dress I had on for me anyway. Amanda and I begin to cry again and I know what Anne means by "kindred spirits"

The dinner party was a great success. I looked and felt wonderful. We all stood for a group picture, the wide shot type. What a group of people.

I spent the rest of the night trying to make it last. Talking and joking with Barbara #1, and others until 3:30am. I finally meet Marsha Jackson from AOL. She came down just to meet me. What a group.

Day Six - June 13, 1993.

Sunday 8:00 am...

...tears...

...good-byes...

...tears...

Promises of a future meetings. The drive home had only one event. I took off En Femme and almost burst trying to find a gas station. The attendant pointed me to the Ladies room and after paying for my gas she said "have a nice day dear."

I almost killed myself when I saw Joan, slipped on the wet grass running up to her. I wanted to tell her about the entire week and re-live it all. We went out to dinner at Bakers Square me still in dress and I felt the best week of my life coming to a close.

Short of my acceptance of Christ as my savior, this is the best I have ever felt. It is great to be whole. A new life/journey is ahead and I look forward to every minute.

My Coming Out

by Danielle

Well, Melanie, as I told you last Sunday at the forum, I was going to "do it" this Saturday. Guess what, despite literally sweating bullets at the eleventh hour, I DID IT!!!!

Since the Partytime Cafe, as it was called, was held in Boston, and I live in Maine, I checked into the hotel Friday. I dropped off my wig at a local beauty shop recommended by the local support group (Tiffany Club of New England), dropped my blouse and skirt off at the dry cleaner, and made an appointment with the makeup artist at the beauty shop to do my makeup for me.

Normally, I do my own makeup, but this was to be a very special event in my life and I wanted to look perfect (now if that doesn't sound female, I don't know what does).

Saturday afternoon, I dressed in my tightest blue jeans and a peasant style denim top. Then, off to the dry cleaner, and then to the beauty parlor. So far, I was not nervous..... until I got to the beauty parlor - then I began to sweat...bullets. I kept thinking to myself, "What if..." Finally, I reminded myself that my time had come and what I had wanted for the past 30+ years!

I walked in, spoke to the owner, and was directed to a private room where I could change clothes and get ready for the makeup and my newly styled wig. The sweat came again, heart quickened, I thought, "My gawd, my wish is finally coming true!"

The makeup artist was really nice, asking me what colors I use and how, then instructing me on what I should use in the future and what best fits my features and complexion. It seemed like an eternity, but only 40 minutes later - Danielle was born! The makeup artist said that I looked beautiful and that anyone would certainly think I was female in appearance. When she turned me around to the mirror, tears formed in my eyes - Danielle was quite an attractive lady, if she says so herself. The makeup artist took a few pictures of me, some for me, some

for her - she thought the before and after pictures were amazing. She even asked if she could introduce me to some of her TRULY female customers - of course, I said yes - my confidence was holding its own.

I drove back to the hotel to pick up a few things and felt quite confident walking through the lobby to the elevators and back. After all, I was a woman. One woman about 25 years old in the lobby, "checked me out" as I walked by and told her husband that I must "be a call-girl." I smiled to myself and thought, "Alright! That's exactly what I want to feel like - a desirable female!" After all, red pumps, pleated red miniskirt, white hose, red ruffled panties, sheer white blouse and long blonde well-teased hair sure do get attention! The event was held at a Convention Center/Hotel about 20 minutes away from where I was staying. I drove a little slower than normal to get there, just to see how many passing cars "checked me out" at the stop lights ---- I loved it!

Once at the Convention Center, I met in-person the Tiffany Club members. I belong to their BBS, but have never met any of them. It was nice to talk all night about ourselves, each other, exchange thoughts/ideas about clothing and makeup...just being female. Of course, when Mother Nature called, I left the table and headed to the rest rooms. As I pushed open the door to the Men's Room, I realized my predicament (????), excused myself, and entered the Ladies Room. My confidence surprised me, no nervousness or sweating as I went about my business there. In fact, while I was touching up my makeup, a girl in her early twenties asked who did my hair because it was so beautiful - I told her the salon's name, and she was grateful. Ah, to be a woman.

When the party ended, I went over to the lounge with some other members. Several times men came up and asked me for a dance, but I declined - not quite ready for that...yet. I think I need a little more walking before I decide to run! I did however enjoy the attention!

Well, I returned to my hotel. Walked through the lobby, past security and up to my room. I slept like a baby that night - and I know that can be taken literally, after all, Danielle was only born about 8 hours beforehand.

I am so pleased with my first time, that I know it will soon be "every time." I am on the road to becoming the woman that somehow nature forgot. For those of you thinking about Coming Out, I can only say that it was a great moment for me and I intend to make those moments permanent.

"A Symbiotic Friendship"

by Karen Patrick

The words sear through softened layers of protective shell burning hollow my spirit. A simple sentence lay waste an evening of joy. In a fleeting moment a gender confidant openly perceives me as man. "I see you as a supportive male"... her words silence my self esteem wrenching open a lifetime wound. An hour later I lay on a bed bursting tears from deep within.

It is not said in malice but the voice maintains its echo. My emotions are fragile and crumble in despair. Years of projected image designed for societal survival remain etched on the surface. It has not yet faded enough. Perhaps a year ago I could have disregarded my feelings...I no longer can.

Joining a gender support group has placed me on a winding path of discovery and destruction, friendship and pain. It is a delicate link to renewed hope of fulfillment. It is a place which has allowed me to uncompress a feminine essence and expose a vulnerable core. It has left me emotionally defenseless and in need of reassurance.

That night I cried into the phone for an hour. The sympathetic person on the other end helped patch up my life. She has done it for me before and will again ... she is my best friend. I first met Sharon at the group's annual BBQ. We had few opportunities to talk amid the rumble of the day but we exchanged phone numbers and I hoped to talk to her soon. That night I met my first encounter with the reality of open femininity. Feeling unrestricted and emotional, I vented years of loneliness by falling into a momentary interlude with the wrong member. By morning I was hurt and alone again. I called Sharon's number and for the first time in my life found

true support and compassion. We talked for two hours, then again the following night for four more. Our phone calls have never stopped and we meet almost daily. She is my link to self- understanding.

Through this friendship I am learning better how to touch my inner core. I have come to lean on her, her on me ... we support each other in trouble and triumph.

Through this support group I am meeting a microcosm of the real world through the eyes of a woman. It is filled with a spectrum of pain and joy. There is only one constant within, a friendship as deep as I have ever experienced with one who feels what I feel and sees beneath the exterior layers.

So many fears have been overcome one tiny step at a time with her help. The origins of transition commence with release of the mind. I have someone now with whom I can share this experience in kaleidoscopic detail. I have someone who shares with me her innermost thoughts. She is both a guide and a dependent. It is a symbiotic relationship in a rarefied culture.

I feel fortunate. I feel released. I am slowly becoming Karen and know I can not accomplish this journey alone. This group has opened a new pathway of hope, a new honesty. It contains a precious friend who is helping me bond with others and overcome adversity. I can no longer imagine how it was a year ago when I was truly alone.

Sarah's New Skates

by Sarah

The lights were low in the cavernous hall of Cub Luna as I came in. I was nervous, I know it's not smart for a woman to go to a bar alone even in Santa Fe and I was definitely on my guard.

Cub Luna opened a few years ago in a building that was originally built for a movie theater. They built the bar on one side, the whole side, it's about a hundred feet long. The place has a reputation for being packed and smoky, but this night there were maybe fifty people, it seemed almost empty. The act hadn't started yet and I found a table near the stage just one row back from the dance floor.

I had heard this guy Tab Benwa was going to play. He had been interviewed on a local radio station today. He sang some old delta blues and sounded so good that I had to see the show. Well at least that was the excuse I used to convince myself that I needed to come even though all of my girlfriends were either working or watching someone's boring home movies of their honeymoon in Samatra.

I ordered a drink from the waitress and sat there listening to the old blues CD's they were playing. The fact is I've been so lonely as of late that going to the show alone seemed to make since. Don't get me wrong I know I have lots of friends that care about me, but after two years without any close loving body contact, I'm getting desperate. I was about to ravish the first unsuspecting guy that came within arms length.

Getting dressed tonight was tougher than usual, I just couldn't decide. The dress code in Santa Fe is always casual with some really fancy thrown in just to mix things up. I wanted to look good but not like the horny sex starved wild woman I am. After trying on every thing I own and making a huge pile of unsuitable outfits on my bed I settled on a calf length rayon dress, mostly burgundy but with small flowers all over. It has short sleeves and it's cut tight on top and very full and flowing on the bottom. It's a magic dress, some how it makes me feel pretty even if I'm having my period (an interesting phenomenon that only a natural woman or any of us who might be on hormone therapy can relate to). I left one button loose on the top to give my inadequate but growing cleavage a fighting chance and unbuttoned five or six from the bottom so my bare legs could show when I cross them. For earrings I chose these long wide dangling silver things from Bali and I put on a string of tiny cobalt blue glass beads. Wonder of wonders I'm having a good hair day! Its blond by the way, shoulder length and curly. I brushed it out and it looked good, the first time! Wow!

Now, I'm like the rest of you, I love to wear high heels but I'm five foot ten and I don't want to be any taller than that, so I put on my black cloth Chinese maryjanes. They're great for dancing and that is just what I intend to do.

I put on my eye make-up a little heavier than usual and I even brushed on some translucent powder (something I never do) and some blush. I feel like I look good, maybe too good, this is getting scary.

Well, I've been sitting here for about ten minutes before this good looking white guy with curly black hair comes out on stage. He is young and too nice looking for a blues singer but as he starts to play I feel my body start to dance right there in my chair. This guy plays like BB King. He's up there with a base and a drummer and they are all really hot. A few people are getting up to dance, mostly women dancing in a group. Oh, I really want to dance! But even more I want to dance with a man.

The first song ends and Tab starts into another and I feel a gentle tap on my shoulder, there standing behind me is a bearded bear of a man. His words are drowned in the music but I think he wants to dance. Smiling he takes my hand and leads me on to the dance floor. This bear is quite handsome but it soon becomes clear that he's so drunk that he isn't dancing much. He's just kind of wobbling and watching me with this silly smile. So I begin to dance enough for both of us, I love to dance, I feel so free and the music is carrying me, I couldn't stop if I wanted to. The song ends and I thank the bear for the dance but decline his invitation to another and go back to my table.

Tab starts to sing about a silver moon, and another guy sneaks up behind me (what's with these guys, shy I guess). He's kind of nurdy looking but nice and as we start to dance he is really getting into it. Kind of wild, not at all what I expected. I love it there's so much room on the floor, I'm spinning and moving all over and he follows me with a big grin. The song is ending, he leads me off the floor and back to my table. I'm breathing hard and smiling as I thank him for the dance. He walks away and before I can catch my breath I feel another tap on my shoulder. I turn and a very handsome man, maybe fifties, tall, slim with an artistic look about him ask me to dance. I can't seem to lose this silly smile on my face, this is fun. The cologne this man is wearing sort of puts me off, but he takes me by the hand to the dance floor and I begin to spin it's really a sensual experience, as my dress catches the air I can feel it swirling up higher and higher. The cool air blowing around my panties thrills me as I spin. Oh, don't ever let me stop!

The song ends but we stay for another and another. Finally we sit down and he asks if he can buy me a drink. He's making for the bar across the room when this really tall, blond, wild looking man comes up and asks if I would like to dance, this one is cute, I would love to dance with him but the other guy has gone off to get me a drink. He smiles and asks if I think the other guy will beat him up just for one dance. Oh Goddess, my scruples are always getting in the way of fun. The man with the drinks comes back and as I sip he leans over and asks my name. It's so loud he has to get right up to my ear. I like it, but it's kind of scary. His name is Chuck. He tells me that Sarah was his mothers name (Oh come on, isn't that about the moldiest line you ever heard?).

In case you didn't know (as the old song says), "I have a brand new pair of roller skates" and I was really hoping some body would take me home tonight and try out his "key". I know, I sound like a slut to me too. But I was ready, right up to when he said he had a room in the hotel across the street because his wife had kicked him out tonight. It seems she thought he had pushed his four year old daughter down and hurt her. He said it wasn't true, he hadn't pushed her and he began to tell me how they had been together ten years. He was getting closer and he put his arm around me, he was holding my hand and quietly coming on more and more. My body is going for it (slut), but my little hormone soaked brain says this guy's no good. As horny as I am I can't do this, I keep thinking about his wife and little girl and what kind of guy would sit here coming on to me after telling me all of that.

Some times it's a curse having morals. My body would have a lot more fun if my mind would just stay out of it. As if from a distance I hear myself saying thanks for asking but no, not tonight. I should have known when I first smelled his cologne that I wasn't going to let this guy take me home. First Impressions are usually the clearest.

It's midnight and I have to work in the morning, I get up to leave and he walks me to my car. We hug and I kiss him on his cheek and tell him to go home and apologize to his family. Some how I can tell he respects me because I didn't go for his proposition. That's nice. But here I am, driving home alone to another night in that empty bed. What would I do without my vibrator.

"Welcome Home"

by Elizabeth

I began my personal journey on July 12, 1993, after "enduring" 47 years as a man. I can't begin to describe the feelings of contentment and inner peace of mind I feel at letting Elizabeth finally come out, and begin to experience the joy and happiness of her new life.

She has always been here, sometimes scampering out to go shopping with girlfriends-and at other times living only in my mind's eye but she was always there-a blonde hair, blue-eyed beauty, who loves deeply and cannot wait to experience all that life has to offer as a woman. She laughs and dances and likes to be the life of the party. Like other women, she is active, hates to exercise and reveals in intimacy. I have felt her when I was depressed and when I was on top of the world. She comforted me when I was sad (which was most of the time), put a smile on my face when she was happy and never once let me down because she knew she would emerge someday and live the rest of her life-free.

I am a bright and intelligent woman, and I know better than to think my journey will be a "walk in the park." There is so much I do not know about "feeling" like a woman but I will never forget the pain and agony of being a man. I was frustrated, quick to anger, disappointed with life in general, and more than anything else, sad. The sadness was for myself and my inability or perhaps, unwillingness to choose what was best of me in terms of personal happiness and satisfaction. You know what they say... sometimes it is more "comfortable" to stay stuck than to move on and create one's own personal happiness. I lived that scenario for too many years.

Many of my former years were spent compiling to the wishes of others whether they were parents, siblings, or society and its' bigotry. I did not readily accept their demands-only complied with them. I wondered what was wrong with me? Didn't I have a mind of my own? Oh, most definitely, I did but the feelings I expressed were not in ways that, how shall we say, won friends and influenced people.

Like so many other transgendered people, I became aware of my feminine self at a young age. 10-years in my case. It was at that time in my life when I first discovered the "perfume sanctuary" of my mother's dressing room. It was also the first time I experienced scares and confusion I had never felt before. I dressed almost every day after school when nobody was home. I had plenty of time because my mother had her usual bridge clubs and social events which kept her away from home most afternoons. My father worked until 5 and my brothers, both older, had activities which kept them busy after school. I had no sisters. It was a blissful and exciting time for me, and in between feeling scared (that I would be discovered), I loved wearing her clothes and make-up, and parading around the house. All that changed on one fateful weekend in August, 1957. But what transpired then and for years afterwards maybe the subject for another issue.

While driving home yesterday, I heard a love song playing on the radio. Suddenly I felt a wave of sadness come over me as I listened to the words and tears came to my eyes. I couldn't shake the feeling that I felt a great amount of love for somebody. But whom? It wasn't until I begun to sing the words that I realized who that person was. The one who had always been there for me... protected me... stood by me... nurtured me. He showed me his compassionate and loved me enough to set me free. And for that, I will always love him.

Six Days - A Journal of Holiday En Femme 1993

by Gwendolyn Ann Smith

Day 1 - November 9th, 1993

Actually, the convention won't start until tomorrow, but things are happening today. Picked up Stephanie (Stephanie2) from the airport today. It can be very interesting looking for someone when you have no idea what they look like. I just kept looking at every single male coming off the plane that could be a crossdresser, until I saw the auburn-headed person with stubble, dangling earrings, and a white-and-polka-dot sun hat. We got her

luggage and headed home, and awaited the arrival of the next straggler, Breanne, who showed up just before I had to leave for work.

Later that evening, my wife and the two of them headed off to my work, Stephanie Crossdressed, and Breanne did not. Breanne, I may add, had never been -out yet, having been only a -closet dresser to this point.

Once I made it home, we stayed up until around 3:00 in the morning, just chatting, and doing our best, obviously, to save \$3.50 an hour in AOL connect charges.

Day 2 - November 10th, 1993

A whirlwind day, this one. After getting up early in the morning, we hit the mall to collect some outfits for Breanne (who only had a formal for the banquet to her name). Needless to say, each and all of us came back with a bag or two. Breanne, who is known online for her "Clam Smileys"(example: (:)) fell in love with a toy in one store, a clam hand puppet. unknown to her, it was bought. We also, of course, found plenty around the specialty shop that we would have been more than happy to have bought - if we had unlimited funds, of course. Then it was off to the Target cosmetic department to fill Bree's make-up case.

That evening was the first night of the convention. An informal dinner was held, and we found ourself, again, chatting through the hours. We also, once here, caught up with Danita, who was, I should add, dressed as outrageous as you would expect) and Rhonda. Also, everyone was able to see and meet some of the -movers of the Tri-Ess and Holiday En Femme - Virginia Prince, Christine Hochberg, Kymberleigh Richards, Kathy Helms, and others.

Day 3 - November 11th, 1993

This morning I absolutely panicked, due to a late start, I had to rush to get my morning shave and make-up done so as to allow myself on to the train up to Santa Barbara for lunch and shopping. We made it, and just in time. Thankfully Breanne picked up our registration badges, else we would have never made it. Breanne chose not to dress this day, as she didn't have any flats to wear for the event.

Once on our way, we finally met Peggy. I should add, by the way, that she is a -genetic female (I can't stand terms) who just so happens to like crossdressers. Also on the way up my wife, Bonnie, and I talked and took photos for a pair of reporters for the Los Angeles Times.

After lunch, our little group headed uptown to shop, the opposite way of the main body. We had fun, though Steph did run into some minor trouble on her way to the bank. Seems one of the male population didn't think that Steph's attire was becoming...

On the way back from Santa Barbara, again on the Amtrak, we spotted a whale in the Pacific Ocean, another first for many of us.

We also hit the vendor room, and Bree found a wig she was happy with, while Stephanie found a white gown she could not live without, but did.

In the evening was a dinner, which went well, with only a minor glitch. This was Breanne's first out, this night. She was a little nervous, but was doing well. Unfortunately, one thing happened. A friend of mine from the local chapter of Tri-Ess, Teri Lynn, came over to chat, and gave what would amount to a newcomers speech, dealing primarily with the crossdresser, their guilt, and the wife not accepting. The one bit of information not given was that Breanne had separated from her wife three days before heading down for the convention. Her and Peggy went careening off, and we then told Teri Lynn what had happened, much to her dismay. Eventually, Breanne calmed down, and we again finished off the night with a rousing session of conversation, this time until around 3:00 a.m.

Day 4 - November 12th, 1993

Decided to forgo the trip to NBC Studios, the Walk of Fame, and the Universal City Walk, and rest up. This morning, though, we received a rap on the door from Danita, telling us that Rachel Ann (another local friend) had seen us in the paper. We got ahold of a copy (or five) and, sure enough, on full color, we were on the front of the San Fernando Valley section of the Times!

Shortly thereafter, we again hit the vendor room. This time, Steph had to try on the dress. Down there were two sets of reporters, both for local stations (channel 9 and 13). Bon and I talked with the reporters, and Steph "vamped" for the cameras in the rush she was experiencing. Needless to say, the gown was bought, and it was decided to become the attire for the trip to a local play house for a Cole Porter review.

While waiting for that trip, disaster again struck, much the same as before, Teri Lynn came over to smooth things out and apologize, and Breanne again rushed to her room. We all decided to miss the show and try to give our sister a helping hand.

After several hours of chatting, two pizzas, and several cokes later, all was well, and Breanne had discovered the joy of dangling earrings. Steph had a PowerBook, so we stopped online, and had received mail from Melanie (Melanie XX) in reply to our own mail asking to meet her while we were in her town. She had left us her phone number, and, even though it was late, we called, and decided to go over just then!

Melanie was a gracious hostess, and we chatted until almost daybreak. I am glad that Melanie only makes it online during the gender forum, and not for the occasional "TV Chat" room, for she has a wit that is at least as sharp as each of ours. We even ended up having toast, pancakes, and bacon - which lead to an infamous take off on the voice tape, her new "cooking video", known as "Makin Bacon with Melanie."

Late that evening was my turn to break up. Those of you that don't know what Melanie looks like, let me assure you, she is a knockout. I am on a similar road to hers, though where she has now traveled several miles down the road of femininity (she is a post-op TS), I have only recently made my way to the path of transgenderism. I looked through her "transition book" (a collection of photos of both Dave and Melanie), and began to reflect upon myself, and just how long it will be until I get my own transition book to that point. I cannot thank my wife for her support that night.

Day 5 - November 13th, 1993

Today, once we finally rolled out of bed, missing both the breakfast and lunch gatherings, and the couples events. We grouped and began to prepare for the events of the day. Breanne had decided last evening to sign up for a facial that day, and, once done, she was an absolute knockout - this also did something else for her - gave her an incredible dose of confidence.

Also while down in the vendor area, we discovered that the tape that was shot was "shared," and that it had been distributed to channel 4, channel 7, and to CNN - which, I may add, alarmed us all, though Stephanie was especially bothered, as this was not something she was ready to broadcast so far. She eventually saw the broadcast, and she, or us, did not appear in it.

We then headed over to the local mall, looking for the studio that was to do a glamour photo of yours truly and her wife - but they weren't there! After a phone call or two, we discovered the problem - we were at the wrong mall! Steph, Peggy, and Breanne stayed behind while the two of us and Danita headed to the studio several miles away in a tiny, crowded mall. We made it, and it was truly a wish fulfilled. You see, my father is a photographer, and I would love to have him do such a set of photos, but I have not told him, and, if I did, I doubt he would be happy. Actually posing for the camera that afternoon was one of the most enjoyable things I did all week, and I hope that some of the photos are not marred by my tear-filled eyes.

The lateness of all this, though, meant that we arrived late for the formal banquet. Stephanie was a basket-case, having already imagined all sorts of horrible consequences to our trip over to the studio. Bonnie and I made it to our room, tossed on our gowns, and headed down.

The banquet was fine, though made quite long with speeches, awards, and the occasional amount of posturing. High point for all of us was Stephanie accepting an award for her chapter of Tri-Ess, Beta Gamma in Minnesota (which, I may add, we are still wondering if it is a state :). After the dinner wound down, we tried to get a room to view a videotape of the media's coverage of the event, to see if we appeared. No one could find a VCR, however, so we scratched those plans and went to bed. Well, some of us, as Breanne was not at all ready to undo that makeover, and she made a few trips around the block.

Day 6 - November 14th, 1993

Well, this is it. After a brunch, where we saw Rhonda in male drab for the first time (and, I may add, what a change), some good-byes, and re-packing for the journey out, we headed for our home, including Breanne, Peggy, Danita, and Stephanie. I think both Stephanie and I were doing our best not to lose it, though we were fighting fatigue as well as our emotions, and had a hard time letting go of Bree and Peggy when they started out together towards their individual homes, and keeping our emotions in check again as Steph gave out gifts of jewelry to us all (and thank you Steph for the earrings, they will be the first I wear after the studs).

Eventually, though, it was time to go to the airport to send Steph off, and we headed on our way. The trip there was subdued, to say the least, and we held together well until in the terminal awaiting boarding. That is when Bonnie and I presented Steph with our gifts - an origami figure (Bonnie is quite accomplished at that art) and an earring and necklace set in gold with "diamonds" and "emeralds," in the shape of a heart. I had seen that set before con, and had thought about getting it then, but bought it that day for someone who has the perfect white gown for it.

That was all we could take, and our emotions took us there. If I could have held her a little tighter, maybe she wouldn't have been able to board, and we could've taken her back for good. I do know it has been a long time since I have cried that hard in an airport and watched that plane take her away.

On the side of the little 737 she boarded was a red heart - a symbol of love. I wish that all my friends at Holiday En Femme could have seen it too, because it was my heart too, on its way with Steph, that is, the parts that already hadn't gone with all the others. It will take a long time before I can't remember that heart, and all that it meant for me.

MY COMING OUT

by Danielle

I started "dressing" when I was 11 years old - wearing my mom's girdles, slips, and dresses. I enjoyed their feel and how I looked in them, and dreamt of being one of the girls at school. When I would stay at my cousins' (three girls), they were always "making" me dress in their clothes, but I always LIKED it and didn't want to change back into MY clothes. Sometimes, I would even take some of their clothes home with me, and wear them in bed. Later as I made money mowing lawns, I bought my own panties and pantyhose - keeping them hidden in my bed.

Once I entered college and worked at a good paying part-time job, I found my "female" wardrobe growing - miniskirts, formals, casual dresses, negligees, panties, bras, garter belts, camisoles, nylons, slacks, jeans, tees, body & swim suits, etc. I owned more and sexier clothes than most girls I knew!

Once married, my "female" wardrobe became "hidden" in my workshop in the basement, where I had access to them but my wife would never find them. On business trips, late at night, or when no one else was home, I would go down, select my outfit, and "dress." It was nice, but I really felt too rushed and wanted to BE a woman all of the time, not just for a snapshot in time.

After many years of denying my gender identity and cross-dressing whenever I had the opportunity, I decided that I must acknowledge my feelings and do what was "right" - become the woman that I had been yearning to

be for so many long years. My first step was that I joined the Tiffany Club of New England (Boston, MA). Because I live in Maine, I accessed the Tiffany Club's BBS for information on the regional transgender community and to chat with other CD/TV/TSSs. There I found the support that one needs as they make this major transition from "what was" to "what should have been."

One of the TCNE sysops, Debra Berube, informed me that TCNE was sponsoring an evening social for the transgender community and that I was welcome to attend - the date, May 15, 1993, at a suburban convention center/hotel. I decided to work that date in with a business trip I had planned that would have me passing through that area.

I checked into my hotel room Friday night, and laid out my plans for the following day. I slept very little that night, anxious about the forthcoming day and my Debutante that evening. After only about 3 hours of REAL sleep, I awoke to find that Saturday had indeed arrived and my day of reckoning had arrived.

I had room service bring up a light breakfast to my room. Next, I fixed a nice warm lavender bubble bath and soaked for what seemed like hours. I then took the opportunity to depilate the hair from my legs (all the way up), arms, back, chest and belly. Despite plugging the drain several times (I was like Harry the Bigfoot), I relished in the smooth feeling of my "new" body and the tingley sensations as I patted myself dry and applied a mist of my fav body spray, L'air du Temps. Once out of the tub, I put on a little pink lipstick, blush, dark black mascara, and my brown pageboy style wig. Next, I got dressed in my sexiest undies, tightest pair of blue jeans, high black pumps and a peasant style denim top, which accentuated my ample breasts.

I then strutted to the elevator, through the lobby, and to my car. I felt a little uncomfortable, but knew that I was doing well so far. I proceeded to drive to the dry cleaner and the beauty parlor. I dropped my blouse and skirt off at the dry cleaner and requested the 1-hour service so they would be ready for me to pickup before going to the beauty shop and wear that evening. Once I left there, I headed to Payless, where I tried on and purchased a pair of bright red high heel pumps, which I would wear that evening, and a new handbag.

Next I went to an adult store that caters to the local transgender community. There I was assisted by a very courteous female clerk in selecting a padded brief and crinoline, trying each on to ensure fit. I then returned to the dry cleaner and picked up my blouse and skirt.

As I parked my car in the rear lot of the beauty shop, anxiety and apprehension hit me. I began to think, "What if...?" and started to sweat profusely. Composing myself, I just thought, "The time has come to wake up & smell the coffee. Now go out there and be the woman you really are." With that, I entered the rear door of the beauty shop, and proceeded to speak to the owner, Esther. Esther showed me to a private dressing are of the salon where I could change into my outfit and then have my makeup done. It was warm inside the dressing room and, combined with my anxiety, I began to sweat again - this time bullets. But, like before, I assured myself that all was going well and that if I continued to sweat my soon-to-be-applied makeup would run..

A short time later, the cosmetologist entered. She was really nice, and helped "break the ice" and reduce my anxieties by asking me what colors I use and how, and then instructing me on what I should use in the future and what best fits my features and complexion. She asked who had done the arching of my brows, and I told her that I had - she said that I had done a very nice job. This put my mind at ease as well, of course 30+ years of practice certainly helps! As she prepared my face for the makeup, and then finally applied the makeup, I could only wonder what I would look like. My heart began pounding, waiting for the "unveiling" to happen. It seemed like an eternity, but only 60 minutes later - Danielle was born!

