

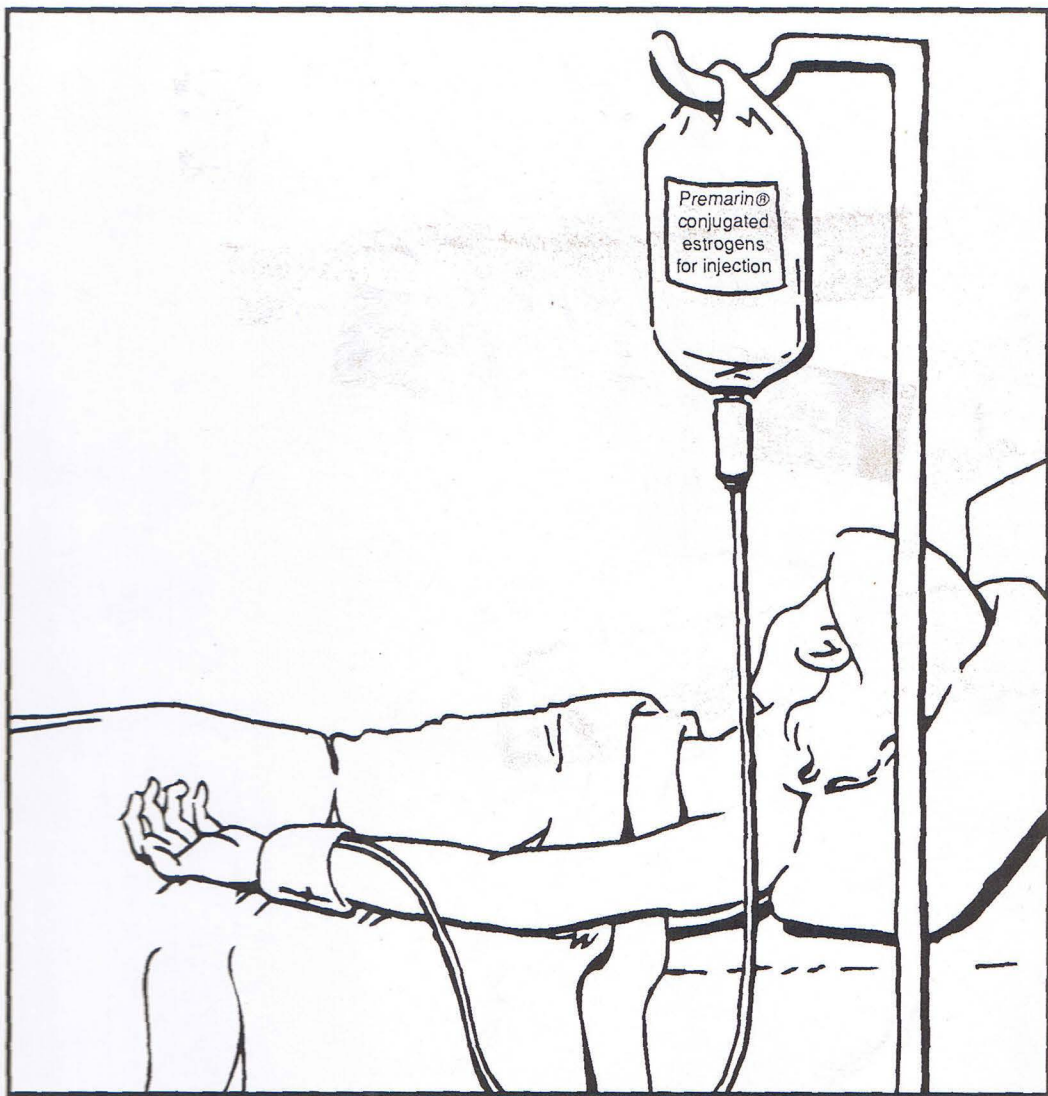
CHRYSA LIS

QUARTERLY

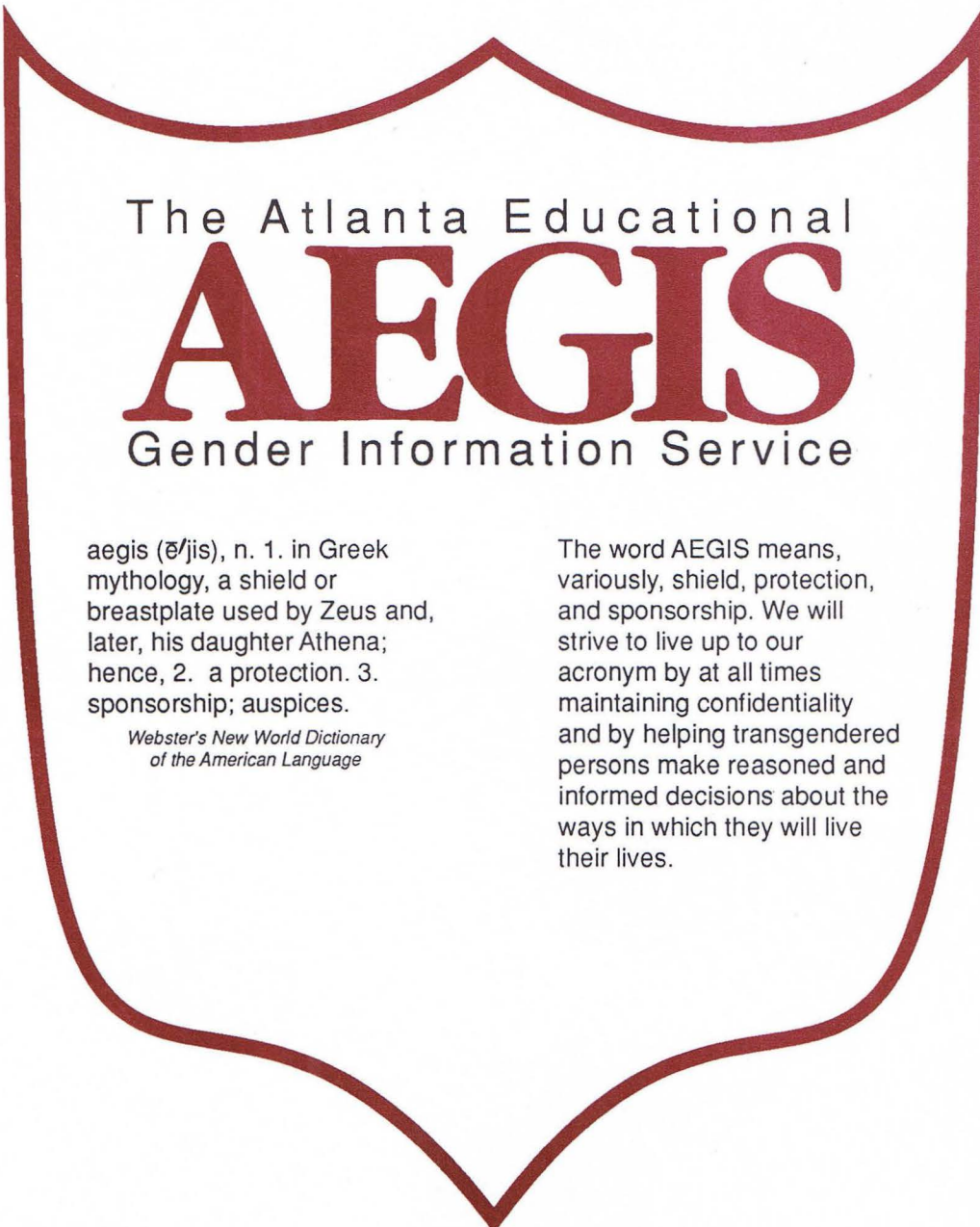
Spring, 1991

Volume 1, No. 1

Health and Transition



PREMIERE ISSUE



The Atlanta Educational
AEGIS
Gender Information Service

aegis (ē/jis), n. 1. in Greek mythology, a shield or breastplate used by Zeus and, later, his daughter Athena; hence, 2. a protection. 3. sponsorship; auspices.

*Webster's New World Dictionary
of the American Language*

The word AEGIS means, variously, shield, protection, and sponsorship. We will strive to live up to our acronym by at all times maintaining confidentiality and by helping transgendered persons make reasoned and informed decisions about the ways in which they will live their lives.

About the Contents

I am certain that the upcoming months will bring us lots of submissions for Chrysalis Quarterly. Hopefully, future issues will be balanced by the contributions of many people. But CQ will be fat and full, even if I have to write everything myself. I would like to extend my thanks to those who did contribute to this issue.

Dallas Denny
 Editor-In-Chief/Publisher

Chrysalis Quarterly is in need...

of columnists, reviewers, and editors. Interested parties should contact the Editor at:

CQ
 P.O. Box 33724
 Decatur, GA 30033-0724
 or by telephone at
 (404) 939-0244
 (evenings or weekends).

About the Cover and Illustrations

Our cover and interior illustrations are by Mr. Karl Merris of San Diego, California. Mr. Merris is a computer analyst with an interest in the graphic arts.

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A THANK YOU: CQ in its present form would not have been possible without the assistance and hard work of Stephanie Rose and Victoria Germonde, who turned a jumbled pile of papers into the well laid-out magazine that you now hold in your hands.

Upcoming in CQ

Next Issue (Summer '91):

Being a Good Consumer of Gender Services (Deadline for contributions: 3/15/91)

Fall '91 Issue:

A Critical Look at the "Professional" Literature of Gender Dysphoria (Deadline for contributions: 6/15/91)

Winter '91 Issue:

Surgeries: Sex Reassignment and Cosmetic Procedures (Deadline for contributions: 9/15/91)

Spring '92 Issue:

Post-Op Issues (Deadline: 12/15/91)

Please Send Us Your Contributions!

Won't you
send us
something for
CQ?

CHRYSALIS
QUARTERLY
P.O. BOX 33724
DECATUR, GA 30033

CHRYSALIS QUARTERLY
Volume 1, No. 1, Spring, 1991
PREMIERE ISSUE!

Dallas Denny, Publisher and Editor-In-Chief
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Sylvia Slaughter	

This issue's advertisers:

Creative Design Services	LaBarber Electrolysis
Mishael's Electrolysis	Southern Comfort 1991
Stephanie Rose	

Chrysalis Quarterly (CQ) is an exciting new magazine which explores in depth issues of gender and gender expression in American life. CQ focuses primarily on issues of importance to transgenderal and transsexual persons, but there will be an abundance of material of interest to those who crossdress. CQ spotlights real people, with anonymity preserved, if desired. We focus on issues which have been ignored or only lightly touched by other publications. We will shy away from no subject. We are a serious magazine by serious people for serious people.

