

THE TRANSSEXUAL VOICE

FEBRUARY 1993

\$3.00

TRANSSEXUALISM: GYNECOLOGICAL ASPECTS

By Leo Wollman, M.D.

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In the female transsexual, the primary objective is to eliminate the stigmata of femininity. Initially, a vaginal smear is done, preferably in mid-menstrual cycle, to determine the degree of estrogen effect on the vaginal cells.

Androgenization is accomplished by fortnightly injections of Delatestryl, a Squibb preparation of testosterone exanthate, in doses of 100 to 200 mg. A desirable side effect is increased supralabial hirsutism, i.e. a moustache and often a pogonial one, a beard as well. The more important physiological effect is the cessation of the menses and the maintenance of this amenorrhea until an elective hysterectomy and bilateral oophorectomy can be performed. Deepening of the voice is usually found after androgen administration in the adult female.

Usually the patient has sufficient mammary gland development to request a mastectomy. This operation is the first of three major surgical procedures. The other two are the removal of uterus and ovaries and the creation of an artificial phallus. The technique used involves concentric tubular grafts for urethra and corpus phalli.

The male transsexual is the one who requires diligent gynecological postoperative care and supervision. After a vagina has been created for the patient, it is incumbent upon the attending physician to provide constant and patient instruction on the care of the newly formed vagina. Stretching to avoid constriction may be accomplished by the fingers, a penis, a mold or a dildo. The dildo is esthetically unacceptable at this time. I prefer to recommend a penis, if available, or the fingers of the patient. An estrogenic cream to overcome dryness of the vaginal passage is also recommended.

A frequent complication encountered is distortion of the urinary stream. One patient was unhappy because the direction of her urinary flow after surgery was such that the stream was directed over the toilet seat when she squatted. This condition was corrected by further surgery. Another patient had a spray instead of a flow. This required dilation for correction. Urinary infection complicated by a foreign body reaction from a suture seeking egress from the body is fairly frequently encountered in those patients who are operated on abroad.

Feminization of the surgically created female is continued after operation. This is done to provide emotional gratification and to promote the growth of breast tissue. Early functional use of the vagina is encouraged. Coitus with a male is recommended to accomplish this purpose. Supportive psychotherapy is most strongly indicated at this time. The family, frequently has to be seen and advised in these cases. In almost all cases, hynorelaxation is of immeasurable value.

Dear Doctor Wollman:

I am a transsexual and have been on hormones for just over a year. I am taking 5.mg Premarin, 10 mg medroxyprogesterone and .5 mg estinyl per day. I now find my finger nails break very easy and can no longer have nice long nails. Is it the hormones and would taking gelatin help?

Also, I seem to have upset stomach and diarrhea more often, could this be caused by the hormones. Charlene

Dear Charlene;

None of your symptoms and complaints are caused by estrogens. In my opinion, you are overdosing. Dr. Wollman

To the "SRS Inquirer"

The statement "sex is always accompanied with some degree of pain after such surgery (SRS) is inaccurate and provocative.

The vagina does not "enter the uterus". The uterus, by its cervix, dips into the upper end of the vagina. The uterus and the vagina are two distinct and separate organs.

The skin of the penis is inverted to form the vaginal sheath. There is no "penile inversion".

"Pain with sex" is a faulty premise.

A supra-pubic "bikini" incision is used for the intestinal loop transplant.

Post-operative vaginal depth depends on the length of penile skin used. Other tissue can be added to lengthen the vagina.

Will there be new, improved methods of creating a vagina for the male TS? YES DEFINITELY! LEO WOLLMAN, M.D.

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

The Transsexual Voice

Mail Address:
Phoebe Smith
P.O. Box 16314
Atlanta, GA 30321

SINCE 1981, THE LEADING PUBLICATION DEDICATED
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SAN FRANCISCO, CA - PHOTOGRAPHS AND WRITINGS SOUGHT

The time has come to dispel the image most of America has of people with AIDS. We are not 93 pound, bedridden weaklings from the moment of our diagnosis until death; as the media so often presents.