With my back to the mirror, I was unable to see the makeup artist do her magic, but when she was finished she said that I looked beautiful and that anyone would certainly think that I was a woman. She turned me around so that I could see, and my eyes welled up in tears again - there before me sat a beautiful woman, a woman whose eyes sparkled and whose lips were supple and full, a woman who could easily turn the head of any guy. She told me not to cry, that I was beautiful, and gave me a hug of confidence. I then asked her to take a picture of me so I could keep it in my diary, and she did.

I thanked the cosmetologist and beauty shop owner for their help, support, and confidentiality. Then I confidently walked out the FRONT door, and down two blocks to a newsstand for a paper. When I entered the newsstand,

the men just stared at me. I casually strutted to the papers, modestly bent down and grabbed one, and walked to the cashier. I could tell they were looking at my legs and butt, so I leaned over the counter enough to flash them a little view of my ruffled rhumba-style panties. As I turned, I smiled at them and said, "Have a nice day." As I walked back to my car, I noticed people slowing in their cars and "checking me out." I realized that they weren't "making" me, they were viewing me as a sexy babe (---blush---). Chills ran up my spine, how flattering to be treated this way I thought.

As I drove back to the hotel to get a few things before the party, I noticed other motorists "checking me out" as I was at stop lights. Ahh, to be a woman and be wanted. What a feeling. Once back at my hotel, I confidently walked through the lobby to the elevators and back. After all, I was a woman. One woman, about 25 years old, in the lobby, "checked me out" as I walked by and whispered to her husband that I "must be a call-girl." I just turned around toward her, smiled, left my tongue wet my lower lip, and proceeded on my way thinking to myself, "Gee, now I KNOW I'm in the right gender!"

Once at the Convention Center, I met in-person the Tiffany Club members. I belong to their BBS, but have never met any of them. It was nice to meet the faces behind the words, and to talk all night about ourselves, each other, exchange thoughts/ideas about clothing and makeup....just being female. Plus, the food and drink were quite good too, although I did so in moderation to watch my figure "like a good girl."

Of course, when Mother Nature called, I left the table and headed to the rest rooms. As I pushed open the door to the Men's Room, I realized my predicament (????), excused myself, and entered the Ladies Room. My confidence really surprised me, no nervousness or sweating this time, as I went about my business there. In fact, while I was touching up my makeup, a girl in her early twenties asked who did my hair because it was so beautiful - I told her the salon's name, and she was grateful. Ah, to be a woman and be able to talk about such things. Plus, it seemed that I was "passing," even though I still have trouble controlling my baritone voice.

Throughout the party, I danced with other TCNE members and their guests, noting the variety of professions and upbringings we all had. The rapore that we had with one another was really encouraging.

When the party ended at about midnight, I went over to the lounge with some other members. Several times men came up and asked me for a dance, but I declined - not quite ready for that...yet. I think I need a little more "walking" before I decide to "run"! I did however enjoy the attention, and even met a nice man to converse and have a drink with. As time progressed, we kissed and cuddled in our secluded booth near the rear of the room - just playful fun. I never did tell him that I was a male, but then again HE did not ask and I did not feel like a male that night!

Well, about 3AM I returned to my hotel, feeling happy, sexy, confident, and secure. I walked through the lobby, past security and up to my room. I slipped into my sexiest negligee and slept like a baby that night - and I know that can be taken literally, after all, Danielle was only born about 8 hours beforehand!

I am so pleased with my first time, that I know it will soon be "every time." I am on the road to becoming the woman that somehow nature forgot. For those of you thinking about Coming Out, I can only say that it was a great moment for me and I intend to make those moments more numerous and permanent.

POST-SCRIPT DATED 11/23/93:

Well, its been 6 months since Danielle was "born" and those six months have posed both challenges as well as rewards. I am spending most of my time living as the woman that I have always wanted to be. I was "laid off" from my Fortune 50 corporation management job of 12 years in June, likely a result of my "transformation", but I have since founded my own company, which competes against my former employer - Yes, hell hath no fury like a woman scorned! I find that I am enjoying life better now, I am more relaxed, and more "myself." I find my male clothes in the back of the closet or in boxes in the basement, where my female attire used to be. I am happy and know that what I have done has made me a better person - it's made me ME.

I would like to thank all of you who have helped me through this period in my life: Melanie for your newsletters and AOL Forum, Debra Berube & Joannie Bartlett (TCNE) for just being there when I needed you, Kathy for

understanding why I am who I am, Tula and Shannon (my idols) for being themselves and showing once again that "it" can be done and accepted by all, Diann of AOL for chatting with me on-line when I needed someone to talk to, and everyone else who I have related with over the past 6 months...THANKS ALOT!

I know now that I must continue my journey to womanhood, and make the transformation complete. Over the next few months I will be continuing my SRS counseling. Hopefully, all will go well and, in a short time, I will be "complete." In the meantime, however, I am enjoying life as a woman-in-transition.

REVERSE PASSING

by Tracy WH

Yes, you guessed it from the title, I have to try to pass as my male self for the first time in nearly a year and a half! None of you know the background so I'll fill in the blanks.

I'm working as a legal assistant for a firm in Salt Lake City as a woman, and have been for the past 17 months. I'm serious about my life as a woman, to the point of having my breasts augmented nearly 7 months ago. I'm a 34c and quite proud of my figure. I'm waiting for the "right time" to go all the way and do the surgery thing. For right now I'm content with my life, and am in no hurry to finish. I've recently turned 24 and have plenty of time for that later (after I've saved up the rest of the money).

As my male self I traveled to S. Korea with the Peace Corps and learned to speak Korean quite well, and used that language skill and experience on my resume.

Another firm in Salt Lake has a client that is opening an American business in Seoul. They had heard that I spoke Korean, and are willing to hire me as a translator/legal advisor for two to three months while they are getting things set up.

To make a long story short, my passport is as a male, and the people that are going to hire me know me only as a woman. Here's where the conflict arises.

I had known that this might come up, and had been doing some asking around on line, and reading some of the downloads concerning legal identity changes. I didn't really think that it would go this far, but here I am with a South Korean visa in one hand and a plane ticket in the other.

I'm really puzzled as to how I'm going to get through customs/immigration, but I have a plan.

I had to submit a photograph of me along with my visa application, and did myself up as a man quite well. The photos matched close enough, and I only had to practice my male signature a few times to get it right.

However, a photograph passing, and a living breathing (and potentially nervous) person passing are two TOTALLY different things. I've been practicing in preparation for the big day, and have a few tips on "reverse passing" as I'll call it.

First, anatomically there is the problem of the "units" attached to my chest. That shouldn't be too much of a problem, I just buy a very tight jog-bra and wear a really loose sweatshirt on the plane (corporate types don't care what you wear on a 14 hour flight).

Second, hair can be pulled into a tail and worn in a hat. Shouldn't be too much of a problem, besides, many men have ponytails these days. The biggest problem there would be the cut and style difference from the passport to the "actual head". Again, easily explained.

Third is the removal of all makeup and traces of ANYTHING. One thing I have been doing is wearing only one earring when "reverse passing", and then it is a simple gold hoop. If I let my whiskers grow for about 3 days, I look like an adolescent teenager with a light beard. With the singular earring the effect is pretty good.

I have been buying wine coolers and beer as a man in the supermarkets around town to make sure and get ID'ed to see if I can "reverse pass" effectively. So far, so good. Much to my amazement. One funny story about buying alcohol.

The first time I went to buy coolers as a man since living as a woman, I accidentally took my purse in. WHOOPS!!!! I didn't realize what I had done until I had gotten to the checkstand and had to actually take out my license. I had it in a Dooney-Burke billfold (very feminine looking) in my matching purse. I was so nervous I'd be "read backwards" (this does get a bit confusing) that I dropped my license on the floor. As I bent down to pick it up, I thought I saw the check-out boy look down my shirt and see my breasts. I could have died! I tried to regroup and just handed it to him with a \$20. That's when I looked down and saw my well manicured nails. Luckily I only wear clear enamel, but no man I know of has nails this pretty! The checker gave me a quizzical look, but I rationalized that off as being an old ID. He didn't say anything, but I was so paranoid I was sure that he knew.

I hurriedly took my change and ID and stuffed them in my purse. I took the coolers, and BRISKLY walked out to my car. All the way out the door and to my car, I imagined a hand grabbing me on my shoulder and asking me to come back into the store for a "little chat". I got to my car and threw myself inside. My head was spinning, my heart was pounding, and I was nearly out of breath! I just sat in my car laughing/crying at myself for being so stupid! I am usually so methodical and plan things out, but I just got lazy and didn't think before actually going to the store.

I went home laughing the whole way, sat down in front of the TV and watched Vertigo while drinking my trophies. I felt pretty good after about 3 of them.

That story got long really fast. Sorry. Anyway, here is where it has gotten tricky.

All of the partners in the business have decided to travel together. This would pose a problem for me if I were to have to pass as a female to them, and as a male to the customs people. Again, this has been taken care of with a little schedule juggling.

I suggested in one of the organization meetings, that I travel ahead a few days, set up short-term accommodations, purchase a vehicle, and schmooze the Korean partners before their arrival. This was met with warm welcome, as none of them had ever been there.

So, as far as they're concerned and will ever know, I'm a woman, and will work with them as one. I'm pretty proud of my little trick, but still a little nervous. I hope that this goes off smoothly and have no glitches.

I'm not sure if any of this means anything to any of you (how many "any's" can you put in one sentence?), but I thought it might be interesting nonetheless.

MY FINAL WEEK LIVING AS A MALE

by Denise Anne Fell

Preface On the morning of November 5, 1992, with the stroke of a pen, the Honorable Virginia Q. Beverly, Circuit Court Judge, Fourth Judicial Circuit, in and for Duval County, Florida, made Denise Anne Fell a legal person and with the same stroke made Tom a non-person for all legal purposes. I am filled with mixed emotions. I am thrilled that Denise is alive, well and legal, but at the same time Tom died. This is going to be an account of my last days living in the male world. It will start on Monday morning, November 9th and end Sunday night, November 15th. Monday

November 9, 1992.

I awoke as usual this morning. As I prepared to get out of bed, glanced into the mirror. I had on my purple nightgown. I know that within a week I can stay in the femme dress. I will not have to put on the usual pants and shirt to go into work. It is a very exciting time. I arrived at work at 6:30 and smiled as I entered the snack bar. Next Monday, Denise will be entering the snack bar. I cashed a check, signed by Denise Anne. I love it.

I arrived upstairs and started my morning chore of uploading from system (District) and prepared to download to the main IRS Computer System. The download was going smoothly, when it dawned on me that after Wednesday when I have my 3 hour session of electrolysis, there is no reason as to why Denise cannot start to work on Thursday or Friday. I played around with this idea for a time and wrote a memo to the 3 managers that are over me and to the Labor Relations Specialist that is handling the paperwork for Denise. I told them once I passed Wednesday and had jumped this little hurdle Denise could report on Thursday or Friday. I said that it all depended on how I felt that morning. But the transition would begin no later than November 16th.

We had a meeting across the street concerning employee safety. A manager was mugged a couple of weeks ago and her pocketbook was stolen. The mugger broke her finger and hit her hard enough to cause her to have to get stitches above her eye. It was a very upsetting experience for the entire Branch.

My day went smoothly. As I was ready to leave, I crossed Monday, November 9th off my calendar. This was my last Monday in the male mode. When I arrived home I had a package waiting for me. The sweaters that I had ordered had arrived. They look nice. I had a long sleeve pink sweater, a royal blue shell and a royal blue regular sweater. They all fit. The slacks that I ordered did not fit. I think that it was the style rather than the size. I sent some more notices to different companies that I have accounts with about my name change. This task is almost completed. I hope that by next month I will have new cards and my bills will be coming to Denise. I spent a relaxing evening and prepared for my next work day.

Tuesday, November 10, 1992

I woke up this morning with a feeling of total contentment. I do not remember feeling this good and this relaxed in a very long time. I have about made up my mind that Full Time will start on Thursday. The only problem that I can foresee to prevent this from happening is if my face is too irritated from the electrolysis that I am scheduled for tomorrow. I am keeping my fingers crossed that this will not happen. It was a typical day and not much really happened. I guess that I spent the majority of the day trying to get myself mentally prepared for the big step.

I talked to Melanie in the early afternoon (Florida Time) and felt very good after our conversation. I find her a totally remarkable woman who is always there to help. Her support has been a tremendous boost for reaching my goal. I spent a relaxing evening watching a movie when I got a very pleasant surprise. I received a telephone call from someone that I have wanted to talk to for a very long time. I had a nice chat with Elaine and I hope that there will be many more in the years to come. I thought that Elaine had a cute little southern accent, and I envy that. I could easily take her voice as feminine. I am still hoping that I will come up with something. I guess I will try a voice coach and failing that I will try with some voice surgery after studying other alternatives. The day ended on this pleasant note. With that I will close and prepare for a full day tomorrow.

Wednesday, November 11, 1992 (Veterans Day)

I awoke this morning at my usual time. I wanted to get some chores done before leaving the house for a days adventure. I started out with 3 hours of electrolysis. I can honestly say that I can think of far better ways to start a day. This was a necessity in order to begin my Real Life Test. After 3 hours of torture, I went to Regency Square Mall and shipped a couple of packages UPS. I then had an ice cream treat at Swensons. I felt that after my 3 hours of torture I deserved an award for being such a good girl. At the appointed time I arrived at J.C. Penney's. Robbin Briggs, the nail technician, was ready to give me my first pair of acrylic nails. This took approximately 2 1/2 hours. For the most part it was very enjoyable. We selected a length that was about average and a white nail polish that had a pink opaque tint. This was a nice color that would go with anything and yet not overpowering. This is what I was looking for. I came home and spent the evening shaving and preparing for what could be a RED LETTER DAY.

Thursday, November 12, 1992

I woke up this morning and listened for the rain that they had predicted. I did not hear any noise of rain on my skylights. As I got out of bed, I made the decision that there was no reason to delay any longer. When I selected my underclothing I put out a bra and panties instead of a T-shirt and panties. I went into the rest room and washed my face, brushed my teeth and took off my nightgown. I put on my undergarments and returned and put on my makeup. I only had one small part to correct and I chose my dress for my debut as Denise at work. I wore a royal blue pullover knit dress. Any of you that know me know I am an amputee so shoes were not an issue unless I put on my prostheses, which is not likely since they weigh so much. I fixed my wig and prepared to meet the world.

I made my usual stop at Burger King and got something to drink on the way into town and arrived at the Federal Building at about 6:20. I stayed in my van until 6:30. The next couple of minutes had to be the hardest of my life. I wanted to get back in my van and go home, but that would have solved nothing. I entered the building where the security gave me a good morning and that was all. I went to the snack bar where I usually read the newspaper before work. Again, nobody said anything. They had been forewarned, but did not really expect me to come in dressed until Monday. As I sat reading the newspaper and eating my morning toast, a coworker from another branch came up and said, "I guess that Denise is appropriate." I said, "I think so." That was that another coworker said good morning and that was it.

The true test was going to be going into my branch. This is on the sixth floor of the Federal Building. I went in and absolutely nobody said a word. A few people finally came up when I was doing my morning upload/download and said that they were surprised. They did not think that I would look this good. People then began to call me Denise, although a few did slip and call me Tom. I answered them. I guess that I have to get use to it also.

The only problem that arose was the rest room. I had planned to use the ladies rest room on the ground floor. One reason it is one of the only two that are wheelchair accessible and also I only knew of one or two female employees from the Army Corps Of Engineers worked on the ground level. Most use came from people coming into the building and going to Immigration. I soon found out that there were 17 female employees on the ground floor and they were not happy about this. The next solution would have been the nurses office. However, since this is also used by sick people it could not be tied up for long periods. The final solution was that for a short time I would use the nurses office and a private rest room on the ground floor would be altered to accommodate me and that would be a rest room for me to use that would not upset male nor female employees. Also, since I came out and have started full time they have no idea if someone else will come forward now or in the future. If so, then this rest room will also serve to accommodate them. That made everyone happy, especially yours truly.

Other good news that happened today at work is that I was notified that my personnel folder had been changed to reflect my new name. The payroll records have been changed and all my computer logons have been changed or are in the process of being changed. I am on 3 different systems, which is 3 separate main frames. This does not include the PC. All day I expected the hammer to fall, but it did not. It was one of the best days that I ever spent at work. One that I will always remember. The day I went to work in a dress.

I found that my nails were too long. They needed to be trimmed. I called Robbin and made an appointment after work. I guess the biggest surprise is that I went through the mall and did not get read. I think one lady was unsure, but there was no laughing or pointing. I don't expect this to happen all the time, but it was nice for a first time out. I came home and I was emotionally exhausted. It has been a long and wonderful day. I can only compare it to the days my two daughters were born. It is a day that I will treasure always, and I know that tomorrow morning I will have less of a problem going into work. I can honestly say that today is the first day of the rest of my life (female life).

Friday, November 13, 1992

I went into work this morning. It was much easier to enter the building than it was yesterday. I noticed that for some reason there are some people that I go out of my way to avoid. I don't know why. Maybe it is that I have such harsh feelings towards them. I really know of no reason to do this. Today, I wore a rose color dress that had a large button on the collar. I received compliments on this outfit. One coworker make the comment

unf***ing believable. I guess that was a compliment. My manager told me that a few people were shocked. They never thought that I would go through with the transition. They figured that it would blow over and that would be that. Surprise, surprise.

I left early in search of the elusive driver's license. It was a comedy of errors. First of all they would only take original documents or certified documents. The only elusive document is the name change. It is still being processed. The clerk said that if I would produce the original letter from my doctor he would change the sex on my driver's license. I said fine and went home to get this letter. By the time I got back he stated that the office had called again and until the surgery is complete no gender change on the license. This is a different story than what I was told earlier. After about 3 hours I gave it up and went and had my van repaired.

That was fun. The Service Manager was my neighbor at one time. He had one surprised look on his face when I went in the service department in a gray skirt and royal blue blouse. In all reality he handled it very well. I also had the misfortune of breaking a nail today. I made an appointment and had it repaired after my van was repaired. I am really beginning to appreciate what women go through for their entire life. I have had the mood swings, I no longer just jump up, wash up and get dressed. I now have to decide what to wear. Make sure that the makeup is on correctly, the hair looks all right and still get myself to work at the normal time. It does take us girls a little longer to prepare ourselves.

While at the mall, waiting to get my nail repaired I strolled around, so to speak, and I don't think anybody paid me any attention. The only place I know I was read was at the little hot dog stand that I frequented when I was at the mall. All in all it was another great day.

At this point in time, Denise is enjoying life to the fullest and is still mindful that she must be careful to make this a success. My weekend is planned and I am preparing myself for the upcoming full week at work. It is going to get cold, so I am going to look for a pair of dress pants tomorrow. I have a nice pink sweater that would look very good with some navy slacks. I will see what I can find. I am ready to go full forward and I am looking up the road to the day that it will all be accomplished.

Saturday, November 14,

I am not sure how to explain today. I guess that you could compare it to major surgery. I was once told that the 3rd day was the worst, well, I woke up this morning and realized that I had to go out of the house dressed. I procrastinated. I vacuumed, mopped the kitchen and finally went in and put on makeup and got dressed.

It was not my typical Saturday when I threw on a pair of cutoffs and a T-shirt. Those days are over. Even after dressing and getting ready, I put off going out. Finally, I took the plunge. The only thing I can think of is that during the week when I leave the house it is dark. I have my ride to work to get ready to face the world. This morning the sun was out and there were people around. I don't know what the big deal was. I may never find the answer as to why I was so reluctant to leave the house. The reason is important, but I went to the grocery store, filled my van with gas and then went to the mall. I took one of my wigs in to have it styled. The other I needed to wear. I had an appointment with the television at 12:30 to watch the Florida Gators play football. I came home watched my game, this is when the day began to get interesting.

The first was my neighbor from across the street came over to see me. Her husband had been over the other night and told her how good he thought that I looked. She said she was surprised and thought that my makeup looked very good. Next Elizabeth came over. She is the wife of a person that played wheelchair basketball with me. She was impressed and we talked about my attitude of expecting too much from me. She said I had the wrong idea of what a woman should look like. She said that she hoped that I would be more than a lady, she hoped that I would be a woman. We also discussed that women wear casual clothes on weekends. I had on a camel skirt with a white pullover shirt. This shirt and a blue pullover shirt are the only male clothing that I kept.

Just as she was getting ready to leave my next door neighbor came by. He is the one I thought that I would get a hard time from. The first thing he said, was can I speak to oh, you're pretty. I don't think it registered with him at first. He was just letting me know that he had talked to the post office and I could have a curbside box put in front of my house if I so desired. I thanked him, but it was information that I already knew. I like the idea of a locked mailbox, especially when I am out of town for a weekend.

After the game, I went back up to the mall to get a manicure and it was the first time that I went shopping for clothes dressed as Denise. I picked up a couple of pairs of pants. It is supposed to get into the 30's and may be a little too cool for skirts or dresses. I made another purchase also. I had a few samples of fragrances that my Mary Kay representative had given me. I was not real crazy about them. I went and got some SHALIMAR. This has always been a favorite fragrance for me. I hope it smells as nice on me as it does on the ladies I gave it to over the years. After my manicure I came home and spent a quiet evening. I have a big day tomorrow. It will be the first time that Denise will play basketball.

Sunday, November 15, 1992

Today was going to be a wonderful day, but I guess it has turned out to be a total BITCH. I went to Gainesville to day to play some wheelchair basketball. The first as Denise. I was looking forward to a nice day of exercise and seeing some old friends. Needless to say I did not play in a wig or makeup, and I really did not like going back to semi-male for even a few hours. Sure I put on a bra (a necessity these days) and other feminine underclothing, but still I missed seeing Denise dressed in the mirror. It ended up two games. I broke a nail. I was afraid of that and I guess that I played some good basketball. It was a good day up to this point.

I arrived home and took a shower and put on a nightgown so that I could relax a little while before Gender Chat. I signed on Prodigy to see if I had any Email. I then went to Frank Discussions. A subject of AC/DC TS/TV WHATEVER was mentioned. Out of curiosity I looked at the message. Lo and behold, I knew who it was from and who it was directed at. It was from my sister's sister-in-law a person that can't keep her face out of other peoples business and who has carried stories to a former spouse about me. To say that I was ticked off is an understatement. I was livid. I have no doubts about it being directed at me because of certain things stated. Only information that she knew first hand or had heard from my sister.

I am ashamed to admit it but I wrote her as close to a nasty note as I thought that I could get away with and told her to stay out of my face. Do I feel better. I don't know. I just know that it seems I have no family members left. That too is fine with me. I could not go on forever living my life to please others.

I really need to compose myself and get ready for what I hope is a pleasant evening on gender chat. I only know that I am going forward and each day will have to get better. Denise will survive this upset. It is really sad that the happiest week of my life has to close on such a sour note.

CONCLUSION: I guess that I did not make it a full week. I started four days early and have no regrets. All in all this has been a wonderful week. I have started full time. I am able to dress and be the real me. I have been to the mall and from all indications I am passing. I feel that some people may wonder if I am a male or female, but that is almost as good as passing. More will be written as time passes on my transition to womanhood. DENISE ANNE IS ALIVE AND WELL IN FLORIDA

"The Neenah Connection"

by Denise Anne Fell

This is the story of my trip to Neenah and my journey to womanhood. It is my intent to document the events as they actually happened.

Day -5, Saturday, February 12, 1994

The flight was to originate in New Orleans. The plane was to stop in Tampa, Jacksonville, where I got on, Norfolk, Baltimore and finally Cleveland.

The plane was late getting to Jacksonville because they circled Tampa for an hour trying to land. It was too foggy and they then proceeded to Jacksonville.

We took off about 10 minutes late. The pilot said we would get to Norfolk on time. After landing and sitting there for awhile they announced that we were over flying Baltimore due to snow and the airport was currently closed.

All the Baltimore passengers de-planed and their luggage was removed from the plane. We waited and waited for a decision or some sort of clearance to fly to Cleveland.

After an hour and 20 minutes or so on the ground it was announced that Baltimore was open and all the Baltimore passengers got back on the plane, their luggage was reloaded and we took off for Baltimore.

We arrived in Baltimore and were only going to be on the ground for 20 minutes again.

After about 45 minutes we again were ready to resume our flight to Cleveland when two passengers decided to get off. They had to find their luggage in the hole and then they let four more passengers on. They only had 3 vacant seats so they had to decide to was not going to go. That finally happened. The captain then said Flight 1660 might have same day service to Cleveland.

One of the new passengers sat by me. He was from Pakistan. He was mad because his wife had to sit in a seat behind him. He did not speak English too well and just gave me dirty looks all the way to Cleveland.

I was supposed to meet Marisa at the Cleveland airport. The plane was to arrive at 2:50 p.m. We were still on the ground in Baltimore at 2:50.

Since everything was messed all along the routes I felt that I would still have an hour or so in Cleveland so that we could chat and I was getting hungry. I still had not eaten lunch.

I got off the plane in Cleveland. Marisa was waiting. I was informed that I had 3 minutes to get to my flight. They were holding it for me. I got to say, "Hi Marisa, Bye, Marisa." I got on the plane when the captain announced that we would be on the ground for awhile because all flights into Milwaukee were being delayed.

Well about 35 minutes later we took off. About half way to Milwaukee the pilot announced that we had cut speed to conserve fuel. Milwaukee had been shut down but they expected to have it open about 15 minutes to the hour. He thought that it would be like more on the hour. He said we did not want to get there too early and go into a long holding pattern.

I finally got to Milwaukee and went to get my rental car. It was in the maintenance area. It took about 45 minutes to get it. I still had not eaten lunch.

I got to the motel. It was snowing like crazy. I got checked in and asked the desk who delivered. I was given several menu's and ordered my supper and ate in my room. It was good, and I was tired.

Took a long hot shower put on a night gown and went to bed.

Day -4, Sunday, February 13, 1994

Went to Denny's for breakfast. Marsha had called and said that she was coming up. She arrived about noon and we went to Grand Avenue Mall.

I got some post cards at a nice little store called Celebrate Wisconsin. We had lunch. I had my favorite, Cajun Blackened chicken sandwich from Chickadilly Circus. We then went to Walgreen's to get a few items.

We went to South Ridge Mall. I had to go to the pet store and get Misty a couple of birthday gifts. She would turn 3 on the 15th and I was going to miss her birthday, but wanted to have her a belated gift upon my return.

We got back to the motel and Marsha and myself chatted and watched a movie on HBO and then she had to leave to get back for the Sunday Gender Chat on AOL.

I went to Ashley's for Supper. It was a nice day. There was no new snow and what was on the ground was starting to melt.

Day -3, Monday, February 14, 1994

Went down to the Federal Building. Cathy Gore, was coming to work late. I had breakfast at Wendy's and went to Grand Avenue Mall and got some additional travelers checks.

It was a beautiful day. The high was near 40. Drove by mo old apartment complex. The snow was piled high. Sidewalks were clean. They finally got it right.

Came back to the motel. Ordered dinner in since Ashley's was closed on Monday. Have a big day in Evanston, Illinois tomorrow with Dr. Ettner.

On the down side I lost a large gold hoop earring. On the up side I had packed 2 extra pairs of hoops. I medium and one small.

Day -2, Tuesday, February 15, 1994

I left for Evanston at 9:30. My appointment with Dr. Ettner was for 12:00 noon. I arrived about an hour early. I located her house and went to McDonalds for a drink. I waited until 15 minutes before my appointment and left for her house.

We began our appointment about 5 minutes late. We had talked on the phone. She had been sent an autobiography that I had written so our meeting time was greatly reduced. We talked for about an hour.

She asked me a few questions. Most of the questions had been answered in my autobiography. We chatted and she told me that she would notify Dr. Schrang I was recommended for SRS. We hugged and she asked me to stay in touch.

I returned to Milwaukee and did some laundry. I did not want to leave dirty clothes packed for 9 days while I was in the hospital. I had dinner and got ready for my trip to Neenah tomorrow. It was a WONDERFUL day.

Day -1, Wednesday, February 16, 1994

I awoke at 4:00 this morning. I drank a glass of water and went back to bed. I slept until 7:15, finished packing everything and went to Denny's for breakfast. I felt calm and relaxed.

Went back to the motel and waited until about 9:45. Put my luggage in the rental car and started towards Neenah. I took my time since I did not have to be in Dr. Schrang's office until 1:30. I went through McDonalds and got two medium diet cokes for my trip. I had a nice leisurely drive through the Wisconsin countryside and snapped a few pictures of the snow covered fields, etc.