CQ is published four times a year by The Atlanta Educational Gender Information Service (AEGIS), P.O. Box 33724, Decatur, GA 30033.

The opinions of the various contributors do not necessarily reflect those of the editors or of AEGIS.

CQ accepts letters, editorials, position statements, reports of research, articles, fiction, poems, photographs, drawings, and cartoons. We also welcome your advertisements.

Assistant editors, columnists, reviewers, and advertisers are wanted.

SUBSCRIPTIONS are available for \$20.00/year, with first-class mailing in an envelope which does not disclose the nature of the contents.

ADVERTISING RATES are \$10.00 for a business card-sized ad, \$20.00 for 1/8 page, \$30.00 for 1/4 page, \$45.00 for 1/2 page, and \$60.00 for a full page (inquire about discounts for advertisements in consecutive issues). The front and back inside covers are available for the regular full page rate. Advertisements should be camera-ready, up to 8 1/2 x 11 inches.

POLICIES: CQ will occasionally publish erotica, but will not accept material which the editors feel is distasteful or vulgar. All submissions which are not accepted will be returned, if self-addressed stamped envelope is enclosed. Advertisers (1/4 page and over only) and contributors will receive two free copies of the issue in which their submissions appear. Submissions are preferred in double-spaced printed form or on disk (5.25" 360K or 3.5" MS-DOS, Macintosh, Commodore 64, or Atari ST format) in either ASCII or WordPerfect formats. Handwritten and hand-printed materials will be accepted if they are legible. Sequential files for the Commodore 64 and Macintosh are also accepted. FAX transfer can be arranged by calling the editor. Authors should indicate whether their materials may be reprinted in other newsletters and magazines.

The content of CQ is copyrighted, and remains the property of the individual authors. Articles may be reprinted with the permission of the authors. We would appreciate receiving a copy of the issues containing our reprinted material.

We will be happy to exchange publications and space for small ads with publishers of other magazines and newsletters. We will publish for free a description of or publicity release for your group or magazine, if you so wish.

A WORD ABOUT OUR FICTION NEEDS: We are interested in contemporary and experimental fiction, whether romance, science-fiction, adventure, or traditional. Stories need not necessarily be gender-related. We are looking for quality fiction. We do not want stories about forcible transitions by beautiful women or other "traditional" cross-dressing fiction.

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A Message From the Editor-in-Chief and Publisher

Hello, and welcome to the premiere issue of *Chrysalis Quarterly*.

CQ is an exciting new magazine which will explore gender issues which have been largely overlooked or neglected, and we will look at old ideas in new ways. Although our primary focus will be on transsexualism, our content will be of interest to everyone in the gender community. Our approach will be critical, but moderate. I think you will be pleasantly surprised by the quality and timeliness of CQ.

CQ will contain articles, letters, editorials, reviews, fiction, and poetry. We also welcome your advertisements and subscriptions. We solicit your contributions.

CQ is the house organ of The Atlanta Educational Gender Information Service (AEGIS). AEGIS serves as a clearinghouse for information about gender dysphoria. Our purpose is to educate the general public about this phenomenon, but even more so, to help persons who are gender dysphoric become aware of their options and make educated and considered choices about how they will live their lives. AEGIS will provide free referrals to support groups and gender clinics; to those not within easy commuting distance of a support group, we will provide referrals to

psychologists, physicians, and electrologists, whenever possible.

One of the meanings of the word aegis is shield. A second is protection. A third is sponsorship or auspices. By education and by dissemination of information, we hope to live up to our acronym, for safety lies in self-determination, and self-determination lies in knowledge.

The theme of this issue of CQ is Health and Transition. We have taken a look at various diseases and disabilities as they can impact the process of self-transformation. We have interviewed and obtained first-hand reports from persons with various infirmities and from professionals who treat transsexual persons with such conditions. We have looked at what the scientific literature has to say on the subject (we found so much information that much of it has spilled over into the next issue). But mostly, we have tried to convey the sense of dignity, courage, and trepidation with which persons with infirmity and gender dysphoria face their future.

I would like to thank those who have contributed to this issue, and especially those of you who have subscribed and taken out advertisements, sight unseen.

Dallas Denny
Editor-in-Chief and Publisher

A Word on Terminology

The Editor-In-Chief has worked in the field of mental retardation for nearly twenty years, and has become sensitized to the application of stigmatizing labels to individuals.

Current thinking by many in her field is that persons have mental retardation. They are not "retarded," not "the retarded," but "persons with mental retardation" or "persons who have mental retardation."

Like mental retardation, transsexualism is a stigmatizing label. Those with transsexualism are not "transsexuals." Rather, they are persons who have transsexualism.

Consequently, rather than conceptually turn people into something less than human beings—"transsexuals"—we at AEGIS will strive to use, both in our publications and in our speech, the terms "transsexual people" and "persons with transsexualism."

Transsexual will refer to a characteristic of the individual and not the individual himself or herself.

The bulk of those in the crossdressing community have chosen the terms crossdresser and CD to replace the pejorative term "transvestite." Rather than use the term "person who crossdresses," we will adhere to this apparent preferred usage.

—*Dallas Denny*

Poetry

THE WOMAN I WANT TO BE

Words by April Lockhart

*All my life I've been unhappy
All my life I've been sad
But lately there's been some changes
That make me very glad.*

*I'm gonna do what I want to
I'm just gonna be me
I'm gonna be the woman
That I really want to be.*

*I'm gonna love all the fellas
Maybe one especially
Gonna bring out the woman
That's hidden in me.*

*From now on I'm gonna be open
My life's gonna be free
I'm gonna be the woman
That I really want to be.*

MY TRUE SELF

by Greg Karsten

*I see myself in a body that is
not my own. A body that I was born
with. But still is not my own. A fake.
One that does not feel as it should.
An imposter a phony a mask. I am
in spirit a female but yet I was born
as a male. How could this be? Did God
mess up or was this a joke? Some joke.
I don't think it's funny or amusing.
All I want is my true self whole again.
And as myself I can do anything in the world.*

THE TAKE

by Greg Karsten

*They start by being very nice.
A friend they say they will be.
Then they take the money that
wasn't meant to be. They say they
need it to proceed. You say to
proceed. Ten thousand dollars to
proceed. For what? I have to file
some papers with the courts. Just
to file some papers with the
courts. Yes the courts. Ten thousand
dollars? And you forget the two
thousand dollars for me. Filthy
lawyer get out of my face. I can
do this myself you just wait.
ALL YOU WANT IS YOUR TAKE!*

Gender Happenings

BEWARE!

AEGIS would like to pass on and amplify IFGE's recent warning about "Doctor" Philip Salem. Salem is a west-coast based charlatan who exploits transgendered persons. He reportedly sells very low-potency hormone tablets through the mails for high prices, runs a transie prostitution ring, and does other illegal and questionable things to separate T-people from their money. He should be avoided at all costs.

Those who associate with Philip Salem or speak highly of him are also suspect. Be especially aware of offers for "reassignment surgery" in which you are expected to fly the "surgeon" to your home town.

AEGIS is not sure why Salem hasn't been shut down by the authorities, but we suspect his continued operation is due to apathy within the gender community. We urge you to report any suspicious or illicit offers to the postal authorities, medical licensing boards, and the directors of your support group or gender clinic.

Atlanta

On January 8, police arrested Sanders Taylor and charged him with the murder of Edna Brown, which occurred sometime around Christmas Day, 1990.

Brown, a transvestite performer and well-known in the black community, was reported missing on December 25. Police found her stabbed body under a pile of clothes in her apartment.

Reprinted from Etcetera, Vol. 7, No. 3, 18-24 January, 1991

Atlanta

Two men who were committing robberies to fund their sex-change operations were sentenced to ten years in prison after pleading guilty to robbing a man and stealing his car. According to police, the pair regularly worked the corner of Piedmont and 10th streets as prostitutes and may have robbed at least a dozen men. Police said the duo were successful because victims were too embarrassed to report the crimes.

Reprinted from Etcetera, Vol. 6, No. 38, 21-27 September, 1990

Colorado Springs

After eight days and two pep rallies, a 26-year-old female impersonator, who made the cheerleading squad posing as an 11th grade student at Coronado High School, was finally unmasked. Cheyen Weatherly was arrested and charged with third-degree forgery and criminal impersonation. Weatherly became known at the school as a friendly, polite student and had become close friends with two of the cheerleaders. The Associated Press reported that Police Detective Bob Driscoll of the local police said, "Unfortunately, it's not against the law to cross-dress."

Reprinted from Etcetera, Vol. 6, No. 44, 2-8 November, 1990

El Paso

The El Paso Times published this police press release. "At 2:45 A.M., a transvestite in full battle gear, Marvin 'Jovana' Rodriguez, twenty-seven, from Juarez, was arrested at 100 West San Antonio for a charge of burglary of auto. Rodriguez was taken to the central station, where officers noticed him squirming around incessantly. Police investi-

CQ's Quotations from the Literature

This issue's stupid quote:

To change a person's God-given anatomic sex is a repugnant concept.

Donald R. Laub, M.D., and Norman Fisk, M.D. 1974. A rehabilitation program for gender dysphoria syndrome by surgical sex change. Plastic and Reconstructive Surgery, Vol. 53, p. 388.

This issue's smartass quote:

Transsexuals ... are distinguishable from females at large by their lack of special attraction to the helpless newborn and their imagery in coital fantasies. It is possible, though, that transsexuals will change their conception of the female stereotype to include these features after reading this article, since they are often influenced by reading about their condition.

John Money, Ph.D., & Clay Primrose. 1968. Sexual dimorphism and dissociation in the psychology of male transsexuals. The Journal of Nervous and Mental Disease, Vol. 147, p. 472.

gated why Rodriguez could not sit still and found a .25-caliber pistol in his rectum."

Reprinted from True Facts, National Lampoon, Vol. 2, No. 124, February, 1991

Chattanooga

Thanks to a surprise ruling by the Hamilton County sheriff, a transsexual inmate confined to the Silverdale Workhouse in Chattanooga, Tennessee, won't have to result to ulcer drugs or implants to continue her transition to womanhood. The sheriff ruled that the county would pay to continue her hormone shots while she awaits trial on credit card theft and credit card fraud.

When the person, who authorities refused to identify, was arrested, police thought she was already a female. They discovered their error when they prepared to transfer her to the workhouse. Once there, she was examined by jail doctors who said that withholding hormones could create other medical problems which the county would be responsible for.