POSITIVES will show, and tell, that though we may be sick, we are not to be pitied or feared. Please submit photographs and writings about your 'positive' life. The truth of *how* we live with AIDS must be told, must be seen. Donations to help fund this project will be greatly appreciated.

To submit items or for more information please write: POSITIVES, PO Box 425897, San Francisco, CA 94142-5897.

The East Coast Female-to-Male Group (ECFTMG)
and its newsletter
"Gender In Formation"
have a new mailing address:

East Coast FTM Group
PO Box 60585
Florence Station
Northampton, MA 01060

TV-TS TAPESTRY

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Dear Doctor Dorn:

I am writing to you concerning a sex change operation. I am a 21 year old female who wishes to become a male. I have wanted to do this for a couple of years now. It's hard for me to explain exactly what's going on, all I know for sure is I am not happy with myself and I definately want the operation. I feel it will allow me to live a normal and happy life. I have been looking into this for quite some time now, but I have some unanswered questions. It would be greatly appreciated if you could try and help me.

My questions are as follows: 1) Cost - financial assistance, if any; such as insurance. 2) Do I have to see a psychiatrist or psychologist? 3) How do I obtain the hormone pills? 4) How long does it take? 5) Any specific information pertaining to the surgery? 6) Recommended hospitals or clinics.

Any other information that may be helpful would be appreciated. Kristine

Dear Kristine:

Thanks for your letter expressing your concerns about your feelings about wanting to have surgery. The questions that you asked are common questions that may preoperative transsexuals have.

Your asked about the cost and financial assistance, if any. The cost of sex change varies, but you would have to consider a total of up to \$20,000 depending on your needs. Some of this cost is for psychological and psychiatric evaluation and therapy if needed. You will need to have letters from at least two physicians regarding your suitability for the female to male change. The majority of cost will be for the surgery. This will include mastectomy or removal of the breasts and possibly hysterectomy and ovariectomy with construction of the penis. As a general rule the female to male surgery is more expensive and tends to be more complicated. Insurance does not cover the cost of either preoperative or postoperative treatment of transsexuals and you will need to find the money through independent sources.

Testosterone, usually in the oil base, is administered by injection. It is safer and more reliable than taking testosterone orally. There is a testosterone patch which should be available sometime within the next year which may be a significant improvement. You must be aware of the potential dangers of testosterone and it will be necessary for you to consult a qualified psychiatrist or internal medicine specialist who is familiar with transsexual patients in order to start you on these hormones. The procedure would be expected to take anywhere from two to five years as it is required for you to live as a male for

at least one year prior to beginning hormone injections (for the real test). I would suggest that you consider the surgery as a more long range plan, at least two years after living in the male role and beginning the hormone injections. By that time, there will be other clinics and hospitals set up around the world and it would be necessary for you to find that particular surgeon who has the most skill in the female to male conversion. The female to male conversion is much more difficult surgically due to the need to construct a penis. As a first step, I would suggest that you contact a psychiatrist in the Massachusetts area who has experience in treating transsexual patients.

Thank you for your letter. Dr. Dorn

Janice B. Dorn, M.D., Ph.D. is a graduate of the Albert Einstein College of Medicine where she received a Ph.D. in Neuroanatomy. She has held medical faculty positions in Anatomy and Physiology at the University of Texas Health Sciences Center and the University of Missouri at Columbia. She was Associate Professor of Anatomy and Physiology at the Chicago Medical School and on the faculty of the Northwestern Medical School where she taught Neuroanatomy. After graduation from Medical School at the University of Juarez, she did an internship in Neuropsychiatry at the University of New Mexico Medical Center and did a Residency in Anesthesiology and a Fellowship in Pain in Psychiatry at the Maricopa Medical Center in Phoenix where she was Chief Resident in 1987. She was the founding Medical Director of the Clarence Lawson Foundation (A Drug and Alcohol Treatment Center) in Phoenix. She is a frequent guest on radio and television and has had weekly radio programs on KHEP and KTAR. She is the spokesperson for the Women's Helpline at Phoenix Camelback Hospital. She is in the private practice of Biological Psychiatry, Psychopharmacology, and Psychoneuro-endocrinology in Phoenix and lectures locally and nationally. She has worked extensively with transsexuals over the past 8 years. She has been involved with hormonal regulation and behavior for the past 10 years. She has been studying and researching brain control of hormones and behavior for the past 30 years. She is certified as an addictionist by the American Society of Addiction Medicine and is board certified by the American Board of Psychiatry and Neurology.

