

How My Friend John Was Murdered Twice

as told to Jeff [REDACTED] by Dr. Max

At the beginning of the film *The Brandon Teena Story*,* we see the tombstone of Brandon, an individual who presented as a male, insisted on being referred to as a male and seemed to want to be accepted and thought as of male, being referred to as a daughter and sister. After death, Brandon had no say in the matter. The death was a violent murder, a shooting at close range. It reminded me of my friend John. Too much.

*...A desert city man was fatally shot...**

John's murder occurred on Friday, October 31, 1986. The newspaper accounts appeared on the following Monday. By then, I already knew about it. John and I had been friends for seven years. I had met him just before his 18th birthday, when he would be allowed to start taking male hormones. Although I was two years his senior, he began taking hormones before I did. A year later, when he was 19, he had chest surgery, again before I did. Though younger in years, he was wise in many aspects of daily living. I looked to him as a brother, mentor, and my best friend. I was supposed to have visited him, his fiancée and her little girl that Halloween. We had been planning my visit for almost a month and I was looking forward to seeing him. I was very disappointed when, only a couple of days before I was to leave, he called telling me it was not a good time to visit. That was very uncharacteristic of him. Over the past seven years we had helped each other through a major physical transition from hormones, rejection from others, poverty bordering on homelessness, failed relationships, and surgery. Through it all, I had never closed my door to him, nor he to me.

I had worried about his new relationship. Not because of his fiancée, but I had concerns about her estranged husband who had been in jail for two years and had recently been released. He was upset that his wife had asked for a divorce, and wanted the house and custody of their daughter. He saw John as the man who took that all away from him. Armed, he went to the house on Halloween night.

On the morning of November 1st, I received a call from John's sister, telling me of his murder. There was a part of me which could not allow myself to believe that he was really dead. On the phone, we consoled ourselves with the thought that, at least, he was reported as the man he was for the past seven years. There was no mention of his transgendered history in any of the newspaper accounts.

11-3-86. The gunman and his 17-year-old son...forced their way in and fatally shot John while he was taking a shower...The pair then kidnapped the gunman's estranged wife and drove south in the van...A police officer saw the van and pulled it over when he noticed a headlight was out...The suspect climbed out of the driver's seat and pointed a handgun at the officer...The officer fired several shots, hitting him in the arm and leg...the suspect was listed in stable condition, authorities said.

The authorities also found John's fiancée alive in the back of the van, along with the body of another woman whom the estranged husband had killed to get the van in the first place. After the authorities found John's body, the suspect was charged with a double homicide, which, upon conviction, can carry the death penalty. Here was a man who had served two years in jail for an assault on a peace officer, was on parole for less than three months and had killed a woman for a van, kidnapped his own estranged wife and killed John. My biggest disappointment at the time was that the police officer had not killed him.

For justice, I had to wait for the trial. At the time, I had no idea it meant that John could be killed again. He would be unable to say

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FTM Latino hunks at Tranny Fest (see FTM #43). Clockwise from top left: Yoseño, Kory, Lisandro, Angel, Alex, and Ernesto. Photo: C. Lee.

TESTOSTERONE AVAILABILITY UPDATE by Andy

As many of you already know, there have been some problems with the availability and cost of injectable testosterone in the United States. This has caused hardship not just for FTMs but also for other people who need injectable testosterone, such as HIV patients who are prescribed it to combat wasting syndrome, decrease fatigue, and maintain muscle mass. What follows are the facts, as far as I have been able to determine them.

To begin with, some definitions. There are two main types of injectable testosterone which are used by FTMs in the U.S.: cypionate and enanthate. (The difference is in the binding salt used with the testosterone, and in the type of oil in which the resulting compound is suspended. See FTM #41, "FTMs and Hormones.")

Some guys prefer one to the other, but both types achieve the same goals of masculinization and maintenance of male testosterone levels. There are some other types of injectable testosterone available in the U.S., but they do not really meet the needs of FTMs. Propionate, for example, must be injected at least every third day to keep blood levels stable, and it is said not to provide sufficient masculinization.

Enanthate and cypionate were, until recently, manufactured as both name brands and generics. A good example of the difference between brand names and generics is the pain reliever ibuprofen. Advil is a brand name for pain medication containing ibuprofen as its active ingredient, while drugstore "house" brands of ibuprofen (Walgreen's ibuprofen, for example) are generics. Both contain ibuprofen, but the Whitehall-Robins Healthcare company owns the brand name Advil. Similarly, Coke and Pepsi are both brand names for cola, while the store brand colas some supermarkets offer are generics.

