

## VICTOR GOLDBLUM

Victor Goldblum looked like a senior, ready for his prom as he entered my office. A baby face in search of a shaveable beard, light blue eyes with a somewhat lost look.

“I am Victor” was his introduction as he extended his small hand to shake mine, and sat down for the start of our initial consultation.

His hair was dark brown, almost black, standing up in a fashionable crew cut. It was possible to count individual hairs sprouting off his chin and above his lip in what pretended to be a two to three-day old beard.

The rest of the face was equally delicate and “almost feminine,” I thought to myself, as I, in usual fashion, attempted to size up my new patient. He wore fashionable plaid pants, almost black in overall tone, but clearly subdivided by a subtle pattern of crossing lines, all in various shades of gray. A black turtleneck and a shiny black leather jacket completed a perfectly matched Madison Avenue uniform, which could have stepped out of a Barney’s window.

“I am Victor, Victor Goldblum,” he repeated in a boyish voice that made me wonder what had brought this young man to my fertility practice.

He looked 17, maybe 18 to 19 years old. Young patients were rare in my practice. Young, male patients, in this age group, were unheard of. In fact, as I was trying to size up my new consult, I noted to myself that I probably had never before, in all my years of practice, faced a man as young as him.

Teenagers usually are not trying to get pregnant. And, since my practice was limited to helping people conceive, I rarely got to see young patients. Young females would on occasion show up because of problems with their menstrual flow. Usually,

their mothers brought them in, concerned about future fertility.

But why a young man?

As I was still pondering this question, Victor seemed to read my mind and in a rather confrontational tone, said, “you are probably wondering why I am here.”

“Tell me,” I responded, trying to take some of the edge off our early conversation, “tell me what brought you in, Victor.”

“I am happy you call me Victor”, he responded, while apparently looking at a painting behind me, rather than at me. Turning his head slightly, he then made eye contact for a split second, before moving his head away once again in an obvious attempt to disguise his level of discomfort.

I was wondering whether he expected me to respond but decided against it. He appeared in the midst of a pause, rather than at the end of a sentence or a thought. Moreover, I did not wish to undercut the patient-physician intimacy, which he seemingly had granted me by allowing me to address him by his first name.

After a few more seconds, Victor continued. Still looking over my shoulder into the distance beyond me, I once again heard the boyish voice. “I’m 28 years old and I cannot accept the fact that I will never have children.”

My thoughts started racing: “He is 28 years old? How come he looks so much younger? Am I dealing with a hormonal problem? Is it a genetic disorder? He cannot have any children! Was he born with abnormal, or no, testicles? Is this the cause for his high-pitched voice?”

He now, for the first time looked directly at me, while repeating, “I cannot live

knowing that I cannot have children.”

It seemed an obvious question to ask why he couldn't have children, but something held me back. We were sitting across from each other and I could see his eyes watering up. And, then, before a first tear would run down his cheeks, he wiped all of them away with the knuckles of his index finger.

“I am going to have surgery sometime in the near future,” he continued, and we have to do something before then.”

So that was when I concluded: this young man had obviously been diagnosed with cancer, probably testicular cancer, a malignancy that typically first manifests itself in young males. He was on the verge of life-saving surgery that would remove his testicles or sterilize him in follow-up therapy. A life of sterility was certain, unless we could freeze some of his sperm prior to surgery. Suddenly, somewhat of a disappointment befell me. Here, I had been intrigued by the mystery of this new patient and, in the end, it was just another routine case of freezing a few flasks of semen.

As serious a situation as this usually was, it nevertheless, at times, elicited some chuckles: There was generally not much time left to obtain the semen, and the more semen samples we could freeze, the better we could secure the patient's reproductive future. Our staff, therefore, encouraged sperm production in overdrive, whatever it took. And, even though this form of sperm production is usually a rather lonely feat, our staff would not hesitate to recruit the help of a significant other, supply magazines, videos or whatever else it took to get maximal results in the shortest possible time.

“Oh you don't have to worry,” I therefore, replied, “we face this problem all the time and have now established a well working routine. You really don't have to worry,” I followed up, “we do this here all the time and, hopefully, once you are done with all of your other medical stuff, your future kids will be safely here in our freezer.”

