

# Dispatch from Normalville

by Brynn

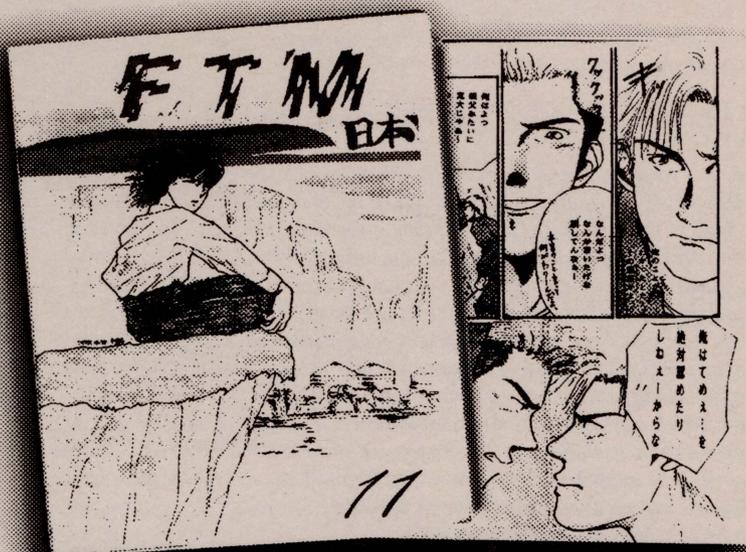
A year ago, I moved from San Francisco—bastion of political and sexual liberalism and home to FTM International—to San Diego, a military border town and hotbed of Ku Klux Klan, white supremacist, and anti-queer activity. Tom Metzger, who founded White Aryan Resistance (WAR), resides in north San Diego County. A brief internet search reveals three San Diego groups besides WAR—Gospel of the Kingdom Mission, Your Heritage, and the American Front—under scrutiny by KlanWatch of the Southern Poverty Law Center.

Many right-wing conservatives make San Diego, with its spectacular beaches and sunny weather, their home. As do a large number of current and former enlisted military personnel. Their presence is seen in the proliferation of buzz-cut, clean-shaven young men whose Castro-clone attire is belied by the unsmiling, military set to their countenance. Variations on "I Love Jesus" bumper stickers abound. Not to mention the prominent billboard near my house (in the heart of San Diego's gay neighborhood) that sports a regularly updated Christian exhortation.

Quite a switch from The City. My guess is, though, that San Diego's down-home narrow-mindedness more closely mirrors America's heartland than does San Francisco's everything-goes embrace of diversity. And the atmosphere here is decidedly not trans-friendly. An MTF I know was fired from her job as a civilian employee of the Marine Corps when she dared to start transition. Consulting a local civil rights attorney proved fruitless. San Diego still has a law prohibiting crossdressing. From what I've heard, police routinely invoked the law until very recently, mostly to harass Latino MTF streetwalkers. Job protection for the transgendered remains some distance off.

Since I've been here, local news has sensationalized more than four anti-gay stories—about arrests for sex in out-of-the-way public venues; and about the trial of a young man who, via the internet, met a man under age 18 for sex. The police stings and unenlightened news coverage would have prompted demonstrations in a city like San Francisco. Here they provoked little notice. Then on Wednesday, June 10, tragedy struck, and gave the local news an excuse to target transsexuals.

That evening, an MTF woman had an appointment with the therapist intern she'd been seeing for nearly a year. The client, who allegedly had good reason to believe the intern was going to refuse her a letter approving surgery, took a 9mm handgun to the session. Loud voices were reportedly heard by co-workers from behind closed doors, then shots. According to later reports, Julia Kate Morgan, 27, didn't just fire one shot. She riddled the body of Rita Powers, 41, > 11



"Now that you understand me, why do you take that attitude?" asks one character above. "Look, I'm not generous like my old man," the other responds, "and I absolutely refuse to recognize you." While Japan has had an active FTM community for many years—with publications such as this comic zine from FTM Nippon—Japanese transsexuals have only now for the first time won approval for surgery in their own country.

## Japan's First Transsexual Surgery Approved

Compiled from AFP and PlanetOut stories

Japan's first legal sex-change operation, to be performed on a 30-year-old FTM construction worker, was approved May 12. Dr. Takao Harashina of the Saitama Medical School (north of Tokyo) was to perform the first operation in June, with a second operation following six months later.

"The operation is to help the woman regain her true identity, and it will fill the gap between her inner self and outer one," said Kazueo Horiuchi, deputy director at the medical school. "She will be the first patient to go through the sex-change surgery and it is on the condition that she will receive complete mental support measures afterwards."

The FTM patient first asked for the operation six years ago, said Horiuchi. The patient himself said he has wanted the operation since age 17, and that he hoped to marry a woman one day in the future.

"I just want to get back to my true gender," he told the Asahi Shimbun newspaper. "I feel joy but I am also skeptical about whether the operation will really work for me. I am repulsed by the way people see me as a sick person only because my body and mind do not quite correspond. I don't feel like living whenever I think someone may find out my real identity," he added.

An estimated 2200 to 7000 Japanese people seek sex reassignment. But only last year did Japan's Ministry of Health and Welfare first recognize sex-change operations as acceptable medical procedures. Until now, Japanese transsexuals seeking surgery either spent the equivalent of thousands of dollars traveling abroad > 12

# FTMs and Hormones:

## QUESTIONS & ANSWERS—PART TWO by Jed Bell

*This is a continuation of a two-part interview (begun in FTM #41) with endocrinologist Dr. Richard Cherlin of Los Gatos, California. In Part One, we covered the origin of the standard FTM dose of testosterone, as well as partial doses, patches, pellets, forms of testosterone available in the U.S. and in Europe, hormone "cocktails," and voice changes, among other subjects.—Jed*

*JB: Do you have comments on DHEA, sarsaparilla, and other supposedly masculinizing supplements?*

RC: DHEA is a weak androgen. If you took a biological male or female with no gonad, DHEA would be insufficient to masculinize the male and would cause minor masculinization in the female. If you've already got testosterone it makes no sense to add the weakling. DHEA is being touted for the immune system, and actually may be of some benefit in people with lupus, or rheumatoid arthritis. It can't possibly supplement masculinization; the best it can do would be to be converted into testosterone. If you're not taking testosterone, DHEA may be so weak as not to even give you that partial effect. But the only way to answer that would be to do it. Some doctors—instead of using testosterone or Estratest in a woman for her libido—recommend DHEA, which can be converted into testosterone, and that may be another way of achieving the same goal. So you'll probably get some benefit, but I don't think you'll get enough to masculinize and I don't think you'll get enough to grow hair, and I don't know that you'll get enough to do anything.

*About liver function tests: what are the names of the tests, the numbers that you look for, and what do the numbers mean?*

Liver function tests are basically for enzymes in the liver that can leak out if there's damage. Acute damage to the liver tends to increase one that's called SGOT (which is also known as ALT) and one called SGPT. Chronic problems, for instance if the liver were obstructed from its normal function, can increase the numbers on a test called the alkaline phosphatase. And then we test for a pigment called bilirubin that can make you turn yellow when you have jaundice.

On a routine chemistry panel all of those tests are present. Each lab has their own normal range. For example, an SGOT may be normal up to about 45. With a bad viral hepatitis, you might be at 500 or more on that test. A liver problem from medications may put you at 150 to 200. But if it were 70 or 80, it might be not quite normal but not enough to worry right away. If it's abnormal, there are lots of potential reasons: alcohol, medication, testosterone, viruses, gall bladder disease. It means you have to pay attention; you may need to do an ultrasound of the liver and the gall bladder. It's much more likely with the oral, methylated testosterone than it is with the injections or the patch.

*Let's say you isolate it to the testosterone as the cause of the problem; then what do you do?*

Generally, pure testosterone shouldn't do it because that's what the body makes anyhow. If I were faced with that and I could come up with no other explanation, I might stop the testosterone for a month or two, and wait and see if the tests got better. If the tests got better I would reintroduce the testosterone. If they got worse again, then I would buy the explanation that the testosterone is causing a problem. So (to recap) I'd take away the testosterone, give back the testosterone, and if that showed that the liver problem gets worse, I'd stop again and try a different kind of testosterone. I might go to the patch, to the enanthate—I would just do something different. As a last resort I would lower the dose. I would think it's pretty rare that you need to stop it. That would really be a tough decision, especially if you have a post-op patient who's relying on testosterone for all their hormones. I can't imagine being in a position where I would have to eliminate it.

*Do you have any comments on the Amsterdam study (see FTM #40, p.8)? My conclusion is it's saying you're very unlikely to have any problems with testosterone.*

Yeah. Again, Gooren is in a good position to have hundreds and hundreds of patients all coming to the one center. Plus he has the interest in following the subject. Other than the articles I've seen from him, I haven't seen any good articles consistently from elsewhere—and he's saying that there's really no increase in mortality. The biggest worry is estrogens in the MTF. And certainly in the FTM, it's not a problem. There are *theoretical* problems with

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# The Voice and its Change: An FTM Perspective

by Joseph [REDACTED]

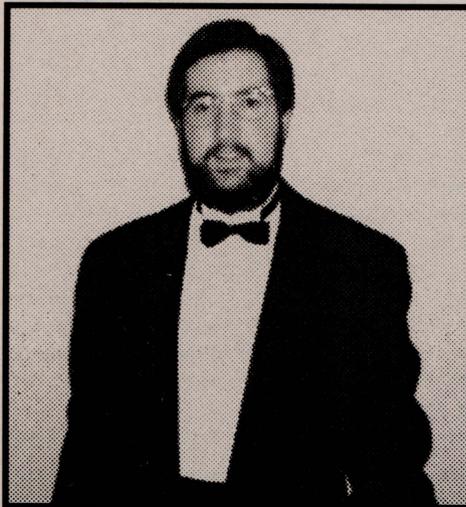
## Ohio

I have been involved with the transsexual/transgender community for about five years and I've seen and heard some discussions on various aspects of our transitions: muscle mass, libido, beards, etc. Since I haven't seen a whole lot written about the voice, I'd like to offer my perspective.

Music has always been important for me. Before I transitioned however, what has always been a wonderful part of my life was at the same time one of my biggest frustrations. When I started my serious choral work in Jr. high, I started doing a practice I called "dropping the octave" which was simply singing my line an octave lower than written in an attempt to imitate the vocal change that some of the boys were starting to undergo. I went along with the proper octaves in the all-female choirs that I sang in during high school and my first two years of college, but I still dropped the octave in my spare time. This octave dropping, along with shouting myself hoarse from time to time at athletic events (easily 100+ times during the time from junior high through college), continued until I started testosterone. Fortunately, my voice teacher has told me that she can't hear anything indicating residual damage from those activities. I remember oftentimes thinking to myself that I would no longer be able to talk by the time I turned 30. When I was 27 and saw that I had less than three years to go before 30, I realized that I really should do something to alleviate this vocal problem, of course not to mention dealing with the various other FTM issues.

Obviously, I became intensely jealous of the boys with their deeper male-timbred voices. At the same time, I was also very scornful of women singers. I knew that women could hit the high notes, but I could never understand why they would want to go that high in apparent displays of female prowess. It was like they were having a fine time of displaying their female presence; but instead of being able to relate to and enjoy it, I felt like I was being dragged into working with it. Occasionally I would try to imitate the falsetto range of male rock/pop singers. As I reached my "break" (passagio, where the voice "shifts gears" between lower and upper range) and above, my timbre became distinctly female and I had to go back to the lower octave. These days, my falsetto sounds like a real falsetto. I have been on testosterone for a little over three years now, and I'm ecstatic with the baritone voice it has given me. Amusingly enough, I was slightly disgusted at first with my voice change because here I was now easily singing notes that I had struggled mightily to reach for years beforehand.

**October's FTM International meeting will be an OPEN potluck at a different location! Call 415-648-3091 for location and information—October meeting only.**



Joseph [REDACTED] at home after another successful Akron Symphony Choral concert.

I am a member of the Akron Symphony Chorus (ASC). I have finished my second year with the group, and I'm enjoying it immensely. The first piece I performed with the ASC was, appropriately enough, "The Creation" by Haydn. The Akron Symphony Orchestra and Choral concerts are always taped for later broadcast by WKSU, the National Public Radio affiliate station at Kent State University. I was scheduled to work the night of "The Creation" broadcast, so my dad taped it for me. When I finally came home, it was too late to listen to the entire hour-and-a-half long work, so I just listened to the first few sections. While I was listening to the orchestral introduction, I realized that this was the first time that I had been recorded as part of a chorus since my voice had changed. We finally came in and yes, it was the Akron Symphony Chorus and I was singing the bass line. I was awestruck; my eyes became a bit misty and I had to rewind the tape and listen to it again.

