

# TWENTY MINUTES

JANUARY 1991 THE XX (Twenty) CLUB

\$2.00

## Surgery on Demand - With No Apologies!

What does the term Real Life Test really mean? Oh, I'm aware of the party-line version. That recording we're all supposed to rattle off verbatim whenever we're asked about the RL.T. But I must wonder how TSs could ever fail a test that they have been studying for all their lives.

Yes, it can happen!

As a TS, and having been trying to partially relieve this gender dysphoria with some sort of solve by crossdressing over the years, it is insulting to have to prove to some shrink that I can make it in this world as a post-op by playing dress-up for a year according to the shrink's preferences and whims in women's fashions. This means no more cozy Levi's 501s, for if I wore them I must not be a true TS. Sure, natural-born females wear them. This is a professional opinion, however, so I must treat it as gospel truth. If I'm really serious about having SRS, that is.

And God forbid that I should have any sexual thoughts during that year. Or, at least not talk truthfully about them with my therapeutic interrogators. And I dare not even hint of them to any TS seeing the same shrink.

It is simply stupid that I should have to prove to anybody that I am what I have always been. I for one, don't need the positive reinforcement of any person to prove to me that I am a woman, or that I am Slovak, or that I really can speak Spanish. It is as morally unconscionable that I must have third party permission to be a complete woman as it would be if such permission were required for me to be a Slovak, or speak Spanish. I'm mad as hell! I'm a transsexual, and a person as well.

The world is fascinated by those of us who are called transsexuals. Ger-

aldo Rivera, Oprah Winfrey, and Phil Donahue have us as part of their continuing series of "The <insert your favorite descriptive noun here> and their family" programs. Yet not one person - including the transsexuals that appear on these shows - is willing to speak out for rights that are ours as transsexuals. Yes - transsexuals have rights, too! Among them is the right of surgery on demand.

A transsexual has to go through such a runaround and such bullshit to get where he or she has to go. It's easy enough for anyone to walk into a plastic surgeon's office and get their nose bobbed, or for an Oriental person to have their eyes made to look western, or even to have liposuction performed so that they can have the fatty tissue re-inserted in breast areas or even lips. Yet - let a TS seek reassignment surgery - you don't just walk in and spread 'em!

First you have to wade through a host of shrinks who tell you what you already knew. Then you do your tightrope walking act - and tell them what they've already decided they want to hear. Then comes the Real Life Test, where you have to live as the opposite (sic) sex for at least one year. (To quote a Texas TS, "Not 51 weeks... but one full year".) Still, after this one year test, you haven't made it yet. A board of recommendation (shrinks, again) must give you a final yea or nay before you can get to the surgeon. The best known surgeons will not operate without this recommendation. What, oh what, do you do after the year of Real Life Test if you don't get the recommendation? What do you do after two years, or five years, or ten or more

years?

With the previously mentioned conditions (nose bobbing, eye fixing...) no one asks those patients to go to a shrink to see if they really want to have a short nose. Do they require a person with a long nose live as a person pretending to have a short nose for a year? Does one ask a woman seeking breast implants to walk around padded for a year before she gets 'em? Hell no!

The ultimate irony comes when you compare gender reassignment surgery to one of today's most inflamed topics, abortion. A woman can walk into a surgery and undergo what is one of the most physiologically and psychologically traumatic medical procedures performed today on demand. She can have this done with no waiting period (real-life test?) and no counseling. Yet, a transsexual seeking a far safer procedure must endure far more bureaucracy. If you embrace the belief that abortion is the taking of a human life, as I do, and realize that for us, gender reassignment surgery is the giving of life, and in many cases prevents a senseless loss of life as the result of a TS's suicide, then how can it be that the more humanitarian gesture is the one that is more difficult, at times impossible to get. Even if you do not share my personal belief about abortion, you can still agree that is out of line that the operation that heals and is more 'psychologically' agreeable, i.e. elected of a person's free will as opposed to being a requirement due to an external event such as incest or rape, should be easier to obtain.

Much more rubbish comes from post-op transsexuals themselves. Though many may seem to be sup-

portive, they refuse to help other TSs on their way. While claiming that they know the names of doctors who will perform SRS on demand, they refuse to provide these names. In fact, they try to discourage other TSs with a constant barrage of innuendos implying that no one could possibly be true transsexuals except themselves.

What is the mystery here? Why won't they divulge what they claim to know? After all, IT can't be repo'ed.

Transsexuals are just seeking peace and calm in a life that has been off kilter for too long. To place any obstacles in our way is tantamount to denying water to a dying person in the desert or blood to the bleeding. Being fully cognizant of what it is, and willing to accept its results; we rightfully demand that SRS be performed solely on the basis of an agreement between transsexual and surgeon.

- Toni Lynn Pavick

(EDITOR'S NOTE...The above article reprinted from GENDER EXPRESSIONS, December 1989 issue.)

### IN THIS ISSUE

Is it too Easy to Get Sex Reassignment Surgery?  
by Sonia

A Visit to the Room with a View  
by Veronica Brown

## Transsexual Support

# TWENTY MINUTES

SUBSCRIPTION RATES:  
\$2 per single copy  
\$5 for 3 months  
\$20 for 12 months

THE XX (Twenty) CLUB, INC.  
PO Box 80690  
Forest Park Station  
Springfield, MA 01138

THE TRANSEXUAL SUPPORT  
GROUP OF NEW ENGLAND  
AND NEW YORK

## THE STAFF

Editor: *Becky Ann*  
Assistant Editor: *Sonia*  
Cartoonists: *Angel*  
*Robin R.*  
Contributors: *Veronica Brown*  
*Rupert Raj-Gauthier*  
Advisor: *Rev. Clinton Jones*

SPECIAL THANKS to Patti for her hard work in putting together the Christmas Party. She did a lot of running around and the food was great and the decorations were a nice touch. Let's have her do again next year, shall we?

*All the news that's print to fit.*

This newsletter is funded entirely through subscriptions and the sales of educational materials. All written contributions welcome. A backlog of material may prevent the immediate publishing of submitted articles. The XX Club, or its members are not responsible for the opinions expressed or accuracy of information provided by the writers of unsolicited or solicited materials. Parts of this newsletter may be reproduced provided source credit is given. *Twenty Minutes* was founded by Veronica Jean Brown.

## CLUB CALENDAR

### MEETINGS

Saturday, Jan. 12  
Saturday, Jan. 26  
Saturday, Feb. 9  
Saturday, Feb. 23

Regular meetings of the XX Club are held the second and fourth Saturdays of the month at 2 PM sharp to 5 PM.:

Christ Church Cathedral  
45 Church Street  
Hartford, CT 06103

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

YOU'VE READ THE  
NEWSLETTER



NOW BUY:



TWENTY MINUTES  
(The Video)

(As seen at the Christmas Party)

A forty minute collection of hilarious scenes of gender (TS/TV) related footage that is as educational as it is entertaining. Use it to break the ice with family or friends.

Just \$20 covers cost and postage.

Make check or money order (in US Funds) payable to:

THE XX (Twenty) CLUB

## TREASURER'S \$

### REPORT

Balance - from November \$1895.49

#### INCOME:

Collections - meetings	4.50
Newsletter subscriptions	132.00
Brochures & Reprints	54.00
GF sales	6.00
Video sales	41.00
Printing fees	2.00
Printer sold	100.00
Donations	45.00
Savings interest	8.39
Total Income	\$392.89

#### EXPENSES:

PO Box Rental	36.00
Refresh./Christmas Party	120.01
Donation to Christ Church	100.00
Newsletter & brochures	79.51
Postage	59.50
Supplies	40.53
Video Production	29.99
Bank Fee	2.85
Total Expenses	\$468.39

Net Loss for December \$-75.50

Balance - end of December \$1819.99

## When a Change is Needed

I know that there is some change needed in my life and affairs, God, for I feel so dissatisfied and unfulfilled. I need to get out of this rut. It is pleasant in some ways - it is easy enough, I do not feel challenged any longer - I am performing by rote. My rut is worn smooth and well, and while I am bored, yet there is a certain amount of security in the known.