I got to Neenah and stopped at Tom's Drive In. I had eaten a steak sandwich from there once before. Very good and very reasonable. I got to Dr. Schrang's office about 12:30. They were at lunch. I read a magazine. I felt very relaxed and comfortable. I got to see Dr. Schrang about 2:00. His 1:00 appointment was late.

We had a nice chat. He checked the photos he took when I saw him in July and decided that he would do the skin graft after all. I did not have a lot penile skin to work with. He told me that Dr. Ettner had called and left the message that I was an excellent candidate for surgery. He said that he thought so too.

When I came out of his office Marsha was in the waiting room. She came to the hospital with me and helped me bring in my bags. They were ready for me. The first issue was to go to the laboratory for the HIV test. Then I went to my room. I was in 237-B and over looked the Fox River. It was a nice view.

Marsha went to the store to get a hair brush for me. All I had was a hair pick. The hospital staff is extremely friendly. I spent the evening getting prepped for surgery. My big day is rapidly approaching. I am glad that Dr. Schrang is a big believer in sleeping pills.

Day 1, Thursday, February 17, 1994.

The big day has arrived at last.

I was taken down to the surgical holding area around 6:45. My surgery was set for 7:30. I talked to the anesthesiologist and requested an epidural instead of general anesthesia. He agreed. I was the first person that Dr. Schrang performed SRS with an epidural.

He set it up and then Priscilla was in the OR with me. She would ask if I wanted to take a little nap and if I said yes I would get something to doze off.

I spent about 15 minutes in recovery and was back in my room before 2:00 p.m. I dozed on and off but was alert for the most part. I could not eat much of my dinner but did eat some jelly later.

I had a great night's sleep. The site where they took the skin graft is sore, but the new vagina site is not too bad. I have 3 ice packs in the vagina area. One in the middle and one on each inner thigh. He does this to control bleeding and swelling.

Day 2, Friday, February 18, 1994

What a great day. My first full day as Denise. I received some beautiful flowers from Melanie. The biggest surprise of all was a visit from Elaine. She flew up from Dallas for a visit.

She left a little after one to grab a bite to eat and to catch a 3:00 p.m. plane back to Chicago and then a flight back to Dallas.

Dr. Schrang said it went well and was not as difficult as he thought it would be. I will be able to get up and get a hot shower on Wednesday. Until that time it is flat on your back in bed. There was no fireworks or trumpets like I thought there might be. There was only a wonderful feeling of contentment and completeness. I am finally the female that I was meant to be. I have just began my journey to the rest of my life.

Day 3, Saturday, February 19, 1994

Quiet day. Marsha came up in the afternoon. We chatted.

Dr. Schrang came in. They have changed the dressing. I was told it looked swollen but no problem. Dr. Schrang gave me the legal papers to get my drivers license and birth certificate changed. I will quote the letter here:

Date: February 18, 1994

Regarding: Denise Anne Fell
To Whom It May Concern:

This is to certify that the above named patient is a 48 year old male to female transsexual who underwent Sex Reassignment Surgery for Male to Female on February 17, 1994. The operation was performed by me at Theda Clark Regional Medical Center in Neenah, Wisconsin.

This surgery has effectively converted Denise Anne Fell into a woman. Specifically I removed the testicles and penis and created a fully functional vagina, labia and clitoris. She should now be considered a functioning, anatomical female.

I performed the surgery in compliance with the Harry Benjamin Guidelines. It was done on the recommendations of two licensed workers in the gender oriented field and after the recommended one year course of hormone therapy was completed.

Should any questions arise concerning this procedure, please contact me.
It is signed by Dr. Schrang and notarized. His corporate seal is also affixed.
Sure makes me feel good to get this document.

Day 4, Sunday, February 20, 1994

A quiet day. Marsha came up and we were joined by Claudia and her friend Susan.

Day 5, Monday, February 21, 1994

Quiet day. I got some rest. I am feeling more pain (sensitivity) around my vagina.

Day 6, Tuesday, February 22, 1994

A quiet day. Dr. Schrang brought dilator and discharge instructions. He said that I should look them over. Basically, they say dilate often and be careful you are now a woman and subject to yeast infections and other infections that women can get.

Day 7, Wednesday, February 23, 1994

Today is the long awaited day. The IV comes out, some of the bandages come off and I can get a proper bath.

The bath felt totally wonderful. I had nothing but sponge baths since last Thursday. I got my first look at the new vagina. The only view that I had was looking down. It sure looks different. The area is still swollen but o me it is the most beautiful vagina in the world.

Day 8, Thursday, February 24, 1994

I had a nice hot shower this morning. It felt wonderful. I also spent several hours out of bed today. Since tomorrow is discharge day I thought that I needed to get my strength back.

I made several trips around the second floor. I need to get use to sitting up again. I also went to the cafeteria and had an Eskimo Pie (yum, yum).

I learned how to apply the anti bacterial ointment to the surgical stitches in my labia. The sutures are self dissolving. This does help to soothe the area.

Tonight Maureen, a great nurse, brought me a mirror. I got an eagle eyes view of my new vagina. Of course the packing is still in. The packing comes out tomorrow.

Once the swelling goes down I am certain that it will be the most beautiful vagina in the world, at least to me.

It took me 48 years to get the right sex organs. I plan on saving it for someone special. I was a female in my brain. I became a female above the waist with hormones and now thanks to Dr. Schrang I am a complete female.

Day 9, Friday, February 25, 1994

I got up early this morning waiting for Dr. Schrang. It was snowing like there was no tomorrow. The snow started late last night.

Dr. Schrang came in around 10:00 a.m. He had a surgery at 7:30. He was cheerful and I awaited with an unknown anticipation of what was to come next.

Out came the packing (more than you would believe possible to put in such a tight area.) In went the dilator. No pain, just a feeling of being filled. When he withdrew there was a suction feeling. He then re-lubricated and said go for it. He showed me how to put it in and told me how to hold the pressure for 30 to 45 minutes six to eight times a day in the beginning. He said I had fair depth (about 5 1/2 inches) and good width. He said that as the swelling goes down I can expect to gain about 1/2" of depth. He also suggested that I purchase a larger diameter dildo to maintain my width.

He wished me well and said to keep in touch. I cleaned up, put on my make up, tried to get the hair right and got dressed. I needed to get on the road. The snow was not slowing down.

I got checked out of the hospital (pharmacy) and went down and got my rental car. My hands were almost frozen in the snow it was 18 above. I had gloves but just did not put them on.

I left the hospital at 12:26. It got to Milwaukee (the motel) at 3:30. The closer I got to Milwaukee the harder the snow. By the time I arrived there was 10 inches of new snow on the ground and it was still falling.

There were traffic accidents all over the place. The snow was blowing so hard on U.S. 41 that at times there was white out conditions. Thank God I had retained my snow driving ability. It was that ability and Gods grace that helped me to safely get to Milwaukee.

I checked into the motel and ordered my dinner from a delivery place and after supper I started the dilation process. I took my shower and dilated again at 8:00 and try to maintain a 6 times a day schedule. Spent too much money to let my vagina close up.

Day 10, Saturday, February 26, 1994

The phone rang at midnight and I awoke to do my scheduled dilation.

The dilation started as usual and then I began to start playing around. Sort of experimenting and started a slow in and out movement and slowly picked u speed. Not real fast, but a medium type speed. Towards the end of my 30 minutes I got a strange tingling feeling. It was not an organism as I knew them but it was very tingly and wonderful.

When I did my 4:00 a.m. dilation I did not experience the same sensation, but it was not an uncomfortable feeling. I am looking forward to getting back to Jacksonville and finding a larger circumference dilator.

This has made me wonder, in a very serious way, how it would feel to be made love to by someone you care about. I mean a serious relationship. Maybe one day I will find out. Now I just want to heal and maintain as much depth as possible.

After my 8:00 a.m. dilation I got cleaned up and dressed and went to Grand Avenue Mall. I wanted a Cajun Blackened chicken sandwich before going back home and Dr. Schrang had mentioned douching several times a day with vinegar and water in the discharge instructions. I wanted to get some vinegar and water douche. Since I had no more room for anything I purchased some Summer's Eve instead of a douche bag. I will get one when I get home.

I went to the airport and extended the rental of my car for 2 days. Mostly because of the hassle of getting a taxi on Monday morning.

It is now 1:30. I guess I will get a dilation in as Wendy is due to come by after 4:00 this afternoon.

Wendy could not make it this afternoon. She will be by about noon tomorrow. I went to Ashley's tonight and had supper. The meal was wonderful as always.

After talking with Jen tonight I learned that I most likely had a small organism in my mid-night dilation. She said it sounded like a small organism. She also explained that a female's organism can be from very mild to almost earth shattering. If this is so, then I hope I can do what I did to cause it again. Well tomorrow is another day. I am happy and content.

Day 11, Sunday, February 27, 1994

The mid-night dilation was uneventful. There is still some bleeding. It is not as heavy and the sanitary napkin seems to hold it all. Per Dr. Schrang this is normal and will continue for some time.

The 4:00 a.m. dilation was uneventful. I was really sleeping good and it was difficult to wake up and get going with the dilation.

I awoke at 8:00 a.m. and did my morning dilation. After cleaning up I got dressed and went to Denny's for breakfast. The day is cold and crisp. There were a few flakes falling on my return to the motel. It is a beautiful day. Tomorrow I leave for home and my reunion with Misty.

Wendy came by for a little while this afternoon. We had a nice chat and I must say that she has some great hair. I am rather envious in this respect.

Went to Ashley's for dinner. I came back and started packing for my trip home.

Day 12, Monday, February 28, 1994

The day started on the down side. I woke up at 5:00 a.m. and dilated. I got cleaned up, put on make up and got dressed. I finished the little last minute packing and prepared to leave. The rental car was dead. It would not even turn over.

I called the rental car company and they came checked it out, and took me to the airport. They said they would pick it up later. I went and had breakfast at the airport and went to check in for my flight.

The flight to Cleveland was uneventful. I had enough time to get a hot dog in Cleveland and unwind. Since I was in first class I boarded last instead of first. I sat next to some guy that must have weighed 350 pounds.

When the plane landed in Baltimore I was alone in the first class area. This was nice. The plane left and went to Norfolk. Again I was alone in the first class section. I was alone in the first class section on the flight to Jacksonville. Basically, I had a Flight Attendant for me. Not a bad deal. If I even looked like I wanted something they asked. I recommend this type of travel whenever possible.

The day ended as bad as it started. I got to Jacksonville, gathered my luggage and called Thrifty Car Rental. This is where my van was parked. The cost is only \$2.25 per day so it is economical and they normally bring my van to me when I call.

I called and they sent a bus to get me. The lady on the phone kept calling me sir. I said, I am not a sir I am a lady. She said, O.K. Sir. She said they would be right up. I waited outside with my luggage on a cart and soon the Thrift Car Rental van arrived. I said I could not get into that. I had just had surgery and I was not going to rip something out. I said they were supposed to pick me up in my van. The stupid guy looked at me and called me Sir.

He left. About 30 minutes later I called them back. Then I got this other dimbo. She said they did not do this. I said that every time I parked there they brought me my van. She said they did not. She had worked there for two years and this was not done. I said they do it every time I park there. She said they did not deliver rental vans to

the airport. I said it was not a rental van, it was my van. She said, "Sorry." We will be right up. I gave her the claim check number again.

I waited another 40 minutes or so. I called again. She said that the driver was there. I went and looked. I did not see my van. All of the sudden in comes a Thrifty driver. He had brought a Mercedes up. I said that is not my car. He said the number is 93286. I said my number is 91286. I could not get into that car. I said I have a burgundy Astro van. He said he would be right back.

I waited another 25 minutes or so for him to get back. He brought the right van this time and I dropped him off and paid them. I was totally ticked off. If I had said what I wanted to say it would not have been very lady like. I finally got home about 6:30. The plane had landed at 4:25. Misty was thrilled to see me. She jumped in my lap and must have kissed me for 30 minutes. It was like, "You did come home." "You did not leave me." It was a happy reunion.

I ordered dinner from a delivery place and she got her well done hamburger for supper. I got unpacked and washed lots of clothes. I was ready to take a shower and get on with my dilation when my niece that had stayed here came by. She had just got out of class. She did not leave until about 11:00. I got a nice shower and got into bed to dilate. I slept like a baby.

Closing Note

I am working to getting back on the proper dilation schedule. The two things that were accomplished today were, I got my hair done and I got my new drivers license. It now has an "F" on it. The picture is terrible, but I got rid of the "m".

This was the story of my journey. It started rocky and ended rocky, but I achieved my life long dream. I am a woman, emotionally, physically and legally.

Across the Great Divide

by Melanie

As a final essay dealing with personal journeys, here is an excerpt from my own transition diary, covering my trip to see Doctor Biber in Trinidad, Colorado for sex reassignment surgery.

Monday, January 6th, 1992 - 9:15pm

So, here I am, sitting on the train, shooting into the dark at 90 miles an hour.

Chris and I arrived at the station at 7:30, fully an hour before the train was scheduled to leave. I had not stopped for dinner, so we berthed at the Union Station Cafe. After the brief but satisfying repast, we joined the queue assembled before Gate "E".

I had intentionally worn comfortable and non-suggestive clothing so as to avoid male attentions on the trip up. It didn't seem to be working. Of course the lack of any real competition surely had its effect, as I have discovered that male interest is a sliding scale, based upon what's available.

Finally, the gate opened and Chris, followed by myself, trudged along with the other intrepid travelers and made our way down the endless tunnel leading from the Grand arches of Union Station to the boarding platform.

Our train was waiting: the Southwest Chief - a slick, streamlined, snake harkening back to the woolly days of yesteryear by its antiquated name. I had never been on a train before, so this trip whose destination will thrust me into unexplored territory began with an untried experience as well.

The connotative images of trains famous and renowned layered over the more moderate denotative function of this modern relative. Orient Express, Trans Siberian Railway, Von Ryan's Express: the lore of the great Iron Horse reared up in majestic posturing, sharing with me a taste of the sweet savor of diesel fuel I had always wondered at from afar. Railroad buffs don't cherish their steeds from watching them run, but from riding on their graceful, yet muscular backs.

Suddenly a thought struck me: This train was a "loc" "emotive" for me - a process toward a place that had as much meaning in the journey as the destination. Just as the very nature of this simple Amtrak vehicle was stepped in spill-over from others of its ilk, so too would I soon become an icon of every loving mother and jaded hooker who ever touched on man.

So, in the darkness, here I sit - images of engines driving hard upon my mind. A tiny light in front pin-pricks at the great black beast until it has run its season and retires, spent, in favor of the day.

Tuesday, January 7th, 1992 - 10:00 am

The night was passed in spurts of sleep; interrupted alternately by turbulence of passage and vivid waking dreams. Often I would be jolted conscious to an eerie perception of shifting shadows and slumbering shapes. Each glimpse melded into my semi-sentient musings, incorporating train stuff in the fabric of my wistful weavings.

The soft pulsing of the engine spoke of gentle sensual thrusts. The rocking of the carriage moved me in its slow embrace. My mind turned to thoughts of actually being a woman, joining with a man. The hesitations of a life being told implicitly that such was wrong, replaced with the urgings of society now to partake in full. Suddenly, the outside world turned topes turvey - wrong is right and up is down. All the forbidden fruit is offered on the "blue plate special".

My very being was staggered by the sudden decompression. Tentatively at first, I loosened my grip on the "givens" I had never dared to question. The waters were warm and inviting. For just a moment a fingerhold on one world and a toe hold in the other. And then, the leap of faith: I let go.

Suddenly I was plunged beneath the surface, turned 'round in the soft power of a swirling vortex until I lost all sense of the surface. I held my breath until my lungs burst, spewing out the last remains of an old atmosphere and taking in the first gasping gulp of a new.

I knew what it is to be female - to be a woman, both in relationships and interrelationships. My whole perspective shifted, and that definitive change in self-image I had anticipated for so long began to occur.

Tuesday, January 7, 1992 - 4:25 pm

All day I have hovered between waking and sleeping. At times I am quite alert, racing forward to grab a snack or taking a quick constitutional in the frozen air of Albuquerque - the only major stop of the journey. Other times I drift away, nestled deep in my seat, hypnotized by the passing scenery and endless swaying of the train.

My emotions gently shift and blend as I review my whole life in connotative order, then expand the ripple to include the future. No decisions sought here - its past that time. The point is familiarity with my own feelings so that every thing has been properly labeled and tacked in its place.

We just pulled into Las Vegas, New Mexico - a small town on the route, and our last stop before Colorado. Snow has drifted and disappeared from the ground all day as we traversed many altitudes and ranges. Currently, the skies are clear, more clear in fact than any time so far in our journey.

When we arrive in Trinidad three hours hence, it will be dark. There will be no feelings attached to this town until tomorrow morning.

We have begun to move again, slowly picking up speed on the way to my destiny, for truly it is that. And destinies can be good or bad. Only time will tell if all this effort leaves me joyous or regretful. And no time can tell if it is a better decision than others I chose not to make.

We've picked up steam and are slicing ever quicker through the high prairie, even quicker in the waning sun to the seat of my future.

Tuesday, January 7th, 1992 - 6:00 pm

My brain is signaling "601... 601: which is the computer code for "out of processing space". The size of the change about to occur in my life is so big that my mind runs out of room before it can determine all the ramifications. So, it gives up, dumps the program, clears memory and starts over again from a different point of attack. But, before a few minutes have passed, it has to give up on that approach as well. Its been like that all day, and its driving me crazy.

The actual desire to have surgery is not in question here, but rather what it will mean to my life. All my ponderings of the past few years have stopped short at that point. "The crystal ball grows cloudy", the fortune teller says, and draws the curtains on the show.

Its not that I can't see the future - not really. No, its that I cannot accept what I am seeing. I The sense rebel, as the glimpse afforded holds no meaning in all past experience.

Me, leaving Mary and living with a man? Me, truly a woman in mind and body? Me, mind changed so far in composition that my memories fail to identify the speaker as myself?

I am changed. I am a new person. The consciousness that was Dave is as dead as if he'd fallen from a plane. Only his motivation remains, but, godammit, those are changing too! The whole of me is mutating into some unknown alien form. The question no longer is what do I want, but who am I now? But its all too late to change. The only part of this thinking being that remains the same is the resolve to finish what it started.

Wednesday, January 8th, 1992 - 9:50 am

I just sat down in one of those overstuffed atrocious green vinyl waiting-room chairs that were all the rage in the 50s. Moments ago I concluded my appointment with Marie, Doctor Biber's secretary. As soon as Dr. Biber is available, I'll be called in for my examination. Until then, I have time to write.

4:10 pm

Oops! Dr. Biber called me in so I had to stop there and continue now:

I awoke this morning before the wakeup call and lay beneath the covers emotionally neutral, trying to see how I felt. Before I could sense my mental lean, the phone rang with my 6:30 wake-up. I threw off the covers and literally jumped out of bed in the attempt to stir something up physically since my mind seemed impervious to getting in gear. It worked. Just the simple action of getting the adrenaline running started the mental motor as well.

Before anything else I called Mary as I had not done so the night we arrived. I had misjudged the time difference and woke her at 5:45 am. Nonetheless, she was warm and cheerful. Having already decided to go through with the surgery, I asked Mary if she felt it was the right thing to do, hoping to have good feelings accompany my decision. She told me that I was happier, calmer and more together over the last couple of years, and if she wasn't happy she wouldn't be there. Just like my dad at his last visit, she told me, "Yes, its right for you." What a woman!

I spoke with both the kids who seem completely unaffected by the whole thing.

Next step was to take my shower and get dressed. Odd, but I just realized that I didn't even pay any attention to that space between my legs. I was so forward thinking as to what I needed to do today that I zipped through the shower almost unconsciously. Getting dressed was quick and carefree as I had laid out things last night before bed. I put on my make-up, pleased that I had done electrolysis last weekend, as even two days without shaving had shown no visible stubble.

Chris and I met at 8:00 for breakfast, then walked through the brisk morning air down Main Street to the First National Bank Building, home of Biber's office. The building itself was like most of Trinidad: Wild West frontier architecture dating back to the mid to late 1800s. We entered the ancient elevator on one side and got out on the other at the fourth floor.

I asked the receptionist for "Marie", Doctor Biber's secretary, and was directed 'round the corner to an office on the left. I walked into the open door, introduced myself and was asked to sit in the single straight-back chair in the corner. Chris was directed to the waiting room.

The office, like the building itself, smacks of its 1880s construction, apparent most in its small size and location at the end of a twisting convoluted hall. The furnishings must have been made in the fifties: the overstuffed green vinyl waiting room benches with silver steel tube arms - you know the kind.

Marie asked me to fill out several forms, checked the paperwork I had brought, and gave me some informative leaflets. We shared pleasant conversation amidst the xeroxed sheets and then I returned to the waiting room to await Doctor Biber's call to come into his office. As you have read, I was called in by Doctor Biber almost immediately.

6:05 pm

Update! I am in my hospital room and the nurse just came in to warn me that she would be back in fifteen minutes to prep me for surgery, and that it was time to put on my gown. So I did that and now I'm writing this while wearing nothing but the delightful white gown with the blue polka dots, and my socks. As I understand it, prep consists of shaving all my pubic hair and painting me orange...

Well, back to my meeting with Biber... Nope! She's back! Time to get prepped... Yeah, team!!!

Gone again to get more supplies...

So, Biber calls me in. His office is about the same size as Marie's, cluttered and small. He sits me down and starts asking questions and taking notes on a lank piece of typing paper in longhand.

She's back!

7:47 pm

I am now completely hairless from the neck down. I had a pleasant conversation with the nurse while she shaved my genitals. I even received a phone call from a friend during the procedure. And I thought I would be bored! But wait! The entertainment scheduled for this evening wasn't over yet! For the Second Movement: THE ENEMA!!! (Part One: "Let's get to the bottom of this." Part Two: "You look a little flushed.")

8:57 pm

Okay, so I've had two phone calls from friends and I'm back to the tale.

So, Doctor Biber takes the notes. I show him some "before" pictures and he chuckles. I'm sent into the next room to strip for the physical exam. Incredibly, it's even smaller than Biber's office! But it is a warm room (heated by the ancient radiator in the corner) and I get no goosebumps while standing there naked.

Biber enters and has me lay on the examining table. He pokes, prods, and stretches, then proclaims, "It's not the biggest in the West, but it will do." Anticipated depth four to five inches with another one to one and a half inches from stretching by dilation.

I'm left to dress, then sit again at Biber's desk while he outlines the schedule to come. He smiles, shakes my hand, and I'm off to pick up Chris from the waiting room. Chris and I walk back to the motel, arrange my things, then start on a journey of discovery. We follow Main Street to a side street that leads up the hill past some truly wonderful old buildings at the way to the top of the hill.

What a marvelous view of the city, nestled across the picture postcard valley - the white Rockies etching the horizon. Time is growing shorter, so we retreat from our perch and stroll the city until we find a small cafe and have lunch.

As we pay the cashier, I notice on the newsstand a pulp magazine touting "A baby for James Bond sex change beauty!"

Back at the motel, I call the cab company, knowing full well that by my destination, they know exactly why I am here.

Mount San Rafael Hospital is a tasteful, modern building, designed to blend into its natural setting. Inside I step into the Admissions Office and meet Roberta Marie, the administrator who handles all of Biber's patients. She takes my checks, accepts two credit cards to be protected in the safe, and takes me down to the lab. There, I have blood taken and leave a urine sample. I enjoy an interchange with the lab nurse about the many renditions of butterflies she has gracing the room.

Back to Roberta Marie's where I receive final information and am led to my room. I spend some time unpacking, then relax on the bed, watching TV (39 stations on cable!) and listening to the radio with my headset. Chris relaxes in an uncomfortable chair with the latest Stephen King novel he has been reading since Burbank.

Finally, I pull out my notebook and begin to write, which brings us to where this started.

It is now 9:57 pm. I'll be awakened in seven hours for surgery. The nurse has just left after providing a sleeping pill, which was washed down with water - a small treat to my dry moth since I am not to eat or drink after 8 pm.

Well, this is it. Right or wrong, for better or worse, forever from now on, the die is cast. I feel no fear nor anxiety. In fact, I feel nothing at all. Perhaps to avoid nervousness, my emotions have shut themselves down until after the fact.

What a strange feeling that after all the pain and yearning and drive I should be emotionally neutral on the eve of completion. But from here, it seems like such a small thing. A little tag of flesh that worlds revolve around.

My mind grows fuzzy already from the effects of the pill. I'll close for now. All is said, and soon all will be done.

Thursday, January 9th, 1992 - 4:44 am

The day I have waited all of my life for has arrived. I awoke at just past four after a solid night's sleep. Mused and pondered for a while with a smile on my face. Then took several minutes to engage in the "Obligatory Last Masturbation". That successfully completed, I decided to continue this log like a good little reporter. So, here I am, on the verge of the greatest change I ever expect to make.

So few things begin as a double dilemma - the first being between body and mind and the second between mind and mind. To resolve the negative potential, one must change both body AND mind. And so I have. I am no longer the person I was. Who I am has shifted and grown as I changed the state of my consciousness, even while maintaining my subconsciousness. What I am has been partially changed by hormones. My physical self is certainly not what it was.

But both of these are temporary, or at least changeable conditions. I could go back to the way I thought and I could go back to the physical self I was. That is about to change in a scant two hours. By the stroke of a knife, my body will be altered permanently. And by this certain knowledge, my subconscious is changed forever as well.

That is the nature of a leap of faith: to close off your options and burn your bridges behind you. To take a step from which there is no return. Throwing yourself into a future where the odds for success are fifty/fifty, and no guarantee seems more likely than another.

I cannot know the nature of the outcome. If I could, there would have been no dilemma in the first place. Just a problem to be resolved step by known step, where each advancement you make puts the next in sight. But dilemmas skip a step and you must leap into the fog on the assumption and hope that if there was something to stand on all the way here, there will be something to land on behind the mist.

So I take my leap this morning. It is 5:03 am. At any moment they will come for me, and I am ready, truly ready to go.

If there is a place to stand on in the mental sense, I'll be truly happy. If there's a place to stand on in the physical sense, I'll be alive. Either way, I am prepared. And either way, to my personal friends and relatives, and especially to my family, thank you all.

5:38 am

A final note: Mary, Keith, and Mindi,

I love you all so very much. No one could ask for a more supportive and loving family than you. This has not just been my struggle, but yours as well. And I am truly aware of how much my choices forced you to deal with. Words cannot express the love and respect I have for you all.

I hope with great eagerness and anticipation to see you soon. But should something untoward happen, be at peace that I lived my life as I wanted to, and entered the operating room more full of joy and completion than I have ever experienced before.

So, I close, fulfilled already. Already enjoying my new life even before surgery. So know that should something happen, I'm already there. I cannot be deprived because I'm already there.

I am happy, I am at peace, I love you all.

David, and Daddy, and Melanie (Me)

NOTE: The following is taken from my handwritten journal. The letters are slurred and scrawled in such disarray that if I hadn't written the text myself, I'd never have been able to decipher it later.

It's done! I'm back in my room and doing well. I awoke during the end of surgery, so by the time I got to recovery, I was already quite alert.

They checked me out for a while, then sent me back here. I'm still pretty groggy, so I'll take a quick nap for a while.

But the important thing is: I FEEL GREAT!!!

I've been a woman for about nine hours. Strangely, I don't feel much difference! I guess that shows how successful I had been in thinking of myself as a woman before surgery. The pain is not nearly as bad as I had been told to expect. The injection from surgery completely wore off two hours ago and I still don't need a pain

killer. I suppose I should have one to help me sleep, but the overall is that it is only like a bad bruise. I'll fill in more details tomorrow, but today I am very tired and keep drifting in and out.

Friday, January 10th, 1992 - 11:12 am

My second day as a woman. I guess all I can say is that for the first time in my life I feel normal. No fireworks, no marching bands, just plain normal. I am balanced, the internal conflict is gone. I find that I see myself as a woman now, no longer transsexual or male.

Testosterone is just about out of my system now, and I am completely estrogen based. That DOES feel different.

4:00 pm

Look at me! I'm just who I want to be! I've spent most of the time drifting in and out. Until now, I had not felt motivated to write. During the day, the pain has gotten significantly milder. Once or twice, however, I reached a little too far and quickly and felt the mule kick me right between the legs. Fortunately, the nurses were all set with painkiller injections: the gift of the gods.

As I lay here, the reality of it all is slowly solidifying in my mind.

Monday, January 13, 1992 - 7:25 am

Finally my strength is back. This is the first day I have really felt up to snuff since surgery. Saturday and Sunday were pretty much write offs (no pun intended) Even though my pain receded slowly but continuously, I had forgotten that the bowels shut down after surgery for up to four days. The overall effect was for one kind of discomfort to segue into another. This left me getting motivated to become more mobile only to find myself unable to move. Just rolling over on my side to get a pain killer shot was a major exertion requiring an hour of recuperation. I had no idea at the time just how weak I was.