The advantage of generic products is that they tend to be considerably less expensive than name brands since the name brand company, having funded the original research on the

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Notes from FTM International

Invoicing!: FTM's first-ever invoicing for newsletter subscriptions and memberships was orchestrated in February by Dion Manley and Jed Bell, with the help of computer whiz Dylan McClintock, accountant Dolores Yiannopoulos, and Camille Fink, Steff Zurek, Stanly Crass, Abe Doherty, Russell Hilkene, and James Green. (See Stanly's pledge below.) Readers and members will now be invoiced annually after each four issues of the newsletter; if you began your subscription/membership with FTM #43, for example, you will be invoiced for renewal after FTM #46. Please be patient if you receive an invoice in error—it's our first time around. This process will bring in badly needed funds for the organization and will help us keep our mailing list up to date.

Now sold in stores: Starting with FTM #45, the FTM Newsletter will be sold in retail stores for the first time in history! It will be available at Boedacia's Books in Kensington, CA as well as the San Francisco and Berkeley branches of Good Vibrations. Is your local bookstore interested? Ask them to contact FTM.

Elections coming up: Elections for the FTM International Board of Directors will be held in May and June. The deadline for nominations is fast approaching, so to nominate yourself or anybody else send your nomination to James Green at FTM. Note: To nominate someone else, you **must** have their permission. James is developing a packet to assist candidates in formulating their ballot statements. Ballots will be sent to members in late May, and voting will be done in June.

Resource guide: The guide is, as always, available for \$5 (\$6 international) from FTM and will next be updated this summer.

Hike against hate: The International Hike Against Hate, endorsed by 15 organizations including FTM, is a 1600-mile walk from Seattle to Fort Collins, CO beginning July 24 and ending October 11. The mother of Matthew Shepard (who was tortured and murdered for being gay) and a relative of James Byrd, Jr. (who was tortured and murdered for being African-American) will participate in kicking off the hike. For info: I HAVE Foundation, 519 1st Ave. West, Gold Bar, WA 98251 or artheal98@aol.com.

SF Pride: FTM has applied for both a booth and a parade permit for this year. Sal Barr, FTM member and professor emeritus of stage design, will be designing the booth's interior. We look forward to hearing from volunteers to help man the booth, marchers for the parade contingent, and anyone who wants to develop a theme for this year's contingent!

Newsletter contributions: We always want news and photos from people and groups around the country and the world. What are FTMs up to in your neck of the woods? Keep us posted!

Repeat After Me

by Stanly

I pledge my money
To this here FTM mag
Because they need it
And I can afford it
And with it
I give my thanx
For their updates and educates
To my nation of trannie men
With allegiance and justice for all.

FTM INTERNATIONAL NEWSLETTER

The world's most widely-circulated newsletter for the female-to-male transgender and transsexual. Published quarterly since 1987.

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DEADLINES

Please submit articles, stories, art, photos, poetry, etc. by May 15 for consideration for FTM #45. Ads and letters due May 30.

ADS

Business card ads \$100 for 4 insertions for professional advertisers; free to FTMs. Quarter-page professional ads \$250 for 4 insertions.

SUBSCRIBE!

\$25/year/4 issues, \$15/year low-income, \$50/year professional.

Outside U.S.: \$35/year, \$25 low-income, \$60 professional.

Sample copies/back issues:

\$7.50 each or \$120 for complete set

MEETINGS

See back page.

MEMBERSHIP

in FTM International

Includes newsletter subscription, voting rights, publication discounts.

Regular membership: \$35 per year

Low-income: \$25 per year

Household (up to three members): \$45 per year

Professional/institutional: \$75 per year

Outside U.S., add \$10 to each category.

Additional donations needed and always welcome!

Toledo, Ohio passes GLBT civil rights

City council members on December 8 unanimously passed a comprehensive lesbian, gay, bisexual and transgender civil rights law banning discrimination based on sexual orientation in employment, housing, and public accommodations, and also creates stiffer penalties for anti-gay hate crimes. Sexual orientation is defined for the purposes of the ordinance as "real or perceived heterosexuality, homosexuality, bisexuality, or gender identity, by orientation or practice." Mayor Carleton Finkbeiner is expected to sign the measure, adding to the handful of U.S. cities, counties, and states that protect trans people's civil rights.

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Expressing the Infinite

by Alexander

"How beautiful maleness is, if it finds its right expression."—D.H. Lawrence

That I have found the right expression of maleness, having been born into a female body, strikes many people as exceedingly odd. Indeed, none more than myself. Not that I was unable to visualize myself as male—quite the contrary. My inner eye—that way of seeing ourselves without the crippling trappings of society's expectations—has always defined itself as male, psychologically if not physically.

I do not remember how old I was when I realized that I was not going to grow into a man. What I do remember is the astonishing feeling that my body and my mind were like two trains moving in opposite directions, traveling farther and farther away from each other. At a point later in my life, I found words that described this phenomenon. Transsexual. Transgendered.

From naming to being is a span that can be measured anywhere from a single step to infinity. For me, it was almost twenty years. In that time, I lived my life and identified as a lesbian. Of course, it made sense at the time. I was sexually attracted to women. I refused to buy into the society's expectations of what a female was. And all my shoes could be characterized as "comfortable."