Give me even greater security in Your love, God, so that I may lift myself from this place into another that needs my built-up experiences and my confidence. All life is growth and perhaps I feel unfulfilled because I have no more room in which to grow in this present situation.

Use me, God, wherever I am needed to expand Your kingdom in some way. I give thanks for my right place, which will add excitement, joy, enthusiasm, and greater meaning to my life.

(Reprinted from *Very Practical Meditation* by Serene West, The Donning Company/Publishers, 1981)

# Is it too Easy to Get Sexual Reassignment Surgery? (Rebuttal to "Surgery on Demand - With no Apologies")

By Sonia

Just what is the "party-line version" of the definition of the real life test? The real life test is used to ensure that a candidate is emotionally ready to live as a female for the rest of her life. Furthermore, it is a time during which one must work out most of the "TS junk" in her life and find her true self. The Real life test enables her to see for herself if living as a woman for the rest of her life is REALLY what she wants BEFORE she makes it permanent with SRS. The vast majority of people who seek help for transsexualism end up opting for non-surgical methods such as transgenderism or even realizing that they can be satisfied being transvestites. The latter being quite happy that they did NOT just run off to Casablanca or Mexico in a fit of irrationality. In my own personal view, I WISH that I could have been happy living as a transvestite male. It would have made my life up to this point much easier, avoiding the misery and suffering that I have had to put up with all of my life. The simple fact of the matter is that if you want surgery bad enough, if you stick with it long enough, you WILL get the surgery. The only purpose of the gender clinic is to make absolutely sure that SRS is necessary in each case. Let us also not forget how lawsuit-happy a culture we have. Many SRS surgeons and gender clinics have been shut down by dissatisfied customers who insisted that the doctors didn't do enough to discourage them!

Nowhere in the Standards of Care does it mention that you have to wear dresses and makeup and high heels like June Cleaver. In fact, quite the opposite, it is more in keeping with the patterns of true transsexualism to get to the point where you do not feel that you NEED to wear a dress to be a "real" woman. If you want to wear 501's, your shrink is not going to say, "Oh, well, that isn't 'femme' enough for me... you cant have surgeryll!" It MUST be understood that transsexualism is not about dressing, it is about how you feel about your body, end-of-discussion.

While it is not a crime to enjoy your sexual activity, it DOES seem strange when someone who CLAIMS to hate their male parts enough to want them removed is going around using them like they were going out of style. One of the main reasons that one opts for SRS is a complete dissatisfaction with their male anatomy.

Let's get our priorities straight here... there are actually TWO basic reasons why transsexuals go through the transition: 1- The desire to have a body corresponding with their chosen sex. and 2- The desire to LIVE the rest of their life as a member of that chosen sex. You cannot expect to EVER attain SRS without having both of these things. ANYONE can just rattle those answers off to their board of recommendation, but it is quite a bit different

when you have to actually go out and prove it. Remember the saying, "Easier said than done."

On the issue of transsexuals and the media; the problem with Oprah, Donahue, Geraldo, etc... is that the people that they get to appear on their shows are oftentimes FAR from typical examples of transsexuals. They are usually either semi-famous beauty queens who got "exposed" by someone else in the media, (as in the case of Caroline Cossey (Tula)) who figure that they may be able to use these shows to set the record straight. Or they are the status-seekers: people who are simply looking for attention. Transsexuals should not have the right to surgery on demand!

SRS is often times wrongly confused with cosmetic surgery. Cosmetic surgery alters what is already present in subtle ways, is many times reversible, and is not usually MAJOR surgery. The SRS completely removes one bodily organ and extensively rebuilds and reshapes it. You end up with a COMPLETELY different organ. SRS reversals are experimental, difficult, and the results never function the same way as the original.

"Shrinks" are not in the practice of TELLING people anything. For the most part, their job is to listen & observe. Psychiatrists and Psychologists are trained to LISTEN for what you are SAYING, not just hearing your words. If you don't want to live as a woman for a full year, then do you really expect to be able to cope with it for the rest of your life? After one year, if you are still convinced that you want surgery, you still may not be ready. The "shrinks" are looking not at how well you "pass", but at how you now view your surgery, and how your life is developing. "Does she still think that surgery is going to solve all of her problems?", "is she still thinking of herself as a transsexual?", etc... If you have been living as a woman for 5 years without getting "The recommendation", then the review board has a very valid reason for keeping you from surgery. The Benjamin Standards of Care were not thrown together arbitrarily. There is a very good reason for EVERY WORD being there, and if you don't meet one or more of the requirements, you stand a very good chance of committing suicide if given surgery at that time. Notice I said, "at that time", the decision to deny SRS is not etched in granite. The review board will TELL you WHY they denied your request, or at least point you in the right direction. It is then up to you to correct the problem and go back for review. The gender clinics do not ask you to PRETEND to be a woman for a year. They ask you to live your life TOTALLY as a woman for AT LEAST ONE year BEFORE SRS, and to continue FOR THE REST OF YOUR LIFE.

The abortion issue is not relevant to the

discussion of SRS, but I would like to counter some of the claims presented. #1- Sexual reassignment surgery is MAJOR surgery.. no two ways about it. You are under general anesthesia, you require blood transfusions, and you will not fully heal for 6 months. (the first month of which you will be unable even to work a 40 hour week.) Abortions on the other hand, are often performed as outpatient procedures with local or no anesthesia. When speaking of the stress brought about by abortions, consider the fact that NOT being allowed an abortion can have a detrimental effect on the rest of a woman's life. #2- If one does not receive an abortion in the first trimester, she will be at significantly more risk from the procedure, not to mention the many laws and restrictions on abortions after this time. #3- With the statement, "...How can it be that the more humanitarian gesture is the one that is more difficult...", the author placed a moral judgement upon the validity of an abortion, the same could be said (and has many times) of SRS.

The surgeons who perform SRS "On demand - with no apologies" are butchers that will, likely as not, leave you dead from post-operative infections, or at best give you an under-sized and non-functional vagina. Giving someone the address of one of these "doctors" is in no way helping them. Wishing to short-cut the approval process only shows that you are NOT in any way mature enough to understand the true gravity of the surgery that you claim to need. I ask anyone who does know these addresses, PLEASE DO NOT pass that information on to others.

The "obstacles" that we must overcome are there to help assure that we do not make a preventable but irreversible mistake. Keep in mind that out of ten people who begin the journey toward SRS, only one will receive the surgery. This is not because surgeons are discriminating against 90% of us, but rather because only 10% still WANT surgery after hormone therapy, Psychological counseling, and the RLT. If you truly want SRS, you must be persistent, you must be willing to brave the outside world, and you must find a way to pay for the surgery. If you want it bad enough, be patient. If it's right for you, you will get it.

*I'm part of the  
Away Team*

## A VISIT TO THE ROOM WITH A VIEW

by Veronica Brown

On December 10th, 1985, I was the fifth American transsexual to go through Michelle Hunt's sex re-assignment surgery program in Brussels, Belgium. In the three weeks a friend, Becky, and I were there, four days were spent recovering from jet-lag and sight-seeing, six days were in the hospital, five days were spent back in the hotel for relaxing and recovery and the remaining seven days were enjoyed with more sight-seeing in Brussels.

When I first read the ROOM WITH A VIEW article by Michelle Hunt, RN in the *Phoenix* last year, my immediate thought was, "My, what a heartwarming success story. Isn't it nice good things happened to other people?" and added this account to my memory with the rest of the happy ending surgery stories of the other transsexuals I had heard about. The time and place of my own sex re-assignment surgery lay in the uncertain distant future.