The entire staff here has been amazing. In all my experiences with hospitals during the years preceding my grand parents deaths, I have never encountered such kind and caring people. The lady in charge of the kitchen came by in between meals to see if...

8:45 am

The last entry was interrupted by the most emotionally positive experiences of my life: The "Biber Button" was removed. named for its resemblance to a navel, the Biber Button is a round wad of brown surgical gauze that is positioned two thirds of the way from the navel to the vagina as an anchor to a wire that pulls the abdomen down into a more female curve.

Through the last few days, my tentative gropings were always interrupted by the protrusion of the button, feeling much like a dried penis stub. So the thrill I had of seeing my new form was incomplete. But just moments ago, the nurse informed me that today was "wire day" and bent over me to snip the last link to my male past.

A tiny little snip, then, "take a deep breath," a sudden tug, the sensation of something being pulled out of my insides - over almost before it was felt. I looked down and my physical womanhood finally lay before me. My God! All these years and all this way. The years of dreaming, hoping, hurting, all behind me now. Reality has shifted; the past is the dream. The future is territory unknown.

Sometime in the a.m.

I called in some voice mail to be played at the company meeting later in the day. I said, "Hi all! You've heard of Postcards From the Edge? Well this is a postcard from OVER the edge. Of course, the question of the hour is: Was the surgery a success? YES!!!! It looks like I was born this way. Biber is a miracle worker. (Only my hairdresser knows for sure!)

"Actually, it was a pretty heavy surgery. It takes a lot out of you (so to speak). However, I'm bouncing back fast and can hardly wait to get back and show everybody my scar.

"Seriously though, I want to thank everyone for their support. When I was looking forward to this it was just one step at a time. But now that I look backward, I realize the magnitude of what I've accomplished and wonder how I did it. In truth, you can't do it by yourself. You need the support of those around you.

"Thank you all for your acceptance and friendship, and I'm looking forward to seeing you all back at work next week."

6:55 pm

My roommate just ordered a pizza. I realize I have not yet even mentioned my roommate. Looking quickly back over my journal here I realize how fragmented it is, due to my post-surgical fatigue, which rears up once again as I write these words. So, tomorrow I shall fill in what gaps I can during my last day in bed before taking my first step as a woman.

Tuesday, January 14, 1992 - 3:07 pm

I just met Cathy, a sister transsexual who is scheduled for surgery tomorrow morning. She's younger, prettier, gentler, and sounds better than me, dammit! What a cruel twist of fate! Just kidding, just kidding... sort of!

Actually, she's very sweet and has obviously chosen the right course for her personality. Cathy is here with her sister, who looks very much like her. Dorothy, the anesthesiologist, introduced them to Steph (my roommate) and myself and left us alone to talk to them about our experiences. They just left to organize their things and will be back later with fresh questions.

Now to fill in some gaps.

Picking up just before surgery, immediately after the last pre-surgery entry:

Dorothy came in and started my IV. Another nurse gave me a pre-surgical injection. Chris shot some 8mm video for posterity, and then, in the midst of all the commotion, they came to take me away.

In ordered frenzy, the team liberated my bed, rolled me out of the room and down the corridor. I looked up to see the stereotypical movie angle of the patient's POV of ceiling lights flashing by. I returned my gaze forward and saw the operating room doors loom up. Chris stepped ahead into view (I believe to make sure I didn't want to change my mind at the last moment.)

I knew this was my final chance to bail out: the last opportunity to remain male. I smiled groggily at Chris, raised my hand in the "thumbs up" sign and said, "See you on the other side." The doors swung closed behind me.

The gurney was wheeled along side the operating table, and I was asked to raise myself up and over onto the surgical slab. I was told to roll onto my left side and pull my knees to my chest, my shaved genitals coldly exposed.

My last feeling was the satisfied certainty that nothing could stop this now. I was really going to be a woman.

Awareness ceased.

The next sensation I had was a gentle tugging feeling - like when you are sound asleep and someone is trying to waken you without frightening you. My mind was very cloudy as it rose out of the depths, but eventually I recalled who and where I was AND what was going on. As my senses returned, I realized that the tugging was something they were doing between my legs: I had come out of the anesthesia while the surgery was still going on!

My first reaction was to tell them, so I could be put under again. But I have always been somewhat nervous about anesthetic and figured that as long as it didn't hurt I'd rather not take that chance twice. So, I didn't move and didn't talk and let them tug away.

I don't know exactly how long it was that I remained motionless, as my time sense was not very functional at the moment. But it didn't feel very long before the tugging stopped and then gently wheeled me away to the recovery room.

(When I brought this information up to the anesthesiologist, she was convinced at first that I had only imagined it. However, when I described the feelings and mentioned that I had heard people talking - though I did not recall the words - she agreed I must have come out of it early. In fact (she confirmed) at that point, the actual surgery was completed and they were stuffing in yards of surgical gauze called "packing" to keep my vagina open while it healed.)

Once in the recovery room, I woke up quickly, which somewhat surprised the surgical assistant who was there to monitor me. He was a really kind young guy - something of the athletic type, blondish, muscular, that I had met on the way into surgery when the team introduced themselves to me. I told him about waking up during the end of the procedure and he merely commented that it was very odd indeed.

Once that was off my mind, a stray thought lodged in my mind. I looked up at him and mused to myself, "You're a man, and I'm not."

I drifted in and out of sleep as they checked on me from time to time, but eventually was awakened for the short gurney journey down the halls back to my room. And this is where my earlier account resumes.

Wednesday, January 15, 1992 - 7:00 AM

It occurs to me that each of us is a pioneer. At the moment of our birth we awaken to find ourselves in territory unknown, without a map. It is our simple purpose to spend our lives looking for a way home, and in the end, we do.

Regarding the above paragraph.... I awoke at seven and opened the window drapes to see the frozen landscape before me. I began thinking about my daughter Mindi, someday at her wedding. I would be wearing a dress... No, I would wear a tux - I'm not proud! I still want to "give her away" as her father.

I thought about Keith - wanting to be his buddy, his dad; not to lose him to another male role model. I want to give him some understanding of life, some wisdom that will help make the journey easier, some hope to help him overcome the bad times.

I thought about Mary and what our future would hold together. Then I wrote the thoughts above.

7:22 PM

It has been an eventful day. Just after my last entry, they removed my catheter. Drawing the fluid from the balloon that had been inflated in my bladder to hold the catheter in place, the nurse then pulled the tube from my urethra. I was free!!!

After six days flat on my back in bed, I swung my legs over the edge of the bed and put my feet on the floor as a woman. To me, that was when I felt I had made it. I walked about four feet to the chair they had prepared for me and at my breakfast Sitting Up!

The next few hours were spent in short journeys around the room, followed by ever decreasing recuperation periods in bed. But I had a mission: I was charged with the sacred duty of learning how to pee like a woman. Problem is, muscles, nerves and the drainage duct itself have been moved. So the brain actually doesn't know how to do the job: what mental buttons to push. Which means, weak as you are, painful as it is, you sit and you push and you relax and you pray, and nothing happens.

For five hours I made painful trips to the restroom with negative results. Due to the almost unbearable pressure building in my bladder, I was temporarily catheterized to drain me back to zero. This was just a temporary reprieve, however, as if I was not able to go in another five hours, I would be recatheterized for one more day with the model I had endured the past week. No more mobility, not to mention the pain of having the catheter re-inserted, this time WITHOUT anesthetic!

And what if THAT didn't work? What if I had to go back to surgery? What if THAT didn't work?

At 3:30 pm, eight hours after the catheter was removed, I peed.

I was happy.

Friday, January 17th, 1992

After my initial relief on Wednesday the remainder of the day was fraught with fear and pain. I was completely unmotivated to write, so I will catch up on those events now.

On Wednesday afternoon, I found that drinking water as regularly as I had been told led to restroom trips every twenty minutes or so. The first couple of times were increasingly easy, although still difficult and sore. But soon, the burning pain began to increase. And the surging flood of relief became a trickle. Soreness and pressure built up and troubled me throughout a listless night.

Thursday morning, I found myself constipated as well. The old fears of a surgical mistake welled within me. I complained to all who came to check, was given more laxatives, but remained bound. I kept remembering that I was due to have the "packing" that had been stuffed into my vagina removed the next day. It was my desperate hope that its removal would ease the pressure and allow all systems to function again.

Throughout the day and into the night I slept naught, jolted alert every twenty minutes by the burning pressure to relieve myself in excruciating pain. Finally, dawn was upon me, and ultimately, the moment of unpacking.

Early this morning.

Unpacking was supposed to occur at 7 am. I watched the clock like a convict on death row, waiting for a pardon from the governor. The hands reached seven, then seven-oh-five. I had to wait an extra 30 minutes for them to come in. That may not seem like much, but under the conditions it was awful.

When the nurse arrived, she undid my tampon from the "garter belt" and began to pull the gauze from my new vagina. It was not unlike the standard magician's trick where they pull yards and yards of scarves from their pocket. I felt like I was being unraveled. She kept pulling and pulling and more and more gauze came out - all in one long piece.

I had been warned that the smell of this procedure was perhaps the worst one could experience. Well, it wasn't THAT bad, but it wasn't pleasant.

FINALLY, the end of the gauze snake left me. For the first time, there was nothing attached, stuck in or connected that wouldn't be there for the rest of my life. And the best part was, all the pressure was gone.

Before I had a chance to consider all this, the nurse showed me how to dilate. In Doctor Biber's program, you are provided with two silicon rubber, lifelike dildos: a small pink one and a larger purple one. You cover it with a condom (to prevent germs), then squeeze a liberal supply of KY jelly onto the top. All this was shown to be by the nurse, and I commented that topped off like that, the dildo looked like a rich dessert!

The nurse observed while I inserted the dildo for the first time to make sure I had it right. No problem. Its strange, but the feeling of having something penis-shaped inside me seemed so natural - almost as if all the programming was always in my brain, just waiting for the body to get it together.

The big surprise was that as the dildo remained inside me, I began to feel aroused. What was this? I made a mental note to explore that sensation later, in more private conditions!

After dilation, I went to the restroom and was overjoyed to find that all systems were "go".

Shortly thereafter, I got a call from an ABC television crew that I had heard from the nurses was doing a story on Doctor Biber. They wanted to film me as I left the hospital and got on the train. Not being one to shy away from the spotlight, I agreed.

Doctor Biber came in to give me his post-op care instructions and a couple of warnings about VD, Aids, and various female infections to which I was now prone. I had my picture taken with him.

For the first time in eight days I was able to take a shower. What a wonderful feeling to have all that slime washed away! I got dressed, did my make-up, visited Cathy who had just had her surgery that morning and said my good-byes to the staff.

The ABC crew arrived and made their introductions. The Sister arrived who drives the post-ops to the station. The crew set up some shots while I loaded the trunk, then followed us out to the station.

It was a cold, cloudy day as I stood alone by the tracks waiting for the train (heavy handed phallic symbol) to carry me back to the real world. At least, that's the way it looked to the cameras, I imagine, with the kinds of shots they were setting up. But, the train was running late, and the crew (gentlemen and ladies all) had other set-ups to document, so they left me there at the station and went their way.

I sat in the old building - just another relic in a town built mostly during Gold Rush days - and made pleasant conversation with a family journeying to the city. Conversations happen easily in Trinidad, as a single girl, traveling alone, is instantly recognized as a product of the town's chief industry. Still, everyone I met during my stay (including this family) were open and friendly and warm.

Finally, the train arrived. We boarded, going to our separate accommodations. As per recommendations from gender pamphlets, I have taken a sleeper car for the trip home, allowing for privacy during dilation, which must be done every two hours for the first month or so after surgery.

I settled into my compartment, feelings very free, very complete, and very female. Just placing my bags, snacks, and cassette player in the various nooks and crannies of the small cubicle made me feel better - decorating my temporary home. I felt so cozy and secure: the struggle was finally over.

Once we got under way, I left my compartment and staggered down the swaying corridor to the restroom. Peeing on an Amtrak is an experience in itself, but doing it while getting the hang of the equipment is another story altogether! Still, I was pleased to find that the pressure was fully gone and the time between trips was increasing. On a rather gross note, perhaps the strangest feeling of all, was going "number one" and "number two" at the same time!

What better segue than that to talking about lunch. Meals were included in my ticket, which was a good thing since this surgery has depleted my financial reserves to the point that Mary and I have maxed out all our credit cards and refinance the house to pay for it AND I have less than \$20 left to my name.

I sat down to the table with three other people: two a couple traveling on vacation, and the other a rather nice looking young man who was visiting relatives while on semester break from college. We all had a pleasant conversation. But the best part for me was sensing that the college man found me attractive and knowing it was okay. (A telling phrase, "okay"? Well, yes, not because I thought of men that way before, but because now I can without social disapproval.)

So as not to arouse suspicion, I had not brought to lunch my doughnut - the inflatable circular air pillow that keeps one's underside from touching the seat. Still, the soreness was not that bad, as long as I shifted my weight from one thigh to the other occasionally.

After lunch, it was time for dilation again. I locked the door to my compartment, got everything ready, and had the experience of a lifetime trying to keep everything in position in the tiny box of a room on a moving train! I peeked out the window while we were moving. There I was, "doin' it" in Albuquerque!

Quickly, my strength has returned, the soreness is almost gone, and my thoughts begin to turn forward toward seeing Mary and the kids again, and beyond.

Sunset

Here I am, once again sitting on a train, slipping down the golden rails at ninety miles an hour. I am on my way home. The sun looms large in the panoramic window of my sleeper compartment. Strange how this trip, bracketed by these two elegant surreal journey's seems to have passed in the twinkling of an eye.

Saturday, January 18th, 1992

So, here it is: the end of my journey - not just by train, but the entire train of events that describe my life for the last two and a half years.

This diary began on August 1st, 1989, the first day of my transition, and ends today on the last. For there is no more to change; no more patterns of thought, no more biochemical balances, no more physical characteristics. When shortly I step from this train, my journey will truly be complete.

Naturally, my thoughts turn to the future. But those musings are not the "what ifs" of someone wanting to be, but the "why nots" of someone who is. From the first day I recorded my thoughts, my feelings have been public domain. I strove to describe accurately and withhold nothing. But now, the usefulness of the sharing of my experiences is at an end. And ownership of my most intimate self returns to me. I shall not withdraw from sharing what has happened, but from here on will let others understand the meaning of my future life by my actions and through my deeds.

As we pull into the station, I think of Mary, Keith, and Mindi waiting to reunite with me as a family. It is not an end, but a beginning. Thank you for joining me on this journey. May you find as much peace at the end of yours.

Melanie

January 18th, 1992

Social Issues

Harassment

GENDERARTICLES - This regularly posted Internet column provides educational information regarding transgender living. (TS/TG/CD/SO) Each column has been written to inspire contemplation and dialogue. Authored by Gianna E. Israel, columns may be reprinted in any medium insofar as each article, its introduction and the author's contact information remains unaltered.

We live in a society which does not promote respect toward persons who have different appearances, ideas or ways of living. Consequently, many transgender persons experience social difficulties ranging from subtle harassment to indiscriminate violence. This article provides useful information when dealing with these issues and specifically provides coping mechanisms for transgender persons.

It is common knowledge that there are individuals who cannot tolerate differences in others. At times such persons use intimidation, coercion, harassment, or even violence, in an effort to make others feel afraid. Depending on the level of harassment, such persons are known by different names. These include: perpetrator, victimizer, bigot, jackass, creep, scum, or jerk, just to name a few. For sake of clarity, I like to refer to these individuals as "bullies," because their behavior can easily be found on any schoolyard.

Bullies typically act with malice toward others who are different for a variety of reasons. Many do so because their behavior makes them feel powerful. Some bullies feel entitled to hurt others because they believe it is socially acceptable or that their actions will have no consequences.

Others are harassing because they believe that their viewpoint or way of living is the only correct one. Occasionally such persons are uneducated and not aware that others have differences or that their harassment is hurtful.

Whatever a bully's reason for harassing others may be, during a confrontation such reasons should not be introduced as a topic of discussion. Generally, a bully is happy to use such discussions in order to avoid acknowledging responsibility for their behavior. The Most Effective Way To Deal With A Bully, Is To Relay A Focused Message That Their Behavior Is Hurtful And Will Not Be Tolerated No Matter What Their Reasoning! Furthermore, another effective way to reduce harassing incidents in general is to understand prevention. Here are some pointers:

*Acknowledge your role in harassing situations. Nobody likes being a victim, however at times people invite harassment without realizing it. This may be particularly true when a person has been victimized in the past or feels extra sensitive when criticized by others. Sometimes it is possible to mistake another person's lack of interest in gender issues as a form of harassment. Occasionally in such situations a person may set themselves up for harassment by drawing unnecessary attention to themselves.

If you are uncertain whether you are being harassed, pass your feelings and information about the situation by several friends you trust. Ask them how they might handle the situation, or if they believe you are overacting, and then proceed with some extra insight. If you find yourself regularly being harassed by others, or suspect you may be continually setting yourself up for victimization, seek professional help and learn assertiveness skills.

*Think Ahead! If you are newly "Coming Out" or have never been out crossdressed by yourself, plan your activities with safety in mind. Travel with friends, or restrict your activities to locations where you feel safe until your confidence level rises. It is unlikely that there is going to be a bully around "every" corner. In fact, the more times you go out the more likely it is you will notice that most people really don't pay a lot of attention to others. Some persons may however respond with curiosity if they have never met a transgender person. Their curiosity may be acknowledged with a slight smile, or simply ignored as routine. Finally dress appropriate to the occasion. If a person dresses in a manner designed to draw the attention of others, he or she should be prepared for that attention and even potential criticism.

*When encountering harassment do not feed into it. You can do this by simply ignoring the bully and his or her behavior. This advice is particularly useful when encountering offhand comments from strangers looking for a confrontation, such as out in the general public. Additionally, if you find yourself encountering harassment routinely from one particular person, avoid feeding into that person's behavior by not acting revengeful or antagonistic.

Acting maliciously in response to someone else's behavior only gives the harassing party further reason to bother you.

*If you encounter a person who is continually harassing, tell that person his or her behavior is hurtful and you will not tolerate it. State so in a brief, clear manner. Surprisingly, most bullies are scared off by these assertive words. If you feel uncomfortable confronting someone about their behavior, develop a "confrontation plan" with your counselor or knowledgeable friend. You may also take along a friend as a witness and for added support.

However if at all possible, stay away from persons who use violence or threats of violence.

*Set limits or boundaries to the amount of harassment you will accept. For example, you might say, if you continue to harass me I will ask someone to help me deal with this situation. You may also state that you will report their behavior to a supervisor, the police or appropriate authorities. Or, you may state you will choose to no longer associate with the person.

Whatever limits you set, stay with those limits or the person will not recognize you mean business and their behavior will continue.

*If you encounter a situation which becomes overheated, physical or threatening in nature, leave immediately. If you cannot leave, at least keep moving. A moving target is harder to hit, buying you time to find a way out.

If you must hit back in order to get out of a situation, do so. Once out of a situation, immediately contact friends, your counselor or the police for assistance. If you become a victim to violence because you are transgender, file a report with the police as well as with the violence prevention program serving the gay, lesbian, bisexual and transgender community in your city.

Do not allow the incident to go unnoticed. Otherwise, even if the perpetrator stops harassing you, he or she will likely continue victimizing others.

****G I A N N A E. I S R A E L provides nationwide telephone consultation, individual & relationship counseling, evaluations and referrals. She is principal author of The Recommended Guidelines for Transgender Care, writes Transgender Tapestry's "Ask Gianna" column; is an AEGIS board member and HBIGDA member.

She can be contacted at
(415) 558-8058,
P.O. Box 424447
San Francisco, CA 94142,
or via e-mail at Gianna@wco.com.

Telling Parents

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"TELLING PARENTS" #03 / June '96

Telling Mom and Dad that you crossdress, have questions about your gender identity or that you are making a gender transition, each can be a difficult process. This article explores preparing for that process.

Before actually introducing the subject to your parents, there are many questions which are helpful to examine. What do you hope to gain from disclosing? Most persons disclose to their parents with the hope that at the very least their parents will acknowledge the issue exists, and perhaps be accepting or supportive. Gaining this type of acceptance in many circumstances is not always immediately possible, particularly when the parent responds with rejection, denial or indifference. Occasionally, when a person least expects it, a parent may give unconditional support.

Whatever you feel your situation may be, before disclosing you should be prepared for a wide-variety of responses.

Is disclosing to parents actually necessary? Not always. Persons who share their gender issues with others, in many circumstances are best served by only doing so when telling is going to increase the quality of the relationship. While most persons recognize this when it pertains to friendships and co-workers, they are not aware that sometimes telling parents about their gender issues may not be beneficial. This is particularly so if the person has no experience talking about gender issues with others or has no support system.

Most persons disclose their gender identity issues seeking some type of validation. This process can be a healthy part of defining one's sense of self, however it can also be misplaced depending on the circumstances.

For example, if a person's primary motivation for sharing originates in a desire to share experiences and needs, than these are good things. However, if a person's motivation is designed solely to gain emotional support in a time of crisis, they may find the parent so shocked by the news that little support is gained. Additionally, disclosing during times of personal crisis may unnecessarily portray you as unstable. In most circumstances it is best to first seek validation as well as emotional support from persons familiar with gender issues.

Generally, the more invested you are in incorporating crossgender elements in your life the more essential it becomes to have a "support team." Utilize your support team to learn about disclosure, talk about your feelings, hear about the experience of others, talk about your own and get feedback on your situation. Having done these things you will then be better prepared emotionally to disclose to your parents. For example, you will be able to relay the fact that exploring gender is a healthy part of self-development, and do so with confidence!

There are a number of other questions you may also ask. How validating have your parents been regarding you or your siblings needs? How well do they deal with hearing difficult news? Also, what views do they hold regarding matters of personal independence, and gender or sexual identity issues? Your answer to these questions can lend important insight into how your parents may respond to your disclosure. If your parents have not been supportive of your personal growth and needs in the past, that is a fair indication they may not be so regarding this issue. If your parents are relatively accepting of persons having different gender or sexual issues, then they may so with you. As you examine these questions, take time to find out how others have dealt with parents having similar attitudes.

When faced with the prospect of disclosure, many persons are uncertain how much information they should tell their parents. Choosing how much to disclose can depend on several factors. These factors include their ability to receive new or complex information without undermining relationships. Also, you need to take into consideration your own selfinterests, including to what degree you believe gender issues affect your overall life.

Examples of this process include a variety of possibilities. For example, a person who only intends to crossdress privately on weekends may or may not disclose. Sometimes this depends on whether or not the person has concerns about being discovered. Occasionally in these circumstances it is better to disclose on your own, rather than having your parents find out through another source.

The transgenderist or transsexual who intends on living "in role" or making a permanent transition, obviously will need to do more disclosure. If you are convinced that living in role and having surgery are the right steps for you, be cautious how you portray these to persons not familiar with gender issues. In these situations it is best to inform others that living in role are steps of a "real life test" which will help you determine which permanent changes are right. Clearly this would include surgery. Disclosing information which portrays an interest in thoroughly thinking through changes shows good judgment.

As you prepare for coming out to your parents, remember that initially these issues can be difficult for others to understand. Do not give so much information that your mother or father ends up confused. Stick with the basics. Initially you might set the stage for discussion by simply stating you have been having questions about gender or that you currently are seeing a gender specialized counselor. Once you are prepared to come out, let them know how these changes will effect you and them. Invite questions. If you are uncertain what the future holds, confidently state so and let them know you will keep them informed of developments.

If your parents are important to you then disclosing in person is preferable, doing so by telephone is good when physical proximity doesn't allow face-to-face contact. You may prepare for the occasion by writing out your thoughts in a letter. Write out your thoughts, edit and pass your letter past several informed persons you trust. Try to avoid overemphasizing how anguish you have suffered or how desperately you fear losing them. Be confident. Try to save the more unsettling details for a conversation after your parents have heard the basics.

In my practice I regularly provided consultations to parents seeking information about gender issues from an objective, specialized source. You can do the same by providing your parents 3rd party literature that they can read about the issues you are facing. Examples of literature include:

Coping with Crossdressing (JoAnn Roberts, Ph.D.); The Uninvited Dilemma (Kim Stuart) or Information for the Female to Male (Lou Sullivan).

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She can be contacted at
(415) 558-8058,
P.O. Box 424447
San Francisco, CA 94142,
or via e-mail at Gianna@wco.com.

Spiritualism and Transgenderism

The Bible and Tgism

Compiled by Wendy Phillips

"But the Lord said to Samuel, Look not on his face, nor on the height of his stature . . . : for the Lord does not see as man sees; for man looks on the outward appearance, but the Lord looks on the mind." (1 Sam 16:7)*

"For as he thinks in his mind, so is he . . ." (Prov 23:7)." . . . Neither let the eunuch say, Look, I am a dry tree. For thus says the Lord to the eunuchs that keep My sabbaths, and choose the things that please Me, and take hold of My Covenant; Even to them I will give in My House and within My walls a place and a name better than of sons and of daughters: I will give them an everlasting name, that shall not be cut off." (Isa 56:3-5).

"Therefore if your hand or your foot offend you, cut them off, and throw them from you: it is better for you to enter into life limp or mutilated, rather than having two hands or two feet to be thrown into everlasting fire.

And if your eye offend you, pluck it out, and throw it from you: it is better for you to enter into life with one eye, rather than having two eyes to be thrown into hell fire." (Mat 18:8, 9).

"For there are some eunuchs, who were so born from their mother's womb: and there are some eunuchs, who were made eunuchs by men: and there are eunuchs who have made themselves eunuchs for the Kingdom of Heaven's sake. He that is able to receive it, let him receive it." (Matt 19:12).

"For in the resurrection they neither marry, nor are given in marriage, but are as the angels of God in Heaven." (Matt 22:30)

"For when they shall rise from the dead, they neither marry, nor are given in marriage; but are as the angels which are in Heaven." (Mark 12:25)

The apostle Paul said the living saved would be likewise-as Jesus Himself already now is (1 Cor 15:42, 49, 52). And John the apostle agreed (1 John 3:2). With the Lord "there is neither . . . male nor female . . ." (Gal 3:28).

". . . the Lord has created a new thing in the earth-a woman shall encircle a man" (Jer. 31:22)"Then Peter opened his mouth, and said, Of a truth I perceive that God is no respecter of persons." (Acts 10:34) He isn't concerned about one's sex. "For no man ever yet hated his own flesh; but nourishes and cherishes it, even as the Lord the church." (Eph 5:29) Obviously, a M2F TS who hates "his" own flesh to the extent of doing, or desiring to do, all possible, up to and including GCS (genital conversion surgery-SRS), to change it to the opposite sex cannot be truly male!

". . . I have learned, in whatsoever state I am, therewith to be content. (Phil 4:11)

As for Deut 22:5, it anciently referred to idolaters who crossdressed as part of cult gay or straight prostitution (SDA BIBLE COMMENTARY, I, 1030). Ellen G. White applied it modernly as against 19th century unisex dress by some dress reform movement women then, adding that unisex dress causes confusion and a "great increase in crime" (TESTIMONIES FOR THE CHURCH, I, 460).

As for Deut 23:1 (& Lev 21:20), it applied to those who mutilated themselves in honor of their idol (SDABC, I, 1033).

An Editorial - The One True Path

by Marla Louise Baldwin

The preacher stands before his congregation and does what comes naturally, he preaches. He also tries to maintain his flock and cause it to grow. What will cause a member of the congregation not to stray to some other preacher? Maybe prove that the path for that member is ONLY by following the true path and the only true path is through this one preacher.

A specific religion faces the same problem and use the same solution. "There is only one true path to god, that is through us and all other paths are falsehoods."

I have heard this approach elsewhere. There is only one true low price and that is through our car dealership. There is only one true country, so love it or leave it. There is only ONE TRUE WAY TO BE A WOMAN, and that is through SRS and full time living!

Sound familiar?

- *Ask most therapist.
- *Ask the government.
- *Ask society.
- *Ask some preachers within the gender community.
- *Hell, ask Geraldo!

Obviously, with so many making such a statement, it must be true! And by definition, all those transgender individuals who do not follow the 'true' path cannot be women.

Did I say 'by definition'? Yes dears, I sure did. For I have had 'womanhood' defined for me by many of the preachers of the one true path. They define womanhood as living full time as a woman with female genitalia. Convenient isn't it. If one believes this definition, the only way to achieve womanhood is to follow the one true path.

If one does not live full-time, if one has male genitalia or if one keeps the option of 'escaping' (?) to the male gender when one wishes; one cannot live the experience being a full woman and therefore cannot be a woman.

Bullhocky!