"I would rather not spend \$40 a month of the taxpayers' money for these shots, but I realize that we are responsible for him (sic) while he is incarcerated, and that is part of his medical treatment," said Chief Deputy Jim Hammond.

Reprinted from "The NewsQueen," by Paula Jordan Sinclair, Renaissance News, Vol. 5, No. 1, January, 1991

Houston

A woman who said she was desperate when she went to the men's room at a country-western concert was found innocent yesterday of illegally using the restroom. Jurors deliberated for 23 minutes before acquitting Denise Wells of violating a city ordinance that prohibits people from using restrooms intended for members of the opposite sex in a manner calculated to cause a disturbance. She faced a maximum \$200 fine if convicted. Wells, 33, and her lawyer and sister, Valorie Wells Davenport, hugged each other

when the verdict was read. Testimony in the trial, which began Thursday, ended earlier in the day. Wells testified that she saw the line outside the women's room at the July 7 concert by George Strait was so long, "I felt I was in a situation where I had to be in a restroom. I took the only option I felt was available." The legal secretary said she covered her eyes and apologized to men already in the restroom at The Summit. Two police officers testified Wells left the stall in the men's room and announced: "There—I left the lid up just like y'all like it."

Associated Press. Reprinted from XX Minutes, November, 1990

Costa Mesa, California

Police in Costa Mesa, California, made a ... mistake in October when they stopped two people leaving a women's room at a Billy Idol concert. The two were women, but police ordered one of the pair to be checked by two employees of the Pacific Amphitheater just to make sure.

As the women left the restroom, they found their path blocked by four police officers who said they had received complaints about men using the ladies room. "Everything's cool," Lorie Spencer told the cops. "We're women bodybuilders, and people have made this kind of mistake before because of our muscles. But we're women. Look at our breasts."

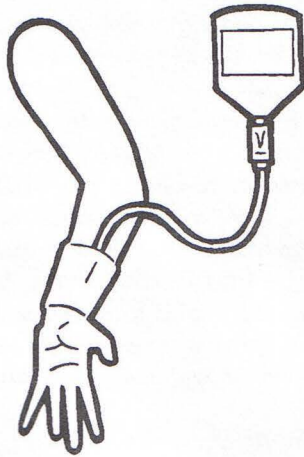
One officer reportedly replied, "You're in Costa Mesa now. You look like transsexuals to me. Are you in the middle of a sex change?"

Spencer showed police her driver's license, but because Bridget Morton had no identification with her, they threatened her with jail unless she could prove her gender. That was when the panty check was ordered.

Spencer and Morton have filed a \$1 million police misconduct suit against the department.

Reprinted from "The NewsQueen," by Paula Jordan Sinclair, Renaissance News, Vol. 5, No. 1, January, 1991 ♀

Feature



Sex Reassignment Surgery, Hormones, and Health

by Dallas Denny

Disability and Transition

Transsexual persons are susceptible to the same wide range of disorders and diseases as is the general public. Some conditions, such as Down Syndrome and cerebral palsy, are congenital; some, such as Parkinson Syndrome, are concomitants of the aging process; and some are visited upon us by bacteria or virus, by physical trauma, or, as in the cases of heart

disease or stroke, by the very bodies that we need and trust to carry us on our precipitous journey through life.

Many disorders can impact on gender dysphoria. We have not tried to exhaustively examine all such, but have focused and will focus in future issues on some of the more common: heart disease, diabetes, cancer, substance abuse, HIV-disease, mental infirmity, and sensory impairment. Although advanced age is not necessarily a disabling condition, the elderly are at special risk for a wide range of impairments; we have therefore taken a look at the impact of aging on transition. We have looked at real people with real disabilities, protecting their identities, when requested. We have looked at dreams unfulfilled, and at obstacles overcome.

Disability and Handicap

A disability is not always a handicap. Only when access is denied or limited—when obstacles appear—when the quality of life is impaired—does the person become disadvantaged. Many times, access is needlessly restricted: a book is not available in Braille; a public building does not have a wheelchair ramp; a lifesaving drug is priced beyond the means of ordinary people.

Transsexualism is usually considered to be a disabling condition. As a disorder, it is legitimated by its inclusion in *The Diagnostic and Statistical Manual* of the American Psychiatric Association (the infamous DSM III-R). While crossdressing has historically been lumped with the paraphilias (sexual disorders), transsexualism is a gender disorder, with

a course of medical treatment that is clearly prescribed in the Standards of Care of the Harry Benjamin International Gender Dysphoria Association, Inc. And yet, for transsexual persons, access is more limited than perhaps for any other minority.

The primary cause of lack of access is, purely and simply, ignorance. The garden-variety American knows little about transsexualism, and that is unfortunate. But the real indictment of things-as-they-stand is the deficiency of knowledge of most physicians, psychologists, social workers, preachers, teachers, journalists, judges, attorneys, and politicians. Sadly, most of them are not even aware of what they don't know. And the word for not knowing what you don't know is ignorance.

Ignorance is an unparalleled access-limiter. Not knowing what to do when petitioned for help, most service providers do nothing. "I'm sorry. Doctor doesn't do that kind of work. No, we don't have a name to give you." A few are critical—sometimes cruelly so. Some attempt the impossible: to make the individual happy and secure in the gender of birth. Some, unaware, perhaps, of their own ignorance, give bad advice. "Ignore it, and it will go away." "Why don't you just admit that you're a homosexual?" "I want you to try this medication." Most have good hearts but do not know where to refer. "Why don't you write Gerald?" The client is not helped, and may even be damaged by the interaction. She goes away ignorant, or more misinformed than when she came.

In seeking services, the person with additional disability is at even more of a disadvantage. If competent treatment is very hard to find for the "average" person with gender dysphoria, it can be nearly impossible for the diabetic, the elderly, or those who are HIV-positive. Avenues which are open to those who are unimpaired will be closed. Access becomes even more limited. With perseverance and ingenuity, services can perhaps be found, but it is even more of an uphill battle.

To those who have shared their lives in these pages, we offer our thanks. To those of you who are reading this and who have disabilities, we wish you best of luck.

Your Physical Health and SRS

Most surgeons who do sex reassignment surgery (SRS) require that their patients be in good physical condition and in reasonably good

Major risks of estrogens and progestins include cancer, gall bladder disease, anomalous blood clotting, and abnormal liver functioning.

mental health. For example, Dr. M., a surgeon in a major European city, requires a negative test for the HIV virus, a letter from a psychologist or psychiatrist, a letter from an endocrinologist or family physician, a statement of good health from the individual, and, for those over 40 years old, an EKG.

Dr. M. isn't being paranoid; he's doing major surgery, and he would be foolish to leave himself open to liability for not taking reasonable precautions to ensure the patient will survive such an invasive procedure as genital sex reassignment. But there's more than that; Dr. M.

cares about his patients, and knows that a vagina will not do someone any good if they're dead.

Oops! There it is—the big D word. Dead.

Yes, SRS can make you dead. It's unlikely to, if your surgeon takes the same sorts of precautions as Dr. M., but you would be deluding yourself to think that it would be impossible to die on the table. You could have a fatal allergic reaction to the anesthetic, aspirate on vomitus, go into cardiac arrest, have a stroke, or expire for any number of other reasons, even if the surgeon and his or her team perform faultlessly.

Obviously, the better your health, the better your chances for being accepted for SRS, and the fewer chances of complications following surgery. There are ways to improve your body to minimize risks—laying off of alcohol and other drugs (including nicotine), for instance, or exercising, or losing weight, but there may be factors which are beyond your power to control.

If so, what do you do? Well, the best you can. I have an acquaintance who is diabetic. She is a mechanic, and she carries around with her reminders of little accidents she had months before—skinned knuckles and little scabs which would have long been

It's surprising the hurdles that some people overcome in order to have SRS. One such person is Bobbie Montgomery, who is featured in the article by Sylvia Slaughter "Starting Over as a Woman" located on page 15 of this issue.

Life was never easy for Robert Bennett. He was born with osteogenesis imperfecta, or "chalk bone" disease, a condition that causes brittle bones that break at something so slight as turning over in bed.

During birth, his collar bone broke. When he was 6 weeks old, his mother found him in his crib

crying, with both legs swollen and broken.

"Momma grabbed Robert up and rushed him to Charity Hospital in New Orleans," Montgomery says. "She remembers carrying him in on a pillow, and it was there that the disease was diagnosed."

For the first eight years of his life, Robert mostly lived at the hospital, a 45-minute bus ride his mother made daily from her home in Slidell.

At Charity, he was in a body cast to prevent further bone breakage. When he was 8 years old, he was transferred to the Shriner's Hospital for Crippled Children in

Shreveport, LA, where he lived until he was 16 years old.

"Robert became the bionic boy," Montgomery says of the steel rods in her arms and her legs, implanted during dozens of surgeries to strengthen her limbs.

Robert was 12 before he even sat up in bed. Montgomery remembers Robert getting his first wheelchair, something he knew he would have to use for the rest of his life. "He was almost happy then. I remember him thinking, 'Oh, boy, freedom.'"

Sort of makes you wonder about the strength of your own resolve, doesn't it?

healed, if she were anyone else. She mends slowly, and so has to take special precautions, even with electrolysis. She hopes to have SRS, but realizes that it may require her going permanently on insulin. I know two other transsexual people with diabetes. Both plan to have surgery. One is scheduled with Dr. M., and will be post-op by the time this issue goes to press. Some surgeons would not accept them; in scanning the literature, I discovered that diabetes is often listed as an absolute contraindication to SRS. With luck, all three will persevere, but the struggle will be a little harder for them because of their diabetes. They know that, but they're not defeated by it.

Your Health and Hormones

Diethylstilbestrol, Estinyl, Estrace, Ogen, Premarin (estrogens)—Amen, Provera (progestins)—yes, and Androil, Android, Metandrid (androgens): Hormones are not benign substances, and there are contraindications (meaning reasons to not even begin taking them), and side effects (meaning that you should stop taking them). Contraindications for estrogens include pregnancy (highly unlikely in a MTF transsexual person), breast cancer, thrombophlebitis or thromboembolic disorders, undiagnosed abnormal genital bleeding, known or suspected estrogen-dependent neoplasia (whatever that is), and high blood pressure. Major risks of estrogens and progestins include cancer, gall bladder disease, anomalous blood clotting, and abnormal liver functioning. There are a host of less dangerous side effects. Androgens are even more dangerous, especially when taken orally. Find a PDR (*Physician's Desk Reference*); it makes interesting reading.

