

TRANSITION

No. 3 - June 1978

A CONFIDE PUBLICATION

ONE POUND

By will and by wheelchair

The saga of Bobbie Lea Bennett, the intrepid transsexual in a wheelchair, came to a cliffhanger halt in our May issue. To refresh your memory, Bobbie (that's her picture there) had been told that her forthcoming sex-change operation would be covered by Medicare under Social Security's disability benefits program. But at the 11th hour she had to cancel the surgery when Medicare denied it had made any such decision. (Medicare's offices had been flooded with protests from irate taxpayers.) Bobbie then phoned TRANSITION to tell us that she was all set to drive across the country from her home in San Diego, knock on the White House doors, battle with Medicare if necessary, and then pay Confide a visit to report on what happened. Part 2 follows:



Bobbie was as good as her word. No, she was better. Three days later she phoned us again, this time from Washington, D.C. She had indeed knocked on the doors of the White House, and had been turned away with the suggestion that she phone. Six phone calls brought no results, so Bobbie headed for Baltimore, where she hired a taxi to lead her to Social Security headquarters.

"I'm Bobbie Lea Bennett," she told the receptionist, and drew a wide-eyed "Oh!" in response. She was promptly ushered in to see Medicare Director Thomas M. Tierney. Looking around at his huge, plush office, Bobbie exclaimed "So this is where my taxes go!"

Bobbie says Tierney told her that the public doesn't realize what a rigorous screening transsexuals must undergo to qualify for sex-change surgery—people think anyone can simply walk into a hospital and get the operation on request at the taxpayers' expense. He assured Bobbie that a committee was working on the whole question and that she would hear from him soon.

A few hours later Bobbie's car whooshed into Confide's driveway. Waving aside

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Belli for sex-change curbs

Society must be protected against sex-change mills that will sell surgery to anyone who can pay the price, even though psychiatric evaluation might show that the patient is not a true transsexual at all, says lawyer Melvin M. Belli of San Francisco.

"We have known people to seek surgery at the behest of lovers, and others who simply think they can make a buck from their stories," declares the noted attorney, who gained national recognition representing plaintiffs in medical malpractice cases. Transsexualism, he adds, differs from other health problems in that the patient diagnoses his own condition and prescribes his own treatment.

Transsexualism is a bona fide medical

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By will and wheelchair (continued)

any help, she swung herself out, pulled her folded wheelchair after her, swung herself onto it and wheeled into the house. Bobbie is the victim of osteogenesis imperfecta, a rare disease known popularly as "chalk bones." She has undergone 12 major operations to pin her brittle bones together and, despite medical predictions that she would never live to be an adult, is doing just fine at the age of 31. All she needs right now is one more operation—the one Medicare has been balky about paying for.

Indoors we took a good look at Bobbie. She's brown-eyed, brown haired, very pretty and very vivacious. Hormones have so successfully feminized her that we asked her, "Are those falsies or reallies?" They are reallies.

Bobbie is a dressy dresser. There's no excuse, she says, for a TS—or any woman, for that matter—not to look her best. She travels with three enormous suitcases full of clothes and that's only a fraction of the wardrobe she has at home.

We got on the phone and called as many of our group members as we could reach for an informal get-together the next evening. It proved to be a happy meeting of minds and hearts.

Bobbie urged her fellow TSs not to be timid, but to stand up for their rights on every possible occasion. "Sure I get scared when I wheel myself in to see somebody as important as the director of Medicare," she said. "I get butterflies about anything like that. But I just go ahead and do it, and I feel a lot better afterward."

She never tries to hide her transsexual status from anybody. Bobbie makes friends with truckdrivers on the road and, using her CB, tells them that she's a transsexual in a wheelchair. They're usually enchanted and implore her for a date.

Bobbie has been through the complete

pre-op program at the Gender Clinic of The University of Texas Medical Branch in Galveston, headed by Paul A. Walker, Ph.D. The operation is the only hurdle between her and complete womanhood.

She urged pre-op TSs to experiment sexually with the kind of partners they'd like to have after surgery. "Y'all gotta be sure you're gonna like it," she explained in her heavy Louisiana drawl. The group loved her.

Next morning we watched her haul her wheelchair into the car and roll off homeward. Three days later she phoned from San Diego. "Honey, guess what!" she said in a gleefully giveaway tone of voice.

"Good news?" we guessed.

"A check for \$4600," Bobbie spilled over. "From Medicare. No explanation, just a plain old check."