SEND YOUR QUESTIONS TO DR. DORN TO: JANICE B. DORN, M.D.,
%TS VOICE, P. O. BOX 16314, ATLANTA, GA. 30321. I WILL
FORWARD TO HER; YOUR LETTER AND HER ANSWER WILL BE IN THE
TRANSSEXUAL VOICE.

THE PATHETIC IRONY

=====

WOULD THAT EVERY PERSON COULD BE CONTENT TO BE WHAT SEX THEY ARE.

BUT I FIND MYSELF WITH "THE UNINVITED DILEMA", AND THUS AM A LIVING EXAMPLE OF THE 1 IN EVERY 30,000 PERSONS THAT IS OUT OF HARMONY/SYNC WITH THEIR BODY...

IT USED TO BE CALLED: GENDER DYSPHORIA, MEANING: 'NOT HAPPY'.
NOW IT'S CALLED: GENDER IDENTITY DISORDER. WHATEVER...

I AM TRANSGENDERED--I AM A BIOLOGICAL MALE--BUT I LIVE AS A FEMALE. I FEEL I 'FIT' BETTER AS A WOMAN. I SURE DO FEEL BETTER AS A WOMAN. I ALSO CONSIDER MYSELF A TRANSSEXUAL--I HAVE ALWAYS HAD A BREAST AND 'VULVA ENVY' AND WANTED MY BODY TO CONFORM TO WHERE 'MY HEAD WAS'.

I HAVE ALWAYS ENJOYED CHILDREN. I WAS THE MOST PREFERRED AND POPULAR BABYSITTER IN MY NEIGHBORHOOD. SINCE MY TEENAGE YEARS, I'VE DESIRED TO BREAST FEED AN INFANT. TO ME IT WAS THE EPITOME OF FEMININITY. I'M VERY COMFORTABLE AND CONTENT WITH THE IDEA OF MOTHERHOOD AND HOME.

I FINALLY FIGURED OUT, THO UNBEKNOWNST TO ME FOR MANY YEARS, THAT I'D ALWAYS RELATED TO MEN AS A FEMALE. TO SAY THE LEAST THIS GENERATED A GREAT DEAL OF PERPLEXITY. TO MY KNOWLEDGE THERE WAS NO SEXUAL UNDERCURRENT ON MY PART, JUST A STRONG FLOW OF FEMININE BEHAVIOR. BUT AT BEST I WAS CONSIDERED WEIRD, AND AT WORST? PROBABLEY HOMOSEXUAL.

I LIKE MEN. THO I'D COME TO CONSIDER MYSELF 'BISEXUAL', I NOW SEEM TO RELATE MORE TO WOMEN AS PEERS AND FRIENDS, THAN AS POTENTIAL PARTNERS. WHAT CURRENTLY WOULD SEEM LIKE HOMOSEXUALITY, NOW TO ME, SEEMS AS MY TRULY BECOMING HETEROSEXUAL--MY SEXUAL ORIENTATION IN TUNE WITH MY MIND AND BEING. I CONSIDER THIS AN ACCURATE ASSESSMENT:

IF I AM TRULY *"BRAIN-SEXED" AS FEMALE.
THIS TRANSITION HAS NOT COME FOR ME WITH OUT STRONG MIXED EMOTIONS. BECAUSE OF OUR SOCIO-RELIGIOUS ENCULTURATION, AT TIMES, IT SEEMS IT SHOULD BE ALIEN AND WRONG--YET, IT FEELS SO VERY COMFORTABLE AND RIGHT!