In March of 1985, a letter arrived from England and I was elated to have my first foreign penpal. The writer was Michelle Hunt, a transplanted American from Illinois now living in Kenilworth. Several letters were exchanged and Michelle mentioned her article, THE ROOM WITH A VIEW. I then realized to whom I was writing.

That same month, I did something daring. After attending several meetings of the XX Club, the local TS peer support group in Hartford, CT, I severed ties with my transsexual counselor in New York and applied for admission to the Gender Identity Clinic of New England. At the April board meeting, I was accepted for hormone therapy and received conditional approval for surgery. As I had been on hormones for three years with my New York City endocrinologist and had been cross-living full time for over a year, it was easy to meet the criteria of the clinic.

I met Becky, a pre-op transsexual from the Springfield Area, at the XX Club and we became good friends. In May, I moved into her home and the next day left for the Tiffany outing in Provincetown on Cape Cod. Becky had received surgery approval in April and was in touch with a surgeon in New York. She planed to have her surgery done by June.

Michelle Hunt and I became regular penpals and we exchanged a great deal of information. We came to know each other well and I was impressed with her plans to provide a low cost surgery option in Brussels for American transsexuals. With all I had been spending on electrolysis, medical and counseling fees, my savings were nearly non existent, but I looked to Brussels for my surgery in 1986 or 1987.

In July, Becky asked for her \$1500 deposit back from the doctor when she could not get a confirmed date. During one of our Saturday trips to New York City, she read a newspaper article about the closing of a bankrupt New York hospital. Her surgeon lost his hospital and retired from performing sex re-assignment surgeries. Becky wrote to Dr. Biber, her second choice, in Trinidad, CO.

I kept Michelle informed of this and on August 7th, she called from Atlanta to say she had two open surgery dates in Brussels for late November or early December. Were we interested? My own funds were less than a thousand dollars and this would be needed for airfare and the extra \$500 Michelle advises to bring along in case of complications. Becky had a good paying job and had been saving for years. She offered to loan me \$2900 so we could go to Brussels together.

Michelle toured the States during the summer and stayed with us for one night. We took her to the XX Club meeting on September 14th and she presented the Brussels Program to the club. She was not well received and was treated with suspicion and indifference. Some even accused her of running a con game and warned Becky and me to check into her program and the doctor's credentials before deciding. Michelle appeared at the Tiffany Club to present her Brussels Program and again faced some opposition and suspicion. The Brussels program seemed too good to be true but I had a good feeling about Michelle and the program.

The skeptics demanded the surgeon's name. And how could a \$2900 surgery be any good since the cheapest American operation was \$6500. Lest we forget, the first successful, widely publicized surgery was not done in this country. The Brussels surgeon is well known in Europe as Dr. Biber is here. He works through referrals and Michelle Hunt handles the pre-screening and channels the referrals to him. The surgeon is busy and does not want a deluge of mail on his desk from curious American transsexuals. As for the cost, socialized medicine allows a per day hospital stay of eighty dollars. Other medical services are priced accordingly.

Michelle returned to Brussels with our dossiers in mid-September. She gave us the names of several professionals in the gender field to contact as these people could verify the surgeon's credentials. Several weeks later, she called from Brussels to say we were accepted by the surgeon. We sent our \$500 deposits to Michelle to cover initial setup expenses and were instructed to bring the balance of \$2400 with us in traveler's checks. Our round trip airfare (from Hartford, CT) from Newark to Brussels was \$371 each. We flew via PEOPLExpress 747 and arrived on December 6th. Michelle was there waiting for us at 8:30 AM as she promised. After checking us into the hotel, we visited 'Lori' and 'Monique', two Americans from New England who had their surgeries done on the 29th of November. They had been released from the hospital on Thursday, a day early. They showed some discomfort but Becky and I were amazed at how lively and mobile they were.

Michelle, Becky and I had lunch at a little Italian place across the street and went food shopping at GB, a local chain store. Michelle paid for everything and I hoped there would be enough left for our surgeries.

Our second full day in Brussels was Saturday and though we still had some jet-lag, nothing would deter us from enjoying the eights. We had lunch at a buffet style restaurant at City 2, one of the finer shopping malls in Brussels. The mall has three levels and was similar to some American malls I had been to. Most everyone was well dressed and while the shoppers and store clerks spoke

French and all the store signs were in French, Becky and I felt comfortable. Michelle had an afternoon appointment to have her nails done and she left us alone to explore. The mall had six cinemas and we decided to see *La Cage Aux Folles 3*. The admission was 180 francs, or \$3.60 American. I handed a thousand franc note to the ticket seller and got back a handful of bills and change. Becky had two hundred francs ready but when she saw the large amount of change I received, she was confused and for several moments, stopped the flow of the line. We were the strangers in a foreign country and while things were confusing at first, we enjoyed an unforgettable adventure.

The theater was large and clean, and seemed in accordance with the neat dress and politeness of the movie patrons. Compared to what I was used to in the States, I knew I wasn't in Kansas anymore. *La Cage Aux Folles 3* was in French with Flemish subtitles but we followed the story line with little difficulty.

That night we went to the Grand Place and our reserved tables at Chez Flo. Our gourmet dinners for three came to \$96 and the two and half hour F.I. show was a colorful, Broadway style musical spectacle. One of the cast members was a gorgeous twenty-two year old, slender pre-op TS with long blonde hair. I looked at my own forty year old frame with the extra pounds and the graying hair. Why couldn't I have done this at that age?

The events of Sunday morning and afternoon are detailed in an article titled, SORRY CHARLIE, but that evening while Becky retired to our room to watch television, I went with Michelle to the Scotch and Tonic, her favorite local pub. She introduced me to her friends, two of them were from England and we took turns buying rounds. I acquired a taste for the heavier European and Canadian beers but I drank too much of Stella Artois, the local popular brew. The alcohol crept up behind me but Michelle steered me back to the hotel and got me tucked into bed. I didn't have a hangover the next day but nothing would stay down, not even water.

I was back to normal by late afternoon, a good thing too since we arrived at the hospital for check in at 4 PM. Michelle handled everything and seemingly large amounts of Belgian francs passed from her handbag to the nurse at the reception desk. Our passports were checked and papers signed. In ten minutes we arrived in room 207. We had x-rays, and EKG and received identical physical examinations by several doctors and interns. Blood samples were taken and a test was done to determine blood clotting time. Dinner was soup, bread, pudding and coffee. Some of the staff spoke a little English and even for those who didn't, communication wasn't a problem.

As I recently had my first commercial jet flight and had nothing to compare it to and my previous hospital experience was at the age of twelve for tonsils, I was impressed with the hospital staff. They showed a degree of professionalism and caring that nearly overwhelmed me. Becky and I were foreigners in their country but that didn't matter. We were patients in for a routine and were treated accordingly.

I took my tranquilizer and sleeping pill after Michelle left and slept right through until my alarm beeped at 6 AM. The nurse gave me the pre-op shot at 6:30 and it burned momentarily. Michelle arrived at 7:05 AM and checked us out to make sure everything was in order. At 7:23 AM, the nurses came with the gurney and I said my good-byes to Becky and Michelle. Away I rolled to meet the surgeon.

The operating room was a pleasant green and windows covered the wall on my left. I noticed the heart monitor CRT and heard the little beep each time the asterisk flashed. The surgeon appeared and I easily recognized him behind the surgical mask. He asked if everything was alright and could he proceed. I smiled and said yes. I never felt the needle enter my left arm but I noticed someone to my right. Turning my head with much difficulty, I saw the face of the anesthesiologist close to mine. She asked in English if everything was alright. I said yes. So many people were standing all around me and my legs hung over the end of the table. They moved in slow motion and I felt calm, peaceful and...