I know two people who have been taken off of estrogens for health reasons. One wrote me, "It's so frustrating. It makes me want to eat nails." She's currently struggling to get her blood pressure and

The following people are composites of real people the CQ staff has known. In some cases, we have used actual quotes; in others, we have paraphrased. The names and locations are disguised.

Babette

Babette is 72 years old. Since the death of her wife, five years ago, she has lived full-time as a woman. She has had electrolysis to get rid of her facial hair, but has never taken hormones. She does not plan to have reassignment surgery.

For the first time in my life, I'm happy. I no longer have any male clothes. My neighbors all know about me, but they've never said anything.

If I could have done this when I was younger, maybe I would have had the sex change operation. But I loved my wife and kids, and it would have ruined my career. I was active in politics, and it just wouldn't have done. But with the kids grown and gone, and with Annette (her wife—Ed.) gone, and with being on retirement, there was just no reason not to. I know I look a little funny as a woman. I would like to take hormones, but I had a little stroke a year or so ago, and my doctor says absolutely not. I don't guess it would help much at this late stage, anyway.

I don't have many friends, but I know a crossdresser who lives nearby. We go shopping together. I hear there's a Tri-Ess group that meets in Chicago. I keep thinking about going, but I'm afraid that I'll see the young and pretty ones and get to thinking about what I missed.

Adrienne

Adrienne is seventeen years old. She has been taking hormones for more than a year. She passes per-

fectly, and in fact looks nothing like a boy, but continues to live at home with her parents, who absolutely forbid her to wear cosmetics or jewelry or women's clothing.

I'm just waiting until I get out of high school. Then I'll be out of here. I have some friends in Charlotte who tell me I can go to work doing shows. I think I'd like that. I know I'd like it.

I'm going to have my sex change by the time I'm nineteen. I don't want to wait around half my life. If I can't have it by the time I'm 23, I won't bother.

Calhoun

Calhoun is a 24-year-old female-to-male transsexual person. A truck driver, he has been working as a man for the past six years. Four years ago, he started taking hormones.

I tell you, I almost quit as soon as I started. The first thing that happened was I started finding hair on my pillow. No one wants to be bald. You can see that my hairline has receded, but I think I'll be all right. I swear, if it gets bad, I'll go to one of those hair replacement centers, or try Minoxidil or something. I just can't stand the thought of being bald.

The other thing that bothered me was acne. I had it for more than a year. It went away. The hair loss won't.

Unfortunately, heart disease runs in my family. It killed my father, and my older brother has had a heart attack. I don't try to kid myself. It could happen to me because of the androgens I'm taking. I hope it doesn't happen. Still, heart, and baldness, and acne notwithstanding, I'm lots happier than I used to be. If I dropped dead of a heart attack tomorrow, I wouldn't consider it a mistake. But that's not going to happen.

Continued on page 10

Continued from page 9

Morganna

Morganna, a crossdresser, lost her right arm and her right leg in Viet Nam.

Hell yes, I still dress up. I clump around. Sure, people stare, but you know what? They're so busy looking at the prostheses that they don't clock me. Usually don't, anyhow. The leg causes me to wear slacks most of the time, although I prefer shorts, and I wear long sleeves because of my arm. That makes me mad, because I have hardly any hair on my arms, and I could have gotten by with short sleeves.

Basically, I just don't let the arm and the leg slow me down. I go horseback riding, I swim, I work out at the gym, and I get dressed up and go out when I feel like it. It's not a problem for me. It's a problem for the people who can't help staring at it.

I came back to the States with some dependency problems, but the worst thing I've had to deal with is survivor guilt. At least part of me got back. Some of my buddies didn't. I used to lay awake at night and wonder, "Why me? How come I made it back, and they didn't?"

Gloria and Constance

Gloria, a crossdresser, is blind.

I have to have help putting on my makeup. I can't find anything to read in Braille. I have trouble getting around.

Constance, who considers herself to be a transgenderist, is non-hearing. She writes:

I have very little to say, because my deafness has not been a problem. I read lips, and can talk a little, although I don't like to. It's my job and family connections which keep me from moving forward—not my deafness.

weight under control so that she can resume hormones. I know another person, older, whose history of alcohol abuse has caused cirrhosis of the liver, making ingestion of oral estrogens especially health-threatening. Intra-muscular injections or trans-dermal estrogens will minimize her risk.

An Unplanned-for Digression or Two Upon Mental Health

When it comes to transsexualism, the issue of mental health is especially cloudy. As gender dysphoria is listed as a mental illness in the DSM III-R, transsexual people are, as was noted by Jan Redbear in a recent issue of *Gender Expressions*, crazy by decree. Many service providers (and most of the general public) agree wholeheartedly with this. My own opinion is that one's gender can be a lifestyle choice, and that craziness need not factor into it—but many transsexual people have told me they had no choice. I believe they did (else how did some of them make it so long?)—that they may not have control of their feelings, but they did and do have control of their actions and their bodies, and can do with them what they will. But that's an issue for another day. The fact is, there are crazy transsexual people. Lots of them. I've had a front-row seat; I've seen it. Many T-people are polymorphously perverse: suicidal, sociopathic, self-destructive—you name it. Unfortunately, these types play a disproportionate role in the scientific literature, for they are oh, so much more interesting than those who are otherwise sane (if you want to see a lot of name-calling, read the literature. See how catty psychiatrists and psychologists can be. See how flawed and conniving and disgusting transsexual people are).

There's a reason for the above—sort of. In the early years, SRS was considered to be highly experimental and controversial (some still think it to be), and so was done only to those who were psychological basket cases—street queens and hustlers, those who had repeatedly

attempted suicide, and those who walked into the doctor's office, testicles and razor blade in hand (I counted more than twelve journal articles about self-castration in transsexual people). Someone who was reasonably normal stood less than no chance of getting hormones—much less surgery—from the university-affiliated gender clinics.

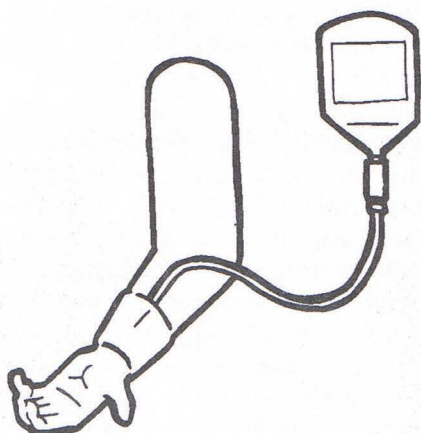
This gave T-people an unnecessarily bad rap, but it is my belief that it has conditioned those who do SRS to look primarily for a diagnosis of gender dysphoria and evidence of success in passing the ubiquitous Real-Life Test, and to ignore manifestations of true mental illness, except when it is so pervasive that it absolutely impairs functioning. In other words, if you're not too crazy to walk into the doctor's office and plunk down the money, you're not too crazy to be operated upon. You are much more likely to be rejected for physical reasons than because of your mental state.

The fact is, the transsexual person is, as always, subject to the service provider's "subjective conceptions about what constitutes evidence for a DSM-III classification of transsexualism and a good surgical risk." (*Anne Bolin, In Search of Eve, p. 52*). Poor mental or physical health constitutes simply another barrier to the already overwhelming desire for reassignment.

Editor's Notes: In the next issue of CQ, we will be taking a look at the known and suspected risks of reassignment and cosmetic surgeries and of hormones, and also at the psychological toll exacted by gender dysphoria.

Those who have tested positive for HIV may find that the social stigma associated with the virus extends into things transsexual. Most surgeons will not operate on someone who is HIV+. Since it may be years after diagnosis before the immune system is seriously compromised, it must be extremely frustrating to carry the HIV virus and be unable to have surgery. We had hoped to hear from folks who were HIV+, but we didn't; maybe we will, after this is published. ♀♂

Interview



Weight and Transition

Sharon, at age 41, is a male-to-female transsexual person. Two years ago, at more than 370 pounds, Sharon was working as a man. In February, 1989, she took her gender-change plans off the back burner and went on a serious program of diet and exercise as she prepared for transition. Living full-time since moving to Atlanta nearly a year ago, she now weighs 215 pounds and remains on the same program of diet and exercise. Her goal is to reach 160 pounds by end-1991. Her reassignment surgery is scheduled for July, 1991. Convincing in her new role, Sharon has found full-time employment as a social worker.

CQ: *How did your excess weight affect your expression of gender?*

S: I was always heavy, but it was only in the 1980's that I went higher than the mid-200s. At that weight, I rarely crossdressed. What was the point? I was wearing size 52. I couldn't find dresses, even at Lane Bryant. Makeup didn't look right on my face. I got little satisfaction from cross-dressing, for my self-image was not that of an obese woman.

CQ: *How did you gain so much weight?*

S: Simple. I ate too much and exercised too little. But I did so because I didn't care how I looked as a man.

CQ: *What made you decide to undertake such a drastic weight loss? And why did you wait so long to do it?*

S: I was tired of being fat. I was tired of being a man. But I wasn't necessarily tired of being a fat man. By that I mean that I had my reasons for staying heavy. When I lost weight before, I had always seen this masculine body emerging, and I hated it. There was a certain androgyny in being fat. My decision to lose weight went hand-in-hand with my decision to make the gender jump.

CQ: *Why?*

S: When I was about fourteen, I saw a glimpse of what I could be—a stunning woman, as opposed to an ordinary-looking man. I procrastinated for years, denying my feelings, searching for alternate paths to happiness. I went to college. I went to graduate school. I got married. I got divorced. I almost got remarried. As my 40th birthday

approached, I finally decided to go for broke. Fortunately, I had been taking estrogens while I had myself on hold. Ten years of hormones made transition quick and easy. And when the weight began to come off, I saw a woman's body emerging, and not a man's.

CQ: *How do you feel about yourself when you were fat? And how do you feel about yourself now?*

S: I disgusted myself. I feel much better about myself now, but I'm still about six months short of the mark. I am totally re-inventing myself, and that takes time. I'm still a little heavy, but that's temporary. There's no doubt in my mind that I'll reach my goal.

CQ: *160 pounds?*

S: I'm not absolutely sure, never having previously reached even my present weight, but yes. 160 is

probably about right. I'll lose until I look right. 150, 160. Whatever it takes.

CQ: *Could you have been a 370 pound woman?*

S: Certainly. I just didn't want to be. I had no pride in my appearance as a man. I didn't really care what I looked like. Now I do care. And I'm willing to work and to sacrifice in order to look good.

CQ: *Did your excessive weight cause any adverse health effects?*

S: Not really, but it was on the way. I could feel it. I was lucky. I was at risk for heart disease, high blood pressure, diabetes. I was short of breath. I had trouble bending over. I had a terrible snoring problem. I was developing sleep apnea.