Not very long ago, I listened to a part of Orff's "Carmina Burana." It happened to be the "Veni, veni, venias" ("Come, come, pray come") chorus, but it could have been any chorus from the piece. It had been quite a while since I'd heard it and since I've been in the ASC, my listening perspective had changed somewhat. I had originally tended to hear it as a "member of the audience," but now I was able to imagine myself being part of the piece as a chorister. I could see myself as listening to the sopranos and altos doing their line, then my coming in with the tenors and basses, etc. As I was enjoying the piece, I realized that I can

now listen to women's voices and enjoy them instead of having to defend myself psychically

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## HORMONES from page 2

testosterone, depending if you've had surgery: polycystic ovaries, the liver, the changes in your cholesterol and triglycerides for the worse, potentially increased risk of cardiovascular mortality. So the fact that he hasn't found much is good. Maybe he has to follow the patients for another 20 years to get better statistics, but it means that you don't need to vary from the current treatment.

*About cardiovascular disease, what's your impression about FTMs and cardiovascular disease and high blood pressure?*

My patients have done fine. I'm aggressive about it; if their blood pressure goes up I treat it—as opposed to withdrawing the hormone, I just treat the blood pressure. You need to be on top of your cholesterol and triglycerides; you need to treat them if necessary, change your diet if appropriate. Just common sense. If it's important enough to be on hormones it's important enough to take care of your body. As to polycystic ovarian disease, it's well-documented that you can induce it with testosterone. Granted, it may be preexistent in a number of patients. Now, in a biological woman with polycystic ovarian disease and not on hormones, there is a change in the estrogen level where it doesn't cycle the way it should. Because she doesn't menstruate normally, the uterus sees more estrogen day in and day out than it should, and there's a high risk of cancer of the uterus. You take an FTM patient on testosterone, they have a low estrogen; if they have the polycystic ovaries then the cysts could still rupture, but do they have a higher risk of uterine cancer? Not known. If the uterine cancer is estrogen-dependent then they really shouldn't. Is there an effect of chronic testosterone on the uterus? We don't know. The pap smear changes, so there is an effect of testosterone on the vaginal wall; so there may be some effect, but it's never been reported. It means that you've got to be examined. If you've still got the parts they've got to be examined. You should have an annual pelvic exam, annual bloodwork (liver and cholesterol), and blood count.

Testosterone can raise your blood count. If it goes high enough, your blood can be too thick: viscous. It's called hyperviscosity syndrome, or polycythemia, and you could have a stroke. Aspirin would tend to mellow that out. But sometimes you have to get rid of a unit of blood here and there, in other words bleed yourself back down to a normal blood count. Yearly tests should be sufficient if things have been going well.

*I've heard that African-American men in general or African-American FTMs in particular are more likely to have this problem. Is that your understanding?*

I don't know the answer. Much more of my patient population is white than black or Hispanic, so I just don't know.

*If somebody does have polycystic*

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# Explosion of Tranny Films AT THE SAN FRANCISCO FILM FESTIVAL

By E. Kris

June in San Francisco means it's time for the International Lesbian and Gay Film Festival!! Once again I embarked on my yearly ritual of moving into the Castro Theater for 10 full days and nights. Everyone involved with the film festival knows me, but they insist on obeying some stupid, petty rule that says that no one can sleep over in the theater at night. My soundly argued legal points—that there are exceptions to every rule, that the customer is always right, etc.—have no effect on them. I repeatedly offer to bring my own sleeping bag and promise not to touch anything, but they always force me to go back home to Oakland each night. How rude!

The Film Festival lasted 11 days, spanned three theaters (Castro, Victoria and Roxie) and showed 108 screenings this year, of which 46 were shown at the Castro Theater. That's why I always buy the Castro theater pass for \$100: (1) each screening costs less than \$3, (2) I can stay inside instead of standing in line for the next show, and (3) I get a free high for 10 days. You see, there are two basic kinds of films—"chick flicks" for the women and "dick flicks" for the men. When you stay in one theater all day you can get a really good hormone high because you're surrounded by a wave of estrogen during the "chick flick", then you're immersed in a wave of testosterone during the "dick flick," then some more estrogen, followed by more testosterone, etc. etc.

I never go to the other two theaters because I would have to pay for each ticket and also stand in line. But this year the hypnotic lure of the unprecedented four feature-length films on FTM subjects (as well as four shorter films on FTMs, and a trannyboy filmmaker panel) turned me into a Tranny Film Whore and forced me to cheat on my beloved, faithful Castro. Yes, I let some complete stranger put his/her butt in "my" seat while I sneaked away and sat in the seats of another theater. And not just once. Oh, no—I cheated twice and went to both the Victoria and the Roxie! I ignored any feelings of guilt or remorse as I shamelessly wallowed in the world of the Tranny Films.

Was it worth it? Yes, no and maybe. A few films were really good, a few were really bad, and most were merely OK. I review several of the films here. In fairness to the directors, I must admit my personal bias: I dislike and get aggravated by films that have poor editing, jerky or constantly moving camera shots, blurred or out-of-focus images that should have been edited out and a thrown-together-at-the-last-minute look and feel.

## A Shot of Manhood

(UK, Hilary Clarke, 1997; 30 minutes)

This film is great! Not only is it very, very entertaining, but it is much more professional than any of the other tranny shorts (it is distributed by BBC Television in England). I enjoyed every single segment and I really appreciate the excellent editing and the way the sound track was used to smoothly introduce each new segment. Jordy Jones wearing his Quentin Crisp ensemble during his interview is a hoot. It was a real treat watching Jordy and Stafford shopping for new suits and giving each other their testosterone shots. My all-time favorite segment is the one where Jordy and Matt Rice demonstrate how to actually make your very own "packy" using ordinary household items. Someone should get that segment on public access TV and call it "Basket Basics." Do not miss seeing this film if it ever comes on cable TV or to a theater near you.

## The Brandon Teena Story

(USA, Susan Muska and Greta Olafsdottir, 1997; 90 minutes)

This movie is a real-life lesson in homophobia, transphobia and misogyny. Brandon Teena was raped and murdered because he charmed the girls and upset the boys, who didn't like the fact that Brandon dressed like a man but was physically a woman. Also murdered were the two innocent victims who happened to be in the wrong place at the wrong time. The film moves back and forth between interviews (with former girlfriends, their parents, the police, and both killers), scenes of daily life in rural Nebraska, and audiotapes made by the police when Brandon pressed charges of rape and when the two suspects were interrogated.

I was moved most by the tapes of Brandon pressing rape charges one week before he was murdered. You hear the small, quiet voice answering the officer's blunt questions. You hear the officer asking whether Brandon had somehow caused the rape to occur. You hear the officer asking about Brandon's age and prior sexual experience ("So you're saying you were a virgin?"). You hear the small, quiet voice finally ask "What does that have to do with this?" And then (if you're at the Castro) you hear 1500 people applauding and cheering Brandon's simple attempt to stop the highly inap-



Tranny-porn stars Jade-Blue Eclips and Angel, and director Christopher Lee, at the world premiere of *Alley of the Tranny Boys* June 27 at the Roxie Cinema in San Francisco.

propriate line of questioning that had been going on way too long.

See this film. It is very important. A few scenes could have been edited better and the interview with one former girlfriend used the shaky hand-held camera that drives me crazy. But in all other respects, this movie is a true salute to the potential that all good documentaries have to educate and enlighten. This film is distributed by Bless Bless Productions, 704 Washington Street, New York, NY 10014. Their e-mail address is [blesbless@aol.com](mailto:blesbless@aol.com). Their telephone number is (212) 242-3009.

## Pansexual Public Porn

(UK, Del LaGrace Volcano, 1998; 11 minutes)

I think my inner child is actually a voyeur because I like watching people, especially from behind the lens of a handheld camera in a wooded park in England where gay men meet for quick, anonymous sex. This film was one of the four films grouped under the title "Tranny Porn." The film shows FTMs having sex with each other and with several gay bio-men. It takes balls (natural or acquired) to ask strange men to agree to be filmed while

## TRANNNY FILMS from page 4

screwing. That alone makes this amateur film worth seeing, but the technical quality could be better.

### **Boys in the Backyard**

(UK, Annette Kennerly, 1997; 22 minutes)

In this interview, which was filmed in his backyard, Matt Rice talks about many things, including love, being transgendered, his tattoos and his daddy/boy relationship with Jo. Near the end of the film Jo also appears on camera and the two of them talk about their relationship. Matt is really great on camera. His comments are funny, enlightening, provocative, deep and entertaining. My favorite line was when he was talking about the first time he had been with Jo—Jo asked Matt to suck his cock and Matt said "OK, go get it." I missed the next sentences because the audience was laughing too loud. This film would rate higher with me if it were edited better. Deleting irrelevant comments would shorten the running time, and the bright sunlight and dark shadows kept affecting the camera's focus.

### **Vera**

(Brazil, Sergio Toledo, 1986; 87 minutes)

This film is in Portuguese with English subtitles. It is worth seeing for its historical value as an honest attempt to portray the feelings and experiences of an FTM. Vera leaves the orphanage when he turns 18, gets a job and falls in love with Clara. Everyone sees Vera as a lesbian who dresses in men's clothes, and Vera's troubles begin when he tries to explain that he is really a man. He ends up losing his job and his girlfriend and goes through some serious self-questioning. The film is beautifully shot and well-acted and offers an insightful view into Brazilian culture, but the ending was too unreal and "artsy" for me. And maybe I'm being too analytical, but I have to wonder whether the script had Vera raised in an orphanage to imply that the absence of a "normal family" was the cause of Vera's gender conflict.

### **Alley of the Tranny Boys**

(US, Christopher Lee and J Zapata, 1998; 60 minutes)

This was the feature film in the program titled "Tranny Porn." The Film Festival program guide described it as featuring "big hot cocks, plenty of trans-on-trans action" and said that Alley "is the world's first transman porno flick. An homage to '70s porn, Alley leaves Boogie Nights looking limp by comparison." I therefore thought I was going to see full-frontal nudity and close-up shots of FTMs having sex—what I saw were clothed FTMs using dildos. The only real nudity was the scene with Angel and Guy Young in the jacuzzi. Maybe I would have enjoyed this movie a little more if I hadn't read the program guide. If you want to judge it for yourself, *Alley* is available for \$63.95 from Christopher Lee, PO Box 14354, San Francisco, CA 94114. (Add \$4 shipping fee per additional video—allow three weeks for delivery.)

I admire the talent involved in making this film, and most of the scenes are innovative, entertaining or interesting. The campy group orgy scene, for example, involved huge dildos, fake facial hair, and maybe a wig or two. However, I don't know how to fairly judge the kidnap/rape scene where one person is knocked out, bound, raped, tortured (with melting wax from candles) and then urinated on. I realize that rape and torture are one aspect of porn fantasy, but I have mixed feelings about FTMs in general being unfairly associated with that because of this film.

That's it for now. Always remember that the only opinion that really matters is your own. Check out the films for yourself and reach your own conclusions. See ya next June at the Castro.

For distribution information not listed here, contact Frameline at 346 Ninth St., San Francisco, CA 94103; phone: (415) 863-9802.—Ed.

## Second International Transgender Film Festival

After the resounding success of the First International Transgender Film and Video Festival in 1997, the second festival will take place September 24-27, 1998 at the LUX Cinema, Centre for Film, Video and New Media, Hoxton Square, London. Last year's five-day festival brought together our diverse community for the first-ever international transgender cultural event. Over 800 people from all over the UK and abroad attended the screenings of 50 films and videos, as well as discussions at the four-panel symposium.

The Second International Transgender Film and Video Festival will take place over four days with 11 programs of 45 films and videos. The festival will also feature an academic panel on the Postmodern Gender Condition and an Industry Panel with transgender film and television professionals. (We're hoping to include a discussion of the new transsexual character on Coronation Street.) The festival will again showcase a wide range of challenging and award-winning work, including more features, old and new, rare footage in the Archive slot, and an expanded program of multimedia work and photography.

The festival theme is cross-cultural expressions of TG which have inspired the western movement. Transgender, culturally, means the grouping, alliance or community of all people who are inclined to cross the gender line. The trend toward gender non-conformity has come partly as a result of exposure to information about third-sex and third-gender identities which exist in most cultures of the world since the dawn of time—the oldest surviving record of such identities being 2500-year-old Indian Ayurvedic oral traditions and medical literature. Even in some of the smallest or most remote human societies today, third gender has a special status ensuring that non-binary-gendered people are accepted and have a role in those societies. "Transgender" uses the model of multi-culturalism for a gender-diverse society, where diversity and difference enrich the culture for everyone. So this year the festival is going even more trans-global, highlighting work by and about Native American Two Spirit people, India's Hijra community, and the transgender folk of Latin America.