WHEREAS BEFORE AS A MAN, MY RELATIONSHIP WITH MY WIFE WOULD HAVE BEEN CONSIDERED HETEROSEXUAL, I FELT MORE LIKE I WAS HAVING A LESBIAN RELATIONSHIP. I USUALLY WANTED TO BE THE GIVING AND RECEPTIVE WOMAN.

BY THE WAY: IN ANONYMOUS HONESTY, OVER 50% OF MEN AND WOMEN ADMIT TO BEING REALLY BISEXUAL IN THEIR SEXUAL ORIENTATION, THO THEY USUALLY HAVE A STRONGER PREFERENCE FOR THE OPPOSITE SEX.

I HAVE COME TO REALIZE THAT MY FORMER STRONG DESIRE FOR YOUNG GIRLS AND WOMEN WAS ENVY. THIS "LUST" WAS VERY PAINFUL AND GRIEVOUS TO MY PREVIOUS TWO WIVES--YET AT THE SAME TIME IT WAS ALSO VERY PAINFUL AND GRIEVOUS TO ME--I FELT VERY DISLOYAL AS A "LOVING AND FAITHFUL HUSBAND". I EVENTUALLY CAME TO REALIZE THAT MY EMOTIONAL FUNCTIONING WAS: IF I COULD NOT BE A GIRL/A WOMAN, THEN THE NEXT BEST THING WAS TO BE SEXUAL WITH THEM, AND ENJOY THE BODY THAT I WANTED, AND THUS ENVIED.

*
("BRAIN DIMORPHISM: For the first 6 weeks of our embryonic existence we are all females. The beginnings of the differentiation occurs during the middle of the second month of life. Whether the brain organizes as a male brain or female brain is a function of testosterone levels at the beginning of the second trimester (12-14 weeks). If testosterone levels are high the brain differentiates as a male brain. If the testosterone levels are low, the brain continues to develop as a female brain.")

THE PATHETIC IRONY...continued...

I'M OPEN, FRIENDLY, CAREING, SOMETIMES CONSIDERED APPROBATIVE--HAVING A STRONG DESIRE TO SERVE AND PLEASE. I'M ALSO EMOTIONAL, AFFECTIONATE, AND EASILY TOUCH ON PEOPLE. IN OUR CULTURE THOSE ARE CONSIDERED FEMININE RESPONSES. I TRIED EVER SO DILIGENTLY TO REPRESS MYSELF MORE AND MORE. AS A RESULT, I'VE STRUGGLED WITH A LIFETIME OF DEPRESSION.

AFTER STARTING TO CROSS-LIVE THE LATTER PART OF DECEMBER OF 1991, MY DEPRESSION LIFTED. I WAS FINALLY ABLE TO BE ME--WHATEVER THAT MEANT-- AND ALL OF ME WAS ABLE TO BE EXPRESSED. AND FOR THE MOST PART I HAVE RECEIVED ACCEPTANCE, THO MIXED WITH PERPLEXITY, AND SOME REJECTION.

BEING ON SELF-MEDICATED FEMALE HORMONES SINCE MARCH 22ND, 1992, MY BODY IS NOW CONFORMING TO THE FEMININE. I AM VERY, VERY PLEASED WITH THE CHANGES MY BODY IS MAKING. ESPECIALLY TO SEE MY DEVELOPING BREASTS. AS I ONCE SAID TO A PREGNANT WOMEN: "IF HORMONES CAN GIVE ME BREASTS, THERE'S GOT BE SOMETHING THAT I CAN TAKE FOR ME TO PRODUCE MILK, AND THEN I'LL FINALLY BE ABLE TO BREAST-FEED AN INFANT."

MY MAJOR INCONGRUITY NOW IS HAVING THE RESIDUAL MALE SEXUAL APPENDAGE, OF WHICH, I'M COMFORTABLE DOING WITHOUT. TIME AND MONEY WILL DETERMINE WHAT I AM ABLE TO DO ABOUT IT. I WOULD AT LEAST LIKE A VULVA, IF NOT A VAGINA ALSO. FOR NOW THO, I FEEL LIKE A VERY INADEQUATE WOMEN SEXUALLY.