I awoke as the gurney gently bumped against the doorway of room 207. It was 10:45 AM. Becky was sitting up and I saw Michelle at the foot of my bed. Then I was back in bed and Michelle was by my side, gently stroking my face. She whispered, "It's all over Veronica, it's all over. Everything is fine." I glanced to my left and saw the nurses helping Becky on the gurney. She seemed to be going somewhere. I smiled at her and felt Michelle's hand still stroking my face...

I woke up again in the afternoon. Becky was back in her bed and Michelle was there, an eager mother with two newborns. I had a second birthday now, one in November and one on December 10th. On the day of our arrival in Brussels, Michelle kept telling us over and over, "this is it kids...it's really happening, it's really happening." I managed a weak smile and looked at Michelle, "this is it? It's really happened? It's all over?"

Michelle described the pain of her surgery the year before as having a penis on a fish hook. Mine was more like someone had run a flamethrower over my crotch. I wouldn't call it agonizing pain, it was more a very serious discomfort. We were allowed three doses of pain killer every twenty-four hours. I needed no shots during the first three days and slept on and off. Becky was awake for thirty-six hours and needed every shot allotted to her. By day four, we both needed a couple of shots to get to sleep at night. While each of us perceive life's experiences through different eyes, I will say, for me, the total pain of my sex-reassignment surgery was less than I had expected, but knowing what I do now, if I had to go through it all again, I would do it.

We had a color cable television with remote control in our room and we soon discovered the better programs were on the local Belgian and French channels. BBC 1 and BBC 2 had a few good shows but most of their programming was terrible. Several times, a nurse would come into the room to see us watching something in French or Flemish and tried to get BBC for us. We picked up enough French to say BBC was terrible and she thought this amusing. European television uses a finer scanning system than the States and we watched

one episode of *Star Trek* on BBC, 'A piece of the Action' with such detail and clarity, I had never fully appreciated the quality of the sets.

Michelle visited each day and on Thursday, brought Lori and Monique. They were pleased that we were doing so well. They were leaving soon and we were glad to see them. One could not tell they had surgery just twelve days earlier.

Becky and I faithfully ate the hospital food and drank the several liters of mineral water daily, but by the weekend, when Michelle smuggled in some chicken McNuggets from McDonald's for Becky, even I, a vegetarian, couldn't resist the fish filet she brought for me.

The I.V. was gone, as were the drains from the lips of our new vaginas. Only the urine bags remained as the final part of our life support system. By Saturday, we were told we could leave on Monday, twenty-four hours ahead of schedule. On Sunday morning, Becky hobbled to the other end of the hall to attend Catholic mass in the chapel. I remained in bed writing letters. A sudden chill caused me to stop writing and pull the covers to my chin. After several minutes of uncontrollable shivering, I knew I was in trouble. A ring on the buzzer brought a nurse to the room within seconds. She could do nothing for me, left and returned with two more nurses and a doctor. These nurses had cared for us all week and there was concern in their faces. My shivering continued for some time and my muscles ached. I thought my leg bones would fall out of the sockets from all the shaking.

Almost magically, the surgeon appeared. He had been out jogging and wore his running suit. He asked why I was doing this to him, adding he didn't allow his patients to get sick. His sense of humor and gentle bedside manner were exceeded only by his skill in plastic surgery. They took a blood and urine sample. Gradually the deep chill left me and I stopped shivering. I felt as though I had done advanced aerobics for two hours. After the chill came the fever, which at the peak, reached 103.8 degrees by 1 PM. By 4 PM I was back to normal and my lab tests proved negative. Becky was leaving the next day and I was determined not to be left behind.

Becky's urine bag catheter was removed but as a precaution, the doctor left mine in. He gave instructions for Michelle to remove mine on Tuesday morning in the hotel. By 1 PM on Monday, the three of us were in the lobby, waiting for the taxi Michelle had called. She used the strap from her camera to fasten my urine bag under my skirt. The taxi driver was familiar with picking up fares from the hospital and drove carefully back to the hotel. We collapsed into our beds and Michelle tucked us in. Everyone on the hospital staff had treated us extremely well, but it was good to get back to the hotel room and our own kitchenette stocked with our favorite foods. I had been craving some yogurt with fruit all week.

On Thursday, we went to the doctor's home and he removed some of the stitches and changed the lower vaginal packing. Becky and I both wore jeans and he was surprised. We still had some discomfort but the swelling wasn't too bad and our jeans were loose fitting. We had cabin fever by the end of

the week and Michelle allowed us to venture out into the streets of Brussels again. It wasn't apparent to us then but she was methodically exercising us each day, helping us to get our strength back.

On December 24th at 2 PM, the doctor removed the remaining stitches and the internal packing. He explored my new vagina with a gloved, well lubricated finger and gave instructions for dilating. Michelle had been right all along. She said once the remaining stitches were gone, we'd be able to walk upright again. The doctor typed out our graduation papers and wrote several letters to be presented to an American doctor when we returned to the States. The three of us had an early dinner and explored another one of the shopping malls in Brussels. After returning to the hotel we both had some energy left to walk Michelle back to her flat. We said good night and it was Christmas Eve.

We walked slowly along the Chaussee Der Vleurgat and though it was dark, many of the shops were still open. It was warm enough for the florists to leave bouquets of flowers and Christmas plants outside on sidewalk racks. Doors were open in some of the food shops and all kinds of vegetables were on display outside. Though it was Christmas Eve, no one seemed in a hurry. There were many signs of the Christmas holiday all over Brussels, but without the frantic commercialism we were used to. It was Christmas Eve and we arrived back at the hotel.

Becky and I appeared at Michelle's flat at 1 PM. She had been up early preparing our Christmas dinner. There was no tree or presents, but I had one of the best Christmas dinners ever. It was Christmas day 1985 and I had received the best present of my life.

We packed our things and Michelle checked us out of the hotel. A brief twenty minute taxi ride returned us to the airport and after a light lunch, Becky and I exchanged the remaining Belgian francs for some strange green currency called dollars. We said our final good-byes and stepped through the door of Passport Control, leaving Michelle on the other side of the glass wall. I put my luggage in the X-ray conveyor and stepped through the metal detector, I turned back and Michelle was gone.

There is a \$2900 sex re-assignment surgery (excluding airfare and phone calls made on our own) available, in Brussels, Belgium for qualified American transsexuals. Michelle Hunt provided us with an itemized bill plus all receipts from the hospital and hotel. She made all the arrangements, the hotel reservations, paid all the bills, paid for all transportation and even took care of tips. Both Becky and I are completely satisfied with our surgeries. The most important factor in this experience is that Michelle Hunt provided such a unique, caring service to the patients of the Brussels surgeon. The hospital stay was shortened by five days because Michelle provided out patient nursing care. She was a travel agent, a tour guide, interpreter, nurse and most important, a friend. She has been on the other side of the bed. She knows what it was like.

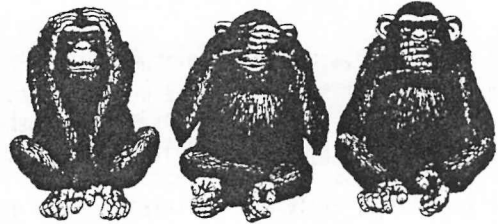
Michelle Hunt's room is on the other side of the hall and the view from that room looks out into a charming courtyard. Our room overlooked the street and even in early

December, we had the window open just as she did. Perhaps the view from our room was a little different from hers, but not really. Both views marked the end of a chapter, and the promise of a brighter future and a means for a better way of life.