The story made The Los Angeles Times, which called Medicare about it. Medicare's offices, the Times reported, denied that the money was to cover the operation. They said there had been a bookkeeping error, and that the \$4600 represented payments still owing to Bobbie.

Bobbie doesn't care too much at this point. Although the check is \$1000 short of the cost of the surgery, she has scheduled herself to go into the hospital for testing early this month. The operation will probably take place around the middle of June.

A heartening precedent—maybe

If Medicare finally approves coverage for transsexual surgery, it could set a precedent not only for the disabled receiving Medicare benefits, but for transsexuals on Medicaid as well. This was revealed several weeks ago in a form letter mailed out by Director Tierney of the Medicare Bureau in response to letters from those irate taxpayers. The letter said in part:

"The Medicare benefit package has never

covered and does not now cover transsexual surgery. Claims have been filed with Medicare for reimbursement of amounts paid by beneficiaries for this procedure. Those claims have been denied, however, on the advice several years ago from our medical consultants that transsexual surgery was neither proven by medical evidence to be a safe and effective procedure nor accepted as such by the medical community. It was regarded as an experimental procedure. . . . Since that time, there has been increasing clinical evidence about transsexual surgery, and the Public Health Service has advised us informally that the evidence indicates the procedure can no longer be considered solely 'experimental.' The basic question of medical necessity still exists.

"The Medicare law . . . provides generally for coverage of physicians' services, hospital services, and other services but subject to the condition that they be 'reasonable and necessary . . . for the treatment of an illness or injury.' Therefore, there remains the very basic question with respect to Medicare coverage of transsexual surgery as to whether the procedure can be considered reasonable and necessary for the treatment of an illness. Even if it were concluded that the procedure was medically acceptable in some cases, each case would have to be professionally considered on its own. . . .

"Because of the controversial nature of the surgery and the general lack of understanding about it, the Secretary of Health, Education, and Welfare has directed that a distinguished group of experts on the subject of transsexual surgery be formed to advise the Department on whether there are circumstances when Medicare should pay for transsexual surgery and what those circumstances are.

"The Department will also make the recommendations of this expert panel available to State Medicaid agencies, which are responsible for determining medical necessity in the Medicaid program."

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Super sex surrogate

"What would a sex surrogate be doing here?" asked a new member of Confide's crossgender counseling group. The question was prompted by an announcement that Tiger Lily, one of this country's most talented sex surrogates and one of the very few on the East Coast, would be guest speaker at Confide's next open meeting.

"A lot of crossdressers want to know how to handle their fantasies," the group leader suggested. "And a lot of sex-changers want to know how to make love with their new equipment."

"Well, what is a sex surrogate?" another member wanted to know.

The leader fumbled with that one. "A sex surrogate," he said, "is a trained person who helps the patient of a sex therapist do his homework when he has no one at home to do it with."

Give or take a few words, that definition probably corresponds to the general conception of what a sex surrogate is supposed to do. But Tiger Lily was soon to expand on it. Addressing Confide's largest open meeting to date, she explained that she works not only with loners, but with married clients as well.

"You should not suppress your fantasies," she told the group. "You should act them out in play." And that is one of the many things Tiger Lily helps her clients do. She was accompanied by a transvestite client whom we'll call Albert. He said: "I got hung up playing out the feminine role in my head. With Tiger I act it out. I'm more relaxed. I enjoy sex more."

Tiger Lily, a glamorous Oriental young woman with a down-to-earth American vocabulary, has worked in therapeutic partnership with Wardell Pomeroy, co-author of the Kinsey reports; Leah C. Schaefer, president of the Society for the Scientific Study of Sex, and other prominent therapists. She is working with Garrett Oppenheim, director of Confide, on the sexual problems of crossgender people, and also fulfill-

ing speaking engagements. Some of her comments at the Confide meeting follow:

ON CROSSDRESSING: The transvestite should make a woman feel that she's an important part of his fantasy.

ON PHALLOPLASTIES AND PENILE IMPLANTS: Those penises with rods in them, or the ones that fill up with silicone when you press a little switch—I don't like them. I like to feel that I'm the one who gets a man's penis up. These mechanical things make me feel unneeded. They turn me off.

ON IMPOTENCE: TVs sometimes feel impotent. Albert was losing his erections. He was uptight about sex. It got too mechanical. I encouraged him to crossdress and act out his fantasies with me. Now he's potent.

ON TRANSEXUALS: Some transsexuals need help on being a woman with a male. I have them watch me masturbate. Then they masturbate themselves. I teach transsexuals how to touch a man the way a woman does—it's different.