CQ: *That's where—*

S: Yes. You stop breathing in your sleep.

CQ: *And now?*

S: As soon as I cut down on my food intake, the snoring stopped. After a month or two of walking, my endurance was much greater. I grew more limber as my girth decreased. Now, after a year and a half, I'm in much better shape. My blood pressure is down. I walk at least 3 miles every day, and lately I've been running. Just the other day, for the first time in my life, I ran a mile, nonstop. I've done Nautilus for the past five months. Last fall, I hiked thirtysomething miles on the Appalachian Trail, car-

rying a 50-pound pack. I found out I wasn't in such great shape as I had thought, but to read the notes in the books in the shelters, neither was anyone else. I could have hiked the whole 2000 miles, if I had the time and the inclination.

CQ: *Your surgeon has requested that you be below 200 pounds before reassignment surgery.*

S: Yes. I'm working very hard to reach that weight.

CQ: *Had you remained at your former weight, what do you think would have been your chances of surgery?*

S: Minimal. No one would have agreed to do it. And if they had, I would have been at great risk on the operating table. I'm fortunate that I was able to do something about my physical condition.

CQ: *What about your sex life?*

S: As a man, I was in a monogamous relationship, but we stopped having intercourse when I became physically unable because of the hormones. Still, we stayed together. When I changed gender roles, the relationship broke up. She met someone else, and so far as I know, she's married now. It has taken me nearly a year to feel ready for a relationship. I now have a boyfriend, a wonderful man.

CQ: *Do people react differently to you now?*

S: Oh, yes. About two years ago, I

was in a mall, and a young boy said, "Mom, that's a big lady." I passed, even at that weight, but I was definitely something of a curiosity. Another time I was in a club, and a man danced with me. His friends were kidding him about it, because I was so large. People were polite, but I was so fat that they knew that I didn't care about myself. These days, I'm no bigger than lots of folks. I don't see that "Why has she done this to herself" look in their eyes. In fact, men are beginning to notice me, wave at me when I'm driving—that sort of thing. I expect more of that as I continue to lose weight.

CQ: *Do you have anything in particular you would like to tell us about obesity?*

S: Yes. Being fat helped to mask the physical changes caused by the estrogens I was taking. Even though my breasts grew quite large, they just looked like fat boy breasts. I don't recommend gaining weight for that reason, but in a way, it was a benefit.

Also, I'd like to say that there's nothing wrong with being fat. That was my choice for many years. It's only a problem if you don't want to be fat.

CQ: *Thank you for agreeing to this interview. We wish you luck in achieving your goal.*

S: Don't wish me luck. Wish me willpower. ☺☺

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Transition

Crossing the Line

by April

After a lifetime of considering myself a crossdresser, coming to “know” that I was a transsexual person was very difficult to do. It was a decision that took me 38 years to make. I must state that I would NOT recommend this decision and the transition to anyone—including my worst enemy. Unfortunately, by looking at the surface of the lives of transsexual people you may know, some of you are probably thinking about the glamour and apparent ease of the gender crossover. Let me tell you otherwise. It is a day-to-day battle with society, family, and friends. I live by the statement: “One day at a time.”

Being a transsexual person, you cannot look further than the present day because you are in a limboland of stalemate. You are biding your time until the time you qualify for surgery (a minimum of one year living full time, 24 yours a day, 7 days a week, as a female or male). You are afraid to do anything that might effect or otherwise jeopardize surgical qualifications or approval. You see one doctor after another, hoping they concur with your decision and grant their approval for surgery. You follow rules and regulations to the letter of the law, even when you don't want to. You try wholeheartily to get established as a female or male and to live as one. Therefore, you live day to day not knowing what the future will hold, hoping only that you will qualify for surgery at some still undeter-

mined date. This is the world I live in. Could you stand this kind of existence and the pressures associated with it?

The revelation of the decision causes many side effects as well. If you are married, your family is torn apart by a divorce which is required before approval for surgery is granted. And other family members, friends, and workmates don't understand you, don't know how to talk to you or act around you. They may be ashamed to be in public with you or even to be seen in your presence. They may ridicule you or call you names. You may even be accused of being insane. As for old friendships, they usually disappear or they may be strained to a point that it would be better for all concerned if they did end. You are alone, financially

strained, and basically starting over from scratch.

When does this disruption of your present lifestyle start, you may ask? It beings when you first make the decision that you are transsexual. You are anxious to start hormones, but you have to wait if you do it the proper and legal way. The specialists and doctors that you go to will take their time and will require you to go through a battery of tests and exams prior to prescribing hormones. This can take up to six months. Be prepared for a lot of doctor appointments, which will take time away from your work. Ask yourself whether employers will tolerate the time away. There are also the costs associated with these appointments. Did you know that you will probably have to pay for them yourself,

since the majority of insurance companies today will not reimburse expenses associated with transsexualism? Can you afford to pay, out of your pocket, as a bare minimum, a qualified gender identity psychotherapist, an endocrinologist for body chemistry stabilization, an electrolysis expert for permanent removal of unwanted hair, and a speech therapist to train your voice? Think about other unexpected costs. If you do keep your job, your company may require you to see their own specialists, and this is in addition to your own. Then think about medication costs. Hormones are not cheap. The surgery is not cheap. The fees start around ten thousand dollars, and, as usual, it's cash up front.

The biggest mistake that any transsexual person can make at the beginning is to tell friends that they are transsexual. Let me tell you, it is 'way too early in the transition to even breathe a word to anyone. The only time you should say anything is when you are finally ready for the final step of living full time in the opposite gender. Anytime earlier

could spell disaster. Think about it: what if the news filters to work? What would happen? Would you be ready for the possible results? Also, who knows, you may change your mind or the doctors may tell you that you are not a candidate for surgery. What would you do then?

Then what about legal matters? You must get a name change. Once this is accomplished, then you have the hassle of changing all of your IDs, school records, previous employment records, credit cards, banking, phone, electricity, and the list goes on and on. I experience a lot of embarrassing moments when I deal with others concerning the changing of pertinent information on these documents. Also, are you mentally up to going anywhere, everywhere in the clothing of the opposite sex? Think about it. Could you go before a judge, your friends, your work or even your pastor? What about religion? How will you justify your decision with your Lord and Saviour?

These are just a few of the thousands of questions and things that must be fully thought of and decid-

ed upon before one makes that decision of being a transsexual person in transition. Again, I do NOT recommend it for anyone. Personally, I had no other paths open for me because I TRIED EVERYTHING ELSE. Up to that point, I was constantly hoping that I was not one of "them." My path ended at two roads... one marked transsexualism and the other marked death. After much soul searching and agony, I took the much harder road and have not regretted the decision I made one year ago. I have been very lucky to this point. The timing has been perfect and the doors were opened by others before I came. However, I pray that you do not see the glamour of transsexualism, because it's not there. As a crossdresser, you have the best of both worlds with fewer problems and worries. Be thankful for what you have and don't wish for something that may totally ruin your life and your present happiness. By the way, don't feel sorry for me. I made the only decision I could have made—the decision to live! ♀♀



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Transition

At Ms. Slaughter's request, we have reprinted her story about Bobbie Montgomery in full. It originally appeared in The Nashville Tennessean on 22 July, 1990.

Starting Over As A Woman

Anguished Life Finds Meaning With Sex Change

by Sylvia Slaughter

"Once upon a time, there was a woman trapped in a man's body who wasn't happy until the doctors let her out. That woman was me, your momma... But she was happiest of all when she got you in a very special way..."

—Bobbie Montgomery.

It's Friday, allowance day, and Scooter Montgomery won't let his mother off the hook until she antes up.

"Little heart, can't you wait?" the mother asks her 9-year-old son.

The child can't. He's short on cash, and patience. "Nope! I'm almost broke, Momma," he says as he grabs the \$5 bill and races to the store across the street from his home.

Minutes later, the child returns—with a single red rose for his mother and a package of baseball cards for himself.

Scooter winks at Bobbie Montgomery: "Next time, Momma, I'll buy you a yacht."

Bobbie Montgomery hugs her bright, precocious son, a child who scored higher than 91% of his age group nationally in total reading,

88% higher in total mathematics and 80% higher in total language on his tests taken at Riverside Elementary School in Pearl River, LA, where the mother and son lived before moving to Nashville this spring.

Perhaps, because of his intelligence, or perhaps because Bobbie Montgomery told him from the day of his birth the story of her life, and subsequently his, Scooter knows that his mother was once a man and that he's the result of a surrogate birth.

Bobbie Montgomery, the woman, remembers Robert Bennett, the man she once was.

She works hard at remembering him, because she worked hard to forget him, but remember him, she does.

She remembers his anguish, his double life, the lie that he lived.

She remembers him rolling his wheelchair into a store, buying a pink blouse and a black skirt, \$100 worth of makeup, and telling the clerk they were for his sister.

She remembers him going into his bedroom, locking the door, slipping into the clothes and smoothing the base and blush over his five-o'clock shadow.

She remembers how right Robert felt in the woman's clothes and the cosmetics, and yet, at the same time, how wrong Robert felt, "like he was committing a sin against God and man that no good Catholic would ever commit."

"Robert was married to Doris, then," Montgomery says. "He was a husband. His birth certificate said he was a male, he had the male

parts, the proper plumbing, so to speak, yet he didn't feel like a male. He felt like a female."

From almost as early as she can remember, Bobbie Montgomery remembers Robert feeling like a girl, though he was an anatomically correct male.

Robert played with dolls and dishes. Robert joined the Cub Scouts, yet he longed to be a Brownie. He thought his mother's clothes were prettier than his father's; that ribbons and bows were more to his liking than blue jeans and T-shirts.

Robert, she says, always felt "strange," that his mind was at odds with his body, even before he could put his feelings into words.

"I can remember Robert being embarrassed because he had to use the boys' bathrooms. He didn't feel right, but he didn't know why he felt wrong."

Robert fought those feelings. Marrying Doris, he hoped, would keep the "woman within" at bay. Having a baby would bring out the protector in him, he prayed. Neither worked.

Robert, fearing for his sanity, sought the help of a psychologist in New Orleans, not far from his home in Slidell, LA, where he lived with Doris.

The doctor diagnosed Robert as a transsexual, a person who identifies with and assumes the role of the opposite sex.

Still, Robert denied his true gender identity—"and went on lying that lie, that dark, horrible lie."

"Robert was afraid," Montgomery says. "He was depressed, deeply depressed, but he didn't think of suicide—he was Catholic, and suicide was an unforgivable sin."