(EDITOR'S NOTE...This article originally appeared in the GGA *Phoenix Monthly - International*, April 1986 issue. Keep in mind that because of inflation and the devaluation of the US dollar on the European exchange, all prices for the surgery, hospital and hotel stays are considerably higher now than in 1985. Also, Michelle Hunt now lives on a house boat in Florida and any American going to Brussels must make her own arrangements with the doctor and the hotel.)



(Becky and Veronica wave from their bedroom window at Saint Joseph Hospital moments before returning to their hotel.)



Watch What You Say!

In the course of your conversation each and every day,  
 Think twice, try to be careful of what you have to say;  
 Your remarks may be picked up by someone's listening ear,  
 You may be surprised at what some people think they hear.  
 Things that you innocently say, or try to portray,  
 Can be changed, and greatly exaggerated along the way;  
 Many stories change for the worse as they are retold  
 So try to keep any questionable remarks "on hold."  
 May I give all of you some very sound advice?  
 When you speak of others, say something nice;  
 Try to say good things, regardless of who is around,  
 If you have nothing good to say, don't utter a sound.  
 You may find that an innocent remark, in the end,  
 May lose you a close and valued friend.

—Henry Lesser

PARADE'S SPECIAL

Intelligence Report

In England, Still a Man



Tula outside court in Strasbourg—and (on far left) with Roger Moore and 007 girls

Tula, one of Britain's top models, has lost her six-year legal fight to be accepted as a woman. The European Court of Human Rights in Strasbourg, France, has ruled that the dazzling, green-eyed beauty—who underwent a sex-change operation in London's Charing Cross Hospital in 1974—is a man.

The 6-foot golden blonde, who worked with Roger Moore in the 007 film *For Your Eyes Only* and has posed for countless magazines, began life 36 years ago as Barry Cossey in Brooke, an English village near Norwich. During his teens, Barry realized he was more at home in his mother's dresses than in boys' clothes. In 1973, Barry changed his name to Caroline Cossey. A year later, Caroline began sex-change surgery, gradually developing a full-fledged feminine anatomy. Soon she established a

lucrative modeling career, took the name Tula and sought to legalize her transsexuality.

Under British law, however, a birth certificate is held to be an historic document, and the sex of its owner cannot be changed. In 1984, wanting to marry, Tula applied to the European Court of Human Rights to alter the sex on her birth certificate—something the British courts had refused to do. The European Court ruled that British law remains inviolate in Tula's case. One British-born man cannot marry another British-born man in Britain, and Tula remains such a man.

Nevertheless, last year Tula "married" a wealthy businessman, Ellias Fattal, whom she had met and nursed in a clinic specializing in Oriental medicine. Twenty-four hours after their honeymoon's end, however, Fattal called it quits. "I am," Tula says sadly, "the victim of a trick by nature."

## INTELLIGENCE TEST

by Sonia and Aragon

It is an interesting and popular fact that your beloved assistant editor (me) has a photographic memory. This rare skill allows an individual to recall written words verbatim. So, having just returned from Dr. Higgins's office where I was given the honor of taking the clinic intelligence test, I thought I'd share it with you. I feel that it is very important to give everyone out there all the help possible in short-cutting the gender clinic bureaucracy.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Gender Identity Clinic Intelligence Test

-Comprehensive-

Instructions: Read each question carefully. Answer all questions. Time limit-2 hrs, 50 min. Begin immediately.

## 1. Sociology

Estimate the sociological problems which might accompany the end of the world. Construct an experiment to test your theory.

## 2. Biology

You have been provided with a shoe box containing, in powdered form, all chemicals necessary to sustain a living organism. Create life. Estimate the differences in subsequent human culture if this form of life had developed 500 million years earlier. Explain its probable effect on the English parliamentary system. Prove your thesis.

## 3. Music

Write a piano concerto. Orchestrate and perform it with flute and drum. You will find a piano under your seat.

## 4. Political Science

There is a red phone on the desk beside you. Start World War III. Report at length on its socio-political effects, if any.

## 5. Engineering

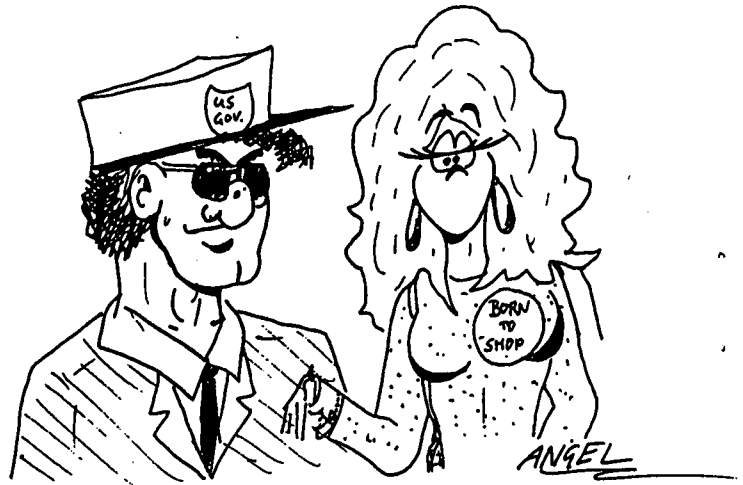
The disassembled parts of a high powered rifle have been placed in a box on your desk. You will find an instruction manual, printed in Swahili. In 10 minutes, a hungry Bengal tiger will be admitted into the room. Take what ever action you feel appropriate. Be prepared to justify your decision.

## 6. General Knowledge

Describe in detail. Be specific.

## 7. \* Extra Credit \*

Define the Universe. Give three examples.



AFTER TAGGING, TRANSSEXUALS ARE RETURNED TO THEIR NATIVE HABITAT. THEY ARE PERIODICALLY MONITERED FOR MIGRATORY PATERNS, EATING HABITS, AND BUST SIZE

As I am now the Community Liaison for the XX Club, I think it important to have an agenda. (Not to mention the fact that I can pass this off as my list of New Year's Resolutions thereby avoiding the traditional swearing off and subsequent return to Twinkies and Coca Cola) Anyway, here it is:

### Sonia's 10 Points of Light Agenda.. for the office of Community Liaison Officer of the XX Club.

- 10- Use my position to get invited to all of those I.F.G.E. parties for free
- 9- Book Boy George as a guest speaker and poster child
- 8- Set up a recruiting booth at all of the local shopping malls
- 7- Instigate impeachment procedures against our beloved club president
- 6- Establish an expense account for the Community Liaison Officer
- 5- Do lunch with George Bush
- 4- Meet Mr. Right while cruising the college lecture circuit
- 3- Get the XX Club listed in the AAA guidebook as a point of interest
- 2- Stay as far away from Donahue, Sally, Geraldo, etc... as humanly possible
- 1- Learn to spell the word "Leaision" before resigning in disgrace



## GENDER BLENDING: CONFRONTING THE LIMITS OF DUALITY

by Holly Devor  
Indiana University Press, 1989

Reviewed by Rupert Raj-Gauthier

Gender - social construction or biological organism? This Nature versus Nurture controversy has been waging for sometime now, both in the minds and the labs of natural and social scientists alike. Quite a few books have been written on the subject of sex and gender, and a few others have even addressed cross-gender phenomena and transsexualism, but precious few have focussed on androgyny or gender blending, and even still fewer on androgynous or gender-blending females. Until now, that is.

Sociologist Holly Devor provokes us to re-think our concepts of gender and gender identity as she presents her innovative study of 15 gender-blending women in this intriguing report. Approaching her research investigation with a feminist bias, she constructs a theoretical model that explains gender as a social distinction that is related to, yet separate from, biological sex. Devor postulates gender is a status learnt by demonstrating the culturally-defined insignia of the gender class one identifies with.