You've all heard of the 'Big Lie'. Well, here it is again. Tell it often enough and long enough and people will start believing you. The fact that it is obviously false is irrelevant. First, let's make sure it is obviously false. I have an easy logic and test. First, the logic. Gender has been defined, and it is generally agreed to be 'between the ears' while sex is 'between the legs'. If such is true, the second part of the lie is obviously false. The genitalia in and of themselves do not define gender. For some, the changing of the genitalia is necessary to achieve the balance and vision in their mind, and I cannot object to (and maybe even understand) this necessity for themselves. But when they try to force their vision on me or others, I will object strongly. The body is just a receptacle to carry ones 'self'. It does not define the self and as such, can be of any form. If my 'self' is woman, how can the fact that my plumbing is an 'outie' change this? It can't and doesn't. The lie starts to unravel.

The definition also requires one to live full time as a woman without the ability to retreat to a different gender. I guess the assumption is that somehow this creates a woman where there wasn't one there before. Although I'm not sure how. It seems somehow attached to experience. But there is no one experience that defines being a woman. Who lives more as a woman anyway, the individual who hides in her room but wears a dress 100% of the time or the individual who takes her female self out to society and interacts with it in many varied and rich ways, but only does it for part-time? How does living as a man IN ADDITION TO living as a woman detract from being a woman? Ah, but the test I promised. If this definition of womanhood is true, it should apply to genetic females as well as males. Many females may have less 'woman' experiences than many part time dressers and other woman may crossdress as well, but I've yet to hear anyone claim they are not woman because they don't have these experiences or live full time as women. The rule seems to apply only to genetic men. And if gender is between the ears, the chromosome pattern of the individual should not cause an exception to the rule.

So we are faced with a falsehood masquerading as an 'obvious truth'.

Why the 'big lie' exist is a bigger question. My best guess is that it is a fallout result of societies simplification of gender to binary poles. If the 'big lie' was true, it would still keep gender as a simplification and hide the 'successful' transgenderist away from societies view. It is much more difficult to realize that there can be people who are happy mixing the genders, or having 'conflict' between body and gender.

But the result is a limitation on ourselves. Rules and ideas that try to restrict us from finding that life path that is best for each of us uniquely. No, go back to the basics and search within your self. Gender is between the ears, and only there can you find out if one is woman or not. The body and experience are only relevant in how they form the gender in the mind. Do not believe the 'Big Lie' but find your own path to womanhood. That path may be the 'true path', because for some that is the right answer. But it can just as easily be a different path! Only you can know which route will lead you to your own needs and self. Ignore the preachers and search it out yourself.

"BASED ON A TRUE STORY"

excerpts from the transition diary of Katherine Collins

INTRODUCTORY NOTE

I am trying to make submissions to The Subversive [Melanie's gender-oriented cyberzine] which address "the spiritual side of transsexualism". Several times a week, I write a few thousand words in my "transition diary", detailing thoughts or feelings or events. I have been doing it regularly for two years now.

This writing is amazing to look back on. Every phase is so distinct, every step forward so tentative and yet momentous, and then so quickly left behind and forgotten as new developments overwhelm the old.

The "spiritual side" of the transition is proving to be the most important part of it, but also the most elusive. I am not forming precepts or coming to definite conclusions. My spiritual growth is a blind grope down a path I have never imagined; and so what I want to do is share with the readers of The Subversive some of the stages of that journey as I have experienced them.

In this and future issues, I propose to publish some edited excerpts from my diary-not the whole diary, as Melanie is doing, but in my case only those bits which bear upon spiritual matters (loosely interpreting that term). You will be spared a lot of my personal agonies over my appearance and my relationships and my work and finances, although all of that, too, is of course part of the larger story of any transsexual's life.

I started seriously working toward my transition in April 1992, first by just "dressing" part time in public, and, luckily, finding a partner (now an "ex") who was able to help me explore my female sexual side. I spent over a year working on my appearance, in order to make "full time" possible, and now, since July 1993, am "living full time", taking hormones, and day by day altering my social persona in the eyes of all who know me. I am scheduled for "SRS" in September 1994.

In The Subversive #15, I published two diary excerpts from September and November of 1992; and the first here is from December 1992, as the process began to deepen.

The Door * December 17, 1992

I think that my "trans-gender" status is a very great gift in my life. Of course it is also a huge hassle and expense, and sower of confusion and fear-but the gift of it is that I am blessed with the opportunity to go through a magic door.

I am crossing, back and forth, and straddling, the breach which is normally thought of as uncrossable, that great divide in creation, between male and female. I feel the power of this magic opportunity most clearly when I am out in the natural world. I felt it acutely when I was on my long, solo Scottish and Portuguese hiking trips, when there was no human contact for most of the day, and my true inner self could fall at rest where it naturally lay, instead of being influenced by people's perceptions of me. I have never felt more undeniably female-all of the female side of the universe was singing to me, calling out to me, and I was at home at last, welcomed and at rest.

When out in nature, I feel acutely how wide open is that "door". I feel that every step I physically take on a path is a step through the door; I feel male and female nature spirits around me, guiding me, welcoming me to a wider perception of who I am, letting me live half in "our" world and half in the spirit world, where nothing looks physically different, but which is teeming with those powers we have called fairies, dryads, drybuds, etc. etc., which all fleetingly take a shape only to lose it again.

The essential elements of the universe-dark and light, dead and alive, male and female-are all one to them, they cross back and forth in split seconds. As one who is traversing the normally uncrossable, I am privileged to be a part of this company. This is a great adventure, something given to only a few, a journey to the unknown, and as great a quest as there can be in life, to become "other" and simultaneously attain oneself.

My soul, in this silly human body, is lighting up, coming alive as never before, traveling outward, reaching intently, becoming more of all and everything, all at once. It is a giant blessing and gift.

Stumbling In The Darkness * February 7, 1993

This is a night-time experience, not even a reality by the standards of day. This is another of those half-illusory nights of not sleeping until dawn, futilely chasing sleep with vodka, valium, and marijuana, shuffling down the hall, nightgown hem clutched up to my waist and tripping still; stumbling, bumping into the wall . . . and thereby fulfilling one of the forgotten expectations of my youth, that some day I would be an adult in a big city in the midst of some complex, obscure, possibly existential dilemma, part of the world of literature and pills.

But when the grainy 16-millimetre images that fed my youthful imagination tossed up raddled, tousled, gender-uncertain faces, wavering between dissolution and absolution, who did I think I would be? Did I divine that I would stumble down that hall feeling like a transvestite, or like the archetypal over-the-hill drag queen, muttering and cursing with her makeup streaming down her face; or some other debilitated queer? Did I ever think I would stumble down that hallway feeling like a transsexual, like a creature from some fantastic fiction? Or like a woman? Or did I think my outlaw peculiarities would be somehow of a less affronting nature?

Tonight I knew, in some hidden recess of my being, that I had been destined all this time to come to this-that this is my path, that it has brought me to that stumble down the hallway in the dark-that it takes me toward some end which is hidden still, far beyond the darkness at the end of the hall.

NOTES * February 22, 1993

Last night, I had a very strong vision, about my progress toward transsexualism. Whether it was wishful thinking, or what, I don't know; but it is the kind of thing that I usually use as my guide, in making life decisions. I do rely on my "visions" and intuition whenever it doesn't seem completely crazy.

It was a very simple vision-simply the knowledge that forward, toward transsexualism, is the direction toward joy and life; and that backward, away from it (and therefore toward what?) is the direction of death.

I have long believed that anything that is not growing is shrinking. There is no such thing as stasis. So that is more or less the same thing. Transsexualism is growth. Anything else is not, and therefore is death.

Praying for Magic * February 27, 1993

The other day, I was walking on the street, looking up toward the sky, through the tree branches, trying to send my spirit higher in a rather literal sense, as if God and the truth and a sense of wholeness and rightness might be up there. The act of casting my spirit outward toward infinity quite simplistically made me feel that I was perhaps a bit closer to leaving behind the old life, the old male identity; as if a female identity were something purer and cleaner, more swept by the wind and clouds, something to purify my gaze and absolve my imperfections, something to be attained by reaching to a higher, better, sweeter part of my nature.

Most of that is nonsense, of course. But catching myself with this unconscious motive suddenly brought back to me a memory which I had completely forgotten since some time in my childhood. I remember it absolutely now, as if I had never forgotten it, but I probably have not thought of it for thirty-five years.

Back at that time in childhood when one still half-believes in magic-story-book magic, the power of the certain words or the magic wand-I used to cast my thoughts out and upward, and try to make them so clear and so strong, and so impossible for the powers of magic to ignore, that I would by magic be able to make a wish come true. And it was always the same wish: that I be turned into a girl. I remember time after time, lying in bed and thinking that I might wake in the morning and find it true, knowing all the while that it would not be so, and yet needing that thought as a buoy, something to sustain me as I went off to sleep in a world where things were inexplicably not right.

I think I had magic and religion all mixed together as one thing. Since we were not a religious family, I had no training and no ideology to give me any clear idea of what prayer was for and about, or how it was done, but it seems clear to me now that I was praying as much as I was doing anything else; for what is prayer if not trying to influence a greater power by the purity of your own desire?

And what was I doing the other day if not the same thing that I did thirty-five years ago? I was sending my thoughts, and I hoped, my soul, aloft to be transmuted. Perhaps that is what I am doing every day, in these writings, in my therapy, in my introspection: trying to find the magic spell that will not only give me the gift I seek, but also make it right, make it be God's will, make it be the work of the fairies who see a pure soul captured in mortal flesh and condescend to give it, if not freedom, a finer existence.

I want not only what I seek, but the blessing, that I deserve to have it.

Relationship's end: Loving The Wild One * February 27, 1993

Last night, after all day successfully dodging and running from my sorrow and fear and loneliness, as I got ready for bed, suddenly deep sorrow and loss could not be avoided. I prepared the wide, empty bed, and reached in the closet for the pretty white nightgown that Carol had given me-her first romantic gift to me-and the hurt little girl inside me started to despair, and to weep; and I clutched the bundled nightgown to my heart and for a moment vacillated in consciousness between the little girl and the adult, born-male person

The fight I had won all day, to remain in control and stay on some kind of productive work schedule was no longer necessary, nor was control in general. A moment more of self-conscious weeping, an adult trying to express something, and then I leaned against the wall, hand to my brow, and I was gone Gone. A dream has disappeared, another one; and perhaps all my other romantic dreams over the years were really substitutes for this one, dreamed by the little girl-maybe she is thirteen-who lives inside me, yearning to grow up, yearning for love and romance and someone she can give herself to. Some words for a possible song had come to me the night before:

"I put my arms around the sun
When I held you,
My only one "

That is my predominant impression of my love for Carol-holding her as I lay down, with her above me; looking up at her, admiring my prince, my boyfriend, my husband. The Wild One, who could take me somewhere I had never been; and she loved me for being young and sweet and pretty. She was above me, like the sky, stretching to every horizon of my world. She was above me like the sun, shining on me at last, and I held that sun in my arms so it would shine on me some more.

And her arms around me bound me to her, so I could let go and fall, fall all the way down yet never fall away, never hit any bottom because she held me and so I fell in place, away from care, away from fear, away from thinking or needing to care, but never away from Carol because our arms held us together, and our love held us together, falling together through an infinity; and yet the sun never falls, it is the centre, and so in all time and space I could look and see I held my arms in a circle around the sun. A young girl's dream-love to save me, love to set me free, yet never leave me alone.

One magic night, we visited the Yuba River, and swallowed some Ecstasy, and at one point ventured out under the wild profusion of stars in the country night this was at a time when it was still novel to me to wear female clothes, and so I felt all my female-ness spilling out, and I knew Carol felt I was her girl, and she was my man, so I felt new and bursting with growth, and joyous at being myself under the whole universe's big eye and we kissed under those stars, and she pressed something hard against me through her clothes and mine and later we made love and she held me, and I thought I had gone to heaven.

But it was only a dream. For all the mortal reasons I have relentlessly analyzed elsewhere, no matter what I felt I was getting from Carol's love, she did not get what she needed from me. The awful reality intruded, that I did not have a free ride; it was not enough to let myself go and fall into her grasp. Like all first-love dreams of girls who

fall in love with The Wild One, the dream evaporated, turned to something harder and sterner and easier to grasp, but as unwelcome as full daylight after a night of stars. It turned to human relations, the stuff of the adult world, where there are needs and compromises and negotiations and realistic understandings.

Last night, the little girl cried. The adult's body was leaning against the wall, but the little girl was lost, somewhere far away in grief and mourning, hovering on the lip of falling again, but this time with no one to hold her, falling into that infinity all by herself, with no sun in the sky, no arms around anything. The sun had turned angry, the sun had turned sullen and unwilling, the sun had turned away and was gone.

The little girl came back, found herself standing in the hall, and the adult tried to recover and prepare to go to bed.

The little girl had come back just a bit different. Only a little, but older and wiser, as the expression goes. And the adult realized that that girl has to continue to live and grow.

At first I thought perhaps she would be gone, if Carol is gone. I thought she had no life without Carol. But instead I think my time with Carol has summoned her forth, and she needs to grow, to grow up. If there is to be a complete adult woman in this body, she will need an adolescence. The adult's brain is working fairly well, but her emotional underpinnings are merely vestigial.

As I was slowly descending toward a tense sleep, I found my mind was back in time, picturing clearly a juncture of my life that was like a fork in the road. The reason my female self is only now beginning to grow from about age thirteen is that that was the age when I had to embark upon one road or another in life-the age of puberty, of course, and of increasingly gender-specific socialization. Not knowing I had any alternative, and more importantly, not knowing I was making a choice, I went down the path which I can see so clearly now in retrospect. There is a process which I imagine is more or less the same for everyone, which I can recall participating in, with its slow day-by-day effect. That process is the building of one's social persona, which is related to but not quite the same as one's "self".

In learning how people react to you, you learn who to be. That which works well, you repeat. That which you feel expresses yourself clearly and to the effect you wanted, you learn to summon again. That which people tell you they think you are, you believe. There is scarcely any other way to know who you are in the world. Who they think you are becomes who you think you are, and you act as the person they think you are, which convinces them further that it is true, and they tell you it is true, and so little by little in some sense that becomes who you are. You can go your whole life believing that you are who you have always been.

I developed, from that fork in the road, at age thirteen, into something that I and others believed was a man. It took me years to fully comprehend that my inner feeling about myself in the world is widely divergent from what is usually understood to be the male sensibility.

So there is another path I can tread; part of my task is to go back and take that other fork, let that girl be socialized again, this time in a way that is more pleasing to her tastes and inner balance. In the meantime, the adult can also learn to live in the world as a woman; but she will never be whole until the girl catches up, to inhabit her.

A Thoroughly New Bottle * March 14 & 15, 1993

Last night, as I sat in the living room, taking a break from work, I was dressed in a comfortable skirt and sweater. I was smoking a cigarette, which I seldom do, and felt, I realized, like a somewhat different person, sitting there in my feminine clothes, and with my cigarette poised between my fingers. I suddenly felt a persona inside of myself which is struggling toward complete existence-the female persona, of course.

I realized that the female persona is somewhat different from the male person I have been for so long. I have been writing about the growth of the young girl inside of me, growing up to inhabit the woman who I will become; but in fact I have just barely begun to become acquainted with the female persona. The male must move over

and make room, and then relinquish primacy, and then-what? Disappear altogether? I don't know-is there some process of assimilation?

In any case, I felt that the habits and attitudes and tastes of the female person were at that moment quite clear to me. Thus to my surprise I realized that there is a different person who I may become.

And it suddenly struck me, since I was understanding her as a truly different person-not just my male self in a skirt-that there is indeed a very good reason why, nearly universally, transsexuals change their names-and not just because they don't want to be a woman named Henry. One begins to understand the new persona as a separate person, with new, different, characteristics and habits. The taking of a new name is necessary, because everything and everyone must have a name. So for the first time, amazed, I seriously contemplated that I may need to do it, too. Perhaps keeping the old name will be a roadblock to really admitting the new persona. What changes, and what remains the same, in a complete transsexual transformation, has so far been a mystery to me. Now, after last night, it seems perhaps that the old wine of my spirit-my soul? -- will be getting a more thoroughly new bottle than I realized. It will not be just the body, the clothes, the carriage; not even just the emotions, the social assumptions, the spiritual attitude. It seems it may be the very basic manifestation of the individual, something which I had thought immutable, the very "self" which we think of as our core being. This is truly becoming a re-birth, much more so than I could have ever imagined.

I have thought I could keep the old name, because it is not particularly gender-specific. Perhaps I still may, but this is something at least to consider. My spirit has inhabited the male person for so long-and the male is now a bit reluctant to let go, I think. Will it fight to keep the old name, and if so, is it fighting to retain primacy, when it must let go?

Should I change my name to Katherine? That is clearly the name that awaits me if I choose to change it. My fictional "Katie" character has always been my surrogate. (Could I change my name and, since it is already established, let my male name be a pen name? That could lead to a very odd, schizoid life.)

This remains to be seen. But I do already know that I had better let Katherine in. And I may be performing a more profound act than I can possibly know.

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"Based On A True Story" (Other Thoughts)

excerpts from the transition diary of Katherine Collins

Introductory note * November 15, 1993

Somehow Melanie and I cooked up the idea that I would make submissions to *The Subversive*, which addressed "the spiritual side of transsexualism". Ever since we agreed to that, I have been wondering what form to give it. It is not that I have nothing to say on that subject, but rather, far too much.

Several times a week, I write a few thousand words in my "transition diary", detailing thoughts or feelings or events. I have been doing it regularly for almost two years now. This writing is amazing to look back on. Every phase is so distinct, every step forward so tentative and yet momentous, and then so quickly left behind and forgotten as new developments overwhelm the old. Inevitably, I hope to have the resultant bulky tome published at some point - heavily edited, one hopes, perhaps with garden shears.

The -spiritual side+ of the transition is proving to be the most important part of it, but also the most elusive. I am not forming precepts or coming to definite conclusions. My spiritual growth is a blind grope down a path I have never imagined; and so what I want to do is share with the readers of *The Subversive* some of the stages of that journey as I have experienced them. In this and future issues, I propose to publish some edited excerpts from my diary - not the whole diary, as Melanie is doing, but in my case only those bits which bear upon spiritual

matters. So you will be spared a lot of my personal agonies over my appearance and my relationships and my work and finances, although all of that, too, is of course part of the larger story of any transsexual's life.

I started seriously working toward my transition in April 1992, first by just "dressing" part time in public, and, luckily, finding a partner (now an "ex") who was able to help me explore my female sexual side. I spent over a year working on my appearance, in order to make "full time" possible, and now, since July 1993, am "living full time", taking hormones, and day by day altering my social persona in the eyes of all who know me.

These first two excerpts are from September and November of 1992, when I had just recently started therapy and electrolysis, and the whole process was still all new.

Excerpt One: "Splinters of the Infinite" * Sept. 1, 1992

It never ends now. This transition is on my mind nearly all the time. It takes a lot of my energy, just thinking about it; and more energy, doing anything about it.

Day by day I see the new self emerging - sometimes summoned forth through applications of makeup and through careful dressing - and sometimes simply there, by surprise, staring me in the face from the mirror.

I am getting used to it, but it is also an astonishing situation. Sometimes it feels as if I have fallen into a dream, as if everything I am saying is the fantastic prattle of dreams, and that I shall awaken and shake myself and say, how incredible.

I look at myself in the mirror and realize how deeply into this dream I have fallen. It is infinite, like the reflected galleries of a hall of mirrors - the reality of my profound changes reverberates through my personal time and space, altering my relationship with the world, and with the cosmos. The dream is deep and multi-layered, and new meanings flash as one rounds every corner. And the infinite speaks back, and like the mirror, affirms what I know is there. It says, "Yes, I know." And it says, "Yes".

I had two visions - splinters of the infinite, sent my way, and through me. They are among the more palpable of the affirmations I have been receiving.

Both came to me in the same evening, several hours apart. Both came while I was being held by Carol.

The first: suddenly I was present in another time and place, in another body, in another life, in almost another world. It was the early days of civilization, in Mesopotamia or Sumeria. We were thin brown people, Carol and I, poor, in a hot dry land. This harshness was to us simply the human condition, and our comfort was that my scrawny female body was being held by my husband, who was also small and thin and who loved me and wanted to make love with me.

And peculiar words came to me - "At last my bones are wanted upon this earth."

I don't think I have ever felt before that my body, and my self, as one, were welcomed and desired. I have been ill at ease on earth, like an unwanted guest. Inhabiting that brown body, so nearly nothing but bones, and its bones so nearly just another bit of brittle debris in a dry landscape, paradoxically made me feel more desired, and more at home in the world as a woman, than if I had suddenly been transformed into a buoyant pin-up queen. I was desired from the bones outward. My husband's arms around the frail package which held my soul gave me a sense of completeness, which echoed through to today, from the life of that person I perhaps once was, to the life of the person I am becoming.

Later - much later - lost in the wilds and visions of sexual energy, I felt strength and power running through me. My articulate imagination labeled it for me, with symbols I already knew. I knew them, but had never felt them within me before.

It was the female energy which in Puritan times was labeled as witchcraft. It is that energy which women today are reclaiming, and dedicating to the Goddess, and channeling through themselves once again. The symbols were of the supernatural: of spirits and fairies and magic, of demons, and of the dead and the living. They came from somewhere on or near the earth, and arched their way, through me, toward the sky. The dead yawned toward the heavens, and the living were rooted in the earth, and all the spirits between were in a twisting cycle, with energy far beyond my control.

I have no rational understanding of what I felt, of what came through me. It was a gift, for a moment, which I hope I will receive again.

I think there is no turning back in this process; it's far too late for that and I am far too certain of my direction. So whether it is all a dream, or stark reality, I am living it now.

Excerpt Two: "Ghosts In The Hall" * November 20, 1992

I feel a marked dissonance with my own body. Saying that, I realize it is almost the textbook definition of what being trans-gendered is all about. Still, it is currently disturbing me more than it has in quite a while. I catch sight of myself in the mirror - in either women's or men's clothes - and I am shaken. The appearance is so far from what I feel I am, that it is discouraging and depressing.

Despite the success of my hair additions, which give me a full, bushy head of long hair, when I look at my face in the mirror I see behind that to the graying, balding, middle-aged man which is my natural appearance. This dissonance is repeated when I survey my entire body, and see the portly stomach of the middle-aged man.

Then the dissonance rises to a din, when I hear the voices of those girls and women I might have been, but have never been, and will never be.

They are like ghosts running through the halls of my apartment. They surround me and follow me. Sometimes they follow faithfully like a shadow but of a different shape, and sometimes they run off in some other direction. At times I can follow - but other times I definitely cannot.

I have written before, at least briefly, about the feeling of having missed out on the childhood, the girlhood, that I wish I had had - and the adolescence, and the young womanhood. Instead I had some other life - not quite somebody else's, exactly, as I certainly lived it and made it mine. And it made me its own, to some extent. But it was not the life that I should have had, and it detracted from connection with a great many parts of myself.

It is, to say the least, challenging to develop as a middle-aged woman without having been a girl and a young woman. One of the missed connections was with my own sexuality. And now, only recently, one major way that I have been thrown face-to-face with my "lost selves", with the girls and women I "should have been", has been through sexuality. Its sly budding, that I missed having as a girl and a woman, I seem now to be having. And through it, I can experience and express the many unfulfilled young personae that I find in myself. I can live them out to some extent.

Even the fears help. Like any young girl, I feel a tremulous fear of the power of sex; but also a reluctance to turn away from it. I feel small and powerless before it, and yet it is coming from me, or through me. It is especially bewildering that my sexuality has the ability to affect others. My fears, my hesitation, my clumsy lack of experience, my confusion and embarrassment, are all conspiring to locate me, psychologically, in the mind of a young girl.

No part of this "transformation" process has been anything I have expected in advance, or could have predicted. I certainly did not imagine this - the inhabiting of myself by a young girl's undeveloped self. This can be wonderful, and I'm sure it is "healthy", but it is also adding to the uncomfortable dissonance between my inner self-image and my outer appearance. It is not my aim, as a middle-aged transsexual, to generally try to live in the world as a teenage girl. This would add infinitely greater absurdity to a social persona which is already going to be hard enough to integrate into the larger society.

The everyday self wants to continue as an adult being, able to handle the rigors of career and social relationships, and of intellectual perception. But the inner self is hungering for experiences - social, not just sexual - which I have not had. I want to get the affirmations I never had as a young person: to be seen and perceived and related to as a tender, budding young woman; to have my sweetness and romanticism, and desire to be pretty and have innocent fun, be perceived as part of a young female personality.

Every experience of maturation that I have had, I had as a "young man". To actually have those experiences again, this time as a young woman, is of course impossible. But as a replacement, now a powerful magnet exists in anything that is able to tell me, intellectually or intuitively, what it has been like for others and therefore what it might have been like for me.

In part, I am absorbing other people's memories, in order to have a past. I sometimes feel like the character of Rachel, in the movie "Blade Runner". She was a manufactured being, a pseudo-human, who was given someone else's memories so that she would believe she is "real". For years I have been reading fiction and memoirs by women, at first quite unconsciously choosing it, and have been gaining at least a bit of fellow-feeling with adult women.

Recently, the experiences of younger girls have become more vital to me. In a period of a couple of days, I saw a movie ("The Lover") about a 15-year-old girl's sexual and romantic awakening, and then began reading a memoir of the Beat Generation, in which Joyce Johnson vividly recalls her 13-year-old self, uncertainly exploring the world of artists and bohemians.

I sat in bed and read it, captured, as page by page she grows older and her experiences broaden, and I got further inside the details of the life of a girl in New York in the fifties. A spell deepened, which I did not want to disturb, either by stopping reading or by stopping to think too closely. I felt that the hall of my apartment was full of ghosts, moving back and forth. They were an almost overwhelming crowd. The spirits of girls and women had come forth and were a discourse, a traffic, a colloquium and communion of women, oblivious to me specifically, but connected to me, available to me, open to me as one of them. Were they archetypal people, or other people, or fragments of people? Or were they ages and aspects of myself, persons for all the days of my life in which my female self lived silent and dormant? I have no answer, but that day I was immersed in them, in a warm sea, and they seemed to be passing through my skin, imbuing me with their life.

Perhaps a lot of fragments of people, of personae, are slowly accumulating - all of those things which I might have been, all those experiences I might have had, all adding up. Will they make a whole person whom I can understand some day? Can I ever catch up on all that lost time? Can I, if not re-make my past, at least have a coherent sense of what it might have been, who I might have been, and therefore who I am now?

I need, if not to have a female past, then at least to have gone through layers of growth that can get me to a place of being female as an adult. I cannot leap from male to female, full-grown.

This process does not solve the problem of the physical dissonance, and may in fact make it worse. But I cannot deny the vividness with which I am absorbing new realities, through other people as well as through my own experiences. I know of the ghosts in the hall, in the room, all around me at times, inside me at times.

1993 Katherine Collins

Interactions

"ARE GENDER SUPPORT GROUPS SELF DEFEATING?"

by Denise Anne Fell

As I write this, I freely admit that I have never had the so called benefit of a support group. From the observations that I have made, I feel that I am fortunate in that respect.

The idea behind a support group for any reason is wonderful, especially in an area as touchy as gender problems, however, from things that I have seen and heard, I also believe that they can be very damaging to individuals that attend the meetings. I believe that in order for a support group to work, there must be a leader. Not one of the girls, but someone who is far ahead of the others, or even better a member of the medical profession that has knowledge in the area of transsexualism. The second and perhaps the most important thing is total and complete honesty. Granted, the idea behind a support group is to offer support to each member, however, building false hopes and not being honest in order to make another person feel good at that particular moment can have far reaching consequences.

It is one thing to leave your home or apartment in the dark and go to a meeting in a dimly lit room and tell each other how good everyone looks. When reality strikes and that individual has to go out and face the world in broad daylight it becomes another story.

I wonder how many transsexuals, who are appearing in public for the first time will handle being laughed at by some little teenage girl. It happens and I can tell you from experience, it hurts. It can shatter your self confidence. It can make you doubt your ability and it can drive some that are close over the edge.

In addition to the comradely from these meetings, a time should be set aside to discuss current problems and issues involving the members as a group or transsexuals in general. Members should set up times when guest speakers can attend. Get someone to come in and give makeup demonstrations. Mary Kay and Avon should be more than happy to send a representative to show proper techniques. Have someone knowledgeable in wig styles come in and explain how to properly choose a wig. One that will not only match your skin tone, but will enhance your facial features. Sometimes what we think looks best is actually the worst for our features. These people have the knowledge to help the entire group succeed in their goal of becoming a woman or man.