ON MARRIED PEOPLE: If my patient has a partner at home, I teach him how to be potent with me, how to please me. Then he takes what I give him back home to his partner.

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CROSSGENDER COUNSELING: invisible and very visible

By Garrett Oppenheim

At Confide we are counseling people with gender dysphoria problems by several methods, two of which are extremely diverse. In one of these, which we call telecounseling, the client never sees the counselor. In the other—group counseling—the client is confronted not only by two real live counselors, but by a group of peers. In our experience, both methods have proved effective, though in different ways.

In our telecounseling, we instruct the client to talk into a tape recorder—or into our telephone answering machine—as freely and frankly as he can, and for as long as 20 minutes. We give him a set of questions to get him started and encourage him to add anything that can build the picture for us. While reproducing the tape for our files, we (my associate, Fae Robin, and I) listen to it carefully. Later we may replay portions of it, and while a typescript is being prepared we decide how to frame our response.

Often we consult with a member of our advisory board or some outside expert for special advice on, say, voice training, electrolysis, schizophrenia, or insurance. Finally, one of us records our answer on the client's tape and sends it back to him. He then has his own recording and our response on a single cassette—or cartridge or open reel—that he can play over in times of indecision or stress, as many clients do.

If the client chooses to use the phone, we usually answer by mail. If he elects to write us a letter, we respond in kind. But we prefer the audio media, as we can glean a lot of information from pace and pitch and general tone of voice.

This format, which we call a comprehensive evaluation—or simply a "comprehensive"—is offered on an as-needed basis. It has proved extremely effective for short-term counseling as well as for sporadic help on specific problems as they arise. Sometimes a single

comprehensive can change the direction of a person's thinking and start him down a new road, or it can ease a life-long burden of guilt and shame. A conflicted transsexual who wanted to be "cured of this bizarre perversion" for his father's sake decided after our first response to go the whole way to sex reassignment for his own sake.

A most important aspect of invisible counseling is the client's freedom to create his own transference out of whole cloth. He can fantasize a counselor just as tall and warm and wise as he likes. Usually this transference builds to a highly positive charge in the first one or two sessions, enabling the counselor to rush in with interpretations where analysts fear to tread. In fact we often come on quite strong in the very first comprehensive, which we may pepper with statements like, "You're going about meeting your goals in a half-assed way," or "You've got to choose pretty soon which life you're going to lead—the one your parents expect of you or the one you want."

While the comprehensive format seems particularly well adapted to brief counseling, we have used it successfully for deep-level, long-term, intensive work with selected clients. In today's mobile society, a fringe benefit of this method is that it enables a person to keep working with the same counselor from any part of the world.

But despite the many advantages of telecounseling, we became keenly aware that it was deficient in one important respect: It did only a little to ameliorate the sense of aloneness so common among crossgender people. Almost every day we were asked, "Do you know where I can meet people like me?" It was to fill this need for peer support in a world where few of these people wish to stand up and be counted that we formed our first crossgender counseling group. We now have two groups, each meeting weekly—one in New York and one in nearby Rockland County.

Each prospective member is carefully screened in a preliminary consultation.

As a result, we have a highly cohesive and friendly group of people. I act as group leader, with Fae Robin assisting, so that the members have a genetic male and female as role models. This has proved valuable in helping some TSs gain insight into what happens as they make the transition from one sex role to the other. It has helped all the group separate what seems truly masculine or feminine from the stereotypes of male and female that society has imposed on them from birth.

As might be expected, core problems surface at a much slower pace in the inhibiting presence of counselors and peers. Negative transferences to the therapists and also among group members may develop swiftly and are more difficult to deal with than on the tapes. Jealousies are apt to run rampant. All this is familiar to any group therapist. What I would like to touch on here are those aspects of the group approach that have particular relevance for crossgender people.

Despite a diversity of socioeconomic levels and personalities, new group members usually get a sense of belonging very quickly. Here they meet, some of them for the first time in their lives,



a whole roomful of people who are united by the very same orientation that has isolated them from society at large. The resulting sense of relaxation and comfortableness in the group is very strong. In fact some members find they don't even need to crossdress in the group—they feel like members of the other sex simply by being here.

Dress, incidentally, is optional. Many members welcome this opportunity to crossdress without fear of creating scenes at home. But if there's any doubt about their ability to pass scrutiny on the street, we ask them to bring their clothes and dress after arrival. Those who do dress may benefit from the honest critiques of more experienced members, and occasionally we invite outstanding experts on grooming and dressing to talk with us.