GENDER BLENDING examines some of the ways in which these women look and act masculine - to the point where they are very often mistaken for men (mostly heterosexual, but also, at times, gay men or transvestites), and the reasons why they have come to reject, in varying degrees, the traditional feminine gender role but not their femaleness or womanhood. The author clearly distinguishes these individuals from other sex-variant classifications, such as: hermaphrodites, transsexuals, and transvestites, defining this new group of "gender blenders" as:

"[P]eople [who] indisputably belong to one sex and identify themselves as belonging to the corresponding gender while exhibiting a complex mixture of characteristics from each of the two standard gender roles.... [so] that people who do not know them personally often, but not always, mistakenly attribute them with membership in a gender with which the gender blenders themselves do not identify, i.e., females who think of themselves as women are mistaken for men.... [T]hey do not consciously attempt to project confusing or misleading gender impressions, although they may, under certain circumstances, allow mistakes to stand uncorrected."

From interviews with her subjects, Devor discovered that one of the primary reasons these women chose to appear and behave more like men was to minimize their vulnerability as females in a male-dominated world by negating, or at least neutralizing, their femininity. This survival strategy stems back to childhood, when, as young girls aware of their secondary status in society, they became tomboys in an attempt to prevent potential sexual or physical abuse. Tomboyism, as an effective, early coping mechanism, continued to persist into adulthood such that now, as gender blending women, their sense of self-identity is neither feminine nor masculine, in the way our culture prescribes these roles.

Devor addresses the key components of sex-specific clothing and cross-dressing activity in these gender blending females as she presents their personas and perspectives to the reader. Overall, these women preferred to wear androgynous or mannish clothes, such as: jeans or casual slacks, plain man-tailored

shirts, T-shirts or sweatshirts, and running shoes, work boots or other flat-heeled shoes. Only four of the women reported they would ever wear dresses or skirts and seven said they would feel foolish if dressed in typically feminine attire. All but one woman wore short, very plain hairstyles, only two wore any make-up at all in their everyday lives, and few of the women wore any jewellery. Some of them equated ultra-femininity with "drag queens", and seemed to imply that feminine women look like prostitutes or transvestites.

Devor's study also focussed on the relationship to sexual orientation, and in the course of her research, she found 11 of the subjects to be exclusively lesbian at the time of their interviews and four to be strictly heterosexual. These four women, however, were reluctant to enter the world of heterosexuality. One "liked boys as playmates, not as dates", another woman "just wasn't interested in guys at that time", and the two other women avoided dating by not thinking of themselves as adult women. Two of the "straight" women had a sexual attraction to hypermasculine men. One of these preferred "real men, tall, muscular, physical", with a dislike for "wimps", and the other wanted a mate who was at least as masculine as herself so they could share her favourite male activities.

In addition to looking at the ways how sexual preference might affect gender blending behaviour in these 15 women, Devor also measured her subjects on the variable of gender identity - searching for possible traces of a cross-gender identity, i.e., female-to-male transsexualism. The research data showed three of the women had seriously considered changing sex by means of surgery at some time prior to their interviews because of doubts about being "real"

women and uncertainties about their core identities as females. The eventual adoption, however, of a lesbian identity as a mannish woman (providing an option somewhere in between man and woman), together with the timely support of a lesbian sisterhood that allowed them to be non-feminine, yet feminist, women, ultimately freed these masculine women from the temporary belief they were transsexuals. Furthermore, their new feminist persona served to replace their earlier self-image as second-class citizens with a new sense of self - as masculine females who were actually superior to men.

Fellow anthropologist and feminist, Anne Bolin, (author of IN SEARCH OF EVE: Transsexual Rites Of Passage, 1988), credits Devor's work as "a major contribution to the understanding of gender." This reviewer shares this sentiment and guarantees readers will find this book to offer ample food for thought on the issue of gender for some time to come.

Holly Devor, PhD, taught Women's Studies at Simon Fraser University, Burnaby, B.C. and currently teaches statistics at the University of Victoria, Victoria, B.C. Her next research project is a book on female-to-male transsexuals which this reviewer awaits with anticipation.

GENDER BLENDING sells for \$13 and is available either from: Indiana University Press, Tenth & Morton Streets, Bloomington, IN 47405; or, IFGE, Box 367, Wayland, MA 01778. (Please add \$1.50 for postage).

Rupert Raj-Gauthier, BA (Psych.), FR, Director of GENDER WORKER, has reviewed more than 15 books, tapes and films on cross-gender identity, male and female transsexualism, and male transvestism. Some of these reviews have been published in The Tapestry and similar publications.

## Mother's messing up boy's sexual identity

By ANN LANDERS

Dear Ann Landers: This letter will sound bizarre and I'm sure most of your readers will think it was made up by a student at Yale. Every word is true, so help me. I am praying that you will print it because my wife refuses to listen to me and I need some help with this problem. She respects you, Ann.

"Susan" and I have been married for seven years. We have a 6-year-old son and cannot have any more children. She was hoping for a girl and was deeply disappointed when "Jack" was born. Susan has treated our son like a girl from the day he came home from the hospital. She dresses him in frilly pinafores and puts ribbons in his hair. My family thought Susan was nutty at first and told her so. She threatened to keep them from seeing "Jackie" if they continued to be critical, so they caved in and now they even buy him tea sets and dolls.

When Jackie started kindergarten last year, he was registered as a girl. No one at school knows he's a boy. He wears dresses with fancy underwear and plays with dolls. He seems quite comfortable as a girl and loves to go shopping with his mom. I've told Susan that she is ruining Jackie for life, but she says several famous men in history were raised as girls, citing Ernest Hemingway (one of her heroes) as a prime example. Is this true, Ann?

My wife insists that I shouldn't worry because she's going to turn him into a male when he reaches puberty and he will be as manly as Hemingway. I get a sick feeling when I see her teaching him to sit like a lady and apply lipstick. This child should be playing with boys and learning how to be a boy.

Do you believe that what my wife is doing will cause a problem to our son later in life? She insists not, but I need some help. — Mr. T.B., Santa Ana, Calif.

Dear T.B.: First, a bit of history: It is true that Ernest Hemingway's mother dressed him in girls clothes. Actually, she attempted to create the impression that he and his older sister were twins.

Although Hemingway was regarded as one of the foremost writers of his time, his personal life was a mess. His mother was a bizarre woman and he despised her. His father, a physician, whom he also loathed, was an angry, bitter man, trapped in a nightmarish marriage. He committed suicide, as did Ernest, his sister Ursula and his brother Leicester.

Your wife is in desperate need of counseling and your son needs plenty of help, too, especially if his ditzy mother insists on bollixing up

his sexual identity. I urge you to enlist the cooperation of the child's pediatrician, his teachers — anyone who will help you rescue that unfortunate boy from this sick situation.



## Excess body hair is ruining woman's life

By ABIGAIL VAN BUREN

Dear Abby: Here's a new one for you: I am HAIRY! And I don't mean just a moustache. I am a woman in my mid-30s and single. I date occasionally, and I have more chest hair than the last man I went out with. I do not wear necklines cut to the navel, but it would be nice if I didn't have to wear turtle-necks and blouses buttoned up to the last button.

I've asked my doctor, and all he can say is, "Some people have more hair than others." Abby, there must be a solution to this. What do bodybuilders and transvestites do?

I've tried shaving my neck and chin, and get a 5 o'clock shadow by noon, plus the hair comes back darker and thicker. Plucking is a never-ending chore; I get sores, and the hair still comes back. I've considered electrolysis, and I'm sure it would be possible for some areas, but not all over my body! Besides, I understand it's expensive.