The second charity Gala Ball will be held, this year, at The Vibe Bar, Brick Lane, on Saturday, September 26th. The Ball will raise funds to produce material concerning health issues for the community, especially HIV/AIDS and safer sex material aimed specifically at transgendered people.

For further information contact:

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# The Law and Your Gender Identity—SAN FRANCISCO

by Dion

*Note: This article discusses the San Francisco law on transgender rights and discrimination. Such laws differ from place to place, though some of this information may be helpful in clarifying, changing, or creating laws in other places. See the box below for a sketch of the legal protections available for trans people both in and outside of San Francisco.*

*It is important to note that it is not currently possible to bring discrimination lawsuits under the San Francisco law: all such suits are pre-empted by state The Fair Employment and Housing Act (FEHA) laws. However, FEHA accepts and investigates complaints under the San Francisco law; the city law can be used to bolster an argument in court; and transgender advocates are currently working to remove the pre-emption clause at the state level.*

*We'd like to hear from you if you have such a law pending or already in place in your town or state. Send in your descriptions of local laws! —Ed.*

The Human Rights Commission (HRC) of San Francisco recently put on a workshop with an overview of laws (city, and some state and federal) that may protect transgendered individuals from discrimination. The HRC began by classifying people with transgender identities (in the law's terms): transvestites, crossdressers, transsexuals, drag queens/kings, intersexed people, masculine females, feminine males—plus male and female impersonators. The law now defines only people who have had genital surgery as "post-op." Larry

Brinkin of the HRC noted that FTMs are pushing for a more inclusive definition of "post-op" because of restrictions due to quality of procedures and cost. There are FTMs with top surgery who consider themselves post-op, as do some FTMs on hormones (with genital growth).

The HRC operates as a neutral mediator, looking for working solutions to satisfy both parties in a conflict whenever possible. Of the formal complaints filed through the HRC, 95% are successfully resolved through mediation! The HRC receives many calls from employers (and their lawyers) wanting to be supportive. If there is a complaint about an employer, the HRC may, for example, recommend staff training. If uncooperative, the employer faces public documents being formally filed (including complaints and findings given to the press!). It is important to note that if a person doesn't identify as transgendered (TG), but is perceived to be TG, the laws still apply. However, discrimination is very hard to prove. Documentation is very important—in the form of journals, witnesses and any other evidence. Regarding documentation: it is common to think you'll never forget the details because the experience of what happened is so dramatic. But it may take a year or more before an investigation is conducted by the HRC (after it tries to mediate a complaint). And during an investigation, written details of the complaint are useful. Bi-gendered individuals have the real problem of having to choose a gender for the complaint, noted the HRC, whereas intersexed people are usually perceived as,

or present as, one gender. What's important in a discrimination case is your identity: if you're nohomo (no hormones) and/or no-op, you are still protected.

## GENDER IDENTITY DISCRIMINATION

According to the law, anyone can express their gender identity unless there exists a good reason not to. One reason not to express one's gender identity is when you don't want to be "out" in the workplace. This may be applicable to transgressors who "pass" easily, for example.

Employers have the right to impose dress codes according to gender. But correct names and use of appropriate pronouns are the rights of any individual identifying as male or female, whether on hormones or not, post-op or not. When the person transitions on the job, the HRC expects employers to accommodate. This may include time off due to physical and/or emotional limitations. Work associates are also expected to use correct pronouns and names. When you come to work one fine day, say you want to change your name and be referred to as "he," some employers think you just changed your mind yesterday, or you saw some show on TV. They don't understand what it takes to make the decision to transition.

## DISCRIMINATION IN HOUSING

This part of the law covers residential and commercial buying, selling, renting, and leasing of real estate, dwelling places, or residences (e.g. apartments). On a form or application, TG individuals can indicate their preferred gender. It is not fraudulent to do so!

>7

## If you're interested in learning more or getting involved:

**San Francisco TG Community Task Force:** a group working on TG issues. Meets every 4th Tuesday, 5:30-7:30pm @ 25 Van Ness Ave., (415) 281-9445

**LGBT Advisory Committee** to the HRC: meets every 3rd Tuesday, 5:30pm @ 25 Van Ness Ave., 8th floor, Commissioners' Meeting Room. Call Carol A. at (415) 252-2541; (minutes of meetings available).

**Human Rights Commission:** 25 Van Ness Ave. #800, S.F., CA 94102-6033; (415) 252-2500, fax: (415) 431-5764, TTY/TDD: (415) 252-2550. Meets 2nd & 4th Thursdays, 4:30pm @ 25 Van Ness Ave. Call Mercy at (415) 252-2538. Internet: [www.sfhumanrights.org](http://www.sfhumanrights.org). For a copy of the 1995 report from the HRC Investigation on Discrimination Against Transgendered People (Internet): [www.sfhumanrights.org/LGBTH.org](http://www.sfhumanrights.org/LGBTH.org) (the H stands for HIV).

**OUTSIDE CA:** The HRC offers a listing of resources and publications when requested.

## LAWS RELATING TO GENDER IDENTITY

**FEDERAL:** Title VII may at some point protect post-ops experiencing employment sex discrimination; so far, case law indicates that post-op TGs are not covered. The Americans with Disabilities Act offers no protection, thanks to Jesse Helms who introduced section 508 (excluding transvestites) and 511 (excluding transvestism, transsexualism & GID as disabilities).

**STATE (California, file with DFEH):** The Fair Employment and Housing Act (FEHA) may cover post-ops under sex discrimination; preempts lawsuits under city laws. Part of the FEHA is an anti-discrimination law in public accommodations called the Unruh Civil Rights Act (may apply if you're perceived as queer).

**STATE (California, file with DIR/State Labor Commission):** CA Labor Code may apply when transies are perceived as lesbian, gay or bisexual in employment discrimination cases.

**CITY (SF Administrative Code):** Chapters 12A, 12B, 12C prohibits discrimination by city contractors and applies to all definitions of TG. File complaints with HRC regarding employment, housing and public accommodation.

**CITY (SF Municipal or Police Code):** Article 33 states Gender Identity is a protected class in SF. File complaints with HRC regarding employment, housing and public accommodation. Note: The Board of Education unanimously passed a resolution in September '97 to include gender identity as a protected class in the SF Unified School District.

Places where gender identity is a protected class: Pending: The state of Washington  
CA: Santa Cruz (1st in CA), San Francisco, The state of California  
West Hollywood (under hate crimes)  
WA: Olympia, Seattle  
MA: Cambridge  
IL: Evanston  
PA: Pittsburgh  
IA: Iowa City, Cedar Rapids  
The state of Minnesota

**DISCRIMINATION IN PUBLIC**

**ACCOMMODATIONS (RESTAURANTS, HOTELS, ETC.)**

The law says customers of a business establishment may be facing discrimination when employees are rude, when you're not attended to, or when you are complained about/objected to by other customers. Add to that failure or refusal to remedy the problem, insensitivity to gender, or failure to know TG issues. It may be also be a case of discrimination if a business establishment requests an identification stating your gender. They have to have an excellent reason to ask. There are two acceptable reasons to ask for ID: 1. Someone is not presenting as the gender that matches the facility (e.g., looking like the stereotype of the opposite gender of the facility), or it is feared that the individual has criminal intent. Unfortunately, the law does not have parameters defining reasonable doubt. 2. They ask everyone for their ID (usually upon entry).

This brings up the hot topic of restrooms: It's allowable by law for an establishment to ask for identification. Once again, it should be emphasized here that a person can only be challenged when there is "reasonable doubt" of one's gender. This is a very sticky situation because we could have several standards or bases of reasonable doubt. In the event of your gender being challenged, you ought to be consistently respectful. If you're stopped and asked for ID upon entering or exiting a restroom, there are three possibilities:

First: Show your ID; if it matches that of the chosen site, go ahead!

Second: You can ask why they wish to see it. If their response fits one of the three requirements cited above, you then either show your ID or refuse. If your gender doesn't match, or if you refuse to show ID, they can ask you to leave. They may also call the police to cite or arrest you. In other words, if you present as male because that's your gender identity, it is legal, and you have the right to use the men's room. However, any establishment can challenge that by exercising their right under 1. & 2. in the paragraph above, and request you to leave if your ID does not match the gender designation of the bathroom. If you refuse to leave, remember they have the right to call in the police.

Third: You ask why they're requesting to see ID. Their response does not fit any of the three requirements above. They say something like, "You don't look like a real man" or "We don't want your kind going into our men's room." Well, well! Neither statement fits the legal reasons for checking ID! You can refuse to show it, wait for the police and state your case, allowing them to file a report, cite or arrest you. You can also choose to leave, later calling/writing the HRC.

In summary, often you cannot legally be asked for ID in the first place. But when you are legally asked, an ID that matches your chosen gender means you can't be thrown out. An ID that does not match your chosen gender means you can be thrown out.

And by the way, if you paid admission or some other fee you may request a refund when leaving early. Receiving that refund depends upon the establishment's policy. People usually leave, then

write to the management, later receiving the refund or some comps. If the response to your written request is unsatisfactory, that is a good time to call/write the HRC. When investigating complaints, the HRC takes them case by case. With the situation described above, they would look to see if the person's gender presentation matches that of the restroom. They also inquire about anyone complaining or objecting to you being in there, or whether you were in the restroom alone. Regarding "one person at a time" restrooms, the HRC questions the relevance of who uses which facility at all.

**COMMON ISSUES FOR TRANNIES IN:**

Hospitals, Institutions, Shelters & Residential Facilities: In sex-segregated facilities & restrooms, by law they can require you to go where your genitals dictate. This is the case where nudity is required, for example locker rooms and shower rooms without cubicles. Safety is an

obvious concern. The HRC takes it case by case, checking facilities, trying to find a solution. Some examples: trannies have been allowed to use staff showers, curtains were put up, people waited outside in a line, etc. If there's no way to accommodate trannies, they don't have to, but a reasonable effort toward accommodation is required.

Women's Service Agencies: Here in SF, our local Lyon-Martin Women's Health Services now serves MTFs and FTMs.

Company Dress Codes: Crossdressers have less protection on the job than trannies do in dealing with fashion. State and case laws govern company dress codes.

*As we go to press, a bill to amend the California hate crimes law to clearly include gender identity and expression in gender-based hate crimes is awaiting the Governor's signature. This bill also requires anti-transgender hate crime reporting and TG/TS sensitivity training for law enforcement officials statewide.—James*



**Stanly Rants**

by Stanly identifying information redacted

TRANSGENDER! Now what is that all about? I probably shouldn't be asking that, seeing as how that's my "label" and all. LABELS LABELS LABELS just shut the fuck up!! by trying to simplify shit we complicate it. But look at me... just the other day i was talkin about making me a TRANSGENDER shirt. What? Who gives a shit!? But wait a minute...That's what this world's all about. Separation. Dissection. Who are you and what do you want? What are you gonna give me? What's right for you ain't right for me and what's right for me probably makes you sick. And now i'm just babbling. But it all starts for us when we're born. The conditioning. Whatever the DOCTOR says goes. GIRL...Boy. Derr PINK BLUE. Right on, we're all fucking color-coordinated. YOU!! Daddy's little girl who looks pretty in a dress here's your skinny-ass big-chested barbie. and YOU!! Momma's little boy in a cute sporty jersey here's your G.I. Joe the REAL american hero. OI! Who the fuck came up with that shite. It's shit. Yeah it's shit and we eat it. CHOMP CHOMP. Somewhere someone somehow got the idea to stop raising their kids as PEOPLE. Who? Huh? What the fuck are those?! Well kiddies...We're people. We're all people first before black, white, gay, straight, boy, girl and yeah transgender too. So...wait a cotton pickin minute...What's my problem? Is it possible? Did I just contradict myself? YEP! Shore did because hey I'M transgender. What's all that about again?! FUCK YOU FUCK ME FUCK EVERYBODY! I'd rather just be me...Nameless Genderless but I can't. Not in today's society. Not when boys are this way and girls are that way. And I'm playing up to that shit. Playing up to it real well because I'm a well-oiled and fully programmed little fucker. So here's my head. I'm neither society's male NOR female. But as a human being with only those two to choose from I check female \*MALE\*. My "gender identity" is male. Has been male. So I guess that means I "feel" male then doesn't it? So let me ask you...Who in their right mind (whatever that means) wouldn't want to be seen and treated as they do indeed feel?

# Hysterectomy and Oophorectomy

by Sheila Kirk, M.D.



There are good reasons why you, at some time, may consider having your uterus and ovaries removed. There are several important general health considerations. To begin with, frank bleeding and/or bloody discharge can take place even after an individual has been on hormones for years. Causes for bleeding will in most instances be benign, for example an atrophic uterine lining (a very thin endometrium), a polyp, or even a fibroid tumor. But while very uncommon, a

malignant change in the uterine lining can occur, either as a primary tumor or a secondary cancer.