MY SEX DRIVE HAS DECREASED TO ALMOST NOTHING--BUT IT FEELS GOOD, FEELING FIRST AND FOREMOST A HUMAN BEING--BEFORE BEING A SEXUAL CREATURE. IT'S BEEN A COMFORTABLE AND WELCOMED RELIEF FROM MY FORMER HYPER-SEXUALITY.

I FIND IT BOTH INTERESTING AND DISTRESSING, THE SHEER AMOUNT OF MENTAL AND PHYSICAL ENERGY IT TAKES TO CHANGE ONE'S SEX. WHEN IF I WAS BORN THE SEX I WANT TO BE--I WOULD BE TAKING MY SEXUAL IDENTITY FOR GRANTED.

I DON'T FEEL I'M BEING DISLOYAL TO MALES--AS MUCH AS I'M BEING TRUE TO MYSELF. THO I'M TECHNICALLY MASQUERADING AS A FEMALE, I'M NOT TRYING TO BE A CARICATURE OF A WOMEN! I'M ONLY TRYING TO BE TRUE TO ME-- WHICH SEEMS TO BE VERY MUCH ON THE FEMININE SIDE OF THINGS.

I TENDED TO FEEL GUILTY FOR ABANDONING YOUNG MALES AS A HEALTHY ROLE MODEL OF A GENTLE, SENSITIVE, AND NURTURING MAN. BUT I HAD THE NEED TO CONSIDER MYSELF FIRST. A CLOSE FRIEND POINTED IT OUT TO ME THAT I SERVE AS A BROADER ROLE MODEL--AS AN INDIVIDUAL FIRST AND FOREMOST, REGARDLESS OF MY ANATOMICAL DEFINITION IN SOCIETY.

I LIKE IT HERE. I FINALLY FEEL LIKE I FIT. THO, TECHNICALLY, BY BECOMING AN "IT" (A NEUTERED MALE/ A MAKESHIFT FEMALE), I SOMETIMES EMOTIONALLY FEEL AS IF I BELONG TO NEITHER SEX--I FEEL ALIENATED FROM BOTH SEXES, AND YET VERY INTIMATELY FAMILIAR WITH BOTH SEXES. TO THE MEN...I MAY BE CONSIDERED A TRAITOR, ABANDONING THEM-- TO THE WOMEN I MAY BE CONSIDERED AN UNWANTED ALIEN, AN IMPOSTOR AMONG THEM. SO BE IT. TO ME AT LEAST--NOW! I'M AT LAST!!!: ME!!!!...

I'M BEING VULNERABLE IN ORDER TO EXPLAIN, AND MAKE IT EASIER FOR OTHERS. TO SAY THE LEAST--IT'S A DIFFICULT COURSE--THE SUICIDE RATE IS HIGH. YOUR PERPLEXITY, AND EVEN MAYBE AWKWARDNESS, DOES NOT OFFEND ME. WHATEVER UNDERSTANDING AND ACCEPTANCE OF ME YOU GIVE--IS APPRECIATED. THO: NO MATTER WHAT, EVEN IF IT OFFENDS YOU--AND MAYBE STRESSES US BOTH-- I NEED TO BE TRUE TO MYSELF.

I'LL GLADLY AND OPENLY ANSWER ANY QUESTIONS. PACEM, SALAAM, SHALOM...

=====
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Dear Phoebe;

The latest horror suffered by Miriam in the final episode of Dr. Sarah Seton's "Adventures of Miriam" brings to mind a subject that, it seems to me, is given little attention in most cross-gender publications. In this "year of the woman" there has been much made of the limited interest by medical authorities to medical problems suffered almost primarily by women, in particular, breast cancer..