One of the most important things that the members of a group can do is to learn to give and even more important accept constructive criticism. Above all be honest, it is better to hurt a members feelings in the security of a safe group than to fill that individual full of false hope only to have it broken into a million pieces when they first venture out into the world by themselves for the first time.

"Class Act"

by Melanie

Last semester I returned to college for the first time in 15 years. I had two purposes in coming back after all these years. One, I wanted to take a psychology class to help me understand what the "scientific" community thought of transsexualism and the differences in brain sex. Two, I wanted to "undo" my bad memories of college as a man and replace them with a college experience as a woman.

I did not know how my age might affect my social status, nor was I really sure how to be "one of the girls" in an educational setting. As it turned out, I had nothing to worry about. College these days is filled with people seeking second careers as the job market shrivels, so I was not alone in my bracket. Besides, I'm rather with it for a 40 year old chick (except I keep using dated phrases like "with it").

Anyway, I felt so much more comfortable this time around than I had before. One girl came over and introduced herself on the first day and we decided to be study partners. She was the first close girlfriend I ever had who did not know my past. We went several places together over the course of the semester: breakfast at IHOP, study sessions, shopping for bras, etc. That's why it was a tough decision to tell her about my past.

About this time in class, we were studying the nature of relationships. We learned that there is a significant difference between the factors that make a good short term relationship and what is needed to create a long term relationship. In the short term, first impressions are VERY important and very hard to overcome. However, in the long run, a relationship can only survive if the parties make "self disclosure" about all the things, good and bad, that surround their lives. If one wants to take a friendship from casual to close, one must disclose.

I fretted over the decision for weeks, knowing that I would not feel honest and could not let the friendship grow without coming clean. Yet, I did not want to jeopardize my relationship with the first woman to accept me as an equal. Close to the end of the semester, honesty won out. I waited until an appropriate moment, then told her as we walked back to my car, as I was taking her home that day. The way I filled her in was by letting her read two of my psychology assignments in which I had referred to my transition.

For the briefest of moments she was taken aback, but after just a few minutes, it was like I had told her something that brought us even closer. She saw none of the old me and simply felt honored that I had chosen to share with her.

Bolstered by this, I decided to take a chance and share with the entire class - partly for honesty, partly for curiosity, partly to get ready for the expected scrutiny of the press I will experience as a result of the software I co-designed, and partly to gather some data that might help others in similar situations.

I approached the teacher, who was also my counselor and therefore already knew my past. He said I could have a full class period to lecture on transsexualism. On the appointed day, he began with a brief discussion of human sexuality, then said, "We are fortunate to have with us in this class someone who has gone through the transsexual experience." Everyone looked around to see who it was. I got up and noted the surprised faces.

I gave a 40 minute presentation to good effect and received many words of praise for my courage, honesty, and success in transition. I had no negative effects after the class, and was involved in many more conversations, with both men and women that I had been for the previous part of the semester.

This experience alone is useful, but I realized at the time that hard data was even more important. So, before I started my presentation, I asked everyone in class to take out a sheet of paper and anonymously put down their feelings as I went through my lecture. At the end of the class, I collected their comments. I reprint here as a guide to what civilians think of transsexuals when forced to confront the issue in an unexpected moment.

"As a human to another human, I admire your openness. I think your intelligence helps carry across your story without shocking the listener. You carry yourself with such confidence that I feel comfortable asking you questions. As you noticed I used the word human. This is because I see you as a person, like me. Therefore your accomplishments mean more to me than your sexuality and I don't believe you need to "out" yourself unless it makes you feel better".

"I admire you for doing what you did because you really wanted to and you did! I don't think any different about you, but its nice that you're happy. Thank you, Melanie! You should be a guest speaker in many classes. I learned a lot.

"Damn"

"Surprised! NO WAY! I never knew anyone who was a transsexual. I'm glad you didn't relate to little boys because they turn out (most of the ones I knew) to be jerks! Sorry about generalizing! Honestly, it was scary to hear about it at first. But if you're happy, that's great! I want to find out what your name was as a man. You seem so much happier as you talk about the change."

"I never would have guessed it. It's amazing how well you took your whole ordeal. You also seem to know so much about the subject of sexuality. Have you ever thought about teaching in a university?"

"There's a million things going on in my mind, but I'm just completely shocked. I've never met anyone that was a transsexual. I don't know what to say. I never thought that I could accept someone like you, but I do. I give you a lot of credit for doing what you did and what you are doing. Good luck with your life!"

"It's your choice to do what ever you want, but I was always taught to live with what God gave you. After looking at your pictures, I really don't believe everything that you are saying. But I wish you happiness and a long, good life."

"I would never have known that you had gone through transsexual surgery. It is surprising, however, does not change the opinion I have of you from what I have seen. I can't imagine how difficult this must have been for you. I find it very interesting the feelings you had throughout life. As I sit here and look at you I can't believe you were a man. I would imagine it is interesting to see how people treated you as a man vs. how you are now treated as a woman. I think it's great that you are happy and feel comfortable sharing your experience with us."

"I found the lecture very interesting. I find that you're very comfortable with your new identity and I think that's great."

And the professor wrote:

"The students are RIVETED. Interested that you fantasized about being female at age 7. Your presentation is very matter-of-fact, so not so scary or sensationalized. "Picking the birth control pills out of the mayonnaise" really legitimizes your actions - that really shows me the depth. You will be interested in 'cognitive style mapping' which is a developing discipline within educational psychology."

My conclusions, based both on what I learned in theory and what I experienced in fact, is that the more you are comfortable with yourself, the more others will be comfortable with you. As for telling vs. not telling, I think honesty will always win out on the average. As for when to tell, first impressions ARE very important. Don't wear a sandwich board advertising your change. But when you have grown to know someone and feel the friendship might have long-term potential, then its time to tell. It may blow the whole thing out of the water, but better at the end of a short term relationship than in the middle of a long term one.

So, gather what you can from this experiment in disclosure, and please send in any experiences you have that can guide others to be more secure in their decisions.

Here are the two psych papers I let me friend read in order to share my past with her.

Synthesis Paper #1

by Melanie

As a transsexual, I needed to develop a whole new set of reactions and behaviors that were both socially appropriate to my new role and at the same time true to myself. I soon found that the difficult part was not in changing my actions, but changing the way I organized my thoughts from years of "training" as a male. I decided to employ a combination of Classical Conditioning and Cognitive Learning.

Unlike Pavlov, I could not directly stop the conditions stimulus that led to each conditioned mannish thought and wait for extinction, as I was not aware of the stimulus until after the thought occurred. But I could in each instance identify the stimulus and create a second order conditioned response of a new thought that I cognitively attached directly to the first order stimulus by connecting them together in an association. I would hold or repeat the new thought in contingency with the stimulus (essentially rehearsing the association) until I felt it had set into long-term memory.

Event ually, the new conditioned responses had been experienced more than the old in reference to the same stimuli, and slowly began to supplant them. Over a period of time, my mind adopted an entirely new wet of "appropriate" conditioned responses.

but a real surprise came when I read an article one day about the history of elementary school children visiting the old Griffith Park zoo. The article had pictures of several of the classes from my time in school. I began to look and see if I could find myself in one of the pictures, and then I stopped, amazed at myself. I suddenly realized I had been looking for a little girl.

Apparently, in the process of transferring the connection of stimuli from old Conditioned Responses to new Conditioned Responses, I had also diminished old memory cues and created new ones as well. From one pathway at least, I had experienced cue dependent forgetting in my long-term memory, but more startling than that, I had actually created a new cue pathway to the same memory that altered my understanding of reality. In a sense, I had rewritten my past.

Synthesis Paper #2

by Melanie

As a transsexual, deciding if and when to tell others about my past is an area of much concern. In my first job as a woman, I did not share my background with other employees. I was accepted, but I felt I was lying to them. So at my next job I was upfront with everyone, but they were cold and stilted. However, I could not tell if it was their rejection or my insecurity.

This was one of my major reasons for returning to college after a twenty year absence: to make some new friends as a woman. but just how much could I loosen up and still keep my secret? As I began to relax and be myself, due to the effects behind Skinner's "Cyrano" study, any non-typical behavior was accepted as Opinion Molecules, and did not influence their assessment of my gender. Also, Solomon Asch's study of conformity came into play as the tendency toward conformity in the social atmosphere made it unlikely that anyone would mention anything should they suspect. This was aided by the Fundamental Attribution Error, which led them to assign the causes of any oddness in my demeanor to my disposition, not my situation.

To test this, I intentionally lowered my voice farther each day over a one week period in Psychology. I finally saw some curious glances and backed off to my original level. I had reached a MUCH lower voice than I could have with people who did not know me. The Primacy Effect in conjunction with Conformance and Attribution gave me much greater leeway than I would have in a "cold" crowd. These factors all served to support Familiarity as the second most important factor in short term relationships, and allowed me to loosen up a bit in my demeanor.

But I still felt incomplete in that I could not share my first thirty-six years. I determined to discover how important First Impressions truly are by developing some "test" relationships. I began performing at a local coffee house some weeks ago until they got to know me. Last night I delivered a five minute stand-up comedy routine as the "world's first transsexual comedienne." The reaction was initially one of startled surprise, but then admiration and camaraderie. Best of all, I could be myself and still be accepted. Apparently, the Primacy Effect makes it better to give people a chance to know you first. In addition, because I no longer look, sound, or act like a man, the Recency Effect is diminished when I finally do disclose, as the only Cognitive Dissonance is in their knowledge not their observations.

But what about long term relationships with people I want to have as close friends? By far, the most important factor in a long term relationship is Self Disclosure. This leads me to believe that eventually sharing my past will not only free me to express all that I am, but is a prerequisite to any meaningful relationships to come. Certainly there will be an attrition rate of those who cannot deal with it, but those who remain will truly be my friends.

Physical Disability and the Transsexual

by Denise Anne Fell

Two subjects that currently are considered hot on the talk show circuit are disabilities and transsexuals or gender issues in general. Yet these are two subjects that are considered different and separate.

Take into consideration a disabled transsexual. Is there any reason that a disabled person should not be allowed to have their dreams of becoming the person they were meant to be. What comes first? The disability or transsexualism. Interesting question. It is my intention to show that a physical disability should not deter one from reaching out and grabbing their dreams. I am such a person. I am bilateral amputee. To say the least this has made my transition to date most interesting.

My background is no different from any of the older transsexuals on this board. I dreamed of being a woman from early childhood. I experimented with dressing whenever I could and being the oldest and assigned baby sitting duties I was afforded the opportunity on occasion.

I grew up in the 50's and early 60's. However, during this time this was not a subject for discussion. It might have been discussed behind closed doors, but as I grew up I felt that I was the only person in the world that felt this way. I honestly believed that if I told anyone of this desire I would be locked up for the rest of my life. It was a very frightening and confusing time of my life.

I grew up doing what society expected me to do. I was a male and to my knowledge at that time there was absolutely nothing that I could do about that. I dropped out of high school at the young and tender age of 18 and joined the U.S. Navy and went off to boot camp. I had my GED Equivalency Diploma months before my class graduated and I eventually ended up on submarines. This is something that had always fascinated me. The Silent Service. The exploits of some of the World War II submarines and submarine commanders were legendary. I felt that I had found my notch in life.

One day while visiting a local bookstore I found the book that I was looking for ("The Man With The Golden Gun") and on the next rack a book that caught my eye and forever changed my life. I found Christine Jorgensen's autobiography. The cover caught my eye and I read and re read this book. The relief to find that I was not alone.

My years in the Navy continued and I received a medical discharge on October 1, 1975. The doctors had diagnosed me with a bilateral knee disorder because I had pain in my knees and I was falling down. This was the beginning of a long road of self-discovery, not only to find out what the physical problem was, but finding out who I was.

My marriage ended. I lost my children and I was miserable. My first attempt of discovering who I was failed. My parents totally rejected the person known as Theresa. This was the first name that I chose.

The condition kept getting worse. I had more episodes of falling down and was eventually put into leg braces and crutches to get around. At that point the crutches were more for balance than anything else.

I began to have other physical problems. I began to lose bladder and bowel control. It became more and more difficult for me to get around on braces and crutches and I began to get painful spasms that would cause me to wake up at night screaming in pure agony.

The doctors tried all the medications (beta blockers) on the market for blocking spasms originating in the spinal cord. I had adverse reactions to all of them. I was at convinced that I was going to spend the rest of my life in pain or zonked out on prescription pain relievers. I was taking large doses of Tylox or Percocet just to get by.

I was then told about a procedure that could help stop the spasms. This is called a rhizotomy. This is where the nerves in the spinal cord are burned with radio waves and it is used to help control severe spasms. The only

problem being that the nerves can regenerate if they are not burned completely through. I had two such procedures. The procedure is extremely painful and in my case did not last.

About 18 months after the second rhizotomy the spasms returned and the pain was even worse as the nerve impulses were traveling through damaged nerves. I was tired of the pain and I was tired of no help from the Veterans Administration. I went to a private neurosurgeon with my health insurance and after consulting with him I was given two choices. They were a cordectomy or amputation of the lower legs.

Not an easy decision to say the least. Two things helped me make up my mind. Keep in mind at the time I was living as a male, trying to be the person that society wanted me to be. I was not happy, but everyone else was. From my experience in playing wheelchair basketball I knew that people with a complete spinal cord lesion had some very bad problems. The worst being loss of sensation and the pressure sores that were caused by this. Also, I would have lost the ability to have sex. Not a real important issue, but still something to be considered. I opted for amputation.

On September 6, 1990 my legs were amputated through the knees. The amputation is called knee disarticulation and I went home from the hospital 4 days later. I was sore, but I was healing.

I went to some physical therapy and learned to walk on prosthesis, but they proved to be cumbersome and not practical as they were so heavy. I opted for using a wheelchair. I was far more mobile and it really gave me greater freedom.

My life really turned to the pits and I began to realize that the only thing that was going to make me happy was to be me. It took quite a while, but in early May 1992 I wrote the doctor that had interviewed me and accepted me for SRS years before and told him that I was ready to get on with the program.

I received my hormones and gave myself the first injection on May 20, 1992 with the second on June 6, 1992. The injections then followed every other week to this date. After the first couple of injections I really began to feel a sense of well being. I also began to experience the first mood swings. Nothing bad, just wanting to cry for no reason, etc. Life was certainly getting interesting. I also had a lot of tenderness around the nipples and was getting some slight swelling.

In less than 4 months I had so much swelling that it became obvious that something was happening to me. I was letting my hair grow and people began pointing fingers and whispering. I knew that it was time to do something so I went to mid-level management and told my story. In short, I was told that I could begin my transition on my job and that I would not be harassed. My co-workers were told and a tentative date was set for me to begin my Real Life Test. I actually began 4 days earlier than originally planned.

I can honestly say that one of the hardest things that I have ever done was go through the back door of the Federal Building on November 12, 1992. This is the day that Denise made her debut to the world. I went straight from work to the mall and rolled up and down several times. It was a Thursday afternoon and the mall was basically empty. I watched and I noticed nobody staring or giggling. It gave me a wonderful self confidence boost. I have lived for almost one year as a disabled female. My outlook on life is great. I am accepted as a woman. My greatest pleasure comes when I am addressed as Miss Fell.

I will admit that there are things that I cannot do. I cannot walk in high heels and I can't walk and watch my breasts bounce, and they are large enough to bounce. I can't change my own light bulbs, but I could not do that before I went full time. My point is that I honestly believe that a disability should not prevent a person working towards their goal. It does not matter if it something simple or something as complex as being accepted for SRS.

In my situation, I knew who I wanted to be, I became disabled and now I am on the verge of achieving this life long dream. A disability can come into someone's life unexpectedly anywhere along the way. I sometimes refer to able bodied people as TABs (Temporally Able Bodied) because you never know when you will take a fall, be hit by a drunk driver or be struck by a disease that can change your life forever.

The experience that I have gained has given me great insight. I look at life and I have come to some conclusions regarding the gender issues. I speak from experience. Although a transsexual does in fact diagnosis their own disorder, it should never be done without guidance from a trained professional. No matter what your background is. If you are a doctor, nurse, lawyer, psychologist, etc. You should seek guidance from an outside source. There could be far more involved than just gender issues. Also, one should never experiment with hormones without medical guidance. Hormones are a very dangerous drug and they are nothing to be played around with. You can kill yourself or cause great bodily harm. I know a PhD that is writing a book on hormones and the transsexual. In cases where excessive hormones are taken, taking female hormones can actually work the opposite and masculinize your body, doing more harm than good. This is just a word of caution.

In closing I would like to say that a physical disability or even your physical appearance should not deter you from reaching your goals. There are lots of disabled and quite homely generic females out there. Seek professional help with your hair, your makeup, etc. Most of this help is free of charge. All you have to do is be honest with the sales person and ask. You will be surprised on how helpful sales people can be. Remember, you may have to work a little harder to reach your goal, but it makes it all the sweeter when you reach it.

"Remembering to Forget"

by Melanie

I've gone through nearly five years since the first moment I seriously considered becoming a woman. I've had hormone therapy, RLT, SRS and learned to pass so well, that close friends are amazed if I tell them of my past. I get wolf whistles, horn honks and heads turning most everywhere I go. So what is it that makes me still feel like a man in woman's clothing?

No matter how successful I was, no matter how accepted I became, I still could not shake that inner feeling that something was missing, that somehow I was not the same as other women. And I desperately wanted to be. What more could I do? What else could I be?

Then it hit me: You can't become someone only by being like they are, but must also NOT be like they AREN'T.

What does this mean? It means that people and roles are not only defined by what they INCLUDE but also by what they EXCLUDE. But for me, this goes against the grain! Becoming a woman should be an ADDITION to my life, not a DELETION of any sort!

Any yet, I knew it was true. All I had to do was look around me at some of the other TVs and TSs I knew. How many times have you seen a gorgeous CD who slinks up to the bar and says, "Gimme a beer!"? There may be any number of ways a woman might order a drink, but that is definitely not one of them! The point being, this person had done all the right things to be completely passable, but had ALSO done something that was specifically not part of the role.

This is fine for passing, but what about for my mental state? Was there something I was doing MENTALLY that I needed to stop?

Yes there was. I was keeping the memory of Dave alive.

You see, all through transition, especially AFTER surgery, I enjoyed my new role by constantly comparing it to the old. Every morning when I awoke, my hands would find their way to the new smoothness between my legs and I would smile, thinking back to how it USED to be and how much better it was now. Then, throughout the day, every time a stranger accepted me, every time I attracted the interest of a man, I thought about how that never would have happened before, and the strangeness that it should happen now. What irony! What magic! What a mistake!!!

I was engaging in a mental activity that no woman has ever gone through. My whole euphoric experience was built on patterns of thought that were not appropriate to the feminine role. I had been everything a woman MUST

be, but was still being something they MUST NOT! In a sense, I had not become a woman at all, but only a very successful transsexual.

But to give that up! To let go of that comparison that brought so much pleasure. What an emotional loss! Did I really want to do that? Who would know but me. Who, indeed....

Suddenly I realized that all through transition I had been telling everyone I met that I used to be a guy. I even carried an old photo of a bearded me in my purse to whip out and shock people. I enjoyed that. To me it was measurement of my success as to just how shocked they were. Every time it happened, I felt so PROUD of myself - so accomplished - so SPECIAL. And therein lies the problem. If I based my "specialness" on having been a man, that man would always be a part of me.

I had a lot of justifications for telling, of course. Mostly, it seemed the only truly honest thing to do. After all, I really WAS a man before, and wouldn't it be lying to keep it hidden? In fact, the closer the friend, the bigger the lie it would be.

Well, from a logical standpoint, that is true. Physically, I WAS a man. But what about the emotional side? Did I ever FEEL like a man, no. Did I ever THINK like a man, no. Did I ever THINK OF MYSELF as a man, no. I never felt like a woman either, but only because I didn't know what a woman was supposed to feel like. But for sure, I never felt like a man.

And what was my purpose here? To revel in a job well done? To have a way to become the center of attention at any party? Surely those are interesting powers and temptations, but was it what I really wanted for my life? Was it the kind of person I had fought so hard to be? No.

Then what was I to do? Did I need to hit myself over the head and become an amnesiac, waking up in some unknown park, wandering the streets of a strange city, then begin a new life never knowing of my male past? Maybe in the Twilight Zone, but not in Burbank. They don't allow that kind of thing here.

So how do you go about intentionally forgetting something anyway? Well, it depends on what you are trying to forget. Okay, then, what was I trying to forget? That I ever was a man? Not really... I don't think I could EVER forget THAT! What then? What else was there? If not facts... Ah! That was it! I didn't want to forget the I WAS a man, I wanted to forget what it FELT like to be a man!

All right... so how do you go about forgetting feelings? Well, actually, it happens by itself. The more you find yourself separated from situations that created those feelings, the less you will remember them UNLESS YOU CONSCIOUSLY KEEP THOSE MEMORIES ALIVE.

That was my problem, I had not let go. I was constantly regenerating those feelings by the very act of comparing the present ones to the old ones. Each time I did this I dredged up the old feelings and gave them new life.

The solution was simple: let it go.

Once I realized this, implementation was easy. When I awoke each morning, I still might examine the female nature of my body, but not so that I might compare, rather so I might simply enjoy it for what it was. On the street I would simply smile to myself in response to a wolf whistle because it made me feel good to be attractive. At work, my conversations lingered less and less on the gender aspects of my history and more on the things I had done, the place I had gone, and the current and future activities I was engaged in.

And I made a commitment: to begin to lie. No longer will I share my story with new friends or acquaintances. Depending on the situation, there are some who will find out, either by circumstance or from others, but they will NOT FIND OUT FROM ME. When I speak of my past, I will no longer temper the truth by saying, "when I was a child", but will bold-faced state "when I was a little girl" AND MEAN IT. Because although it may be a lie in terms of logic, it is God's honest truth in terms of feelings.

This week I have made an appointment to change my school records to Melanie from Dave, and I am beginning the process of altering my birth certificate and obtaining a legal name change. I have spoken with a counselor, and will be registering for the spring semester for continuing education at the community college. On Monday, I'm calling Parks and Recreation to find out how I can volunteer to help backstage at the local amateur theatre. And all of the new people I meet will only know me as Melanie.

Does this mean I will no longer write about transition and gender or no longer be involved in the community? No, the KNOWLEDGE I gained is valuable and is the basis for my current and future career. I intend to expand my efforts in these areas and explore the relationships between the genders as far as I can. But all this will be done under the name that I was born with, whereas all my personal relationships will know me only under my step-father's name that I have used since I was nine.

It may not be a perfect solution, but with the nature of my work and my career, a perfect solution is not possible. Yet it is a far better solution than I HAD been employing.

Now... now that all this is said and done, how do I FEEL? I feel like all the woman I ever wanted to be, because although I know I used to be a man, I can't seem to remember what it used to feel like.

"Cinderella Liberties"

by Melanie

Every transsexual gets caught up in the "Cinderella Syndrome", picturing a prince on a white steed sweeping her off her feet. Unfortunately, fantasies don't happen as often as realities, so it is always a thrill when a guy comes onto you, especially the first few times. The problem is, you have the body of a woman and the experience level of a little girl. It doesn't matter how sophisticated you were in the old role, none of that applies now. So as a new woman you are extremely vulnerable to male attentions.

My first encounter with a pick-up artist was before surgery as I was shopping in the shoe department at K-Mart. I was wholly focused on which heels to wear with my new white dress for my 20th High School Reunion, when an accented voice broke my concentration.

"Too many different styles", the voice said.

I looked up to meet the eyes of a rather handsome man of middle-eastern decent, his thick mustache curled up in a smile.

"I know", I replied. "It makes it too hard to choose." I smiled back.

Now if I had any sense at all, I would have realized that this fellow was not hanging around the women's shoe department looking for a pair of penny loafers. But, no, innocent me just appreciated the attention.

I was nervous, to be sure, as I was still not confident in my presentation, but he picked up the thread of conversation, and before I knew it, we were talking as we walked through the store. I headed toward the checkout line with two pairs of shoes, wondering what was going to happen next. While we stood in line, he asked if he could buy me a cup of coffee. I figured, what the heck, and agreed cheerfully (it was GREAT to get this kind of attention! I had never experienced anything like this before.)

As we waited for those ahead of us, he asked how much the shoes were. Being cheap (after all, this WAS K-Mart!) I had purchased inexpensive shoes at \$10 a pair, and told him so. He offered to buy them for me. Well.... I may be naive, but I'm not stupid. I respectfully declined, saying I didn't want to impose, but in fact did not want to be obligated in any way - this guy was moving fast!

Eventually, I got through the checkout line (although not without being thoroughly checked out by this guy) and - as I had truly enjoyed his once over - I asked him where he wanted to get coffee. Actually, I was kind of looking forward to having coffee bought for me. Somehow it made me feel like I had some value. But he had other plans.

"It's too crowded in a coffee shop to get to know each other", he began. How about if we just sit in my car for a while and talk?"

Well, even I could see where this was leading, but still I felt flattered by the attention, reasoned I could get out of the car if I needed to, and as long as I did not let him drive me anywhere I would be okay.

"Okay", I said.

He had a middle-of-the-road car: no great shakes, but quickly explained, "My car is in the shop... this is a loaner." Then, he riveted those steely black eyes on mine, never looking away from my face, and began to tell me how he had been so attracted to me in the store that he just had to spend some time with me. He told me I was sexy and began to stroke my shoulder. Moving his hand slowly toward my breast, he described how "men are not like women: They first get the physical attraction, then they fall in love."

Of course, I knew this was all bull, even though I had never tried such a thing as a male. Yet, the attention was so intoxicating, his hand massaging my nipple, so heady. If I had not been male, he would have had me right then and there! But I had been male, and so could call up just enough objectivity not to succumb.

He told me that he wanted to make love to me and that we should go to a motel right then and there. I kept hedging, trying to get as much of this as I could without going any farther. He kissed me and said we should go. Still, I did not give in. He said, "Are you worried about getting pregnant?" I replied, "I don't think I have to worry about that."

Finally, I told him I would not go to a motel right then, because I had to think about it with a clear head. He asked for my number; I refused. I said he should give me his number and I would call if I decided to go. That's when he got really nervous, but seeing that the fish was about to steal the bait and run, he went ahead and gave me his number. But it came with the instructions: "Don't call except on Tuesday or Wednesday nights, and if a woman answers, say you are a customer at my upholstery business." Right.

Well, I escaped with my virginity that time, though if I had been post-op at the time, I rather think I wouldn't have. But did I learn how to stave off male attention? NOT! Some months later, I was working as editor of a feature film. One of the actors came in to see the dailies. Later, he found a moment with me alone and told me he recognized me from my support group meeting. I had not recognized him, as he was not there very often, and was not transgendered, but a "TS Shark" - one of those guys who has a special place in his "heart" for people in or after transition.

He wanted to have lunch, and I thought, "Okay, it'll be fun to have a guy buy me lunch." That went fine, and he was very gentlemanly. However, each time he came in after that, he got more and more "friendly", eventually telling me he wanted to start a relationship with me.

I was (and am) still married, but at the time, did not want to jeopardize my marriage, so I thanked him for the flattering offer, but declined. Several days later, we were recording sound at Universal Studios, and he came in to loop his lines. He sat next to me and kept putting his hand on my knee. That evening, the director, the producer, a friend of theirs and myself went to dinner near the studio. The fellow in question approached the director and invited himself along.

I realized he just wanted to close in on me and so I found a moment to tell the director what the problem was and that I would appreciate it if after dinner he would keep the guy busy while I went to my car. He agreed.

Sure enough, after dinner, I left in a hurry, and he was going to follow, but the director snared him. That didn't work for long, however, as I had not quite gotten to my car when he caught up to me anyway. It was in a dark alley behind the restaurant, and there were no other people in sight.

We started talking and he made a number of suggestions about how we might be involved. After several minutes he began to come on to me very strongly. He gripped my derriere tightly and pulled me to him. He tried to put his tongue in my mouth.

Now, I know what you are thinking: why didn't I just tell him to bug off? Well, part of the whole thing was my fault. The ol' Cinderella Syndrome kicked in and made me feel special that he was interested. I didn't want it to go any farther than talk, but I didn't want it to stop completely either. I liked where it was. Problem is: guys just can't leave it at that. I now know that they just keep charging ahead until they get resistance and even then they keep trying until they are sure the resistance can't be broken down.

Well, I was standing there clamping my lips together but even still, his slimy little tongue kept weaseling in and lapping up against mine. Why didn't I just push him away? For the same reason women everywhere are afraid to fight back: they are afraid if they resist they will get beaten up. Suddenly I understood the nature of female fear. Here I was in a dark alley, alone with a determined horny admirer whom I was sure was a lot stronger than I was. I just held out and didn't respond until some people finally came by and I had the opportunity to break away and tell him I had to run.