At this point, let me clarify something not well appreciated by most. To have a hysterectomy means only to have the uterus removed. The ovaries are not included in that procedure as such. Having the ovaries removed as well is an oophorectomy. In past years the term "complete" or "total" hysterectomy had to do with the removal of the cervix. When the cervix was left behind, the procedure was referred to as an incomplete or subtotal hysterectomy.

When the uterus is removed the ovaries can be removed as well. They are in most instances non-functional once testosterone therapy is ongoing. They can be cystic, as in polycystic ovarian disease, either before or after testosterone is administered. It has been reported that at least one in four FTMs has polycystic ovarian disease. This disease can cause great discomfort and unwelcome side effects. However, I would caution against ovarian removal without at least three months of prior testosterone use.

The surgical techniques for hysterectomy and bilateral oophorectomy are three—two by way of the abdomen, one by the vaginal route. Vaginal hysterectomy is most easily performed on those who have had at least one obstetrical experience with vaginal delivery. The tissue relaxation that results from childbearing makes this technique easier technically, and less hazardous to you. Proper selection of patients for the vaginal route is mandatory. Attempts to do this kind of hysterectomy can still result in an abdominal incision because of complications. But with the right circumstances, vaginal hysterectomy is associated with a very short and easy convalescence.

Laparoscopy, a technique wherein special instruments are placed into the abdomen through very small incisions, is a very convenient and worthwhile abdominal procedure. The surgeons use these instruments to see the inner organs, thereby allowing for far less post-op incapacity, pain, and time in the recovery room. Scars are small, but removal of the uterus and ovaries can take considerable operating and anesthesia time. This can be costly. The surgeon's skill is essential—the laparoscopic entry is limited and the instruments only as effective as the surgeon using them—but convalescence is short and as easy as it is with a vaginal technique.

A traditional abdominal incision can also be used for hysterectomy and oophorectomy. This incision allows for closer, more accurate examination and surgery. The incision may range from two and a half to three inches, for an uncomplicated uterus and ovaries, to over four inches when more abdominal exploration is necessary (e.g. tumors). With good attention to cosmetic effect, smaller scars can be made transversely, in the hairline, and may eventually become more faint.

An experienced surgeon can complete the surgery in 60 to 90 minutes, but the hospital stay will be about three days. Confinement at home, with only gradual return to full activity, could be an additional three weeks or more. Keep in mind these three approaches. Some surgeons are more skilled in certain techniques. A patient may be a good candidate for only one approach. Searching, in-depth discussion between you and your operating surgeon is vital. You need to discuss all the details important to you to assure the outcome you desire. If you wish to further discuss this procedure or if I can help answer questions you may have in reference to this, other surgical procedures or your medical concerns, please feel free to contact me.

Sheila Kirk, MD, a trans surgeon, recently formed the Transgender Surgical & Medical Center (TSMC Center) in Pittsburgh, PA. Dr. Kirk, the center's director, performs top surgeries, hysterectomies, oophorectomies, and clitoral freeing. Together with her partners she also performs phalloplasties, testicular implants, scrotum construction and corrective procedures. She can be contacted at [TSMC@aol.com](mailto:TSMC@aol.com), by phone (412) 781-1092, fax (412) 781-1096, or U.S. mail: TSMC, P.O. Box 38366, Blawnox, PA 15238.

## INTERNATIONAL NEWS

### Transsexual Wins Eurovision

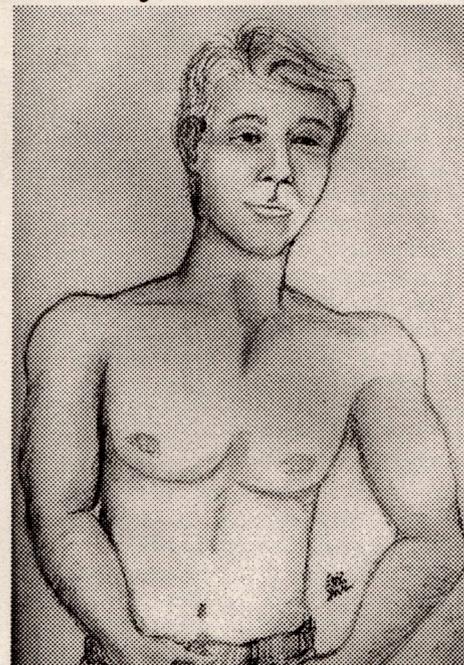
Israeli transsexual Dana International won Europe's largest song contest this spring in a performance seen by as many as 600 million viewers. She won the 25-nation annual competition with the song "Diva," which has topped Israeli charts for months; winners this year were picked by an international TV viewer telephone poll. The Eurovision contest is best known in the U.S. for helping popularize the Swedish pop group ABBA 24 years ago.

"This just goes to show the world is openminded and liberated. We are all equal," Dana International told Israel TV after the show.

According to the AP, "Ms. International's nomination caused a stir among some religious Jews and several powerful Orthodox lawmakers had even considered trying to topple the government over the issue." An ABC news story added that "She is a focus of controversy in her home country...One leader said Israel had sent 'a message of darkness' by choosing Ms. International to represent the country at Eurovision."

Meanwhile, Dana International has sold 5 million records—with songs like "100 per cent Male" and "Different Sex"—and is an icon of Israel's gay movement. She has been scheduled to perform at the opening of the Gay Games.

### In My Dream....



...this was how I looked at age 19. I looked at myself in my dream and I thought, "Hey, that's not my nose." I drew this sketch immediately upon waking, hoping to capture that brief glimpse of an alternate reality. —MW

*ovaries, how do you treat that?*

You don't always do anything, because when a woman comes in with polycystic ovaries, she's usually complaining of infertility, hirsutism, or lack of periods—and who cares when you're FTM? You probably don't do anything—maybe a periodic ultrasound to make sure there's no cyst that's enlarging. If you had severe pelvic pain you'd worry that you'd ruptured one, and you should have that knowledge. But again, the question is are you at risk of cancer of the uterus? And that's not known. And that's why you need your gynecological exams.

*Do you know anything about testosterone interacting with DES to produce gynecological conditions? [DES is diethylstilbestrol, a hormone given to many pregnant women in the 1950s, '60s, and early '70s and associated with certain birth defects, almost all in female children.]*

The biggest problem with daughters of DES mothers is cancer of the vagina, which is an unusual cancer. They've found some cytologic abnormalities in male children of DES mothers. My understanding is that virtually every DES daughter can be detected to have some abnormality in the posterior vagina. In some of them it will go on to a cancer. What will testosterone do to make it more likely or less likely? Nobody knows. You've got to keep being examined.

*Can baldness be addressed by lowering one's dose of testosterone?*

You can get less testosterone and therefore less hair overall and therefore less baldness. But you may end up with the best of everything or the worst of everything: you may end up with no body hair and still go bald. With the new drug Propecia (which is the same drug as Proscar at one-fifth the dose), if you have a male-pattern baldness genetic predisposition, you may find that taking that drug at the onset of taking testosterone may prevent it. Once the baldness is there you probably can't do anything about it. You may get away with [the testosterone-lowering strategy], and indeed you need the testosterone to make you have male pattern baldness. So if you back off the testosterone, yes, there's a chance that you will mitigate the baldness.

*Is there a danger to that kind of self-regulation of hormones?*

No, there's not a danger, because again, the reason for the hormones is an endpoint in terms of how you look. But there's a false sense of security, because it may work and it may not work at all. There's no way that someone can finesse it, can rationally say this is the dose I should need. You may get away with it and you may not.

*Why is it that people tend to gain weight on testosterone?*

There's increased muscle mass, increased bone, often; there clearly is fluid retention. There may be changes in other hormones, induced by the testosterone, that are associated with fluid retention. Generally your body comes to a new steady state, which means that you may not get rid of the weight but you may not continue to accumulate it. It'll be at a level that may be higher than you would have liked. Inasmuch as there's fluid retention a diuretic periodically may help, low sodium maybe, probably not. Is there more fat after testosterone? Your lean body mass is supposed to improve with testosterone, so I don't know that you'll necessarily accumulate fat. A lot of it is fluid retention.

mone called renin, which may be one of the mechanisms for higher blood pressure. Renin works through a couple of hormones: aldosterone, for fluid retention, and angiotensin, which constricts the blood vessels.

*What do you think about the Joy Shaffer study (a study proposed by MTF physician Dr. Joy Shaffer that involves injecting growth hormone directly into FTMs' genital tissue)?*

Let me tell you my impression. The reason no one knows for sure is that no one, obviously, has ever done something like this. Growth hormone works by inducing another hormone called IGF. And IGF, which is mainly from the liver, will then go to cartilage and cause growth of bone. That's why if you're growth hormone-deficient as a kid and you're given it you will grow taller. Growth hormone excess can cause enlargement of several organs: your heart, your liver. That can be bad because you get bad disease from that.

There is IGF in the gonads—the testis and the ovary; the growth hormone does not stimulate that. LH and FSH, which are the normal hormones that tell the gonad to work, actually stimulate the IGF. Nobody knows if there's IGF in the clitoris. But if there were, it being a sex-responsive organ, the odds are growth hormone would have no effect on it—only LH and FSH.

So 1) theoretically growth hormone shouldn't work.

2) Growth hormone in people who need it is given daily, not weekly, not monthly.

3) Growth hormone costs about \$1500 a month, for full doses.

4) Next issue, the tourniquet. If you put a tourniquet on a hemorrhoid, it falls off. Assuming you could put a tourniquet on the clitoris, what you're trying to do is impede the venous flow, without impeding the arterial flow. In other words the blood should come in, but it should hang around longer and not get out as easily. That would be very hard to finesse, and if you screwed up you would cause the clitoris to become necrotic: it would die, because you'd taken away its blood supply. She may say, well, it's only a half hour.

Maybe a half hour's not enough to make growth hormone stay. It doesn't follow logically. And it would be such a risk that I would really be afraid to do something like that.

How big is a normal clitoris? Half an inch, maybe? What if you doubled it in size, it'd be one inch? Is that good enough for penetration? If you want a phallus because you want to become sexually active, you need 4, 5, 6 inches, which is what you're going to get from a phalloplasty. There's no way you're going to end up with the clitoris enlarging sufficiently other



## **An FTM Propecia Protocol**

**by Sheila Kirk, M.D.**

Propecia (see FTM #40) is a promising new drug that combats baldness in men. I am collecting data for a research project on Propecia use in FTMs, and would like as many FTMs as possible to participate. Certain guidelines should be followed by any individual who begins to use Propecia as prescribed for genetic males:

1. Propecia should be used under the guidance of a physician or other health care provider. Liver function and serum testosterone levels should be monitored once a month. No one knows if testosterone levels will increase in the FTM person, or if any liver problems will develop.

2. Appropriate methods should be used to evaluate hair growth in barren areas—for example, photographs and measurements of number of hair follicles per square centimeter.

For purposes of data collection, FTMs taking Propecia could have monthly hair growth measurements and laboratory tests taken by their health care providers. This information could be sent to me every month for six months by each and every FTM willing to participate. I will keep a strict compilation of the data from, hopefully, 50 participants. I will publish the results to reach as many FTMs as I can.

Information has to be gathered and reported to our own people. Because of the general public's limited interest, researchers are not always interested in conducting studies for our community—even with an important topic such as this. I am very much interested in beginning research in this area (as well as the number of transgender studies I'm currently conducting). Please contact me if you are interested in participating.

*For Dr. Kirk's contact information, see page 8 (bottom).*

Appetite may go up, but then the explanation for the weight is an indirect one—from the testosterone stimulating appetite—rather than direct metabolic changes. Invariably, you're going to see five or ten pounds, soon, with testosterone treatment.

*So there is a partial metabolic explanation for the weight gain, meaning the other hormones that are influenced?*

There may be effects on aldosterone, which is a hormone that makes you retain salt and water. That would be the main one for fluid retention. There would probably be effects through another hor-

than to maybe have an appearance of a pre-pubertal penis. And I can't imagine that that would be satisfactory to anybody.

*Actually, it is satisfying to a lot of people. Having an outie instead of an innie...*

If that's what they wanted, it will probably be achieved—if it can be achieved—purely with testosterone, which will cause some clitoral hypertrophy. In disorders in women who have excess androgen, that's one of the things you look for. You look to see if the clitoris is enlarged, and in some cases it clearly is enlarged. You don't need to put that testosterone on locally, because it's going to be working through the bloodstream. I can't imagine it would be any better rubbing it on—and maybe it won't work as well because I don't know what the absorption is, [though it's] probably OK—as giving it by shot. It just doesn't sound like a logical approach to me.