As an older woman who has been on heavy dosages of estrogen, I have some concerns and perform personal monthly "breast self-examination", though never quite certain, that should I find anything I could identify it. Fortunately, this problem has never arisen.

Stories from others of discomfort, pain, and the embarrassment of mammography, have encouraged me to diligently avoid this procedure. With so much written in women's magazines recently, I decided it is time to overcome my fears.

I am happy to report that my test results were positive and my fears groundless. It is a very simple procedure with only slight discomfort and, as a reformed coward, I would encourage everyone to avail themselves of this simple opportunity that might save them, at least, pain and mutilation, and at worst, death. Lorraine

Dear Phoebe;

The letters in the October issue of "The Voice" that the transitioning sisters and brothers wrote were all very good, hopefully they offered a ray of light to their families.

It has been almost a year now since my family and my (now ex) wife's family know about me. I won't paint any rosy pictures, it has been a very rough road. This is typical. One could add to this "pot of stew", not only family rejections, but the hostile reactions of strangers, mix in what the hormones do to your state of emotional well being, (already pretty delicate for the majority of us!) and one has to deal with a very heady brew indeed! I find the loneliness a difficult thing to deal with. So as not to have to put up with too much hassle, I go out once or so to a local Gay bar. They are a bit more tolerant of those of us in transition than the average straight population. If any one reading your publication, (and is still in the closet) thinks this will not be the case, then they neither "pass like a bandit", (rare) or they are simply deluding themselves. Fact, ladies and gentlemen, it is a very unkind world out there, know this going in. The expenses are enormous also, don't matter which way you are going.

I was looking forward to SRS maybe by September of 1993, maybe, depends. I have been out and about seeking gainful employment as a woman, since this is a requirement, (and I no longer have a job, I was a State Licensed Contractor). Prospective employers are shocked when I show up at their

door, do give the interview, but I never hear from them again, or they simply refuse to return my telephone follow-up calls; another harsh reality of being what we are. Misunderstanding, rejection, and outright hostility, are the "norm" for the majority of us.

In my particular case I am slim, not too tall, do a decent job with my make-up, have been told by a lot of people that I am attractive, so I don't know what the problem is. I could get a job as a "man", but this is NOT in accordance with the guidelines of the Standards of Care, that would be "cheating". I have not obtained my legal name change as of yet, I can't. If I do it will be a major problem at this point in time, (long story), I won't get into it, but I do have two young children in private schools, complications beyond belief!)

The simple joys of being a woman, mixed with the paradoxes, dilemma, and quandries of being born a biological man, who was married and fathered two children. Yet I continue. Having worked through it thus far, endured the divorce, (gave her everything, walked away with absolutely nothing, still in love with her to boot!) having to start all over at this stage of the game as a woman, with not much of a bank account, is an experience in itself. Survival becomes a major issue. Neither as a woman or a man, just as a human being, albeit, a female one, still trapped in a male's body, as an added burden.

Factor in yet another emerging element, one I find both new and frightening, the newly forming woman in me who continues to evolve, (via psychotherapy and mega doses of feminizing hormones) is starting to discover "men". Whoa-boy, the budding Miss Brenda was not quite ready for this one! By the very chemistry of what the estrogens are doing to my brain as well as my body, my thought processes are being altered, (or being revealed). It's not a homosexual thing, (we have all worked through this one with our shrinks I'm sure ladies and gentlemen). But, it's like how do you deal with it? So far, I have declined the offers by the guys that want to take me out to dinner and stuff. I have danced with a couple of them. I know they "read" me, as not yet a "full fledged female". Some are nice, seem sincere; others have been downright "blatant" as to their "intentions", scares the Hell out of me! I want to get "involved" with a guy, but I am sure that I am in no way ready for something like that (sure would be nice though). These feelings are getting more powerful each day, puberty all over again. Oh well, I guess that's all part of becoming a woman. I do wonder how some of the other girls have handled this part of it. Any suggestions ladies? Thanks. Brenda.