I shakily opened my car door, got inside, and was just about to close the door when he stepped in front of it, blocking it open. He told me he wanted me to know how much he was excited by me, took my hand and placed it against the bulge in his pants. I replied, yes, I could see he was interested. I can still feel him running his fingers across my lips when another group of people came by. I used the opportunity to close the door, waved good-bye and took off into the night.

Now, I'm sure he remembers it a different way. I'm sure he was convinced I wanted him as much as he wanted me. But that is because men and women don't evaluate things the same way. This kind of miscommunication is just what we have to learn to avoid as new women.

As a final example, there are two 7-11 stores equidistant from my home. One to the East, the other to the West. When I go to work in the morning, the West one is right on the way. I like to stop there for coffee on my way in from time to time. At least I used to until the counter guy got the hots for me.

The first time I met him, he riveted his eyes on me and started a conversation. The next couple of times he would always hold my hand when giving me my change. Finally, I went in and while getting my coffee was startled to feel an arm go around my waist. I looked up to see him smiling and asking me how my day was. I just rolled with the situation and said it was just fine, thanks and then paid and left. I could feel his eyes on me all the way to the car.

All the way to work I hated the way he had taken liberties and loved the way he found me attractive. Nonetheless, I determined not to go back for awhile so things would cool down. A couple weeks later, I went back and didn't even get to the coffee before his arm was around me. This time I was really beginning to feel harassed.

Still, the fantasy of having some guy so turned on by you that he makes those kinds of advances was narcotic. But I kept from swooning with it, paid my bill and left. I vowed never to return again. Several weeks passed and I had occasion to stop home for lunch. Afterward I decided to buy a candy bar at the other 7-11 which I had gone to exclusively since the last incident. This time, however, I was running late and knew I had to stop at the trouble spot or go without a candy bar.

Suddenly I got enraged. How DARE he make me feel ill at ease in going into the most convenient store. How DARE he encroach upon my freedom like that!!! So, I girded what loins I have left and pulled into the parking lot. I looked through the window and was relieved to see that there was someone new at the counter: maybe he quit!

I went inside, feeling comfortable there for the first time in months, and looked over the candy bars. No sooner had I picked one, but the guy at the counter yells to someone I couldn't see, "Okay then, I'll see you later!" He walks out of the store and MY guy takes his place!!! I couldn't believe the luck!

Of course he saw me immediately, riveted in on his prey and kept me in his sights as I came to the counter. My skin crawled in anticipation of what might come next. But he surprised me. He just made pleasant conversation! Things are looking up, I thought. He's gotten the message! After he gave me my change, he even offered me his hand to shake. Well, I thought, he's a gentleman after all!

I reached out and took his hand... and he grabbed mine and pulled me across the counter and into a kiss! And then another one! Right there in the damned 7-11!!! He released his grip, I smiled and left and haven't been back since.

Now, why did these things happen to me? Because I didn't understand men, that's why! Men are more aggressive than women. To them, the only time to quit is when they are convinced they can't make any progress at all. But I don't like to offend. And by nature am flattered by attention. As a transsexual, the whole concept of being desirable is better than sex - maybe even preferable to sex!

The combination of the two different points of view led to me being "violated" by these three men in ways I preferred not to be. But even as I was being kissed between the Lotto tickets and the \$1.99 roses, I had the strongest surge of sexual desire I've ever experienced without foreplay! Even while I was being violated, I was being turned on!

What does all this mean? That when fantasy and reality collide, its easy to be of two minds. I know I am. And until I make up my mind, this sort of thing is likely to happen again.

Cinderella Liberties aren't just taken by the man, but are also given by the woman. We are both participants in the act. Until you can sort out how you really feel and learn how to communicate if your shiny new baubles are for touching or just for looking its a good idea to err on the side of caution. It's the best way to make sure you live happily ever after.

"What Comes After"

by Melanie

There is a tendency, when changing sex, to stare into a blank wall. The mind propels itself forward only to the moment of completion, then falls short of the other side, plunging instead into an abyss of uncertainty. One entertains fantasies of the life that will be without truly considering what will become. It is as if the Dreamer takes a tangent path like an illusionist's left hand, distracting the audience of our conscious from what the right hand is doing. Transition happens right before our eyes, yet we see it not: our attention is elsewhere.

What Comes After is not fantasy. It is not dreams or speculations. The reality of the New Life is not unlike the old one, yet so much different.

I have been reading "Orlando" of late, written by Virginia Woolf (who drowned herself in 1941). Losing myself in the twisted, ornate passages, I can see why. Orlando succumbs to the same foggy urging of an emotional imperative that I, myself, have suffered in the vortex, caught up between the masculine and feminine on the way from male to female; sometimes touching down in one land, other times remaining aloft in uncertain currents for weeks, only to alight once more precisely where I started. No doubt, Miss Woolf suffered similarly.

Orlando is a young nobleman, as we meet him. He is wealthy, respected, able, and lost. He can find no meaning or solace in his fortune, station, deftness or love. He leaves his country as Ambassador to forget his lack of focus through immersion in details of protocol. And there, in another land, he awakens one day to find himself female - yet, surprisingly, unperturbed by the fact. Through three centuries, Orlando seeks self-knowledge: some scale by which her essence can be weighed. She rises in society, then cavorts with call girls; expresses the essence of femininity, then dresses as a man to move more freely in the world.

From the Elizabethan Age through the Restoration and on to the Victorian Age, Orlando remained essentially unchanged; experiencing the same feelings from another point of view - but the person themselves continued unaltered. "And so she began...thinking...how very little she had changed all these years.", muses Orlando at the hand of Woolf. "She had been a gloomy boy, in love with death, as boys are; and then she had been amorous and florid; and then she had been sprightly and satirical; and sometimes she had tried prose and sometimes she had tried the drama. Yet through all these changes she had remained, she reflected, fundamentally the same."

These thoughts have been my own. How I have suffered that I feel unaltered in spirit, identical in outlook to he whom I have supplanted. How hard I have yearned for a sense of difference. Where is the change I risked so much to attain? When can I call myself "woman"?

"After all', she thought, getting up and going to the window, 'nothing has changed.'", says Orlando. "The house, the garden are precisely as they were. Not a chair has been moved, not a trinket sold. There are the same walks, the same trees, and the same pool, with, I dare say, the same carp in it." My own diary mirrors Orlando's words: "Its strange to contemplate that someday, the changes I have set in motion may seem commonplace. The strangeness of my new body has become its normal feel, and the question, even awareness of what sex I am, what gender, never enters my conscious thought. What then of my life? The wind still blows, the sun still shines."

Where is the future I struggled so hard to achieve? I am still married to the same woman I have been with for almost 18 years. My children have grown some, but they are essentially the same. I live in the same house, visit the same friends, play the same games, both for fun and emotionally. Where is the change? When will I get there? When will I be a woman?

My friends say they first noticed it maybe a year to only six months ago. That would be about one year to 18 months after surgery. I only noticed it in the last month or so. All the little, slow moving things that add up to a big holistic change. In and of themselves, none are particularly noteworthy or noticeable, yet taken together, the overall effect is both substantial and basic.

Every part of how I measure who I am from the kinds of thought I entertain to the emotional responses that just happen to the physical shape and feel of my body to the level of my strength and the way my "insides" feel (from heartburn to exhaustion) have all moved just far enough from my former self to have stretched the rubber band of recognition so far that it snaps back with, "This is not the same person as the one you had in mind." I other words (fewer words!) I have changed gradually so much that who and what I am now can no longer be defined as who I was by any measurement. The stretchy state of shifting spectrum eventually has to result in red becoming purple, then blue, then green, then yellow. Yet, where upon that spectrum one becomes the other is a fool's consideration. Still, somewhere, somewhen, one wakes up, stares at the rainbow and says, "Well, yep. I used to be red, but damned if I'm not yellow now!"

So, that's the story - its not specific effects, but the holographic effect of all the little standing waves in the interference pattern of the dynamic process of change that have taken on a different pseudo-structure. I no longer entertain any doubt that I am Melanie now, not Dave. And such odd juxtapositions as conversations with old friends upon memories of the way we used to talk, getting made up in the mirror and then viewing a video tape from Christmas of five years ago, recalling an unfinished thought from before transition and realizing the logic no longer makes sense - all these little signs force one to accept that the self has shifted, though still feels like self. Then one has a choice of becoming scared and scampering, terrified, back along the path that is no longer there (as it is erased behind our heels as we journey) until we are lost and cold and alone OR ignoring the end of the road and pushing on past the light into the heart of yet another jungle OR "getting it" - that one has actually become. Becoming is no longer required. Transition never changes, it just changes direction. To stand at the corner of "Male" and "Transition" streets and take a left turn onto "Female" requires not becoming, but being. Two years after surgery (this January 9th). FOUR years after beginning to live as Melanie. SIX years after seriously considering this path. All the magic numbers line up - they have to: they're magic numbers! And when totaled, they add up to one. Me.

And what of Orlando? What of Woolf? Well, Orlando finds her answer, laying entwined in the roots of the same Oak tree she sat by as a boy - the Oak tree that has proven her only consistent focus throughout the turmoil of her self-consideration. Her eyes fly wide, her yearnings stop, her happiness begins. But Virginia does not share

this revelation with us - it is for Orlando alone. Perhaps because the author had not found it for herself; perhaps because we all must find it for ourselves.

So, in the end it is not a change in our selves we must seek, but a change in our sense of ourselves. We will always feel like we no matter how different we become. Yet, we can stand back from ourselves, take a wider view, sense not the flow of one day into another but the dividing lines of months and years. We carry the past with us like a big tail - the wake of a boat, not sure if we should judge our path by the waves off the stern or the stars off the bow - and unsure if we are wagging the tail or it is wagging us.

"Am I pretty?" (Compared to what?) "Am I old" (When?) "Am I a woman?" (Says, who?) You'll stare into that brick wall, chasing your tail and leaving circular wakes until you get it: the wall moves with you. It is the horizon line of self awareness and we can't see anything beyond that. But we don't need to because its really just a matter of focus. For when we shift our view from the spatial "Who am I?" to the temporal "Who am I NOW?", then we see that the wall is really not a wall at all, but a mirror. And the edges of our own self awareness are not the ends of the earth, but the shape of things that came.

So, "Who am I?" becomes "How am I?", describing the process, not the state. Being a woman is not a condition but a way of life. It is not a structure, but a dynamic. We will never find the answer until we realize that it lies in the kinds of questions we ask. We self-define; we are recursive, reflexive, and reflective. The farther away something appears, the closer it is to home. The wall before us in only dark because it is a mirror. The shining light at the end of the tunnel is the sparkle in our own eyes. Look deep into that light and see yourself.

Surveys and Statistics

Responses to the question:

"If you could, would you change the Body or the Mind?"

Contributed by: Anna

(In response to her questionnaire posted to members of the online gender community, regarding which would be preferable: to change the body to match the mind, or the mind to match the body?)

As to the first question: Well, I am a struggling CD/TV. (I dress only at home when I am safe, due to my build I only dress as a woman from the waist down) I had stop dressing for years and only recently began again, however due to my build and features I do not look much like a woman. I am heterosexual and enjoy making love to woman so I don't know where I fit in many times.

Altering my body to fit the mind would do nothing to further my situation than altering my mind to fit the body. I am in a 'limbo' situation until I decide whether I should be a fulltime TV or not. Also of late I have stopped dressing totally to see what my path is, but one thing I am sure of is that I have no desire to be a TS or see myself as ever becoming one. That is my personal feelings/opinion as I am sure that I am heterosexual meaning I prefer sex with women. To adjust my body would make me a TS who prefers women hence a lesbian. While this would seemingly settle my situation, it doesn't. I do not want to be a woman, but feel a need and comfort when dressed as on, particularly when I'm writing.

Anon

Oh, this one's easy. By all means, change the mind...CHANGE THE MIND!!!

The pain of our condition is three-fold: First is the pain of unknown origin...the pain we've lived with all our lives. Something is wrong with us, but we don't know what it is. Then comes the second source of pain-we unearth a name for who or what we are, and realize there must be steps taken to overcome the pain. For some of us, that includes changing our outward appearance to match that of our psyches. Therein lies the third source-the reactions of others, especially for those of us who have married and begun families. For some of us, we find we must reject that which we have built, those whom we love, in order to achieve happiness. This third source of pain could be avoided entirely if it were possible to alter the mind to fit the body. At least that way, we could continue in our original roles to those who love us.

We define transsexualism as non-congruence between the mind and the body. All we desire is to have the mind and the body of the same sex and gender. To alter the body, we must affect everyone around us. We force them to perceive us in a new way. This is difficult for many to accept, and becomes the reason many of us lose friendships, loved ones, jobs, etc. To change the mind would allow us to view ourselves as mentally and physically congruent without putting all of our outside world relationships at risk.

Our goal is mental and physical congruence. If altering the mind was as easy (yes I know-a relative term) as altering the body to achieve congruence, wouldn't it be better to choose the path of alteration that affected the fewest number of people?

Elaine P1

If there was a choice of adjusting the mind to fit the body or adjusting the body to fit the mind, would you choose one or the other and why?

I would choose to adjust the body to fit the mind. I would much rather be female than male. I am TV. If life circumstances were different I would most definitely venture toward the TS end of the gender spectrum. But as things are today, I am and have the responsibilities of a husband and father which I take very seriously.

I would rather be female but I don't have to be. And at this time being female runs contrary to my responsibilities of a husband and father. So settling to be TV rather than TS. No one is forcing me to choose this path, In following it of my free will. There are too many people whom I love dearly will be burden if I choose otherwise.

I don't feel that I was born in the wrong body. I just would rather be female. (no therapist would give me letters of recommendations for surgery with that answer.) I'm sure that I would have been a great wife and mother.

I hope my answer makes sense.

Leslie10

I believe adjusting the body to fit the mind is the most appropriate since the mind is who and what we are. The physical attributes should match how we view ourselves.

Ellisa

I would rather adjust the body to the mind. The mind is far more powerful then the mind and therefore cannot be adjusted. One cant deny there true feelings for long

Julie85042

I am a pre-op-TS (MTF). I've been on Premarin since last Christmas along with electrolysis, etc. I go full time next New Years day. In response to your Gender News question, I would never want to change my mind to fit a male body. I wouldn't be me anymore. I thought about this before I went on my TS path. I was to see a therapist to "cure" my transgender feelings. As my appointment got closer, I began to think of what I would be loosing if indeed I could develop a male mind somehow (It wouldn't have worked anyway!). I love my femininity, my soft, emotional nature. My love of pastels, flowers, and pretty things. I love my women friends, AS FRIENDS. I'm glad I made the right decision.

Love, Kristine TS

Hmmm, adjusting the mind to fit the body or adjusting the body to fit the mind... I think that adjusting the mind to fit the body is much easier. In my case accepting is the key. I have spent 27 years trying to convince myself that I was not a Cross dresser. Then I discovered the book written by Virginia Prince and found out that I was not alone nor was I much different than many other males. Adjusting the mind to accept what I am as much as Who I am. Knowing that I will never have the body of a female and I must accept this also is part of the acceptance.

HUGS, Sarah 3182]

For me, I would prefer that my body be adjusted to fit my mind. I prefer the female way of thinking and doing things. Since I don't like male ways now, why would I want to force them on myself. All this macho stuff men have to put out is stupid and certainly not to my liking.

Any ways. I know this has been a short response, but that's all I really have to say on the matter.

Love, Wendy TG

I'd rather change the body to match the mind. That way you stay the same person and the body would match the person. Changing the mind to fit the body, you would no longer be the same person.

Melanie337

Speaking as a 12+ year post-op transsexual-if I could have changed my mind or my body (and I stress "could have") -- I would have changed my "mind." The pain, the anxiety-all of the turmoil to family and friends would have been avoided-and I would be at peace with myself.

However, one can't change one's mind. It's impossible, medically or psychologically. The body is a different matter.

I did change my body-and from a 12-year perspective: YES! I WOULD DO IT ALL OVER AGAIN. No it's, no doubts, no buts! I am at peace with myself.

Jeanne

(Note: Jeanne responded to a posting on CompuServe's Genderline)

That's an easy question. Adjust the body. I don't want anyone messing with my mind, I do enough of that myself. I know it's hard to be a woman, hell, it's hard to be a human being, but unequivocally, without a doubt, yes. I never wanted to be a man, rarely thought of myself as one, and have gone through the craziness we all have, long dark nights of the soul wanting to give this up but unable to. I am Cheryl (or Joyce or Karen or Jackie or Joanne or Susan), for good or ill, I can't conceive of being someone else. I am a girl, dammit (banging head against the wall) and will consider no other possibility. I refuse to recognize that I might have a penis, ugh! the thought turns my stomach. I've gone this far as Cheryl, I'm not going to deny it now.

I'm going to paint my toenails and not even think of the question.

Hugs, Cheryl

(Note: Cheryl responded to a posting on CompuServe's Genderline and has mentioned that she will be joining in on AOL soon)

I would prefer to have the body match the mind. My mind has the desire to dress and act feminine but my body does not look the part. I wish that I could get my body to more resemble the female body for a better fit of clothes and for looks.

As I said before. Thanks for taking the time to do this Anna. It is OK to use my name in the gender news if you would like.

LeAnne CD

Adjust the body to suit the mind. It just makes more sense since we know more about the body.

Susan TS.

I would adjust the body to fit the mind....I'm not sure why I feel the way that I do , but I know that I have felt the need to crossdress sense I was about five...These urges have presented a constant challenge to me , and often I've prayed to have them go away...I do believe there is a reason why we have these urges and I know in my heart of hearts that they are both a blessing and a possible curse...I cursed and did not except these desires for a long time...now, finally I am beginning to give in to my desires and that is a blessing...I say bring on the magic pill that will help me be all that I can be.

Gemini8606

I would choose neither choice. As a Het TV I don't feel there is a problem with my body or my mind.(Well the body could use some work physically!!) If I could change someone else's mind about TVism I think that might help.

Leesha

I would choose adjusting the body to the mind. Although I believe I am not a transsexual, I would find it would be much easier to be a female than a male because of the strict rules that the dominating male society puts upon people.

I am a TG, primarily Androgynous, but I do crossdress with some women's clothes. As a woman, I would be more free to express my individuality. A born female who is androgynous, is more likely to be accepted than a born male would be.

I was born a man with a female personality, which makes it difficult to live in a masculine dominated society. If I could change to be a woman, then I would. I would feel more comfortable around people and myself. I could look into the mirror and feel serenity.

Love, Storm Face

It depends

Mind to body...my fem mind to a fem body yes..but there is not all that much fem (that I know of) in me. When I'm dressed it comes out and especially when I'm with my wife I feel "soft" but I don't know how far it goes

In the other direction Body to mind since it is a male body I've never completely experienced the 100% male thing (due to the TV inclination). Perhaps I'd like too...but then since I have this cross thing (I'm defiantly hetero) I treasure those soft moments

A hard question to answer

JoNelle

A Transgender Survey

Ladies and Gentlemen: here are the results of the alt.transgendered survey.

The results are expressed as percentages with actual numbers shown in square brackets [#] when I thought the numbers may be interesting. The numbers in parenthesis () reflect the inclusion of a total of results of the survey circulated to the American On Line system (thanks to Crystal for the input).

I'm having to send this through the penet server so it may take a bit longer than using the laUNCpad. There is no way to upload a file on that system and the results were compiled on my PC.

So with our further adieu, here are the results:

RESULTS OF THE alt.transgendered SURVEY

1. Average age: 32.2 years (32.7 years)
2. Birth sex: Female 0% Male 100%
3. Location country:
 - a) USA 76.1% [51] (78.9% [60])
 - b) Canada 11.9% [8] (10.5% [8])
 - c) Europe 9.0% [6] (7.9% [6])
 - d) Pacific 3.0% [2] (2.6% [2])
 - e) Urban environment 82% (80.3%)
 - f) Rural environment 18% (19.7%)
4. Sexual partner preference:
 - a) Female 68.6% (65.8%)
 - b) Male 4.5% (7.9%)
 - c) Both 23.9% (22.4%)
 - d) Neither/No response 3% (3.9%)
5. Time aware of gender ambiguity: 16.9 years (14.8 years)
6. Current personal status:
 - a) Acceptance 83.6% (85.5%)
 - b) Denial 16.4% (14.5%)
7. Are you a:
 - a) Transsexual 37.3% [25] (42.1% [32])
 - b) Transvestite 50.7% [34] (47.3% [36])
 - c) Interested third party 6% [4] (5.3% [4])
8. If transsexual, are you:
 - a) Preoperative 60% [15] (59.4% [19])
 - b) Post-operative 8% [2] (12.5% [4])
 - c) Neither 32% [8] (28.1% [9])
9. Do you participate in professional therapy:
 - a) Yes 28.4% (31.6%)
 - b) No 71.6% (68.4%)
10. Are you a member of a support group (other than alt.tg):
 - a) Yes 38.8% (40.8%)
 - b) No 61.2% (59.2%)
11. Marital status:
 - a) Single 40.3% [27] (39.5% [30])
 - b) Married 43.3% [29] (42.1% [32])
 - c) Divorced 7.5% [5] (9.2% [7])
 - d) Lasting relationship 8.9% [6] (9.2% [7])

12. If married or involved, does your S.O. know of your gender ambiguity:
 - a) Yes 86.1% (87.5%)
 - b) No 11.1% (10.0%)
 - c) Maybe 2.8% (2.5%)
13. If yes, is your S.O. accepting and/or supportive:
 - a) Yes 83.3% (82.4%)
 - b) No 16.7% (17.6%)
14. Do you cross dress:
 - a) Yes 77.6% (75%)
 - b) No 22.4% (25%)
15. If so, how many years have you been consistently crossdressing: 11.3 years (11.9 years)
16. Do you subscribe to any transgendered publications:
 - Yes 22.4% (22.4%)
 - No 77.6% (77.6%)
17. If so, please list:
 - Tapestry 6 (8)
 - Chrysalis 2 (2)
 - TV Girl Talk 2 (2)
 - Others with 1 response: FPE-S, Femin Form, Intermezzo, GEMS, GDTI, Tri-ess
18. Political leanings:
 - Conservative 17% (17.6%)
 - Liberal 55.9% (58.8%)
 - Libertarian 25.4% (22%)
 - Anarchist 1.7% (1.6%)
19. Generally speaking, are you happy with your life:
 - Yes 70.1% (69.7%)
 - No 29.9% (30.3%)

JUST FOR FUN!

- Best transgendered song ever recorded & artist:
 - Walk On The Wild Side by Lou Reed [10 votes]
 - Lola by The Kinks [9 votes]
 - Dude Looks Like A Lady by Aerosmith [4 votes]
- Personal transgendered hero/heroine:
 - Caroline Cossey (Tula) [8 votes]
 - Renee Richards [4 votes]
 - Amber Kay [2 votes]
- Estimated amount spent per year in crossdressing activities:
 - \$412.41 [29 responses for \$11,960] (\$387.80 [32 responses for \$12,410])
- Time: 75 1/4 days per year
- Statistics
 - 90% of FTM transsexuals and 61% of MTF transsexuals are sexually satisfied.
 - 70% of FTM transsexuals and 43% of MTF transsexuals retain close contact with their families.
 - 57% of FTM transsexuals and 27% of MTF transsexuals form lasting romantic partnerships.
 - 100% of FTM transsexuals and 60% of MTF transsexuals inform their partners about their transsexualism.
 - 5% of FTM transsexuals and 21% of MTF transsexuals have made a suicide attempt.
 - 100% of sexual partners of FTM transsexuals are female. 60% of sexual partners of MTF transsexuals are male.

Source: The Great Divide (How Females & Males Really Differ) by Daniel Evan Weiss, drawn from data originally appearing in Archives of Sexual Behavior, December 1988 issue.

Questions and Answers

As founder of the Transgender Community Forum on America Online, I often get letters from people seeking understanding or just wanting to share. What follows are questions and answers of particular interest to the community as a whole.

How does one know if one is transsexual?

A Reply to GAnnSmith, who wrote to me with questions about how one knows if one is transsexual

Dear Gwen

In your letter, you opened a dialog on what it means to be TS, and of course I'll be happy to help all I can. Your central question was how to know if one is TS or not; specifically, how did I know. Well, I didn't and I don't. Being TS is not something you can know because it is an emotional state, not a logical issue. As a result, I cannot state with certainty that I am TS even now. All I can say is that I strongly believe I am. In fact, I believed it SO strongly, I had surgery. But did that quash doubt? Not hardly. You see, the issue first comes in defining what a TS is. And as I say in my article on Mental Sex, even if one's brain could be proven to be female in a male body, that is only 1/4 of the issue. There is also subconscious gender identification, upbringing (experience), and free-will as to what we wish for ourselves. These three areas can completely outweigh any biological binary bias. So, the real heart of the matter is not "am I legitimate or not?" but "which way will I be happier?"

That, then, is the emotional decision we all must make. As such, it is not binary; rather, it is a process of growth. Your biology, your subconscious, your experience, your free-will all will change their relationship to one another as you learn more about what makes you happy and what doesn't. The problem we have BEFORE we admit our transgenderism is that we won't even look in those areas to see how we feel about them. How can we make decisions based on no information at all? So, admitting to being transgendered is not being any particular thing, but merely selecting a subject in which to educate oneself: a direction to explore. That's why my editorial in *The Subversive* comes under the heading "Explorations".

Are there no binaries then? Certainly surgery itself is about as binary as you can get. But the DECISION to have surgery or not is NOT binary. That is simply a tendency that you have seen grow or diminish as you approach the decision. On friend of mine lived full time for six years before deciding to have surgery. Another lived full time for four and decided to go back to being male. Both are satisfied with their choice. Each has some regrets. Why? Because for them, the decision was not so clear cut as it was for me. For them, the good and bad on each side nearly balanced each other. For them, they had to wait all those years for something in their SITUATION to change, rather than in themselves, since they were equally on both sides of the fence and therefore really not on either. And their situations DID change, in different ways for each of them, so they came down on different sides. Are they happy? Not always: who is? Are they happier? Definitely - and not just because of who they are, but because they know themselves much better and have learned enough about themselves to live with their decision.

For me, it has always been a question of reconsidering the decision: If I had the success I'm about to get with my software program THEN would I have done this? If I had married a more demonstrative woman, younger, prettier, would I have done this? Now that I'm here, do I want to go back? I could, you know. Nobody pulls down your pants to see what you've got. Just shift the old voice back, go on testosterone, retrain the body English - I did it before; I can do it again. But I won't. And why not? Not because I'm so terribly happy. Not because I have found the end of the rainbow - far from it. No, I won't go back because there is no motivation deep within me driving me to do it like there was when I changed from male to female.

You see, when it comes down to it, the only real justification for surgery is that you can't stop yourself. No matter WHAT might happen you HAVE to do it. And so you do or you don't or you wait and then do or don't. It really doesn't matter. If the time is someday right for you, you'll be full of doubt but unable to stop. That is a real argument for it not being an easy thing. If we could just take a pill, we'd be flip-flopping back and forth three times a week. But then, it wouldn't matter, would it, because the consequences would be so miniscule. But, the consequences are fairly formidable the way things are, and the difficulty of the journey is just about tough enough to require that undeniable drive to get to the surgical table.

So, to bring it all together, just go with the flow: explore each step of the way. And when your drive gives out, you'll find that you stop dead in your tracks like those toys that walk up to the edge of the table and halt, OR your drive won't give out and you'll wake up and realize you marched right over the edge into the unknown. Then you'll spend the rest of your time rethinking if you should've stayed at the edge: but its a mute point - you really couldn't have, even if it would've been better, simply because your drive wouldn't let you stay. I hope this helps give you some new perspectives as you ponder your future and the meaning of life.

Love and best wishes,
Melanie Anne

How long before Hormones begin to effect the body and mind?

A reader asks...

Regarding hormones, how long does it normally take to begin to feel changes in the body/mind? I have heard that it varies from girl to girl. What time frame would you expect to feel breast tenderness, and feminization? I already feel mentally more centered. I haven't had any real depression or the mood swings that I was warned about before I began. I have asked my endocrinologist about what time frame to expect on the physical side, and she keeps giving me those vague doctor type answers like "its hard to tell", etc. when I attempt to discuss it. I am not really happy with this endocrinologist, but she is the only game in town when it comes to dealing with transition. Also did you have any reversal of male pattern baldness? I still have about 85% on my hair, with a somewhat receding hair line in the front. By the way, your hair looks really fabulous!

Melanie replies:

Physically, changes in the body occur almost exactly 10 days from the onset of hormone use. Also, any change in dosage will be seen in the body in 10 days. At first, the changes are small and gradual, so even after 10 days they may not be noticed. You'll need to wait between 30 and 60 days to see anything major. Also, you will eventually come to experience a reaction to change in doses about two hours after taking them. There may be slight hot flashes, slight muscle cramps, swelling of breast tissue, etc., roughly two hours after a dose. This is not uncommon, but also doesn't happen to everyone.