We try to have a guest speaker every month or so, and on these occasions we modify our closed-meeting policy to admit a few invited guests—spouses, friends, relatives, and professionals who are interested in our work. We've been fortunate in getting some of the foremost authorities in the field to address these sessions and submit to intensive questioning.

The groups have been highly effective in building confidence, insight and self-acceptance. They have also helped individuals in the "gray area" between transsexualism and transvestism to define their own place on the sexuality spectrum. Finally, they have brought many of our members closer to their spouses, lovers and parents.

Spouses and parents, of course, may react with initial hostility and distrust. They may see the group as a rival force that influences their loved ones to sin and perversion. One wife phoned me before a meeting, demanding to know, "What goes on there?" But many of them, when they see that we send their mates or children home with a greater willingness to compromise and work things out, develop an interest and a desire to participate. We invite them to our open meetings and also, occasionally, to a special closed session for them

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Pre-op TS charges sex bias

Vicky DeTore, a preoperative transsexual, is suing Jersey City, NJ, charging that she was fired from her job in 1975 because of sex discrimination. She says that due to the loss of her medical insurance benefits she cannot afford to have sex-change surgery.

She is also suing Local 245 of the Jersey City Public Employes Union on the grounds that it failed to provide adequate help in her fight to keep her job.

Her attorney, Daniel Hoberman of Jersey City, says his client, formerly known as Vincent DeTore, "conducted herself as a female" during her period of employment. She is on hormone therapy, lives and dresses as a woman and is "for all

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intents and purposes" a woman, he added.

Hoberman said that his client, after being promoted, had a new supervisor who refused to accept her as a woman and that she was then harassed by being given "impossible assignments." She was unconstitutionally fired, solely because she is a transsexual, he declared. She is now on welfare.

Louis Caroselli, city corporation counsel, denied the charge. He said that Ms. DeTore was fired for filing records improperly—that the dismissal was strictly work-connected.

The supreme compliment

Early in May a Confide group member we'll call Harriet came to a meeting bursting with her latest adventure. She'd been shopping at a supermarket where she'd been known until recently as Harold. She saw several familiar faces but no flash of recognition, and figured she was safe—until she got to the checkout counter. It was manned by the daughter of an old friend. While her purchases were being toted up, Harriet waited for the look that would ruin her afternoon. What she got was a warm smile and a checker's wish: "Have a nice Mother's Day!"

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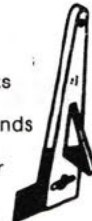
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Fixing your post-op resume

By Robin Lynn [REDACTED]

The personnel director looks up from the neatly typed paper to the pretty, tastefully dressed young woman seated across the desk from him, and the furrow on his brow deepens. "You're Miss Robinson?" he asks. "And this is your resume?"

"That's right, sir."

"It says here that from 1971 to 1974 you were a bank guard at Biochemical Bank and Trust Co. Is that correct?"

"That's correct, sir,"

"Hmm, most unusual," says the personnel director, and one more job prospect goes down the drain for post-op transsexual Lee Robinson.

Lee's problem is by no means uncommon in the crossgender world. If you were once a receptionist in a beauty parlor but you're now sporting a beard and a baritone, that problem may well be yours. If you've sprouted at the bosom and the hips but you were an artillery spotter, auto mechanic or tank driver in your macho days, you probably know what it means to be plagued by your own past.

The solution? Change it. Oh, I'm not saying you should lie about your past. You should stay as close to the truth as possible—but not too close for comfort. For example, if you had an administrative job in the military, it's hardly lying at all to shift that job to a civilian government agency. And don't worry about your prospective employer checking up on your story; he knows that by the time the bureaucracy gets around to answering an inquiry, you'll probably be retired—or dead.

But what if your military job has no civilian equivalent? Suppose, for instance, you were a rifleman with a special forces detachment. Well, then, you're just going to have to invent a new background. You might say that you and your partner ran a shooting gallery in Peoria. Naturally, you stick to your

guns, so that when the personnel interviewer asks you to describe your duties you'll know what you're talking about. You wouldn't want anybody to think you're a liar.