*What about the avenue of stimulating LH and FSH? Is there some future in that?* LH and FSH maybe will stimulate the ovary. We don't know that there will be any effect on the clitoris because we don't know that there are growth factors in the clitoris to be stimulated. If you look at women who are given fertility

drugs that increase LH and FSH, in other words make them ovulate, I've never specifically asked but no one has ever told me that there was any kind of stimulation or any effect on the clitoris, and even if it didn't grow you'd expect that they would be more sexually responsive or that they would have said something. So I suspect there would be no benefit. Estrogen and more likely testosterone would cause some growth, whether it's by shot or by patch, meaning non-local or local, probably should make no difference.

*So what about the testosterone cream that some FTMs apply to their genitals?*

You've got to do a study, and that study has not been done, to assess whether the locally-applied

has a benefit over the systemically-delivered. I don't know that it should.

The way you'd do the study is you'd have to be able to quantify the volume of the clitoris, and I don't know how easy that would be to do. You'd probably have to do some sort of really sensitive caliper measurements. And then do whatever you're going to do for four months, maybe six months, and only do that—meaning no shots of testosterone if you're applying the cream, and no cream if you're doing the shots, and then maybe even a group that does both. You need a good 15-20 people in each category, and then you'd need to get someone to measure the clitoris who doesn't know who's getting what. And then you can answer whether there's a value. And people saying that they think there's a value because it worked for them—not good enough.

*It seems that for people who are able to take testosterone before puberty ends, that is a very good idea. Do you have any comment on that?*

What is the advantage of taking testosterone before you've completed puberty? Potentially a little more growth, height-wise.

Theoretically if you took it way early, in early puberty, you're right, you would masculinize more than getting the female fat distribution. The chances of that would be remote because you're talking about a 10- to 12-year-old, who generally would not be able to make their own decision, in terms of their choices for hormonal status. At 14 or 15, it's mid-way through puberty, they may have already had a pubertal growth spurt and it may already be too late. But I don't know. There is reversal of fat distribution in the adult transsexual. Theoretically you're right that if you prevent it you don't have to go about reversing it, but I don't know how important that is.

*In guys who start testosterone in their 40s or 50s or 60s, the community impression seems to be that change happens slower than in the younger guys. Is that your impression?*

Yes. It's my intuitive impression that they seem to go slower. I don't know if it's a function of the hair follicle not being capable of what it once was. Again it's not something that has ever been studied, so it may be more apparent than real. But it's true that my gut feeling is that things seem to go slower.

*In conclusion, we want to reiterate that response to testosterone varies a great deal from person to person, and more studies need to be done. We also need more stories from people out there about what's happening to you on testosterone. We extend our deep appreciation to Dr. Cherlin for his time in giving this interview, and for his work in our community.—Eds.*

**I can't imagine it would be any better rubbing testosterone on locally then giving it by shot. You've got to do a study, and that study has not been done.**

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with bullets. Then, sometime during the tense SWAT standoff that ensued, Julia turned the gun fatally on herself.

Julia's apartment was later searched by police, who reported finding a Kalishnikov assault rifle with two banana clips containing 36 rounds each, a loaded 12-gauge shotgun, two practice grenades, and a gas mask. Both police and local newspaper coverage downplayed this and other sensationalistic aspects of the incident, maintaining a somewhat measured approach in stark contrast to that of the TV news.

The murder/suicide happened in my neighborhood, on my street, ironically in the very moment I was calling a phone list for TransAction (a local political activist group) to find marchers for Gay Pride. I heard and saw the police helicopter circling and turned to the TV to find out what was up. Initial coverage reported two women involved. By next morning, reporters had sniffed out the MTF identity of the shooter (revealed during an autopsy) and a horrifying media spectacle ensued.

Thursday evening, the TV news led with the story and used it for promos. "Tune in at 10, when we'll explore the bizarre world of sex-change operations!" During one segment, a reporter actually said in an authoritative tone, that many therapists refuse transsexual patients because they're too unstable—in this context, read "dangerous." The station modified that message Friday morning, with the reporter now saying that *one* therapist she interviewed refuses TS patients because she considers them unstable. Quite different. And still a biased survey.

A statistic was quoted: for every one transsexual okayed for surgery, eight to ten are denied permission. *What?* I thought. The on-camera authority went on excitedly, "Because some people become psychotic after surgery." *Psychotic?*

Coverage focused entirely on MTFs. FTMs might well not exist—a fallacy that, under the circumstances, gave me mixed feelings. Pronouns for Julia, who worked as a man but lived part-time as a woman, were always masculine. No distinction was made between "male" and "man," or "female" and "woman." No reporters thought to put the story in the larger context of occupational risks incurred by therapists. How many clients murder their therapists each year regardless of why they seek treatment? No one mentioned the high numbers of transsexuals murdered every year.

The incident shook me to the core. Despite my efforts over the years to eradicate them, images of crazed transsexual murderers—images spawned by movies like Alfred Hitchcock's *Psycho*—insinuated their ugly way into the edges of my consciousness. *Maybe people are right, we are all insane*, I thought. I felt the stirrings of my familiar old self-loathing and tried to dispel them by turning my anger toward TV reporters who, chosen more for looks than any commitment to responsible journalism, sow seeds of hatred and violence for sponsors' dirty dollars.

More disturbing, however, were my hostility and anger toward those MTFs I've encountered during my transition who retain the expectations, attitudes and manners of arrogant white men. *Watch out for internalized transphobia*, I told myself. *And don't blame the victim*. At the same time I couldn't stop myself from asking, what could be more "masculine" in our heavily-armed, dysfunctional culture than a man settling a dispute with a woman using a handgun? Feelings like these can splinter progressive movements. Not acknowledging and processing them can also.

Pretty quickly, the scarcely-contained glee of reporters—as they delved into details of the crime, interviewed the proprietor of a sex toy shop as she held up size-16 high heels for the camera, or commiserated over the fate of the murder victim's two teenage boys—overwhelmed me. I quit watching the TV coverage Friday morning.

Even before the incident, I'd been struggling to find my footing in San Diego. Figure out how political—how *out*—I wanted to be. The tragedy provoked an uncharacteristic urge to lay low and stay uninvolved that warred with a contrary impulse to come out to everybody in sight. I started conversations at work that quickly became problematic when I

was forced to refer to transsexuals in the third person. I'm out as bi/queer at work, but not as trans. I kept wondering, would co-workers shy away from me as a potential psycho killer if they knew? I decided, cowardly as I may feel, that I may not march with TransAction at Gay Pride this year.

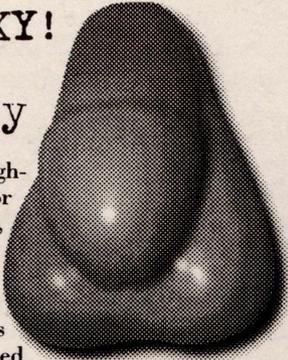
The whole thing is going to take me time to sort out. Right now, I'm still struggling to assimilate the awful knowledge that while I was phoning, one-by-one, fellow transsexuals on a phone list, another transsexual was pointing a gun...pulling a trigger...and taking the life of a mother of two, then her own. I'm a transsexual *and* a mother, whose own mother and grandfather both committed suicide with guns. I found my mother: handgun violence is very real to me. When I first heard what had happened that night but still didn't know Julia's name, I wondered if one of the people who wasn't home and whom I'd left a message for might never get it because she was dead. Turns out, Julia used to attend TransAction meetings, but her name wasn't on my phone list.

An MTF who has long labored for better conditions for San Diego transsexuals has urged everyone, especially out-of-town activists, to temporarily lay low on this issue. She fears that media attention resulting from political demonstrations would jeopardize years of effort she's put into repealing the crossdressing ordinance—up for vote before the City Council any day. Once upon a time, living in the safe cocoon of San Francisco and Berkeley, I might have considered her fears reactionary. After one year in San Diego, they seem reasonable.

*Update: Since the writing of this story, Brynn informs us that the anti-crossdressing ordinance and the Christian billboard are now gone; and he has started a new support group for FTMs in San Diego! See back page for information.—Ed.*



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**VOICE from page 3**

against them. In the ASC, it thrills me endlessly to sing not with the sopranos and altos, but in conjunction with them. Indeed, it is so much easier for me to appreciate the human voice, male or female, now that I finally have my true voice.

One last thought: Gentlemen, I strongly encourage you to experience your manhood in your community choral organizations. Many choral organizations today are crying for male voices, so you would be most welcome to join these groups.

**JAPAN'S FIRST SURGERY from page 1**

or stayed in Japan to undergo illegal backstreet operations. Some 200 patients—about 70 per cent of them biologically female—are currently requesting transsexual surgery at the Saitama medical school. But the school says it will likely approve only 20 for the operations. "People must meet rigorous criteria before the surgery," said Horiuchi.

Under pre-operation guidelines, patients must be carefully evaluated by psychiatrists and take hormone injections.

Japan's slow progress on transsexual issues is related in part to an event almost 30 years old. In 1969, a doctor was found guilty of breaking Japan's Eugenic Protection Law by performing a sex-change operation on a man without what were regarded as the proper legal steps.

The law, which covers operations affecting fertility, requires in vague terms that "necessary" steps, including psychological counseling, be taken before an operation.

Horiuchi said the medical school's main worry was not the patients' physical health, but social and psychological pressures. "Japan's social and legal conditions do not recognize the change of gender," he said. "Although we can help our patients feel at home with their true sexuality, we can do little in helping them fight against the legal and social prejudice shown towards them."

Dr. Harashina, advocating for two FTMs seeking surgery at Saitama in 1996, had to make a case before the school's ethics committee. The committee turned him down then on the grounds that society would disapprove. But the school then worked to create a gender clinic with a set of treatment guidelines for transsexual patients—and meanwhile the Japanese government approved a set of conditions for approval for surgery developed by the Japanese Society of Psychiatry and Neurology. Harashina's patients were then re-assessed and one was given final approval by the ethics committee on May 12 of this year.

The next day, Japan's Ministry of Justice reiterated that it refuses to recognize sex-change operations under the law. A person's biological sex cannot be altered, said an official. "There is no debate within the ministry about changing the family registration law (which records all births) to accommodate those who have sex-change operations."

One Japanese FTM, who spent \$45,000 in the United States on surgery, said his life had "completely changed since the operation" ten years ago.

"From the age of nine, I told myself I would have the sex-change operation," said the 34-year-old writer, who uses the pen-name Masae Torai. (Torai received the Community Service/Outreach Award from FTM International in March.)

"But there was no legally approved operation available in Japan at that time, so I had to travel to the United States," he said. "I hope this approval will help break down society's social and legal obstacles."

**Welcome to My World**

by E. Kris

**I Am**

♂  I am a raindrop—a strong, virile seed of life spawned by the mighty force of the thundercloud.

♀  I am a raindrop—a gentle, loving seed of life created by the nurturing essence of the cosmos.

☿  I am a raindrop on the outside, but inside I am the eternal, ceaseless ocean that is the source of all life. Damn, they're all looking at me. Can they tell?

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**Deep Thoughts**

by Eddie

1. Women think that men are women behaving badly. We know different. 2. My straight bio-boy friend says he got over not being able to go to women's events when he was eight. 3. If you're going to be "she'd," count on it happening in an extremely public situation. 4. You can turn into a guy, but you can't choose which guy you turn into.

# MALEBOX



## DEAR FTMS:

I'd like to thank you for your fantastic newsletter. It is so encouraging to how active and brilliant FTMs exist over there! In Finland the most of us don't care about the problems concerning our health services (which don't work) or our privacy (which doesn't exist). It is quite hard to fight for our rights when you are practically alone against powerful authorities, who couldn't care less. (For example if you change your legal gender, that change is marked in a register which is available to anyone interested. So you are automatically outed without asking you.) I have had to change my name and address, once again, in order to have some privacy.

Thank you!

I wish you all the best!

Name withheld,

Tampere, Finland

## DEAR FTM:

I would be most grateful to have a note placed in your newsletter concerning my much needed correspondence with others like myself.

Thank you so much for your thoughtfulness in this matter.

C.A. [redacted]

"Frank"

*Hey, readers. Frank has contacted us because he is really isolated and could very much use some support from other FTMs out there. We are looking for pen pals for Frank. Please contact us right away if you can lend a hand; we have Frank's address on file here at FTM (our contact info is now on page 2). —Jed*

## HOWDY FROM TEXAS.....

I just saw my first copy of your newsletter and am quite impressed. I have a dear friend who is a transitioning FTM and some of these issues come up from time to time. As a "bio-boy" I want to respond to Quanda Kindle's concern of having to use a stall to urinate.

Don't sweat a thing. Use the stall! There are many of us bio-boys who stand at the urinal and the damn thing just shuts off when in public. You stand there counting backwards thinking of NOT being there, trying to pee just to "look" normal like the rest of the guys, hoping the lil shut off valve will finally relax. It isn't worth the hassle. I have a good friend who is always pee-shy and when he has to make a bathroom stop, he uses the stall. If anyone asks he tells them he's pee-shy and to get over it. It's amazing how the topic just never comes up again! Frank boldness can be quite intimidating.