I, of course, wanted to sound reassuring and, at the same time, authoritative because I knew about all the many insecurities these males had to face: Would they ever survive their cancer? And if so, would they still find a woman who wanted to be with a man without testicles? And how would he tell her that he didn't have testicles but had sperm stored away in a sperm bank? How do you tell this to somebody on your first date? And would his sperm survive the freezing? What if there was a problem at the lab, what if the freezer malfunctioned?

I had heard about these and other similar concerns from many patients. It now seemed so obvious what was in Victor's mind, why he was angry and seemed wounded and shy at the same time, and why he obviously had come to my office to communicate but was hesitant to fully reveal himself concomitantly.

Reassurance and authoritative knowledge was exactly what patients needed in such circumstances. Reassurance that their problem was not unique, that many others had successfully maneuvered those treacherous waters of their medical problems, and authoritative knowledge because they had to be able to believe that, what they had come for, was reliably achievable.

Victor, in fact, seemed relieved after listening to my words of assurance. He was less fidgety in his chair, kept eye contact with me, and even managed what could be interpreted as a little smile.

"So, doctor, how often have you froze eggs before?" Victor asked in an almost celebratory tone. "You mean how many times have I frozen sperm before," I replied under the assumption that he had obviously misspoken.

"No, doc, I'm asking about eggs. I believe you call them oocytes. How many times have you froze oocytes from a woman?"

I felt the blood rising to my head. Instinctively, it was now my turn to move my body away from facing Victor directly, as total embarrassment overcame me. Gone was the air of authoritative knowledge. I felt as small as a mouse ready to disappear into the next mouse hole.

Everything was now clear: How could I have missed it for so long? Victor was really Victoria!

Victoria knew from age 4 years on that inside, she was really a boy. Growing up in a semi-orthodox Jewish home in Brooklyn, Victoria had little opportunity to communicate her feelings to either parent or any of her four siblings. Nor was her school environment, a Jewish day school, very encouraging about addressing her sexual double life.

It was, therefore, not until Victoria was ready to go away to college that she, for the first time, dared to leave her house dressed as a male. College, in Boston, allowed her to more freely communicate her sexual preferences. By the time she graduated and moved back to New York City, living as a male, for most of the time, had become her preoccupying mandate.

Initially, it involved only the haircut and the clothes she chose to wear, inside and outside her apartment. Approximately two years before presenting to my office, she started taking testosterone to develop facial hair and an enlarged clitoris, which then could become the basis for further surgical enlargement to develop an artificial penis. A year earlier, Victoria had officially changed her name to Victor. Six months later, she underwent reductive surgery of the breasts, and had hired a personal trainer to develop a more male-like physique.

Victor was now approximately three months away from taking the final step in his

journey towards manhood, having his ovaries and uterus surgically removed and a penis constructed. Suddenly, he had recognized, however, that in all these years of searching for his own sexual self image, he had failed to address the one human desire that, possibly, was stronger than even his life long quest towards becoming a man: He wanted to know that he still would be able to bear a child.

Tears were now flowing unrestricted as he reached for the tissue box on my desk. Looking at me expectantly, he reminded me of my daughter when I knew she needed a hug. If the desk had not been between us at that point, I would have pulled Victor at this very moment towards my chest. His needs were only too obvious.

I profusely apologized for my misunderstanding of the situation. Victor sensed my embarrassment and attempted to make light of it. "I take it as a compliment that you never suspected anything," he said, as a slightly mischievous grin momentarily lightened up his face, still moistened by tears. It happens to me all the time. You probably also thought I was still in high school. I get carded all the time when I go out." My first impulse was to grandstand in response and to tell him that I had sensed a certain mystique about him when he first entered my office; but, then, I remembered how let down I had felt when he, seemingly, turned out to be just another regular patient. I had not only been fooled by his appearance but I failed to follow my long honed instincts, which should have driven me towards more inquisivity before assuming the obvious.

I was long enough in medicine to understand the importance of the subconscious, the message behind the word that patients wanted you to hear. Victor had sent me this message in many ways: through his looks, by his voice, his apparent age and his behavior and I had missed it over and over again. Had I overlooked all of this because my understanding of patients was sex-linked? Was my professional compass female - or male specific? Had I been confused not only by Victor's looks but also by my interpretation of him as a male messenger, while the message, itself, was female? Are messages, in fact, sex-specific?