Today, Montgomery is no longer a practicing Catholic, and she is no longer Robert.

She pushes her wheelchair to her purse, opens it and shows her IDs. Her driver's license states "female"; her birth certificate states "female," and a card shows she worked for attorney Robert Bruno as a private investigator in the New

Orleans law firm, Bruno and Bruno, before moving here.

She is, she says, now the sex that she's always thought she was, thanks to sex-reassignment surgery, which altered her genitals from male to female to fit what she and her physicians thought to be compatible with her mental gender.

Going from Robert to Bobbie was all uphill for Montgomery.

"When Robert first found out he was accepted by the hospital's program, he felt his first real freedom," Montgomery says. Robert Bennett celebrated by buying himself 50 pairs of earrings.

"When Robert first really began to feel, really feel, that woman in him, he thought he was going crazy... He was 17 and still a virgin when he married Doris, and he could perform sexually as a male, but he would see another man and be attracted to him... he never felt he was gay, he just felt he was female... he felt like flirting with men... more like a woman would flirt," Montgomery says.

"Doris knew that something weird was going on in Robert's life. Doris told him to see a doctor, that maybe a doctor could fix him."

Doris never lived to see the metamorphosis from Robert to Bobbie. She was killed in a car accident when she was seven months pregnant with their child. The unborn baby died, too.

"That was hard on Robert," Montgomery remembers. "More than anything he wanted the baby. He felt more like the mother than he did the father... and I know that sounds strange to people who are ignorant of the facts of transsexualism."

After the death of Doris, Robert married again: "He was still battling his transsexualism; he thought a second wife might make him a whole man, a man between his ears, as well as between his legs."

The second marriage was annulled; Robert was learning that he couldn't fight the gender identity problem, a lesson he failed to learn from his first therapist.

Life was never easy for Robert Bennett. He was born with osteogenesis imperfecta, or "chalk bone" disease, a condition that causes brittle bones that break at something so slight as turning over in bed.

During birth, his collar bone broke. When he was 6 weeks old, his mother found him in his crib crying, with both legs swollen and broken.

"Momma grabbed Robert up and rushed him to Charity Hospital in New Orleans," Montgomery says. "She remembers carrying him in on a pillow, and it was there that the disease was diagnosed."

For the first eight years of his life, Robert mostly lived at the hospital, a 45-minute bus ride his mother made daily from her home in Slidell.

At Charity, he was in a body cast to prevent further bone breakage. When he was 8 years old, he was transferred to the Shriner's Hospital for Crippled Children in Shreveport, LA, where he lived until he was 16 years old.

"Robert became the bionic boy," Montgomery says of the steel rods in her arms and her legs, implanted during dozens of surgeries to strengthen her limbs.

Robert was 12 before he even sat up in bed. Montgomery remembers Robert getting his first wheelchair, something he knew he would have to use for the rest of his life. "He was almost happy then. I remember him thinking, 'Oh, boy, freedom.'"

But his freedom was limited.

When Robert left the Shriner's hospital he went to work as a dental technician in Slidell. His lab was on the second floor of a building which had no elevator; he sat down and pulled both himself and his wheelchair up to the lab, step by step, everyday.

Continued on page 23

Fiction

*The following is an excerpt from
The Problem, an unpublished novel
by Dallas Denny.*

The Problem

by Dallas Denny

School is okay because I spend most of the day in a gifted program, studying science and math. Usually, I am allowed to be unusual. But Miss Leoretta MacKenzie, my English teacher, is a stone bitch. She's got no eyebrows.

"Please read the next section, Mr. Sykes," she says. A loud snicker comes from Johnny Ray's direction.

"Mr. Sykes!" she snaps. I blink my eyes. "I'm sorry, Miss MacKenzie," I say. "I didn't realize you meant me." It was halfway true. As I don't fancy myself much of a Leroy, the name just sort of washes over me without sticking. Miss MacKenzie knows this, and she knows that using the name Laura Ann will get my attention right away, but she has a moral compunction against calling me by my rightful name. The second day of school I shaved off my eyebrows and drew them back on with black pencil just like she does and put up my hair in a bun like hers and she dragged me down to Mr. Mendez' office on account of it. Mr. Mendez is the principal and he looked at me and then at Miss MacKenzie and then at me again. "Imitation is the sincerest form of flattery," I said, and got sent home for three days.

MacKenzie has had it in for me ever since, and so I get picked on a lot in class. Today, she tells me to read the poem I picked for the class assignment.

"I have seen the best minds of my generation..." I begin, and she goes white underneath her war paint.

"Stop!" she cries, and I know I am one step away from saying hello to Mr. Mendez. "I won't allow that filth read in class!" She snatches up the little red book and waves it in the air. "This poem," she tells the class, "was written by a homosexual man, a pedophile, a degenerate who was taken to court on obscenity charges."

"He won," I say dryly. "The name of the poem is 'Howl,' by Allen Ginsberg," I tell the class, so that everyone can write down the

name and try to find a copy as soon as school is out. "I got it at Millstone Bookstore."

"Mr. Sykes," she says, "Please accompany me to the principal's office."

"You wouldn't like the ending anyway," I tell the class, and go with her.

Mr. Mendez is not happy to see me, but he will not suspend me, for we have come to an agreement of sorts. "Miss Sykes," he says, when the MacKenzie has told him what I have done, "you will remain after school for one hour every day this week and next."

"His name is Leroy, Mr. Mendez," says the Mac. "Calling him Laura or Miss Sykes is giving in to his delusion that he is a girl."

Mr. Mendez glances at three boys from shop class, sitting

uneasily in folding chairs in the waiting area. They are there to present him with a lamp made from a bowling pin. Every year the shop class gives him a lamp made from a bowling pin. I wonder where he keeps them all. He gets up and pulls his office door to so they won't hear. "Dammit, MacKenzie, this child is not psychologically a boy. It serves no purpose to cause him stress by refusing to call her by the name she chooses—he chooses—she chooses."

Mr. Mendez is not naturally so liberal; he comes about his opinions the hard way. On the first day of school, I had found myself in his office.

"Very clever disguise, Sykes," he said to Elizabeth Fenner, who was there to see him about working in the school office. Liz turned white and gave a sort of sob and ran out into the hallway.

"I'm Laura Ann Sykes," I told him.

He stared at me and then took me into his office and closed the door. "Your name," he told me, "is Leroy Sykes."

"Legally it may be," I said. "That's only because my pa has one judge all tied up and hamstrung and the other is mad at me."

"Be that as it may, you will dress as a boy at all times. Trousers. Shirts. Socks. You will wear no makeup. No jewelry. I'm not going to make you cut your hair, but I do expect you not to tease it up so. You will use the boys' bathroom. You will take physical education with the rest of the boys." He looked at my folder. "Scratch that. I see you're down for swimming. You will wear a boy's bathing suit. You will use the boys' locker room. Do you understand me?"

I snapped my bubble gum and bent over and ran my hand up and down my calf like I had seen Andrea Ammonds, the school tease, do. The effect was not wasted on Mendez. He swallowed hard and tugged at his collar. I straightened up and looked at him coolly. "Mr. Mendez, let me make something clear. There is only one part of my

body that makes me a boy. I look like a girl without makeup on. Without jewelry. In boys clothes. I sound like a girl. I smell like a girl. That's because I am a girl."

"Nevertheless, you will do as I have said."

Johnny Ray is going through the same kinds of changes that I did, and it's scaring him to death. He's eating like a pig to cover up his chest, trying to keep anyone from finding out about it. He doesn't have any idea why it's happening. He hates it, but if he would quit stealing my milk every day, I wouldn't have to dissolve pills in it and he would grow up to be a man instead of whatever it is I am turning him into.

I grinned at him. "The boys' bathroom?" I got up and opened the door and made a clicking sound at two boys who were walking down the hall. They stopped and stuck their heads into the office. "Mister Mendez tells me I gotta use the boys' room. Either of you interested in comin' along to see whether I'm a pointer or a setter? After that, we'll run along to the gym and you can see me in the pool, topless."

They hollered and grinned and grabbed my arms and started to pull me along towards the bathroom, and that did it. Mr. Mendez and I had obtained an uneasy truce that day; I was allowed to be me, so long as I was not deliberately outrageous. I was even allowed to use the girls' bathroom. Sure, he had sent me home for three days for sassing Miss MacKenzie, but that was because of my smart mouth and my cheap shot at Miss Mac. Now, he was reading her the riot act.

"Leoretta, it avails us nothing to persecute this child. Please take her back and try, just try, to teach her a little English. Call her by whatever

name she wants. It won't hurt anything. Be a teacher. Teach. And you—" he looked at me heavily—"If I hear of you doing anything else to antagonize Miss MacKenzie, I will require that you cut your hair before returning to school."

Well, I could have had it lots worse. Having to stay after school is no fun, but it beats having to explain to Pa why I got suspended. Pa is a liberal man with a belt or a razor strap.

Every day at lunchtime, Johnny Ray sits down across the table from me and eats his food and part of mine. He's done it since third grade. His Jetsons lunch box long ago gave way to an Igloo Lunchmate which would hold even Jethro Bodine's meal. Johnny is a big eater—he was even when we were playing show-and-tell in the ravine behind the playground. At five-six and three hundred pounds, Johnny has turned out to be a real four-by-four. He was always chubby, but something has happened in the past year or so to make him puff up like a marshmallow man. It's my fault that he's as big as he is, and if he should up and kick off like Uncle Bob, why, I would feel right guilty about it.

Johnny Ray is just a miserable person. All his life, ever since the show-and-tell incident (which was his idea), he has gone out of his way to make me unhappy. He could sit anywhere in the lunchroom, but he delights in tormenting me, keeping my friends away. I think he lives vicariously through me, for he always wants to know who I've seen and what I've done. I can tell that he thinks of me as a girl, but he calls me Leroy. "Howdy, Lee-roy," he says now. "Your friend Bobbo Joe felt you up lately?" His cheeks are rosy, like two apples. He keeps his hair cut short in a burr, but he is looking more and more like a girl. It worries him, and it's why he's getting so fat—to cover up his breasts, which came out of nowhere last year and which keep getting bigger and which embarrass him to death in gym class.

Continued on page 20

Personal

Editor's Note: Each issue, we will highlight one individual in our Personal section. And so, we bring you "Sexy" Maureen.

From TS? to CD

by "Sexy" Maureen

Have you ever wished that it was possible to somehow have a complete videotape of your past life which could be viewed and understood in mere hours? I always feel like that when trying to discuss who I am as a person.