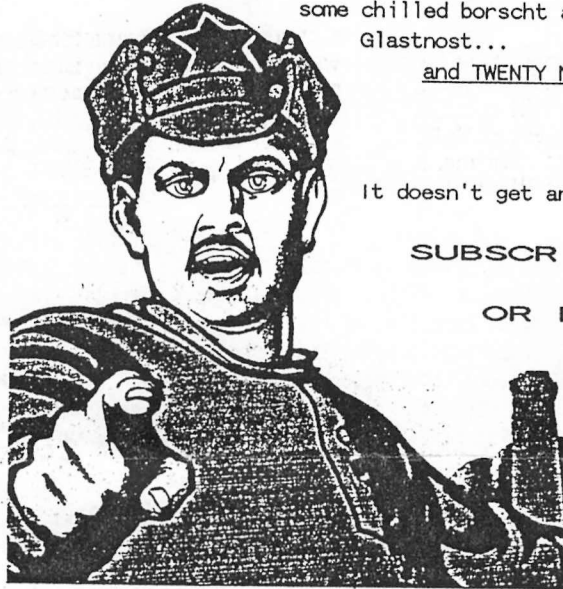
Abby, please help me. Do other women suffer with this? Could there be a medical solution? — Hairy But Not Harry

Dear Hairy: Yes. Other women also suffer from this. You need to see: (a) an endocrinologist (a physician whose specialty is glands), and (b) a dermatologist (a physician dealing with the skin). The gland specialist will be able to tell you if your problem is a hormone imbalance, in which case some kind of medication may be in order to control it. The dermatologist

can recommend a qualified electrologist. Hair removal by electrolysis is the preferred method for permanent hair removal. It is not inexpensive, but superfluous hair on women is such a curse, it's worth it. My heart goes out to you. Please write again and let me know how you're doing.

Comrades!

A hot samovar filled with black tea, some chilled borscht and sour cream, Glastnost... and TWENTY MINUTES!



It doesn't get any better than this!

SUBSCRIBE NOW,  
OR ELSE!

# HAIR TRANSPLANTS for the '90's

BEFORE



AFTER TRANSPLANT  
Actual unretouched photos



Make-up! It's the 90's and if you're a female to male transsexual, you've probably got a real thick head of hair. And you know darn well that chances are you're gonna lose it after all that testosterone you've been taking kicks in. But now you can avoid all that embarrassment of watching your hairline slowly recede and your crown thinning out because we can do it for you in one quick, painful session!

That's right, our special patented Belgrade method of scalp plug transplanting will give you as much baldness as you'd like. Drop into one of our nationwide hair loss studios for a free consultation. When you've decided on the degree of hair loss you'd like, our factory trained specialists will numb your skull with massive doses of xylocaine. They'll expertly trim back the designated areas of scalp hair to 1/8 of an inch. With razor sharp circular Stanley cutting tools, they'll auger out one inch plugs from your scalp while a second team of technicians are busily removing identical one inch plugs from your hairless chest. The plugs are then swapped, you get an instant bald pate and a hairy chest to boot. Of course your new chest hair will require trimming once in a while, but that's small price to pay for the years of pleasure you'll enjoy as the result of our patented masculinizing treatment.

LOOK FOR US IN THE YELLOW PAGES UNDER HAIR LOSS TREATMENT CENTERS

SKINS R' US

A DIVISION OF RIPALADY, INC.

## COSMETIC BREAST SURGERY

Compiled by Sonia and Becky

Breast enlargement is one of the most frequently performed procedures in plastic surgery. Its goal is the creation of breasts that are full, soft, and natural looking. Most women can be enlarged at least one cup size. Commonly, the operation is performed for patients with small breasts who would like to wear clothing they have never felt comfortable in. Others would simply like their figures to be in proper balance.

If you are considering breast enlargement, your first step should be a consultation with your personal physician. He or she can recommend a specialist certified by the American Board of Plastic Surgery. Expect this consultation to be thorough. You will be questioned about not only the size breast you desire, but other factors including your full medical history. (You might even have to mention that you are a pre-operative transsexual.)

Breast enlargement may be performed in a hospital operating room or in an out-patient surgical facility - anesthesia can be either general or local with sedation. Usually one can be in and out of the hospital in a single day. Incisions are small and chosen to be placed in regions which are naturally camouflaged and not readily visible.

After the surgery, you will experience discomfort for a few days. Sutures are usually removed in about one week. Your surgeon will provide you with specific instructions regarding activity. Most patients return to work within one or two weeks. As with all surgery, complications can occur. These will be discussed with you by your doctor prior to your operation.

Silicone breast implants have been used since the early 1960's. Despite estimates that two million women bear these devices, the long-term risks are not fully understood. When 1976 amendments to the Food, Drug, and Cosmetic Act required regulation of medical devices, breast implants did not fall under the new regulation. In 1982, the Food and Drug Administration proposed that silicone implants be classified as high risk, and manufacturers be required to submit safety data or remove their products from the market. The ruling has not yet been made final.

The human body is a hostile environment for any implant. In up to 75 percent of patients, a fibrous capsule forms around the implant. This can be mild, or lead to pain and distortion of the breast. In some cases, implants rupture. The FDA has received 2,017 reports of adverse reactions from silicone implants, and the numbers may be much higher due to under-reporting by many physicians & surgeons.

---

**With a mind  
like mine, who  
needs computers?**

## GROWING UP FEMALE

### Stereotypes about Women

by Janet Shibley Hyde

Stereotypes, by definition, are pervasive in any culture, and so we are all aware of the stereotypes about women in American society - that they are passive, unaggressive, not intellectually inclined, emotional, nurturant, and irresponsible with money, for example.

Psychologists have studied gender-role stereotypes in the United States. To do this, they simply asked people to name the characteristics on which the average man and the average women differ. They found that there is a high degree of consensus on the ways in which men and women differ and that the consensus exists not only among adults in the general population but also among college students. The feminine traits that are considered desirable fall into a general category of "warmth" and "expressiveness." Feminine traits that are not valued include characteristics such as emotionality, illogicalness, and lack of competitiveness.

Heterosexuality is another important part of gender roles. The "feminine" women is expected to be sexually attractive to men and in turn, to be attracted to them. Women who violate any part of this - for example, gay women - are viewed as violators of gender roles and are considered masculine.

Keep in mind that these are only stereotypes about women.

(EDITOR'S NOTE...Reprinted from *Understanding Human Sexuality*, McGraw-Hill Book Company, 1979.)

---

### SELF MAGAZINE SURVEY

Since we're on the subject of stereotypes, (See above article) it would be nice to hear what other women think about femininity. What follows are the questions and answers to a *SELF* survey on the differences between men & women.

What quality of your personality do you consider most feminine?

*Emotions:* "My sensitivity to others' feelings, my empathy, my concern, my acting on instincts." "My big heart - I care about things, natural and man-made." "My mothering instinct."

*Dress and presentation:* "I feel most feminine when I'm getting dressed up." "The way I present myself - soft, shy, timid." "My ability to flirt."

*Other:* "My old-fashioned upbringing, which taught me cooking, sewing and decorating."

Which feminine traits do you most wish you had?

*Softer edges:* "I wish I was more sexual in the way I present myself to men; I come off as a 'buddy' sometimes." "I wish I were more proper in my language and mannerisms."

*Domesticity:* "I'd like to have more of a domestic streak, instead of the occasional urge to cook or clean." "I wish I had maternal instincts."

---

# Renaissance News

© 1990 Renaissance Education Association, Inc., P. O. Box 552, King of Prussia, PA 19406

## THE **ICONOCLAST**™

JoAnn Roberts

SPRINGFIELD, MASS. — As subtle as a bearded man in a dress...