It isn't only military jobs that are out of character for a woman, post-op or genetic. Even in these liberated times you might raise some eyebrows if you confess that you were a boatyard superintendent, an airline pilot or a prison guard at Attica. Here it's best to use a simple technique known as fudging. This consists of blurring the specifics with a few well-chosen ambiguities. If you superintended a boatyard, you might say that you held an office position on the design staff of the boatbuilding company. But let's suppose the job you're after is also in the boatbuilding field, only you're not too familiar with it. In this case, choose a former position not directly related to the one you're applying for; you don't want them to expect you to know all the ins and outs of your new job.

But what if they check on your references? Hopefully, you have maintained friendly relations with your former employers and have arranged with them to provide references that fit your new name and condition. If one of them refuses to say you held a position different from the one you actually had, see if he'll restrict himself to confirming your employment dates, your salary and the fact that you were a good worker.

Some employers, it's true, will balk even at this. Then your only recourse is to create a job out of whole cloth with a company that is now out of business and can't be checked. Maybe you won't get any points for being its star employee, but you will have an intact identity. If you don't know any firms now out of business—well, invent a small family enterprise to suit your purpose. Maybe that's not being totally truthful, but after all, it's only a little white-paper lie.

One exception to all of the above: if you used to be an astronaut, say so. The truth will get you better pay.

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Counseling (continued)

alone. The results have varied, but have been gratifying on the whole.

I'd like to close with a very personal observation on invisible vs. visible crossgender counseling. Either way, I have found crossgender people endlessly fascinating—perhaps because they are the ones who act out some of the fantasies that are buried deep in all of us. But so long as they remained invisible, these people seemed remote from my life.

Once we started the groups, however, that feeling changed. My involvement now goes far beyond the purely intellectual. That means I've had to cope with my own feelings of frustration, anger, protectiveness and love. And that, hopefully, is very good—for them and for me.

Condensed from Social Biology Resources Centre Bulletin, University of Melbourne, Australia, with their permission.

A singular complaint

What is the most common complaint of crossgender people? The feeling of aloneness, says James B. Tracton, executive director of the Family Counseling Center Inc. in north Miami Beach.

Tracton, a sex therapist who holds doctorates in law and philosophy, told *TRANSITION*: "In the decade I have been doing gender identity counseling, the one item that has stood out is how alone each individual is. Just recently, for example, I did a television show on transsexuals on Miami Channel 6. Our guests were two female-to-male TSs and their wives, and our purpose was to show the public how completely like you and your neighbor transsexuals are. For the two transsexuals, however, the most important thing about the program was that it brought them together. They had never met before. In fact, one of them stated, this was his very first meeting with any transsexual in Florida."

Dr. Tracton suggested that *TRANSITION* would be doing a great service if it

could "somehow make it possible for transsexuals to contact each other for mutual support."

TRANSITION agrees. We have been thinking along these same lines for a long time now. While counseling groups such as *Confide's* are helping a few crossgender people, thousands of others across the country are still isolated and alone—unaware that likeminded persons may be living in equal loneliness right down the street. How can we help these people find each other? If you have any ideas, please send them to The Editors, *TRANSITION*, Box 56-Z, Tappan, NY 10983.

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On New York City's Lexington Ave. is a small shop I'm bound to visit when travelling near the "Big Apple". As a male with a yen for female attire, I've had sweaty palms and a ready line to give, ("Sorry, just looking!") many times when in dress boutiques and lingerie stores. The same ready line came to my lips last year when I stopped at Olive Branch Originals at 811 Lexington Ave., discreetly located on the second floor. For some reason it failed to come out and I managed to stammer that I was pricing a bra and inserts for my "wife". It must have been the patience and empathetic nature of the shop owner, Ms. Muriel [REDACTED], that finally convinced me that here was someone who not only understood, but helped and advised me in my search for the hidden side of my nature without embarrassment.

After our frank discussion she produced a set of mastectomy inserts (prosthesis). Being more than familiar with cotton and/or foam rubber and satisfied with neither, they looked and felt so real that I soon decided that "this shop is where it's at!"

Since then I have visited the shop many times and have discussed the pros and cons of the cross-dresser, and both Muriel and I agree that the transvestite has the "best of both worlds".

Even though her shop carries ladies lingerie, girdles and garter belts, dresses, bikinis and swim suits, pantyhose and stockings, make-up and cosmetics for women, I can attest to the fact that it's not "for women only!" And perhaps if you are descriptive enough, she'll take needle and thread and "build" you a dress or work out an idea you have, or just whip up one of her own designs. After all, it is OLIVE BRANCH ORIGINALS of 811 Lexington Avenue in mid Manhattan, between 62nd and 63rd Sts.

"Susan"

P.S.


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