My name is Maureen, and I'm a crossdresser who has been a member of Tri-Ess since Spring, 1986. That was six months after "finding" Maureen, and since then, I've only been increasingly happier. I'd like to do the difficult task of both

introducing myself and giving a few of my perceptions and not use the whole magazine to do it!

One critical thing is that because of the way I was raised, I was unbelievably sexually ignorant. It wasn't always a bad thing, but I don't feel too grateful for all the confusion, either. When I was 14, I heard about transsexual people for the first time in a *Good Housekeeping* article about a woman who became a man. While I didn't quite understand it, I clearly didn't have any negative feelings, either. In other words, I didn't feel like that person had done anything horrible or markedly wrong. I only felt sorry that this person had felt so much uncertainty and hurt for many years.

At about age 12, I first began to notice that women wear nylons. I liked what I saw, and I tried on a

stocking for the first time and enjoyed the experience. I then literally dreamed of wearing pantyhose, and the next year my fantasy turned into reality.

Confusion reigned for the next several years, because it wasn't until sometime later that I first heard of crossdressing. When I did, my feelings at first were similar to my feelings when I first heard of transsexualism. I had no negative thoughts, but I wondered why one would crossdress on a more or less regular basis. For money? If so, how could you get in on the deal?

I turned 21 in 1979, and I was legal to go anywhere. I decided to go out on Halloween as a woman and loved it. That's what I told people, too. In fact, I talked a lot about it. I didn't know it then, but I was saying more than I realized. In

other words, what I later came to understand was that I didn't want to dress just one day out of the year; I'd rather be dressed all 365 days, if possible. This realization hit me in October, 1985, and Maureen found herself.

The six years between 1979 and 1985 were highly confusing, because I wondered if something would emerge from within and cause me to want to become a woman for real. My memory isn't clear on all the details, but somewhere in that period, I began to learn some of the differences between crossdressers and transsexual people. By October, 1985, I at least understood that I did not wish to change sex for the sake of wearing women's clothing.

One good thing came out of all the confusion. In searching for the

answer to who I was, I read everything I could and watched the TV talk shows. Nowadays, anytime I hear of crossdressing or transsexualism or any related thing being the subject of a talk show, I'm sure to record it with my VCR. Most of all, I know now just who I am. Maureen is a crossdresser who loves herself and that is because she adores the feminine. Wonderfully, too, she is genuinely

sympathetic to other crossdressers, and transsexual people, she-males and anyone who is in a special situation where sex and gender identity are concerned. To all of you reading this, Maureen sides with you. After all, I owe it to you to understand and empathize with all of you.

To put it another way, I used to look at women when I was small and tell myself they were lucky—

they got to wear stockings, so why couldn't I? The wonderful reality of today is that I do wear nylons almost every day and feel an incredible warm glow from being dressed. Given that, would it be right of me to say, well, I've got mine, now let the others fish? Uh-uh! I honestly feel a responsibility now, which is to love my other sisters as the best woman I can be! ♀♀

Continued from page 18

Johnny eats fast, all business. Like always, he picks up my carton of milk and drinks it dry. He is always messing in my plate, too. Today, he reaches onto my salad plate and picks up a piece of carrot and licks the ranch dressing off it and puts in his mouth like a cigarette. I push the plate away from me with both hands, and he falls to, devouring what I have left unfinished.

I sigh. If Johnny has discovered where I work, he will have spread the news about my Problem. I dread the thought of going to work and facing the music. "Bobbo Joe's doings are his own affair," I say.

"That boy got some kind infatuation with you," Johnny leers.

"Don't you dare be hanging out at that truck stop," I tell him. "I'm already driving far enough as it is without you getting me fired so I'll have to go further."

"Them truck drivers," he muses. "Do they kiss on you and stuff?"

"Johnny Ray, you mind your affairs and I'll mind mine."

"Do you play with your titties?"

I look at him. "Do you play with yours?"

That gets him. He turns red in the face and gets up and staggers off.

Johnny's Ma has had him to the doctor, who can't figure out why he's developing in the way he's developing. I know; the reason is in my purse.

When I was thirteen years old, Ma started having hot flashes. It was a miserable time around the house, with her bitching and moan-

ing and telling us how lucky men (meaning me and Pa) were to not have the change of life. Doc Johnson ordered up some little yellow pills to cure her. Since they weren't pain pills and didn't do anything for her nerves, she soon forgot about them. But I knew that they were female hormones. I went to the library at the state university and found a big reference book that told about all kinds of medicine and read up on estrogens, and right then and there I decided that they were for me. I was carrying one in a baggie in my pocket so that I could match it up with the pictures in the book. I went right into the boys' room and into the stall and sat there and swallowed that pill. My hand was shaking so badly that I almost dropped it.

Now, thirteen year-old-boys don't look all that different from thirteen-year-old girls, at least if they haven't gone into puberty. I hadn't. I had a high voice and not even a single pubic hair. Within a month or so after I started taking Ma's pills, I went into adolescence, only it wasn't boy-type changes I went through, but girl-like changes. Because of the way I had dressed and worn my hair, I had sometimes been mistaken for a girl, but six months after I started taking those pills, there wasn't any doubt what I was. My hips swelled up and my nipples got tender and my waist drew in and I plumb turned into a young woman—except that I had the aforementioned Problem. I had been hoping that it would sort of

dwindle away and leave me with the other thing, but it persisted in staying the same while everything else was changing.

Pa whipped me when I got after my eyebrows, and again when I had my ears pierced, and once Ma snuck into my room and cut off all my hair, which just made me look like a bald-headed girl. They had me to the family doctor, who was at a loss about what was going on and just said that I must be a 'morphodite. He sent me to Doc Simmons, the shrink, who I've been seeing ever since. That was all Ma and Pa could think to do, and they've pretty much let me be a girl—not that they have much choice about it, 'cause like I said, I look like a girl no matter what I got on. They bitch when I wear dresses and makeup, but don't really stop me.

Johnny Ray is going through the same kinds of changes that I did, and it's scaring him to death. He's eating like a pig to cover up his chest, trying to keep anyone from finding out about it. He doesn't have any idea why it's happening. He hates it, but if he would quit stealing my milk every day, I wouldn't have to dissolve pills in it and he would grow up to be a man instead of whatever it is I am turning him into.

I should probably hate myself for what I have done to Johnny Ray, but I don't. He's getting exactly what he deserves. It's his just deserts for the miserable things he's done to me over the years. ♀♀

Support

Gender Support in the Computer Age

by Stephanie Rose

The gender community is in the midst of two revolutions right now. The first is more an evolution than a revolution. Support groups are springing up all over the country, and new T-peoples are seemingly coming out of the woodwork into a world they never knew existed—into the gender community. But we are also involved, more covertly, in another revolution—the computer revolution.

While we are by no means the leaders of this revolution (though I am sure some of our fellow T-peoples are), we stand to gain more from it than any other social groups out there. More and more, computers are being used for communication, for information exchange, and now, even for support. I'm talking about the increasing number and popularity of computer bulletin board services, or BBSs.

A BBS, for the layperson, is a computer connected to a phone line for the express purpose of receiving calls from other computers. All you need to hook up to one is a computer, a modem, a phone line, and telecommunication software. Once your computer is connected to a BBS, you can send (upload) and receive (download)

files, messages, chat with others on the same BBS, etc. And the real beauty behind it all, is it is completely safe. Everyone uses handles and private passwords. Only the System Operator (Sysop) has access to your more private information, and they take your security very seriously. It is a simple concept, but it has broad implications.

Today, there are well over a dozen BBSs across the country serving our community. The amount of information and help available on these boards is staggering. You can get lists of support groups, lists of retailers who cater to our community, original fiction stories by other T-peoples, hints on makeup, passing, and much, much more. All those are available as files you can download and look at.

However, the real benefits from these BBSs are found in the message sections, where a wide variety of topics are discussed. Some recent topics discussed on the Tri-Ess BBS (See *Getting Access to a BBS*) included how to tell your wife about CDing, whether or not to tell children, TV shows involving gender issues, homemade breast forms, the effects of hormones, etc.

When each of us first began that voyage of self discovery, the first question we had was "Are there others like me?" Finding and talking to others like ourselves gives us strength. We feel more comfortable when we know we are not alone. The message sections of BBSs give us that sense of community. Most messages are public, or rather, they are addressed to one

Getting Access to a BBS

The following is an example of how to gain access to the Tri-Ess BBS in Atlanta, though the general process applies to all BBSs.

Start by dialing the number, using either the dial command of your terminal program or by using the AT command set directly. The number for the Tri-Ess BBS is (404) 922-2414.

ATDT404-922-2414.

After a ring or two, the BBS will answer, and the two modems will make a connection. Your screen will display the word **Connect** followed by the speed at which your modem is set.

Connect 2400

Soon, text will start appearing on your screen, and eventually, you will be asked to log on. For a new user on the Tri-Ess BBS, enter

Sigma Epsilon as your name. Other BBSs will have a different name for first time callers.

Enter your full name: Sigma Epsilon

In future calls, you will use your own name, or handle to log on.

Now you will be prompted for a password. This is to keep strangers out, and to protect your security. For Tri-Ess, enter **triess** as your password.

Password: triess

Again, in future calls, you will enter your own private password.

You should now have new user access to the Tri-Ess BBS. New users are generally pretty restricted, though just how restricted will depend on the board you are calling. You will continue to have restricted access until you fill out a questionnaire which is required by almost all BBSs. To do this, enter **Q** at the main menu prompt.

Here, you will be given a brief

introduction to the BBS, and asked a variety of questions, usually including your name, the handle you would like to use, your personal password, where you are calling from, etc. You must answer these questions truthfully! Don't worry, only the Sysop has access to this information, and they are trustworthy. The Tri-Ess BBS is free of charge, but some others require a donation to get full access.

Once you have filled out the questionnaire, select **log off** from the menu to disconnect. Generally, you will be granted full access within a few days, at which time you can start taking advantage of some of the wonderful features of the BBS. Most new users spend their full time allotment each day downloading fantasy and fiction stories written by other users. Eventually, they will start reading the messages, and before you know it, they are pros.

or more individuals, but everyone is allowed to read and respond to them. Other messages are tagged as private, meaning only the person the message is being sent too can read it.