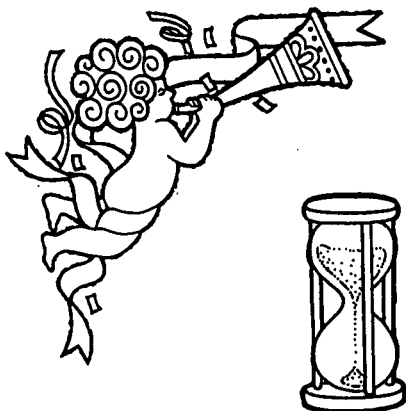
The annual Octoboo (sic) issue of *Twenty Minutes*, the newsletter of The (XX) Twenty Club, carries a parody of the International Foundation for Gender Education.

Former editor and frequent contributor, Veronica Brown, takes her shots at Merissa Sherrill Lynn and IFGE with a "price list" for pseudo-publications from the Interplanetary Federation for Gender Elitism. The list includes such cutting wit as, "*The Sting*. By Merissa Sherbert Lyme. The secrets of avoiding life in the real world by building and living in a fantasy gender empire with MSL at the top."

Brown's dislike for IFGE and Lynn has been aired in *Twenty Minutes* frequently and it's getting tiresome. Some of the parody items are funny, but the descriptions of the publications usually degenerate into personal attacks on individuals.

Roasted in print are Virginia Prince, Peggy Rudd (*My Husband Wears My Clothes*), Sr. Mary Elizabeth (especially nasty remarks), Mariette Pathy Allen, Dr. Richard Docter, and JoAnn Altman Stringer. We're particularly upset that we didn't make the list.

...



## LETTERS

Dear Steven H. Gushee, Dear;

We, the members of the XX (Twenty) Club, want to once again express our appreciation to Christ Church Cathedral for your hospitality in allowing our group to hold regular meetings in the Cathedral House. Enclosed is a donation of one hundred dollars. Although this is but a small contribution, we hope that it can help to defray some Church expenses especially in these times of escalating fuel prices. We also express our sincere thanks to Reverend Clinton Jones for his many years of guidance to our group.

Sincerely,  
Becky Ann  
XX Club Treasurer

## LETTERS TO THE EDITORS

Dear Editors,

I appreciate the fact that *Twenty Minutes* has attempted to curtail the divisive and back biting articles that were prevalent for a while! I firmly believe that we need goodwill of any and all people and groups that extend as goodwill and acceptance. Whether they are transvestites, homosexuals, or members of the general population. Please continue to use your valuable space to educate and support our community - that is an extremely laudable purpose!

Most cordially,  
Jane, Topeka, KS

Dear Becky Ann,

I do so enjoy your witty publication which brings some humor into the deadly serious struggle for control of a malfunctioning body and the search for healing balance in my life. God knows - life can be so incredibly bitter. Thank you for the humor, and the serious articles on peoples experiences in their personal war with their own bodies and transitions.

Warmest regards,  
Rence, St. Paul, MN

Dear Becky Ann,

Love to you people down there, obviously a lot of people need what your group does, and others read *Twenty Minutes* to find out what Veronica is throwing rocks at this month.

Holly, Wayland, MA

To the XX Club Members,

I have requested that the enclosed donation [\$25] be sent to the XX Club from Quinnipiac College. Carol spoke to my Human Sexuality class on Nov. 12 on her experiences and her life as a transsexual. This donation is in appreciation for the fine presentation and rapport she had with the class.

Sincerely,  
Lois Spivack, Ph.D.  
New Haven, CT

Dear XX Club:

I would like to introduce you to The Atlanta Education Gender Information Service (AEGIS). AEGIS' purpose is provide information to transsexual persons, transgenderists, and cross-dressers and to those who are interested in gender dysphoria. We do this via publications (including *Chrysalis Quarterly*, our magazine), and by mailing information packets to those who query as via mail or phone. We refer to support groups and gender clinics throughout the world. For those who live in areas without support services, we provide referrals to individual service providers, whenever possible.

AEGIS is dedicated to the free expression of gender. We support the Standards of Care of the Harry Benjamin International Gender Dysphoria Association, Inc., and champion the rights of transgendered persons to competent and nondiscriminatory services.

Sincerely,  
Ms. Dallas Denny, M.A.  
AEGIS, PO Box 33724, Decatur, GA 30033  
(404) 939-0244 (evenings)

ROOM WITH A VIEW: THE BEGINNING  
In the next issue of *Twenty Minutes*

**XX CLUB BROCHURES**

**TRANSSEXUAL GENERAL INFORMATION \$3.00**  
 Brochure contains everything you always wanted to know about transsexualism, but were afraid to ask...and a few things you don't want to know about.

**GENDER IDENTITY CLINIC OF NEW ENGLAND \$1.00**  
 Brochure contains initial contact and general information about the gender clinic.

**THE BRUSSELS CONNECTION \$3.00**  
 Brochure contains initial contact and general information about the lower cost male-to-female sex reassignment surgery option available in Brussels, Belgium with places to stay, and passport information.

**TWENTY MINUTES ARTICLES INDEX \$1.00**  
 The complete index of all major articles, editorials, reviews and other useful information that has ever appeared in *Twenty Minutes*. Use the index to order copies of these past articles.

Make check or M.O. payable to:

THE XX (TWENTY) CLUB  
 PO BOX 80690  
 FOREST PARK STATION  
 SPRINGFIELD, MA 01138

**J2CP Information Services**

P.O. Box 184  
 San Juan Capistrano, CA 92693

J2CP INFORMATION SERVICES provides information/referral services formerly provided by the JANUS Information Facility and its predecessor, the Erickson Educational Foundation, and Renaissance: Gender Identity Services.

J2CP INFORMATION SERVICES provides an information package consisting of pamphlets concerning gender dysphoria syndrome, in particular transsexualism. This package is available for a donation of \$30.00, to cover research, printing, first class postage, and secretarial services.

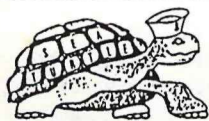
Additionally, J2CP INFORMATION SERVICES will attempt to provide referrals to reputable counselors, psychotherapists, or gender programs, and peer groups near your home.

Certified checks or Money Orders should be made payable to:  
 J2CP INFORMATION SERVICES.

J2CP INFORMATION SERVICES is operated as a nonprofit community outreach ministry and is dependent on your donations for its continued existence.

**TAKE A WALK ON THE WILDSIDE**

*Complete Feminization Training  
 Optional "En Femme" Accommodations  
 We can supply everything, if needed  
 Call now for more details  
 (416) 864-0420  
 Toronto, Ontario*



ENTERPRISES

**Sea Turtle Enterprises**  
 Capt. Michelle Hunt  
 U.S.C.G. Licensed Captain

c/o The Yacht Sea Turtle  
 St. Petersburg Municipal Marina  
 300 2nd Avenue SE Lock Box 7  
 St. Petersburg, FL 33701

Charters  
 Deliveries  
 Surveying  
 (813) 894-2801

**ANDROGYNY UNLIMITED**

- COUNSELING -  
 - EDUCATION -

Roger E. Peo, Ph.D.  
 BOARD CERTIFIED SEXOLOGIST

P.O. Box 4887  
 POUGHKEEPSIE, NY 12602

(914) 452-8405

*Relationship, Stress and Women's Issues*

**Lois Spivack, Ph.D.**  
 Psychotherapist and Sex Therapist

470 Ellsworth Avenue  
 New Haven, CT 06511  
 (203) 776-9708



**DECIDING WHAT TO DO ABOUT YOUR GENDER DYSPHORIA**  
 SOME CONSIDERATIONS FOR THOSE WHO ARE THINKING ABOUT SEX REASSIGNMENT

Copyright 1990  
 By Ms. Dallas Denny, M.A.  
 Available for \$8.00 postpaid from  
 The Atlanta Educational Gender Information Service  
**AEGIS**  
 P.O. Box 33724  
 Decatur, GA 30033  
 Phone (404) 939-0244