Rick [redacted]  
Texas

## DEAR JED:

Just wanted to compliment you on Part I of the interview "FTMs and Hormones" with Dr. Richard Cherlin in your latest issue. I found it informative, particularly about unique doses and frequency strategies.

As a gender specialist in Boston, I work closely with six endocrinologists in the Northeast who all treat FTMs. I'd like to share a unique strategy that we have tried with individuals experiencing increased depression just prior to their shot (at the trough). Using the testosterone patch to boost the last few days appears to be a viable method and has helped my clients better manage mood changes close to their shots. Also in general I have gotten good reports about using the patch continuously, since it appears to more closely simulate the regular release of testosterone in the body—similar to genetic men's experience. Clients have complained about skin irritation but recently I was told a new patch was developed that produces fewer problems.

Dr. Cherlin mentioned when he started working with FTMs there was little published. Besides Dr. Gooren who he mentioned, Dr. Walter Futterweit has done research on Polycystic Ovarian Syndrome in FTMs for the past 20 years. In addition, he wrote the hormone protocol in *Treatment of Psychiatric Disorders*, Volume 2 in the "Gender Identity Disorders (Transsexualism) Chapter" in conjunction with Leah Schaefer, Ed. D. and Connie Christie Wheeler, Ph.D. (1995).

I look forward to Part II of your interview. Keep up the good work.

Best regards,

Diane [redacted]

Dear Diane,

Thanks for the information and the compliments! I hope you enjoy Part II.—Jed

## DEAR FTM:

I have been reading FTM for over the past ten years and have been increasingly compelled to write. I am a heterosexual female (originally of lesbian herstory) and have been married to an FTM for the past ten years. We have two small children, a boy (age 3), and a girl (age 5). We live a happy middle class lifestyle. The reason this information is important is because I hope to depict an average, nonstruggle, nonwarrior lifestyle. Yes, full of heterosexual privilege! You pride your publication on "inclusive" rhetoric, yet, when I read the ever increasing contents of "trendy gender bender titles," I cannot help but wonder what revolution your publication is embracing. Surely, your subscribers reflect a broader base audience than your editorial contributions allude to. What about the FTMs who live average, loving lifestyles, free from white skin guilt, free from chronic social pain and have attained integrated psycho/sexual identities. There is also a strong feminine tone to the FTM articles, it appears in statements like "many people felt hurt, excluded, not heard," or "we need to support each other." Get a grip, women talk like this. It reminds me of the women's movement, full of women writing about the female experience. Sometimes it is difficult to see the similarity between FTM and maleness. Oops, have I hurt anyone's feelings?

In all fairness, I encourage FTM to continue its publication pursuits, for it can be pivotal in navigating the medical and legal system. But, please consider the importance of **balance** of the entire spectrum of FTM lifestyles, including mainstream lifestyles. FTM alienates many readers who do not endorse the "politically cloistered and trendy" activist movement you are embracing. Righteous rage is one thing but pretentious whining is another. If you are going to transition from female to male then quit bitching and do it, it is not going to be easy, all courageous decisions are not easy, so throw away the violins and make a life.

I recognize pain and isolation are part of the FTM struggle, (we lived it!) yet, there is also a time in an FTM's life where struggle has subsided and the fruits of that struggle are now being lived! Suffering is not that hip.

Room for an opposing view—

Ms. B

Dear Ms. B:

*You're right: you shouldn't have to be trendy, or a warrior, or a gender-bender, to be an FTM—or to write for this newsletter. We certainly don't mean to give that kind of impression. The fact is that most of the people who end up writing for the newsletter are like most of the FTMs in the U.S.: white, heterosexual, and not particularly "warrior"-identified. But it's crucial that the other transies out there get a word in—and their pictures in, too.*

> 14

About "sounding like a woman": what does that really sound like? And what's wrong with sounding like a woman, anyway? FTMs do have that female experience; some want to read and write about it.

Whatever subjects we may address, we're really not trying to be trendy over here. We're trying to talk about our lives and the issues that affect us. If that involves an occasional violin, well, so be it.

So, to more "mainstream" or traditional FTMs out there, please keep sending in your stories. And gender-benders and everybody else, please do the same. —Jed

## DEAR FTM INTERNATIONAL,

No matter who my mate and I meet, whether it's straight people, gay people, or other FTMs and their significant others, I'm always asked the same two questions: 1) "Why did you choose to be with a transgender man?" And then 2) "So what does this make you?"

So I always answer the second one first by explaining that I have identified as a lesbian for almost fifteen years. But that while I've always found men very attractive, I have never found a bio-male with what I was looking for in a mate.

Then I hit the other question. It's like this: I've never seen anything other than male in him. But I have never chosen a mate by their gender. I choose the people close to me by what's on the inside, not what gender they might be. I love my mate for who he is and not what's on the outside.

The next thing I get is: "So you never were a lesbian—you are bisexual, you know." I almost laugh at this, because besides my mate I've only dated one other man. Once I tell them that, if it's a lesbian I'm speaking with, it's a guarantee I'll hear one of two things. "If my S.O. wanted to become a man I'd still love her, but I'd have to have a girl on the side." Or, "Well I'm a lesbian and I like pussy and if she wants to be a he, what's that make me?"

My answer is always the same. If you truly love someone it's unconditional; Love is not something based on gender or political labels that society has declared upon a group that they don't understand. It's loving a person for their soul, personality, compassion, and friendship. I always have to ask, "If your S.O. was hurt in some freak accident would you leave him/her?" The ones that say yes, I quickly inform them that they have no idea what love is and they need to do some serious soul-searching. If they say no, I ask, "Why not?" Usually I hear, "Because I love him/her."

Now I have them right where I want them, and they don't even realize it. I always laugh and say exactly this..."I'm not saying being transgender is some big accident, just one of GOD's little mistakes. I love my man the same way you do your S.O. I'll be here every step of the way through his transition and for the rest of our lives. Why? Because he's my best friend, my lover, and my soulmate. I love him unconditionally. Even though he really pisses me off sometimes. By doing one or more of the thousand things wives bitch about their husbands doing. Love's not perfect. It's a matter of give and take. I remember every day that he is who he is and I am who I am and that's how it should be!"

Sincerely,  
Michelle

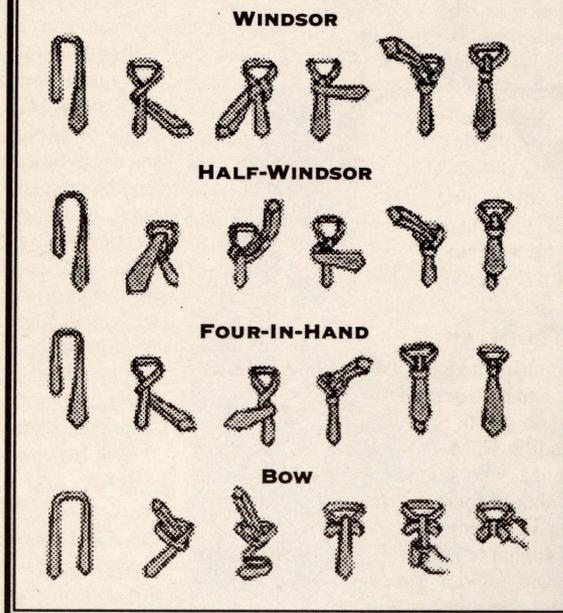
## DEAR JED:

Please find enclosed an advertisement for a new book for FTMs. I hope you might think about printing it or adapting it for your newsletter. The book contains a great deal of practical advice for the "new" trans man, but it also contains a wealth of information for those who have been living in role for many years.

It contains everything from FTM history through to clear diagrams and explanations of surgical procedures. It is real and practical advice, and I hope will provide the sort of information and more that Lou Sullivan's *Guide for*

PLEASE NOTE: The FTM Newsletter is now quoted in books and magazines outside the FTM community. Your words here may be quoted elsewhere. If you don't want your name to appear in another publication, ask to use a false name (or no name) if you want us to publish your letter.

## How to Tie a Tie



the *Female to Male Transsexual* provided, only more and up to date.

The book is very large and extremely comprehensive. It has been produced at as low a cost as possible but if there are any profits they will go to supporting the FTM Network which as you may know is a non-subscription organisation for FTMs throughout the world. The Network currently supports over 700 trans men and though we survive (just about) on donations, the calls for repeat information are becoming overwhelming, and so it is hoped that this book will answer many of those questions.

I hope you will be able to support this initiative.

Many thanks and all the best,  
Stephen [redacted]

## DEAR JAMES:

Please accept this donation to help defray operating costs for FTM International. We deeply appreciate the dedication, enthusiasm and perseverance of this organization. It has made a great difference in our lives.

Thank you,  
Jeannette and Mykael [redacted]

Dear Jeannette and Mykael:

Donations such as yours mean a great deal to us and to all the other volunteers who give time and expertise in helping build both community and a knowledge base for the future. We could not go on without such generosity. Your own dedication, enthusiasm, and perseverance in helping build community in the Boston area and in concert with IFGE's national and international efforts should also be recognized. Many thanks to you. —James and Jed

## FTM INTERNATIONAL:

The following is an organizational listing for the Transgender Health Action Coalition (T-HAC) in Philadelphia, PA. We would very much like to have the listing placed in FTM so that we can better serve the trans-men in the greater Philadelphia area. T-HAC is an inclusive health care advocacy organization, and is committed to increasing and improving the mental/physical health care options for FTMs. By placing our listing in your publication, we can inform a greater number of transpeople about the services that we have to offer. Thank you for your time, and consideration.

Naomi G. [redacted]

Thanks, Naomi. You'll find T-HAC and the Philadelphia Transgender Hotline listed on the back page along with five other new listings!—Jed

## HELLO:

On page 17 of FTM Newsletter #40 you reproduced an email that I sent to James Green. I would appreciate it if you would make you readers aware of a publication in which I have discussed these questions more carefully and in greater detail. If anyone has difficulty finding a copy through their local library, I'd be happy to provide one on request. The article is:

Holly Devor, 1997. "Female Gender Dysphoria in Context: Personal Problem or Social Problem?" *Annual Review of Sex Research*, 7, 44-89.

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EMAIL: hdevor@uvic.ca

URL: <http://web.uvic.ca/~hdevor>

## DEAR FTM INTERNATIONAL:

I am submitting a voice change perspective and photo for the next FTM newsletter. I'm also sending a check to renew my subscription since it is time for me to do so.

I was reading FTM #41 and I saw the heated discussion about FTMs, Butch lesbians, who's who, who isn't, and who's what. As far as what the newsletter should focus on, I think it's admirable to try to be as inclusive as possible of various gender viewpoints. On the other hand, I was reminded of what my Journalistic Essay professor told us one day during class. He said—about the Saturday Evening Post, I believe—that its demise came about because its focus was too broad; it appealed to a lot of people just a little bit, and it wasn't enough. The newsletter doesn't have to exclude anyone, but it may be helpful to have a set guideline of focus boundaries that can be updated from time to time. That way, any ideas/articles pertinent to the FTM community can still be considered for publication, and the people submitting these ideas/articles will know exactly what kind of publication they're working with.

You guys are doing a great job of what is probably a very difficult undertaking with publishing the newsletter. Keep up the good work!

Joe [redacted]

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Dear Joe,

Thanks for the article, the letter, the subscription check, and the photo! We love to get any and all of the above (photos especially), and appreciate your encouraging personal account of success with singing.

About the focus of the newsletter: it's true that our concept of FTM is broadly drawn. That's the policy of FTM International and this newsletter—to address the needs and issues of all the kinds of people who fit under the FTM umbrella.

I see your point about the dangers of too diffuse a focus, but I think this wider vision will strengthen our groups and movements rather than weaken us. For one thing, even the larger set of masculine/male-identified people assigned female at birth (FTM trannies, many butches, certain intersexed people, etc.) still forms a small, embattled group with a lot of issues in common. Likewise, many of us move or have moved from one identity to another over time. The more people who know the FTM identity is an option, the more who'll take that option—or create their own versions of it. I think this is especially true when the FTM identity does not seem totally alien, removed, and isolated from more familiar roles. When more people define themselves with us or alongside us, we'll all be the stronger and the more visible for it.—Jed

## AN OPEN LETTER TO FTM INT'L AND MARY BOENKE:

Mary Boenke's call for submissions for a book to be entitled *Our Trans Loved Ones* specifically instructs that "Submissions should NOT be by trans persons" (FTM #41).

I find it disturbing to be automatically excluded from a book about transpeople solely on the basis that I am, myself, transsexual. Boenke's "no trannies allowed" policy is patently discriminatory.