Emotionally, mood changes take place about three days after a dose. The effects are also somewhat cumulative, so you will feel mood changes three days after a dose is increased or decreased, but will also note a gradual change in your overall outlook over a period of months and even years.

In reference to your other thoughts, being centered is not enough. You also need to be in the right place while centered. Centered means that your sense of self is right smack in the middle of who you really are inside. But if who you are has any problems besides gender, then you can be centered all you want, but you'll still have those problems. So, make sure you don't limit your life changes to gender alone. Most TG people have developed quite a list of other problems that grew up as they worked to deny their true selves. If you can work those out while going through transition, by the time you are finished you will not only be centered, but most advantageous positioned within your world.

As for male pattern baldness, I never had any. Lucky in that regard! So, I just let the ol' hair grow, and once estrogen ruled the system, baldness just ain't gonna happen.

What about taking Aldactone to lessen body hair?

A reader asks...

One thing I'm curious about. The aldactone. I've been at this process for so long and no one has ever mentioned the benefits and I surely need relief from a hairy body. Is there any way these pills can be gotten except by prescription? Please advise.

Melanie replies...

I don't recommend taking anything without prescription. As for Aldactone, I don't recommend it at all. I took it for about six months and feel that it permanently dried out my body. The effect was most noticeable in the skin, which began to look "oldish". Spironolactone is a diuretic used for high blood pressure. Potential body hair loss is a side effect, but the primary effect is still working. I had minor relief from body hair (nothing major) but the side effects were enough to make me stop taking it, though I think the bad effects lingered.

Do home electrolysis units really work?

A reader asks...

A couple of questions have come up while chatting with one of my other pre-op friends. Did the electrolysis unit you purchased at K-Mart actually work, or did you have to return to regular electrolysis?

Melanie replies...

It did indeed work very well. In fact, I burned out five of them by the time I stopped using them. For the record, the machine in question is the "Inverness" home electrolysis unit. It sells for about thirty dollars and runs off a single nine volt battery. It is much less painful than regular electrolysis, but requires many more treatments to do the same job. For me, It took forty hours EACH WEEKEND for a year to keep my face cleared. What a pain that was, sitting in front of a make-up mirror for FORTY HOURS once a week!!!

I used the machine for two or three years, and by that time I was down to a couple hours a weekend, and only had the clear hairs left. After that, I decided to go back to regular electrolysis (actually "thermolysis") and have been doing that for about 18 months as of this posting. I go in once a month or so for about an hour. That keeps everything absolutely fine for the next four weeks, and I will probably be more or less done in another year. (This stuff takes forever!!!) Of course, for the whole month, I don't have to worry at all, so I have no more concerns in that area, even under the most intimate conditions.

A word of warning though... The home unit IS very powerful. It has power settings from 1 to 10. I did all of my work at 1 or 1.5. I tried 10 once and a piece of my skin just baked and dropped out on the spot!!! Fortunately, that healed, but I suspect if you go higher than 1.5 you are going to get some eventual scarring, and if it is high enough the scarring will be immediate AND PERMANENT!

What is the "Biber button", and what does it do?

Another question...

Can you tell me more about what the "Biber Button" does. You only speak about it briefly in your diary. Are parts of the abdomen actually pulled down permanently to help give you a more female shape? If so, how does this work? If not, just what is its purpose? I'm just trying to learn as much as I can as I move on to my future womanhood.

Melanie replies...

Yes, that is part of it's job. The other part is to hold everything in place internally for the first week until enough healing sets in. The way it works is this: a wire is inserted into the abdomen, passed through the new internal surgical work, looped around the pubic bone, and back out the abdomen right next to the other side of the wire. The two wire ends are tied to what looks like an upholstery button on a sofa, and twisted so the whole thing pulls tight to the abdomen, flattening it.

After a week, they come in and snip one side of the wire and then use the button to pull the wire through and out. Now that is a weird feeling, I can tell you! It doesn't exactly hurt, but it feels like some little thing is crawling around inside you. Fortunately, they do it with one quick pull, so the sensation only lasts for a second, but it is so odd I'm sure I'll always remember it.

Did hormones change your sexual orientation?

A Reader Asks...

My name is Bob and this is the first letter of this kind that I have written. I hope you don't mind, and have patience with my attempts to articulate my thoughts. I've followed your story and transition during the past year or so through your Subversion articles on AOL. Now my questions. Hormones and perhaps your predisposition have changed the way you feel emotionally about men. Do you still feel the same way you did in 1992? Do you still feel aroused by women? How much of your "male" senses remain e.g. do you still look at some things from Dave's viewpoint?

Melanie replies...

Hormones have such a gradual effect (spanning many years) that it is hard to determine which changes in attitude come from the biochemistry and which simply come from life experience. For example, since I am still living with my family, they quite naturally look to me for the same kind of leadership of the household I had supplied previously. As a result, my entire mindset is much more geared to being the head of the household rather than a participant. Often, I do not get to enjoy the role I have chosen for myself since I effectively still fulfill the husband's position.

Certainly, Mary and I are no longer romantically involved, yet it is a strange mix of friendship and something closer. We still snuggle together and in many ways act like a married couple, though we do not sleep in the same room, and neither of us desires an intimate relationship with the other.

There are positive and negative aspects to dating men. On the plus side, there is an intangible, wonderful, feeling I get when with a man. Part of it is protection when in his arms. Part is the relief of not having to be the person in charge all the time. (But would I still enjoy that if I didn't have that role every day at home?)

Sexually, I find I am no longer attracted physically to women at all. Not that I couldn't be, mind you, if some gorgeous babe were to come on to me, but just that I never think of women in that way anymore on my own. (All right, well maybe once in a blue moon, but in fact I'll bet you that just about any woman alive, whether she admits it or not, finds herself briefly aroused by an attractive woman from time to time.) I don't experience that often, nor in any degree of intensity or for any duration to speak of.

As for men (from a physical standpoint) I don't find them sexually attractive at all - until one of them holds my hand or gives me a hug. Suddenly, I find myself getting turned on as if by magic. That never happens with jerks, but only comes to life when I have become aware that the man in question has compassion, intelligence, and wit. Put those three together and I find him interesting. Have him be interested in me and get around to making physical contact of any kind and that ignites the spark.

I'll tell you what - I never could understand this in my former life when women told it to me, but here it is - what attracts me physically to a man is not his looks or how many muscles he has but idiot things like suspenders, blue jeans, neatly trimmed beards, even round frame glasses like John Lennon. I look for how well he is dressed - not how expensively, but how tastefully, appropriately. That can be as casual as a T-shirt and jeans, but if they are clean and neat, in short (as corny as it sounds) if he is well groomed, that is a plus. Then, a non-show-off confidence indicative of a quiet strength, well that sets the stage. It doesn't mean that he can't ever be out of his element, petty, confused, or worried - as long as he deals with it in humor without taking himself too seriously, and if he unintentionally steps on my feelings, he is man enough to apologize (after struggling with himself for a while because he is convinced it is my fault). It doesn't matter whose fault it is, as long as he looks after my feelings.

I've come to think that men are looking for physical profits and emotional security, whereas women are looking for emotional profits and physical security.

How has your S.O. dealt with your transition and surgery?

Another Question...

Now a question which bothers me in all Transgendered relationships with spouses or SO's. I realize this question is very personal, and will understand if you don't want to answer. But you have been intimate with both men and women after your surgery. You had (up to Chapter 33) come to realize how much you needed a man in your life. You wanted to be held, to experience the dating game, to do all those things you had not done before. You don't want to give up your family-they're great but not fulfilling enough. You apparently have achieved some sort of new relationship with Mary. You have had the sex thing and now want to get on.

This is your story and you have told it from your perspective. But what about Mary? What is her life now? Does she date, have intimate relationships with men, want a man to hold to have his arms around her. Want all these things , even if still loving you? After all, she has not changed. She has the same female needs, desires and longings that you now enjoy. Does she have the same freedom in relationships that you have? It seems that she, and others in her situation, still living with their spouse, have lost something-perhaps more than what you have gained. I guess that I just worry about her and others like her, and find it hard to understand the emotional roller coaster that she went through.

Melanie replies...

Well, I often wonder about that myself, but Mary is a very private person with her emotions (much more like a man in that respect). So, I can only surmise what she might be feeling from the little clues I can pick up.

I think of the two (emotional profit and physical security) she is VASTLY more concerned with physical security. Naturally, like all women, she would like both. But also like all women, when it comes down to it, diamonds are a girl's best friend. It's not that you want to be rich - having a huge surplus is not the issue. Even a small, one room apartment will do, as long as the woman is sure she can keep it.

That is the real key, both for Mary and women in general: to know that what you have won't be taken away. That is why Mary gets so emotionally raw whenever our finances are a bit shaky. When we have enough in the bank to feel secure, she often comes to me without ever having had a conversation with me about money and says, "I don't know why, but I really feel content." Well, I know why - it's the security.

Now, beyond that, of course she would like a man to hold her and take care of her. I imagine that my knowing that is a big part of what keeps me here. I can't bring myself to leave her with nothing in that area. At least I can hold her when she is sad, take charge with strength when she is afraid or depressed, and give her father-like guidance when she is lost.

Of course, those are just the things I am looking for myself, not the things I want to be providing. But, with all her loyalty, well that means a lot to me. So, I'm willing to do what I can, even if it comes at an emotional cost to me.

Would she be better off if I left? Am I just a tranquilizer for her real needs? Would she find a good man if I gave her the space to grow into? Who knows! And would I be able to let the unpleasant attitudes I must adopt for her fade away if I was gone? Would I be able to have a stronger relationship with a man or would I remain alone in an apartment? Who knows!

I stay out of love and fear. She desires me to stay out of love and fear. Love of each other, fear of the alternatives. We have each overcome so much in our lives, I wonder if either of us will ever have the strength to risk it all, yet again, for something that might be better but could just as easily be worse?

I'll let you know in thirty or forty years....

Is being post-op all it's cracked up to be?

A Reader Asks...

I do however would like to ask you a few questions that I have asked myself many times. Is being post-op (SRS) all that its cracked up to be?

Melanie replies...

Well, that is like asking "Is life all that it is cracked up to be?" There is no overall answer, because although SRS deeply affects life, there is much more to life than that, yet the two are impossible to really separate.

I have read all the FAQ's available on the net but to this day I have not had the opportunity to chat with someone who has gone through SRS to get their personal experience. Does SRS change your sexual drive? I'm sorry to ask questions so personal but I have no one to ask these to.

Yes, it changes it. The best way to describe it is that it is the same feeling, but takes longer to be triggered, yet lasts longer. As a male, you know that feeling you get when you become aroused, but before anything physically comes to attention? That "pre" feeling that gets you started - that is what women (post-op and genetic) feel all during foreplay, once it gets going. For guys, the feeling then focuses right at the tip of Old Fred, but for women, it remains generalized, more like that initial warm glow all over the area "down there". The feeling doesn't "sharpen" for women like it does in men, but rather just gets stronger like someone turning up the intensity on one of those cheap halogen lamps. Orgasm is like when the bulb burns out. It is more a feeling of relief than climax. The throbbing is still there, but rather than feeling like the ultimate jet propulsion, it is more like major duty ripples dispersing the pent up energy.

I have read in FAQ's that after SRS some women become multi-orgasmic. Is this true and how does the "orgasm" (pardon my use of the word for a lack of a better word) feel in relation to when you were male.

Yes, one can have multi-orgasms, but it is not common in general nor frequent for those individuals that can. Yes, I have experienced that, but it was a lot of work subject to the laws of diminishing returns.

Is there still ejaculation?

There can be for some time after surgery, as the prostate is left intact, and depending upon how the healing proceeded. But, after a time, that will stop, though the prostate still provides additional sexual feelings through the rest of your normal sex life.

How real is the transformation. I once saw pictures on a medical web page of post-op (SRS) patient's genitals. They did not look very convincing to me. I have considered SRS but only if I'm going >to be left with realistic looking genitals. Please don't be offended by my questions. I'm just ignorant and I want to know more.

Don't worry - I didn't even know the answers to these until perhaps a year AFTER surgery. I simply didn't care, I just wanted it done, whatever it was they did. In answer to this question, there are two "stages" of surgery in the more respected procedures. The first stage is all the internal work that creates the vagina. The second stage is a "labiaplasty" that brings together the two sides of vaginal lips at the top to make a more "authentic" appearance.

As of this time, I have not yet had the labiaplasty, even though I am currently five years post-op. Why? Because 1.) You can't see much down there under all the hair, 2.) I've never had any complaints from lovers, 3.) It's another 3 to 5 thousand dollars, and the TOP reason I have not yet done it.... I simply don't want to take a chance of endangering my sex drive, which is doing just fine, thank you, and I don't want to mess with success.

I saw also from your bibliography that you had an understanding wife. How did your children react? (I'm afraid my family would react very negatively). My life is an open book if you have questions for me please ask me. I will answer them.

The kids have had their ups and downs. Its been up times for quite a while now. The kids tell their friends, but as I am a writer, have a web site, and co-created a popular software product, they generally think I'm pretty cool for a parent. Besides, I bake them cookies.

Also, I have worked hard to have a close relationship with my kids. My seventeen year old son and I still wrestle around on the living room floor. Of course, he does that with his mother too - we're just a close family. My thirteen year old daughter and I are two very good friends. We go on lots of trips together and she is my assistant in some of my business ventures. All in all, I think they both wish I had stayed dad logistically, but as a parent, they love me very much and wouldn't trade me for any other dad or mom. And I feel the same about them.

Thanks for the note, and best wishes in all you hope to do and be.

How does one deal with conflicting masculine/feminine feelings?

Letter in response to a reader who was uneasy with conflicting masculine and feminine feelings

Hi, xxxxx. Actually, I wouldn't worry about the conflicting feelings you have from time to time. After all, they only conflict in TIME. In space, they are all a part of you and exist in perfect harmony. It is when we lock ourselves in both time and space and say that we must only feel THIS way all the TIME, THEN we have problems.

Allow yourself to feel differently at different times. Allow yourself to be who you are not based on a single facet, but on the sum of all the facets that are naturally you. As long as it is honest, each little part is a part of you. And subjugating any of them just to be consistent is to deny a part of yourself. That is the greatest dishonesty of all. For a TS, one of the hardest things to learn is that you are not a woman until you are unafraid to be masculine when you feel it. For a TV, this is no less true. Its really more a matter of degree: how much time do you want to spend in each role and to what degree do you wish to explore and express each? Since it is difficult to successfully portray oneself in both roles alternately, one must choose the role that provides the greatest latitude to one's natural expressions.

It would be nice to think that we could have the courage to be all that we are in either role and not worry about the consequences. But the consequences are very real, and even if we ignore society, it won't ignore us. But do we not need society to protect us as well? To guide us and provide us with a commonality and security? If we desire these benefits, we must pay the price of a certain level of conformity so that we are not shunning the very predictability we are asking to receive. That is why we choose the role that is best for us, yet do not deny the parts of ourselves that do not conform to that role. Certain facets are compatible with public presentation, others are not. That does not make the hidden sides immoral or wrong, but merely private and personal.

So, in response to your other question about how to tell your wife? Rather ask, do you really NEED to tell? For a TS, yes, there is no way around it. But for a crossdresser, it is not necessary at all, nor is it dishonest not to. The choice really depends on how much of your life you insist that she share for YOU to feel close to her. But if you DO decide to tell her, be sure you know exactly how YOU feel about YOURSELF first. Unless she is wholly bigoted against the concept, she will take her cues from you and how you see it. If you are ashamed or confused, so will she be also. If you are comfortable with yourself and understand your feelings, she will likely sense this is a fully integrated part of your personality and find nothing within herself but the desire to understand and accept if she can. So, first know yourself and accept yourself. Then share, if you must.

What about disclosure?

Another reply to one of my email friends who was worried about the issue of disclosure.

You bring up some important and personal issues regarding disclosure. Its something I have given A LOT of thought to, especially recently. Here's what I think: There is no right or wrong answer that applies to everyone in this case. It really depends on your situation and your outlook. Meaning, that even the same person may have different responses in different situations, or as they grow and develop in different ways.

I can tell you how I feel about it for myself at this time in this place. If I were not still with my family, I would NEVER bring it up. Still, I would confirm it if confronted. To me, that is absolute honesty. If it was no longer part of my life, I could simply not talk about it. What then about referring to my past "when I was a little girl" and the like? Well, to me, there are two parts to the past - the physical part and the mental part. If I was talking, I would be thinking of my "self" not my body, and therefore, would feel quite honest saying "when I was a little girl". Sure, I could always avoid the issue by saying "when I was little", but that's exactly what it would be - avoiding the issue. Now, what if I wanted to talk about being in Boy Scouts or some other male-only situation? Well, if I TRULY left the past behind, I wouldn't WANT to talk about it, so no problem.

The difficulty is, that none of us ever really want to leave EVERYTHING behind, forget our past COMPLETELY like an amnesiac. And every time something from the past comes up that doesn't fit in to the new life, you disclose.

So, what to do? Well, you know from your psych classes that first impressions really DO carry a lot of weight. In fact, they are hard to change. Which means that when you are living completely as a woman without any trappings of a male life CURRENTLY in your situation, then people who meet you as a woman, will have a heck of a hard time imagining you as anything else. The only danger would be if they found out and then YOU perpetuated their thoughts about your old life by sharing and sharing and SHARING, until the impact of that familiarity outweighed their first impressions. Then, you would always be a transsexual to them.

You see, you can't look at it from YOUR perspective to understand how they feel. Turn it around and imagine how you would feel if some woman you have known for a while turned out to be post-op. Imagine that. Unless she talked about it all the time, wouldn't you have a hard time thinking of her as anything but a woman?

Well, that's all well and good for people who can deal with it, but what of those who can't? In that case you are going to lose friends or a job or a grant or something because they can't come to terms with even knowing about your past. And therein lies the temptation to lie. I tried lying once. I denied my kids were mine, said they were Mary's and that I was just her roommate. I felt like crud for days until I came clean with the person. I just couldn't deal with it: it was a slimy, nervous, hiding feeling that I didn't like at all.

So, I don't do that anymore. But, for me, its a bigger problem than for many. I still live with my wife of 18 years. I have two children. I've kept the same friends, so they all know. Most if not all of the people at work have been told by co-workers. So, If I meet a guy or a business associate, there is no way for me to tell if they know or not. In that kind of situation, all I can do is be myself, count on first impressions, not volunteer the information but confirm it if asked.

In your situation, your whole career might hinge on secrecy. The thing to do is Consciously weigh both sides of the issue. How do you feel about hiding it? How do you feel about lying about it? How would you feel if you lost your position over it? Weigh all the options, not of what makes the most sense, but of how you FEEL. Then you can make the decision that, no matter how it comes out, you will be most able to live with.

What about using female sign-on names when on-line?

Letter in response to a gender friend who was switching to a completely female sign-on name

As for your request for any suggestions about using the name in regard to deception: there is nothing wrong with passing yourself off as who you feel you might be. It is a good opportunity to explore your feelings. But there are a couple of beware's! I have known of several TV/TS folk who have done just that, then met someone on-line (both male and female) and become close Email friends quite by accident. They were then faced with the decision as to whether to be honest and share their secret or continue to hold back and feel they were lying to their friend.

In the second case, no pictures could be exchanged, no phone calls could be made; if the friend came to town on business or vacation, you could not meet. Telling the friend almost always results in their feeling betrayed and "used", and in one case I know of, resulted in the crossdresser being kicked off AOL because of the emotional anguish they caused by their deception. So the warning is simply to make darned sure you allow no friendships to develop under that name, but just use it to see how others treat you in casual conversations. If you

sense a friendship starting to develop, either sign off of that name for good and switch to a new one, or be honest IMMEDIATELY so no one will be hurt later. Hope this helps!

How does one deal with a non-understanding wife and family?

This is a reprint of a letter I sent in reply to a cross-dresser who requested some thoughts on how to deal with a non-understanding wife and family. I felt the content may be of enough value to publish for others, however, I have deleted the name in order to insure privacy.

Dear (Anonymous)

This is going to sound a bit technical, which will probably be the last kind of thing you would expect in response to a very emotional problem. The difficulty with emotional problems is that you can't measure them with emotions. You can't measure something by itself. Here is the problem in terms of Reason. The problem is not your wife and the problem is not yourself. The problem is BETWEEN your wife and yourself. Now, this problem is not caused by the way she is or the way you are, but by the difference between the two of you. If she was married to someone who did not want to cross dress, no problem. If you were married to a woman who understood, no problem. This problem only exists because you cannot stop crossdressing and she cannot understand.

In order for the problem to be resolved, one of you must change. Sometimes people can change or grow, and sometimes they truly cannot. It is not blameful to be unable to change, it simply means that the area you cannot change about is too close to the heart of your personality, and as long as you remain YOU, changing is impossible. So what can be done? Well, you are probably convinced by this time that YOU cannot stop crossdressing. So for you to change is probably not an option. But your wife has only had a little time to adjust, so it is not certain if she will be able to change or not at this early stage. When time has passed you will know better about the answer to that.

But what if she cannot change? What is the solution? There are three ways to deal with every "unsolvable" problem. Since the problem remains, none of them is completely enjoyable, but there are no other options if neither party can change. The first way is for the two people to separate. Then, they are not in conflict because they do not interact. The second way is to avoid conflict by staying off the subject. Conflict does not occur because the subject that creates the problem is not brought up. The final way to deal with the unsolvable problem, is to continue fighting over it. Eventually, this may lead to the other solutions of separation, avoidance, or even in some cases, change by one of the people, thereby eliminating the problem.

I wish I could offer a "quick fix" for your problem, but there really isn't any. Yet there is hope. People do change in time, and even if YOU cannot change because the desire to cross dress is part of you, you wife may very well change because her attitude is probably not part of her, but more of a held opinion, and opinions change every day. The real key is the strength of the love you share, compared to the discomfort, the pain of change, the love she has for her parents, and many other factors. Also considering that love is seldom equally felt between two partners.

So, my best advice is to avoid conflict while you see if she grows to change. You will know when enough time has passed to judge that. Then, you can decide if there is hope to resolve the problem or if one of the other options is the best under the circumstances. Take care, keep hope, don't let one area of conflict taint the rest of your life. There are many other pleasant areas to focus on while you wait to resolve this one.

My husband is considering SRS. What can I expect in my relationship?

This is a letter I wrote to the SO of someone considering SRS, who was worried about what the future might hold. I have removed the personal references to maintain anonymity and title the letter with a new term I coined to describe the mate of transsexual partners.

"SRSO"

As you know, every marriage, every relationship is unique in many ways. So the things I will be talking about may or may not apply to you. However, perhaps some will. So, I'll share what I can about how Mary and I have dealt with transition through post-op.

Mary and I have been together 17 years. We have two children, a boy 14 and a girl 10. We both work, she at a job, me at a career in the movie biz. I started experimenting with hormones in 1987, but did not go on them

regularly until August 1989. Our married life had been one of smooth sailing, but not much excitement at all. We were both virgins when we married. Our sex life was sparse, and only rarely was it anything to write home about. There was a lot of fear of rejection on my part, so I gave up a lot of pleasure like Beatles music because she didn't like the Beatles (and so on with many other things).

My career was going nowhere, but only because I was self-defeating. I had a small business of my own doing video duplication and freelancing as a non-union writer director. Money started getting tight. We were heavily in debt. I got roped into some really bad deals and was forced to work 16 hours a day until 5 in the morning, and still we did not have enough to pay the bills.

I guess I had tried everything I could to find happiness OTHER than explore my gender feelings which I had suppressed completely for over 8 years. Finally, almost on a whim, I went out and bought a wig at Kmart. I liked the way I looked. I started taking little trips around the city and to local attractions in the summer of 1988, but did not tell anyone, especially Mary.

My mother died in January 1989, and that's when the dam broke on my feelings. I realized I was a workaholic who had forced himself to fail because I knew what I really needed in my life. I decided I had to know who I really was and began dressing again, and finally told Mary that I had to explore this side of myself. Mary never loses her cool. She was unhappy, but did not fight with me. She said she would deal with it as long as she could, then would give me the option of stopping or leaving. Each time I took a new step, she told me the next step would cost our marriage. But each time that next step came, she found she could accept it. That's kind of what happened with relationships as well. She does not like it, but she has learned to accept it. The benefits for her are that MOST of my time I spend here with my family. And that I have made a commitment to her as my Life Partner, that she comes first and always will. But that commitment is not that she is my ONLY relationship, just my first and forever one.

Since she was the only relationship I ever had, I found it very hard to get involved with anyone else. I have had only one brief fling before surgery, and three in the year and a half since. Mary and I still sleep together and cuddle, but do not make love. We tried that after surgery, but it was even a little less fulfilling than sex had been previously. We may try again some day, who knows. (Editor's NOTE: Since this letter was written, Mary and I are intimate partners on a regular basis again.) Still and all, sex does not have to be part of a Life Partnership. We share the house, the bed, the dreams, the future.

The hardest part for each of us was believing that we could have an open relationship without the risk of one of us leaving. We have no fear of that now. We share so much in our 17 years that no one could ever catch up to that for either of us. So, although she is lonely the nights I am gone, and I know I will suffer at first when she goes out with a guy and spends the night, we are 'growing in our love and our commitment every day. And we are growing as human beings, learning not to be as possessive, and to become ever more confident in the special feelings we have for each other that no one can ever share.

That is the heart of our success: that we believe in each others commitment so strongly that we no longer fear someone else taking away our partner. It took nearly four years to arrive at this point, and it continues to progress. And there were many fights and devastating scenes along the way. But it is working now, and it is worth all the suffering and compromise to get here.

Well, I hope this helps a bit. Email any time you have a question, or just want to share!

Contact Points

No matter how much material was crammed into this book, it could never be more than a starting point for those who are considering a personal journey of their own. Along the way, one of the first things anyone will discover is the surprising number of people who are traveling the exact same path. Their numbers are in the thousands, with literally millions standing by the side of the road, wishing they were on it too.

Transgender issues are no longer relegated to the courts, the couch, or the closets. Medical information regarding the very real physical causes of transgenderism is growing every day. In a way, what gender people experience personally is a reflection of what modern society is going through as a whole. We are all moving to be more open, more understanding, and more caring. And this goes far beyond the outdated concept of "tolerance" in which we hate something but allow it co-exist.

As more and more people emerge from their own shadows, groups of transgenderists gather at support group meetings, through publications, and online in the growing cyber community. As my part in this effort, I founded the Transgender Community Forum on America Online in July of 1991. From the first meeting in a private chat room which attracted only two other people, today's Transgender Community Forum boasts several thousand participants, and provides message boards, chat rooms, file libraries, and a sense of community to the online world.

I retired from hosting the Forum several years ago, but Gwendolyn Ann Smith who stepped into the position has done a remarkable job of carrying on the tradition and building on that foundation. In fact, the look and feel of the current forum is due to her untiring and inspired efforts.

So, if at all possible, I strongly recommend signing on to America Online. Once there, use keyword, Gender, to go to the TCF. (You can do this by using Control K on Windows or Command K on Mac and then typing in the keyword.)

If you can't get on AOL but do have access to the web, all you need do is use one of the popular search engines and look up the words, transsexual, transgender, or sex change. You will be surprised at the hundreds of extensive web sites devoted to the emerging gender community.

(Yes, I remember the days when I was afraid that typing words like that into a search engine would expose my secret to the world. But, unless you happen to have top secret government clearance, believe me, there is just too much traffic on the web for anyone to bother tracking you. And besides, with several thousand of us doing it, it's no big secret anyway, so give it a try!)

Still, my favorite web site is my own, naturally! You can reach it by going to <http://heartcorps.com/journeys/> Once there, you will find all kinds of informative and fun articles, essays, pictures, and links.

Don't be afraid to call you local Gay/Lesbian support association, as they usually have referral number for local transgender support groups. And, you can be sure they are quite concerned with keeping your inquiry private.

As a final thought, just stop by your local adult book store and look for Transgender magazine published by the International Foundation for Gender Education (I.F.G.E.) It is the premiere magazine for the transgender community with articles much like those in this book, as well as endless lists of support groups and contact points. If all else fails, you can write the I.F.G.E. at P.O. Box 367, Wayland, MA, or call them at (617) 899-2212.

In closing

In closing, let me urge you not to be afraid to explore your true self. Even if you come to decide that you have too much to lose in your situation to consider being more open, at least you will know who you are and not lie on your death bed wondering what might have been.

Don't give up and don't give in. Know that there thousands of us, and you are not alone. And know that no matter what your feelings are at any given moment, they will change. So follow your dream. After all, you only have one life. Why hold back?

Best wishes for all you hope to do and be

Melanie