While all of these questions raced through my mind, still embarrassed, I tried to smile back at Victor and said, “you should not only take it as a compliment but as an affirmation of who you are.” However, I clearly wanted to change the topic of our conversation and quickly returned to the pure medical.

It turned out that Victor had explored various options in his desire to insure a continuous ability to reproduce, even after completing his surgical correction towards male. He knew that, once his uterus and ovaries were removed, his reproductive ability was gone. He had read about cloning but understood that human cloning was still years away. What was left was the recognition that the only guarantee of his reproductive future, were his own ovaries.

At age 28, they were at their prime, containing still hundreds, if not thousands of eggs all carrying his genetic code.

Victor had read that experimental work was underway in women, especially cancer patients, who had their ovaries removed and frozen. In animal experiments thin slices of such frozen ovaries had then been reimplanted, would revascularize and develop normal, mature eggs. “Unfortunately, in humans,” I explained, “these experiments have so far not been successful.”

“How about freezing eggs outright,” Victor then asked. “I read that is being done.” Once again I found myself having to contradict Victor’s understanding. “It is true that egg freezing is done in some centers around the world,” I responded. “In fact, there are even a handful of pregnancies reported using frozen oocytes. However,” I went on, “science isn’t there yet. Egg freezing is very unreliable and I would not stake my future on a technology that works only sporadically.”

I could see immediately the impact of my answers. Victor’s already petite figure

seemed to slouch even more with every one of my words. I felt like a vampire sucking out the last drop of my victim's blood. Victor's hopes of having a reproductive future had been his lifeline, he had planned it out so well: anatomically and physically becoming a male before his 30<sup>th</sup> birthday and having the option of having children later in life, like anybody else. And now, here I was, shooting down all of his expectations.

Victor fully expected to marry a young woman, once his own conversion to male was completed. On a number of occasions during our initial consultations, he pulled out his new Palm Pilot, which he recently had received as a Hanukkah gift from his parents. He used it to check information he wanted to give me. Its more important purpose, however, appeared to lie in its symbolic value as his parents' gift. Victor repeatedly emphasized how close he was to his parents and his siblings. He was looking forward to a family, like this, of his own.

His plan had been to store either his ovaries or his oocytes in frozen condition until he had established the proper family framework to have children. At that point he anticipated to use his wife as a surrogate gestational carrier for pregnancy created from one of his eggs and a donor's semen. In this fashion the child would be his genetically, as if it had been conceived from his sperm.

"How about your wife?" I asked him. "Don't you think she will want a genetic child of her own as well?"

"We will alternate as egg sources. One child will be mine, one will be hers. In that way, they all will be ours together, and I want at least four children anyhow," he retorted, with a voice of absolute conviction.

He appeared to have no doubt about the feasibility of his plan, and was absolutely certain that, once he had become the man he was striving to be, he would find his partner for life without difficulty.

“If this is your plan, there may be a way, after all,” I heard myself say, even though in first place Victor’s plan, of course, had appeared to me as rather confused. “While science still does not allow us to freeze freshly retrieved eggs, we have excellent results when freezing fertilized eggs, so-called embryos,” I continued. “If you and your wife will alternate in genetic parenthood, then why not create embryos with the use of your eggs and a donor’s sperm now? We can freeze those embryos and you can use them whenever the time is right.”

Before I could complete my sentence, Victor interrupted me by yelling, “yes, yes, that is the solution. Why haven’t I thought of it myself?”

He had jumped out of his chair and was literally dancing from joy in front of my desk. Within minutes he had seen all of his long, thought-out future abandoned and miraculously resurrected.

Now, it appeared that nothing stood in his way of becoming the man he always wanted to be, not even his overwhelming drive to be a parent.

Because of the unusual circumstances surrounding Victor’s case, I asked our Ethics Committee to review the situation before we brought him in for an in vitro fertilization cycle. So far, he has been the only male in my practice who has undergone egg retrieval for in vitro fertilization. He, in fact, did it twice before losing his ovaries to final corrective surgery. We currently have 23 of his embryos frozen in our cryopreservation tanks. Victor also chose to have his ovaries cryopreserved. “One never knows”, he said, “science may, after all, catch up with me.”

In committing this story to paper, Victor has anatomically become a man. He was one mentally for all of his life. I still don’t know whether he ever will find that woman of his dreams, who be willing to be his partner in having the family of his dreams. I certainly hope, he will! And, if he does, we will be ready to help him.