Even assuming Boenke is well-intended in wanting to compile positive accounts and examples of acceptance, her decision to exclude our voices from a book about the trans experience guarantees a one-sided, unrealistic portrayal by silencing those of us who've suffered abuse at the hands of our families. Her policy of "no trannies allowed" effectively punishes us for our parents' sins—because we had the misfortune to have families which threw us away, disowned or otherwise rejected us, our experiences will remain hidden and our voices continued to be silenced.

In 1976—long after I'd been abandoned by my parents in a psychiatric ward—my cousin Melissa was pressured by her parents into breaking off all contact with me; they threatened to stop providing her the help she needed as a single teenage mother on welfare if she didn't do as they insisted. Before she succumbed to their pressure, she related to me my father's response to her first and only inquiry as to whatever had happened to me: "We don't mention that name in this house."

If those of us who have been abused by our families aren't allowed to speak for ourselves, there is no one to tell our stories at all, making Boenke an accomplice—after the fact—to the abuse we've been subjected to.

Those of us for whom family represented our first exposure to ostracism, prejudice and violence on account of our transsexualism deserve better than to see our experience overlooked and denied.

People who are truly our allies don't muzzle our voices as Boenke is doing—and advocates for transpeople don't enable our silencing as FTM has done in promoting her project.

Sincerely,

Margaret [redacted]

Dear Margaret:

Your family's appalling actions are all too typical of the tranny family experience. And without a doubt such experiences should be included in a discussion of transphobia in families.

But Boenke's proposed book is not such a discussion. It is to be a collection of "positive and accepting" writings by family, friends, etc.: it excludes those parents and families with negative commentaries as clearly as it excludes transpeople ourselves as authors. Neither group is appropriate for the collection.

While I agree that we also need another kind of collection, which would include accounts such as yours, that would be a different book. I presume the point of Boenke's collection is to appeal to those non-trans people who are new to the idea, and more receptive to other non-trans voices. I hope the book will not play down the horrors of what many families do to transpeople; I agree

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## MORE MALEBOX

that works by trans authors are (1) the most likely to give these issues their due and (2) too few and far between, even on the landscape of books about us. All that said, I do think it is possible for our non-trans allies to do our issues justice.—Jed

### DEAR FTM:

FTM International shared the information booth of our sister organization, ETVC, at San Francisco's Gay Pride celebration this year (organized by me). It was a successful effort for us, as we acquired a little over \$100, and sold several subscriptions to the newsletter, took a few tee-shirt orders, and handed out many information leaflets. Thanks to Tyler, Sean, Sal and Weeji, Bryce and Betsy and James for monitoring the booth, in spite of the shortage of chairs. (Hey, it was almost all East Bay: where were all you lazy SFers?) Thanks especially to Sandra Brewer of ETVC for accommodating us, our junk and our friends.

Jeff

*Hey, Jeff, us "lazy" SFers (along with guys and SOs from other areas) were busy marching behind the FTM banner in the parade! It was a small but fun contingent. Everybody is invited to join us for the big-ger one next year; we're hoping to have trucks, music, and all the accoutrements in '99! —Jed*

### DEAR ALL:

The following letter was sent to the Gay Games [about transphobic Games policy]...The policy itself was, it appears, generated by the Dutch organizers, who have a fair amount of autonomy in these matters. However, the federation has a six-year old set of "guidelines" on trans admission to the Games. We have not seen these; a member of the Federation board described these as "outmoded" and said the Federation wants to develop a new set of policy guidelines before the Sydney Games. So we ended the letter with the request that we be collectively consulted and involved in the process of policy formulation.

Scott Long

To the Organizers of the 1998 Gay Games:

We the undersigned, representing 12 organizations based in the United States and Europe, are writing to express our concern about the Gay Games' admission policy for transgender and transsexual people, as expressed in the "Special Needs—Transgender Issues" section of the Gay Games' website. The policy laid forth there singles out and stigmatizes transsexuals. Instead of addressing so-called "special needs," it imposes special obligations. It generates a hostile and unnecessarily divisive climate that effectively discourages trans people from participating in the Games.

The policy establishes a screening procedure, requiring "proof of compliance" and of "completed gender transition in active daily life

since at least two years," including "photographs, personal correspondence, employer's declaration," and a "letter from a medical physician stating that the participant has been actively involved in hormone treatment for a full two years." These requirements are irrational, unnecessary, and invasive of privacy. They perpetuate the stereotype that transsexual people are inherently untrustworthy and deceptive by suggesting that they are likely to deceive the organizers of the Games about their "true" gender identity. The policy also betrays a profound lack of understanding about the life situations that transsexual people confront. There is simply no reasonable basis for requiring trans people to certify their gender or to "prove" their transsexual status.

Transsexual people are not all under the care of physicians; they are not all out to their employers; and they may not be out to their friends. Thus, well-qualified athletes in their stated gender category may be unable to produce the corroborating documents the committee requires. It is, further, dangerously unclear who must submit to the "Gender Identification Committee." The requirements can be used to stigmatize any persons whose appearance is at odds with the organizers' subjective norms for their declared gender identity. And the rules may prohibit certain types of intersexed people from competing altogether—including one of the undersigned.

It is highly unlikely that a non-trans person would misrepresent him- or herself as a transsexual for the purpose of gaining a competitive advantage. Should such a circumstance arise, however, other, non-discriminatory policies already in place would allow the Games' organizers to address the situation.

Trans people already experience rampant discrimination in the form of violence, ridicule, and exclusion, not to mention economic marginalization. It is only further demeaning to receive this kind of treatment from the Gay Games.

In the name of fairness and inclusion, we ask you to rescind this policy. We urge you to create an atmosphere in which transsexual people can participate in the Gay Games freely and equally, unburdened by "proofs of compliance" and unmarked by stigma. We strongly hope that the Federation of Gay Games will institute policies for future Games which will meet these simple criteria. We hope to be part of a conversation leading to the creation of such policies.

The following persons and their organizations endorse this letter.

Mary Boenke and Nancy Sharp, Co-Chairs  
Parents and Friends of Lesbians and Gays—  
Transgender Special Outreach Network

Cheryl Chase, Executive Director  
The Intersex Society of North America

Loren Cameron, Author/Photographer

Julie Dorf, Executive Director  
International Gay & Lesbian  
Human Rights Commission

James Green, President  
FTM International

Rebecca Isaacs, Political Director  
National Gay and Lesbian Task Force

Kathryn D. Kendell, Executive Director  
Shannon Minter, Staff Attorney  
National Center for Lesbian Rights

Petra Klene, Coordinator  
Werkgroep Transseksualiteit  
Gebouw Humanitas  
Amsterdam. THE NETHERLANDS

Nancy Nangeroni, Executive Director  
International Foundation for Gender Education

Martin Omelas-Quintero, Executive Director  
LLEGO—National Latino/Latina  
Lesbian and Gay Organization

Felicia Park-Rodgers, Assistant Director  
Children of Lesbians and Gays Everywhere

Winnie Stachelberg, Political Director  
Human Rights Campaign

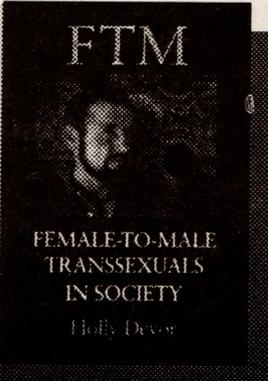
Riki Anne Wilchins, Executive Director  
GenderPAC

Scott Long, Advocacy Coordinator/  
Regional Specialist, Europe  
The International Gay and Lesbian  
Human Rights Commission

**FTM**  
Female-to-Male Transsexuals in Society  
**Holly Devor**

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Orders: 1-800-842-6796 [www.indiana.edu/~iupress](http://www.indiana.edu/~iupress)



# ANNOUNCEMENTS

## THE CURRENT ISSUE OF GLQ

The current issue of *GLQ: A Journal of Lesbian and Gay Studies* is the "Transgender Issue," containing articles by a number of MTFs, FTMs, and intersexed people. GLQ is published by Duke University Press, and can be found on the stands of many bookstores which carry academic journals. If you can't find it locally, you can purchase it by telephone from A Different Light in San Francisco: (415) 431-0891.

## TRANNY FEST: TRANSGENDER & TRANSGENRE CINEMA

Call for submissions deadline Sept. 20, 1998.  
Festival: November 21, Victoria Theatre  
2961 16th St. @ Mission St., San Francisco  
Need volunteers, CA\$H donations.

Contact TRANNYFEST: 415-552-4249  
584 Castro Street #273,  
San Francisco, CA 94114  
trannyfest@aol.com  
<http://members.aol.com/trannyfest>

## ATTENTION ALL GENDER NON-CONFORMING YOUTH:

The Trans Youth Network—supported by the National Youth Advocacy Coalition (NYAC)—is seeking your story. Or any other funky cool stuff that other youth like yourself need to see. We are looking for submissions of your writing (fiction or non-fiction), poetry, personal stories, artwork, quotes, or anything expressing your existence and experiences (positive, negative and in between) for publication in a Zine distributed to young people nationwide. Also send your funky clippings/articles/pictures about gender non-conforming youth. Submissions should be under 1000 words. Please submit a clear copy that does not need to be returned to:

National Youth Advocacy Coalition  
Trans Youth Network Zine  
1711 Connecticut Avenue, NW, Suite 206  
Washington DC 20009  
(202) 319-7596; Fax (202) 319-7365  
email: [nyac@nyacyouth.org](mailto:nyac@nyacyouth.org)

## THE COLORADO GOLD RUSH

The Colorado Gold Rush will be here before you know it! The Gender Identity Center of Colorado is particularly excited to present this conference in celebration of our 20th anniversary, October 16-18. There are substantial savings for early registration tell your members. During these 3 fun-filled days, you will make new friends and renew some old acquaintances. You will also have an opportunity to meet and socialize with many of those at the forefront of Colorado's transgendered community. Everyone in the transgender community; whether F-t-M, M-t-F, cross-dressers, and their families will find something of value in the workshops. As part of the celebration, there will be a variety of discussions on such subjects as personal appearance, safety, relationships and civil rights, among others.

Our celebration will culminate on Saturday night with a fabulous dinner/dance. As the highlight of the Colorado Gold Rush, we are thrilled to present Leslie Feinberg, author of *Transgender Warriors* and *Stone Butch Blues* as the keynote speaker. In addition, Leslie will do a reading and book signing on Saturday afternoon.

This is an event not to be missed! For your convenience, we accept Visa and MasterCard. If necessary, contact us about an easy payment plan. See you at the Gold Rush!

1455 Ammons Street, Suite 100  
Lakewood, CO 80215-4993  
(303) 202-6466  
<http://www.ahmall.com/gic> or  
<http://www.transgender.org/tg/gic>  
e-mail: [GICofColo@aol.com](mailto:GICofColo@aol.com)  
Fax: (303) 202-2050

## FAMILY DAY

All Our Families Coalition presents the 4th annual Family Day for Lesbian, Gay, Bisexual and Transgendered Families and Friends.

When: October 10, 1998; 11 am to 4 pm

Where: The Unitarian Center, Geary & Franklin Streets, San Francisco

What: • Entertainment and activities for children, including the Flapjack Family Band, Real\*Magic, Toshio Hirano, the Tokyo Cowboy, Jump Tent, fabulous crafts, stories, games, computers, kids and teen workshops by COLAGE, playground, and much more! • Friends, music, food, drink, and raffle with great prizes! • Community information tables, movies, and fun sponsored venues!

Volunteers and sponsors needed NOW!

Call (415) 681-1960  
website: [www.allourfamilies.org](http://www.allourfamilies.org)

## NOTES FROM THE OFFICE

FTM International, Inc. was one of several recipients of a technology grant from a joint project of the Horizons Foundation, Digital Queers and Pac Bell. FTM has a much-needed new computer system in the office! It will help us to update and improve our membership and subscription databases, as well as maintain better records of our meetings and correspondence.

Now we just need to get better coordinated to make use of the volunteers who've contacted us wanting to help! Never fear...we WILL get back to you....The San Francisco Transgender Community Task Force received the Community Service Award from the National Gay and Lesbian Health Association during their annual conference in July. The recogni-

tion was for TGCTF's work on getting the S.F. trans protection ordinance passed, as well as its work securing insurance benefits for trans city employees...Tranny Fest '98 happens all day Saturday, November 21, at the Victoria Theatre in San Francisco. Mark your calendars!...Also mark your calendars for the showing of "The Transgender Revolution" on October 5 on the Arts and Entertainment Channel (A&E); the National Latino/Latina Lesbian, Gay, Bisexual and Transgender Organization (LLEGO) Conference in Chicago October 8-11; Family Day on October 10 at the Unitarian Center; the Gay, Lesbian and Straight Educators Network (GLSEN) Conference in Oakland October 30 to November 1 and finally, the National Gay and Lesbian Task Force's (NGLTF) Creating Change Conference November 11-15 in Pittsburgh, PA. FTM International will have a strong presence at all of the above-mentioned conferences...see you next time!