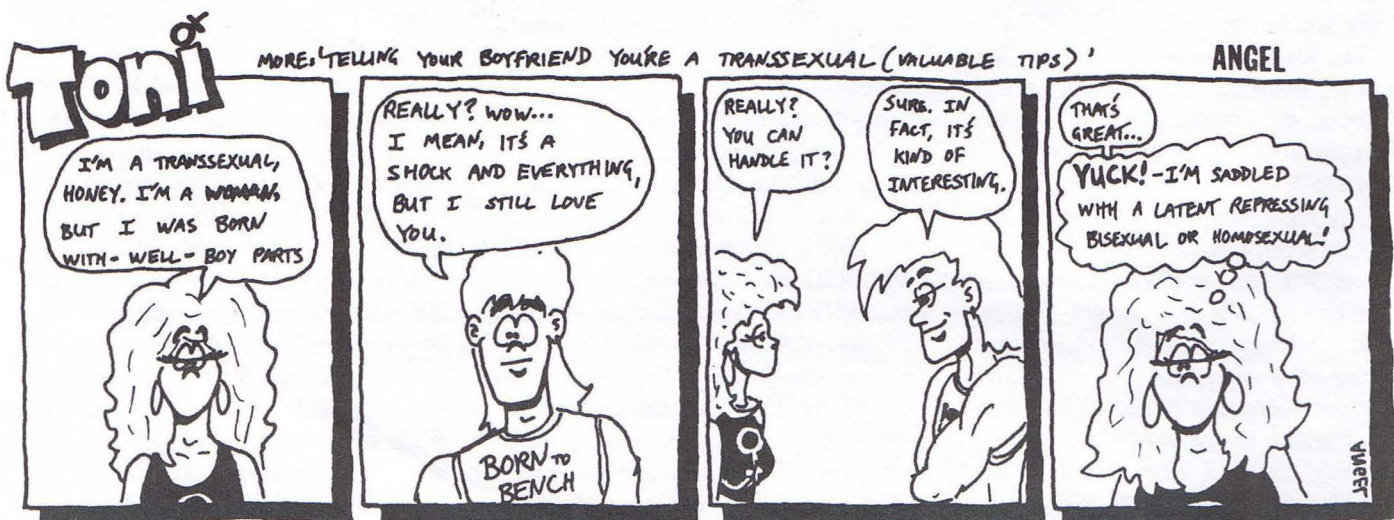
The whole purpose of these messages is communication and support. In reading the messages, you see and learn about others just like yourself. You see the problems they are facing, the successes they have had, and what special people they are. By responding to mes-

sages, you let others know what you have learned, what problems you are having, and also how special you are. Messages go back and forth, others throw in their points of view, and everyone benefits.

If you become hooked on these BBSs, like so many of us have, you soon find you have a whole bunch of new friends, who in many cases know you better than your non-gender friends, just as you come to know them. All this is because you are free to be yourself. The

anonymity of your handle guarantees that.

For many CDs and transsexual peoples in recent years, the first contact with another has been through a BBS. The open, yet secure nature of BBSs make them an ideal place to start the voyage of self discovery. As the use of BBSs continues to increase, we will continue to see our community grow by record numbers. As it does, our goal of public acceptance will continue to get closer and closer. ☺



Continued from page 16

Robert's bones were weak, but his will wasn't.

He began lobbying for the handicapped in Slidell, yet he knew that his life was unfulfilled. He decided he would have sex-change surgery. Once Robert made the decision, he never renege, not even the morning before the surgery at the University of Texas Medical Center in Galveston.

"Robert remembers the doctor coming into his room, asking him if he still wanted to go through the operation. Robert said, 'I'll see you after the surgery,'" Montgomery says.

By the time Robert had the surgery, he was already Bobbie Bennett. The program at the hospital mandated thorough testing to determine whether or not he was a candidate for sex-reassignment.

He was, and for four years prior to the operation, he had to live life totally as a woman. He dressed as a woman, worked as a woman, underwent hormone therapy and electrolysis, and learned in the gender identity program to even gesture like a woman.

"When Robert first found out he was accepted by the hospital's program, he felt his first real freedom," Montgomery says. Robert Bennett celebrated by buying himself 50 pairs of earrings.

Come August 14, Bobbie Montgomery will mark her 11th anniversary as a woman. When people ask her how old she is today, she jests that she's 32—because she believes that Bobbie was born immediately after the operation was complete.

After the surgery, she says, she mentally buried Robert. "He was; I am!"

Six months following the surgery, Bobbie Bennett married Stuart Montgomery, who knew of her transsexualism, and accepted her as Bobbie: "For over nine years," she says, "ours was the perfect marriage. On the day we married, we had \$20 between us, but we worked together and built a dream house. I went to beauty

school in California and opened a hair salon in Dallas. We did everything together, including planning Scooter."

Her son is the biological child of Stuart and Bobbie's sister, Dottie Powers of Slidell, who underwent artificial insemination. After Scooter's birth, Bobbie had to adopt him.

"I've always been someone who wanted to help educate people... I've spoken on so many talk shows about transsexualism, about surrogate motherhood, and at colleges, from Rice University to Louisiana State University. Now, I'm speaking out against drugs because I know first-hand how they can destroy a good, loving human being."

Her life, she says, has been lived in one court or another, beginning with her battle with Medicare to pay for her sex-change operation, which she lost, to a recent divorce from a man she married on the rebound after her divorce from Stuart.

The latter divorce, she wanted. The divorce from Stuart devastated her: "Stuart changed," she said of the divorce, granted on the grounds of Stuart's habitual drug use, according to records at the Poplarville, MI, courthouse.

Since moving to Nashville, Bobbie Montgomery has written and recorded a song, *Heartbreak on I-10*, under her own label. She's freely distributed it to several clubs around town, she says, because it's a love song and tells of the dangers of drugs, which she's 100% against.

"I've always been someone who wanted to help educate people... I've spoken on so many talk shows about transsexualism, about surrogate motherhood, and at colleges, from Rice University to Louisiana State University. Now, I'm speaking out against drugs because I know

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firsthand how they can destroy a good, loving human being.”

The only drugs Montgomery takes are daily female hormones prescribed by Dr. Luis J. Rodriguez, a clinical associate professor with the University of Texas Medical School in Houston and an endocrinologist, who confirmed in a telephone conversation the metamorphosis of Robert to Bobbie.

“I’m a total woman today,” Montgomery says. “Once, I was half; now, I’m whole. I hope I’m a good mother, because Scooter is the most important person in the world to me.”

Someday, Montgomery would like to marry a man who would make a good role model for her son, and one who’s tolerant of her wheelchair.

Because of her handicap, Montgomery has a C.B. in her car in case she breaks down on the highway. Her handle is Sexy Wheels—a flaunting, perhaps, of her femininity, she jokes, but quickly adds that it’s definitely an ode to her wheelchair.

“I’ve had more people, men and other women, too, be put off by my wheelchair than they have been by my transsexualism.”

Despite her many obstacles, from bone disease to transsexualism to divorce, Bobbie Montgomery has never been one to wallow.

Laughter, she believes, makes the world go around and helps rescue the wounded-of-heart.

The other night she had a friend who was feeling down because her diabetes had flared up. Bobbie gave her a dose of Montgomery medicine: “Watch your diet and be glad you’ve got insulin... Pity those poor people with AIDS,” she began before she delivered her punchline: “I don’t want that disease that Ajax won’t wash away.” The friend laughs a little, then laughs a lot when Montgomery adds a scoop she’s recently read: “Did you see in the paper where Dolly Parton’s chauffeur is a transsexual... You see, I travel in good company.” ☽

Announcing the AEGIS Bibliography of Gender Dysphoria

AEGIS is proud to announce the availability of the AEGIS Bibliography of Gender Dysphoria (Copyright © 1990 by Dallas Denny). The bibliography contains materials of direct and indirect interest to persons interested in gender dysphoria.

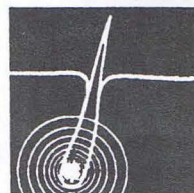
The AEGIS Bibliography consists of over 200 pages of references for journal articles, book chapters, and books, and it is growing. We are in the process of annotating it, and we are constantly adding new articles and checking the listings for accuracy.

The bibliography is available in the following formats: 5.25" and 3.5" MS-DOS, Macintosh and Atari ST disks for \$5.00 (disks are free to AEGIS members), or in printed form for \$9.00; price includes postage. Once you have ordered, updates are available for half price. You may obtain updates as often as you like.

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Ms. Dallas Denny, M.A., Director

The Atlanta Educational Gender Information Service (AEGIS) is a not-for-profit business which disseminates information to persons interested in issues of gender. AEGIS provides free referrals to support groups and gender clinics, and free referrals to physicians, psychologists, psychiatrists, social agencies and private social workers, ministers and attorneys to those not within range of a gender clinic or support group. We maintain a worldwide database of helping professionals, including surgeons who perform sex reassignment. Our magazine, **Chrysalis Quarterly**, is published four times a year, and we will be offering other publications as they are readied. We work actively with our sister organizations, exchanging newsletters, information, and referrals, and helping to organize cooperative projects and events.

AEGIS supports the **Standards of Care** of the **Harry Benjamin International Gender Dysphoria Association, Inc.**, and makes referrals contingent upon documentation of adherence to these standards. We actively support the professionalization and standardization of services for transgendered persons. We promote nonjudgemental and

nondiscriminatory treatment of persons with gender dysphoria, and advocate respect for their dignity, their right to treatment, and their right to choose their gender.

AEGIS was founded and is managed by a licensed human service professional with knowledge of the professional literature of gender issues and more than a decade of experience in the delivery of psychological services.

The word AEGIS means, variously, shield, protection, and sponsorship. We will strive to live up to our acronym by at all times maintaining confidentiality and by helping transgendered persons make reasoned and informed decisions about the ways in which they will live their lives.

aegis (e'jis), n. 1. in Greek mythology, a shield or breastplate used by Zeus and, later, by his daughter Athena; hence, 2. a protection. 3. sponsorship; auspices.

*Webster's New World Dictionary
of the American Language*

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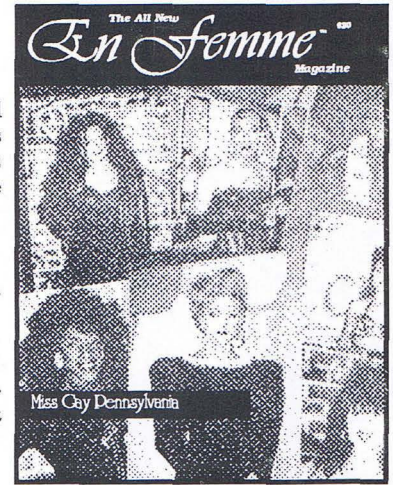
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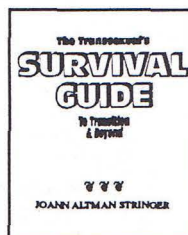
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