Dear Phoebe;

I can't understand some transsexuals. I was one once and very seldom is it that I see any success stories. I read about Transsexuals having problems. They write to me with their crying and all. Don't they understand that just because a person is a transsexual, does not mean that the world owes us a thing? We have to get out there and scratch just as those normal people do. We can not look over our shoulder the rest of our lives, just waiting for a axe to fall on us. It is not going to happen overnight and surely not if we do nothing for ourselves.

Sure we all have our little horror stories. Normal people do also. At the VA Hospital yesterday morning, I had to update all my information in their computer. Under my name of Abby M. Greene they had "Alias Richard V. Greene" I had my name changed in a court of law with all the proper paper work and have not used the name of Richard in over six years. But the VA has me down this way as a alias. This shook me up just a bit, but a person can not go out and fight windmills all their lives.

I was disabled, on social security, married to a woman, and I changed my life around for the better. I had my SRS in 1987, made my adjustments, even to receiving a associate degree in science. I met a real nice guy and we have a life together now.

I know I am hard in my feelings. There is no one going to hand it to us on a silver platter. You had to fight to get where you are not, just as I have had to. We had to push away from the paranoia, depression and all the little petty gossips of the ignorant.

I have been on my soap box long enough. Ms. Abby M. Greene

(Abby, I'll be surprised if you don't receive some mail (won't be the first time I've been surprised); I do have one comment and that is - the most successful transsexuals are the unknown ones, we don't read about them - they are just "normal folks".

Seems to me there are quite a lot of people who have had SRS who have trouble with the word TRANSSEXUAL. I expect these will be the people you hear from.

Regarding your V A records; have you gotten a copy of your credit report lately. I had some surprises there. Thanks for writing. Phoebe

Dear Phoebe;

In the April 1992 issue of the TRANSSEXUAL VOICE, S. P. wrote to Doctor Wollman saying she is off to California for voice surgery by Doctor Mayer.

I would like to hear from her as I am thinking of voice surgery also.

I have been told both good and bad things about voice surgery but I would like to hear from someone who has had it. Charlene

(Charlene, hopefully S.P. will see your letter and respond; if not perhaps someone else who has had the surgery will see your letter and write.)

Dear Phoebe;

I just recently found out about your publication. Do you know of any way to find passable transsexuals who would help me during my transition. I'm very paranoid about finding an honest companion. And finally, how does one go about beginning hormone therapy. Must you go from one physician to another? Thanks, J.L. (Columbus, Ohio).

(If someone from Columbus Ohio reads and would be interested in contacting J.L., write to him % TS VOICE and I will forward to him.

J.L., why don't you send your medical questions to Dr. Dorn or Dr. Wollman to be answered in TS VOICE?)

Dear Phoebe;

I really appreciated the article "THE ADVENTURES OF MIRIAM: A GOTHIC TALE OF HORROR". Every bit of reality helps in making intelligent decisions. Kimberly

Dear Phoebe;

I've heard there are schools that teach electrolysis where you can have electrolysis at a fraction of the cost elsewhere. Can you tell me how to contact some of them? Jeralyn.

(Jeralyn, at one time there was one here in Atlanta - the Kree Institute. When I started having electrolysis there, the cost was \$2.00 per hour, later I paid six dollars per hour. The Kree Institute closed several years ago. I'm sure there must be other schools that offer their service at a cheaper rate. I am not familiar with them. Perhaps someone else knows of one and will share with us.

By the way, you do know that the electrolysis is done by students, don't you; they don't turn them loose on you until they are well trained. Phoebe)

CONNECTIONS

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

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

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

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

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

I AM LOOKING FOR A FRIEND OF MINE NAMED SARAH LUIZ. I LAST HEARD FROM HER IN NOVEMBER 1990, AND THE LAST KNOWN ADDRESS I HAVE IN MY FILE IS A NORTHWOOD, NH ADDRESS. ANY INFORMATION IS WELCOME. NO PHONE CALLS PLEASE. WRITE TO: ERIC BUENEMAN, 4866 OLDE MILL DRIVE, MARIETTA, GA. 30066-1159.

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

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

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