## SAD NEWS FROM OREGON

Transactivist Joanne McNamara, founder of It's Time Oregon, committed suicide on July 7. She left a note which ended "I have fought and struggled to the best of my ability; I can struggle no more, the pain is too great."

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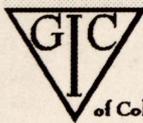
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Dinner & Dance

for information or registration:

(303) 202-6466

e-mail: GICofColo@aol.com

web: <http://www.abmall.com/gic>



**1455 Ammons St., Suite 100,  
Lakewood, CO 80215-4993  
Support - Education - Outreach**

## BAY AREA MEETINGS

See back page for groups outside the Bay Area

### ONGOING SAN FRANCISCO BAY AREA FTM MEETINGS:

FTM INTERNATIONAL: See back page for meeting information.  
**Note changed location for October meeting.**

BUTCH/FTM AA meeting. Every Tuesday, FTM office, 8 pm.

EAST BAY group, Emeryville. Every other Monday, 7:30 pm. Call FTM office for location.

NEW MEN'S group (anyone questioning transitioning or new to transition, all welcome). Fourth Thursday of every month (9/24, etc.). FTM office, 7:30 pm.

PARTNERS' group (for partners of FTMs). 2nd Sunday of every other month, same days as closed FTM Int'l meetings, 2 pm; AFP offices, 425 Divisadero, SF. Call Michiko: (510) 893-6333. Also see FTMSO@aol.com

COUPLE'S group. Contact Joel at 415-668-6124 or Michiko at 510-893-6329 for info. The group does not have a set schedule yet. We have been having potlucks and social time in addition to a more formal meeting.

READING group, East Bay. Meets 3rd Tuesday of every month. Boadecia's Books, 398 Colusa, Kensington. (510) 559-9184.

SPIRITUALITY meeting (all welcome, all spirituality backgrounds and beliefs). Second Sunday of every month, 1 pm, at the same locations as the FTM International meetings.

YOUTH: Meetings sponsored by LYRIC (Lavender Youth Recreation and Information Center)

CHANGELINGS: Social and meeting space for transgender and gender-bending youth under age 24. Call for more info or to find out about other lesbian/gay/bisexual/trans youth groups.

To talk to another young person—LYRIC Youth Talkline: 1-800-246-7743 (toll free only in SF Bay Area). LYRIC's general number: 415-703-6150.

## Diane Ellaborn UCSW

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TSMC@aol.com

# CALENDAR

## Sept. 12

**You Don't Know Dick**  
7 pm: film and panel discussion  
Benefit for FTM International  
The Parkway Theatre  
1834 Park Blvd, Oakland, CA  
(510) 814-2400 • Admission \$5  
Tix available 2 pm day of show  
Possible 2nd screening same night

## Sept. 18-20

### 3rd Int'l Congress on Sex and Gender

Exeter College, Oxford University  
Jan Cobb, PFC BM network,  
London, WC1N  
3XX Tel: +44 (0) 1473 421385  
Fax: +44 (0) 1473 421386,  
email: Cong.book@pfc.org.uk

## Sept. 24-27

**2nd Int'l Transgender Film & Video Festival**  
Lux Cinema, Hoxton Square,  
London • Alchemy,  
36 Durlston Road, London  
E5 8RR, England, UK  
bev@mistral.co.uk

## Sept. 30- Oct. 4

### Southern Comfort Conference

Atlanta, GA  
Southern Comfort Conference  
P.O. Box 77591  
Atlanta, GA 30357-1591  
404-633-6470  
info@sccatl.org  
www.sccatl.org

## Oct. 15-17

### Lavender Law Conference

Park Plaza Hotel  
Boston, MA  
LAVLAW98@aol.com.  
www.nlgla.org

## Oct. 16-18

### Colorado Gold Rush

Gender Identity Center of Colorado  
1455 Ammons Street, Suite 100  
Lakewood, CO 80215-4993  
(303) 202-6466, fax: 202-2050  
http://www.ahmall.com/gic or  
http://www/transgender.org/tg/gic  
e-mail: GICofColo@aol.com

## Oct. 18-25

### Fantasia Fair

Provincetown, MA  
Alison Laing  
P.O. Box 473  
Portsmouth, RI 02871-0473  
401-624-4317  
a.l@lng.com

## Nov. 5-8

### CDS Fall Weekend

CDS  
P.O. Box 61263  
King of Prussia, PA 19406  
610-648-0257  
www.cdspub.com

## Nov. 11-15

### Creating Change '98

National Gay/Lesbian Task Force's  
Annual conference  
Westin William Penn Hotel  
Pittsburgh, PA  
(202) 332-6483 ext. 3329  
web: www.ngltf.org/cc98  
cc98@nlgf.org

## Nov. 11-15

### Sexuality and the Media: Hooray for Hollywood?

Joint Meeting  
The Society for the Scientific Study  
of Sexuality and American  
Association of Sex Educators,  
Counselors, and Sex Therapists  
Westin Bonaventure Hotel  
Los Angeles, CA  
write Joint AASECT/SSSS Meeting  
P.O. Box 240  
Mount Vernon, IA 52314-0240  
319-895-6407, 319-895-6203 FAX

## Nov. 13-15

### Full Circle of Women

Center for Gender Sanity  
(Southern California)  
PO Box 451427,  
Westchester, CA 90045  
310-670-2222  
merkings@cris.com  
www.cris.com/~merkings/fcw.shtml

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#### Measurements:

A-Across shoulder      B-Chest  
C-Just under breasts      D-Waist  
.....Only \$85

# FTM RESOURCES

## UNITED STATES

**California** *FTM International*, 1360 Mission St., Suite 200, San Francisco, CA 94103 Ph: 415-553-5987 • Website: <http://www.ftm-intl.org>  
**Genderqueer Boyzzz**, Los Angeles area. Contact: Jacob Hale 323-665-1130. email: zeroboyjh@aol.com

**San Diego FTM Support Group**: 3rd Saturday of every month, 4-6 pm, at The Center, 3916 Normal St., San Diego, CA. For contact: 619-297-7335.

**SCOUT (Santa Cruz Organizing and Uniting Transmen)**. Meet with others like you in a supportive, non-judgmental environment. We meet every 2nd and 4th Monday, 7 pm. The first meeting each month is "closed" to those who personally have issues with their gender identity (including Butch-identified dykes). Come share ideas, discuss topics and get info about living transgendered and transsexual. Info and location: 408-429-5663. The second meeting is open to all—partners especially encouraged. We meet at the LGBT center, 1328 Commerce Lane. Info: 408-425-5422.

**Under Construction**, P.O. Box 922342, Sylmar, CA 91392-2342. Contact: Jeff Shevlowitz 818-837-1904. E-mail: [littlesthevy@juno.com](mailto:littlesthevy@juno.com)

**Colorado FtM Support Group** for TS, TG men and questioning females and their SOs. It is held the third Sunday of the month, 6-8pm, at the Gender Identity Center, 1455 Ammons St., #100, Lakewood, CO 80215. For info, contact the GIC at 303-202-6466 or e-mail Matt Kailey at [FtMatt@aol.com](mailto:FtMatt@aol.com)  
**S.C.I.R.T.S. (Southern Colorado IntraRegional Transgender Society)** and **T-GENTS** for FTMS. Contact: LisaJo or Chrissy (both MTF) at 719-591-5860 or Dalton (FTM) at 800-426-5812, mailbox # 719-380-8135. Meetings for MTFs and FTMs on Tues. nights at 8 pm, every 3rd Sat. at 8 pm.

**Florida Eden Society**, P.O. Box 203, Deerfield Beach, FL 33443-0203 Open transgender support group. Newsletter: EdeNews.

**Massachusetts East Coast Female-to-Male Group**, P.O. Box 60585, Florence Station, Northampton, MA 01060. Ph: 413-584-7616, Bet Power. 3rd Sunday of every month 3-6pm. All inclusive, safe, non-judgmental support group for female-to-male persons and their significant others.  
**Boston Enterprise**, c/o IFGE, P.O. Box 229, Waltham, MA 02454-0229. Ph: 781-899-2212, 639-7968, Ask for Mykael. Support group for FTM'S which meets in the offices of IFGE.

**Pennsylvania Philadelphia Transgender Hotline**: (215) 732-1207, Monday and Thursday, 6-10 pm. The Transgender Information and Peer Counseling Hotline is for transmen, transwomen, and those with gender-related questions or concerns.

**Transgender Health Action Coalition (T-HAC)** holds organizational meetings the 2nd and 4th Thursdays of each month from 8-9:30 pm, 4th floor, Washington West Offices, 1201 Locust St. Philadelphia PA 19107. All are welcome.

**Virginia Transgender Support Group**, 142 W. York St. Suite 815, Norfolk VA 23510. Contact: Maggie Chubb, LCSW 757-625-2992. Open transgender support group. Part of Horton & Horton Gender Reassignment Team. For both FTMs and MTFs.

**Wisconsin FORGE = For Ourselves: Reworking Gender Expression**. A social support group for FTM transsexuals and transgenderists; butches; drag kings; gender queers, radicals, and outlaws; people assigned female at birth with masculine self-identification (at least some of the time); and our SOs, friends and family. We meet monthly to form friendships, share info, and strengthen ourselves and each other. Monthly newsletter. Michael Munson, PO Box 1272, Milwaukee, WI 53201; ph: 414-278-6031; fax: 414-278-6034 email: [dmmunson@execpc.com](mailto:dmmunson@execpc.com)

**Gemini Gender Group**. PO Box 44211 Milwaukee, WI 53214. Voice mail #414-297-9328. Notes: The local "professional" TG program in town is PATHWAYS, directed by Gretchen Fincke (and Roger Northway). The program offers a connection to endocrinologists, surgeons, etc. and has separate FTM and MTF groups. Ph: 414-774-4111.

## INTERNATIONAL

**Australia** *Boys Will Be Boys*, BWBB, P.O. Box 5393, West End, Brisbane, Australia 4101. Network for FTM persons, newsletter.

**Belgium** Kortrijk, *Genderstichting* (Belgian Gender Foundation), Plumstraat 48, Belgium B-8500.

**Canada** British Columbia: **BC FTM Network**, Box 10, 1895 Commercial Dr., Vancouver, BC V5N 4A6. Ph: 604-254-7292; [bctfm-net@hotmail.com](mailto:bctfm-net@hotmail.com) This network provides advocacy; public education; outreach; information and peer support contacts for family, partners, allies of FTMs; contact info for other FTM resources worldwide; and a peer-run discussion/support group that meets once a month, FTM Etc. (email [lukasw@direct.ca](mailto:lukasw@direct.ca) for more info).

**France** *C.A.R.I.T.I.G.*, B.P. 17.22, 75810 Paris Cedex 17, France.

**Germany** TS-gruppe d., *Sontagsclub* e. U., Rhinower Str. 8, Berlin 10437

**Japan** *FTM Nippon*. Contact: Masae Torai, Adachi-ku, Adachi-Nishi-post office-dome, Tokyo 123.

**The Netherlands** Amsterdam: *Mannengroep Humanitas Amsterdam*, Postbox 71, 1000 AB Amsterdam; tel. 020-6262445 fax 020-6227367.

**United Kingdom** *London-FTM Network*, BM Network, London WC1N 3XX, England. tel: 0161 432 1915 (Wednesdays 8 pm—10:30 pm GMT or BST). Support group for female-to-male persons.

**Send in your meeting times!  
 Keep us informed about organizations,  
 support groups, newsletters  
 & other services that cater to and/or  
 include FTMs. There are more resources  
 out there, and we'd like to list them!**

### S.F. FTM MEETING SCHEDULE 1998

FTM Int'l meetings are on the 2nd Sunday of each month, from 2 to 5 p.m., in San Francisco. Call FTM Voicemail (415-553-5987) for details. Mark your calendars in advance!

Open (informational)	Closed (support)	See pg. 18 for other S.F. Bay Area meetings
Sept. 13, 1998	Oct. 11, 1998*	
Nov. 8, 1998	Dec. 13, 1998	*Changed to open party: call 415-648-3091
Jan. 10, 1999	Feb. 14, 1999	

**October's FTM International meeting will be an OPEN  
 potluck at a different location! Call 415-648-3091  
 for location and information—October meeting only.**

### "MALE\*IN\*" IT TO YA, BOY!

Use this response form for subscriptions or to send in a donation.  
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 Please keep me on the subscriber list; my annual payment is enclosed.  
 This is an address change  
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Thanks for your continued support! 9-98