Yet, while I could sense I was getting closer to expressing my core identity, still it wasn't quite right. My inner eye still saw something more, something not quite visible. Like a shadow on the edge of my vision, it was always there—waiting. As I got older, I began to realize that the gap between what I saw in the mirror and what I saw in my mind's eye had nothing to do with my choice of sexual partners. I began to see that it had to be something more. And so, I began to search.

My search led me to explore the whole of my being—both as a transsexual man and as a transgendered human. That I am transsexual is well-marked by my need to match my body to my gender identity. It is a physical process, a re-molding of my body by means of hormones and surgical procedures.

Yet, I am also transgendered and that carries other implications for me, more subliminal but no less fundamental and revolutionary. Being transgendered is a spiritual state, a place for which I have sought for all my life, not realizing that I had been there all along.

I have never considered myself a spiritual person. Quite the contrary, I believed that any sort of religious or spiritual expression was best left to either fools or con artists. My personal life journey took me far away from any kind of spiritual inquiry. After all, I was raised Southern Baptist, which in my opinion is enough to turn any sane person into an atheist. It took me many years to realize that there is a wide gulf between what I had been taught about religion and what truly existed for me in terms of spirituality. And I realized that my own particular path to spirituality was leading me, not somewhere beyond myself, but back to the very self I had for so long wanted to be.

For some, being transgendered is a political statement—a challenge to society's heavy-handed, and often-times destructive, dichotomizing of gender and gender expression. Yet, I think of it as more, much more, than simply a reaction to society's constructs. I think of it as a spiritual act, an offering of the highest kind. It is a sacrifice of the pre-defined self created by society's doctrine. It is the act of laying that pre-defined self upon the altar, ready to be sacrificed in a supreme act of faith. And it is in that act of faith, to whomever or whatever one perceives as god, in which lies the ability to express the infinite.

I am male—and I am female. In the eyes of what I call god, neither expression holds mastery over the other. Rather they exist symbiotically—each dependent upon the other. I would be less a man had I not been born a woman. Moreover, I could never have been the woman I was without being the man I was deep within her.

In a world that separates gender, I have found the ability to balance the blending of supposed opposites. In a world that demonizes nonconformity, I have found the purest spiritual expression in celebrating my otherness. In a world that exterminates the heretic, I have embraced the danger inherent in holding a belief not shared by the majority of people in my society.

It is the closest I will ever come to understanding god—and myself.

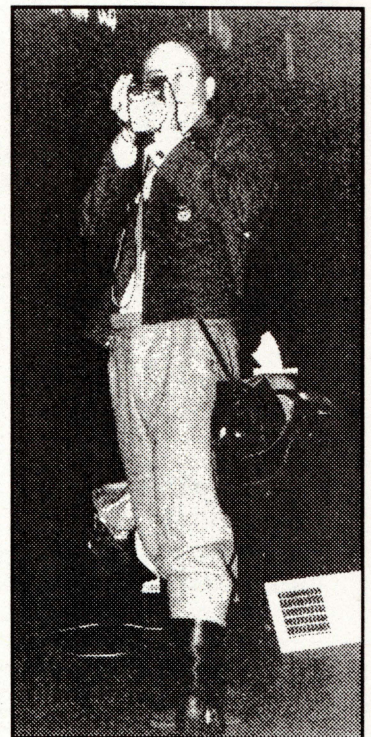
Photographer Loren Cameron is on the Web:

www.lorencameron.com

Loren Cameron is the author and photographer of the book

Body Alchemy: Transsexual Portraits (Cleis Press 1996).

Loren Cameron is an FTM transsexual whose work has been awarded (including two Lambda Literary Awards) for its proud and iconographic imagery of his transgender community. Cameron's web site provides information about his photography and his availability for educational slide performances. Find biographical information about him and his book. Check out the site gallery for photographs from *Body Alchemy*. See new work including nude self-portraits with his partner and recent surgical options for FTMs.



Jordy Jones shoots his intersexed-wedding documentary Shotgun.

Photo: Loren Cameron

Japan's First TS Surgery—Addendum

by Jed Bell

In FTM #42, we reported that Japan's first approved gender reassignment surgery was performed by Dr. Takao Harashina last June. The surgery, performed on an FTM patient, marked the end of 30 years of controversy after the conviction of a Japanese GRS surgeon in 1969 under the nation's Eugenic Protection Law.

We have since learned that FTM International member Dr. Leah C. Schaefer, along with several colleagues, was instrumental in making this surgery possible. Dr. Schaefer not only served as a consulting therapist for the Japanese transman, but also co-authored and provided to Dr. Harashina a crucial article that bolstered his case with the ethics committee at his university hospital: "Gender Identity Disorders (Transsexualism)"—Chapter 73 of *Treatments of Psychiatric Disorders*, Vol. 2, American Psychiatric Press: Washington, D.C., 1995, by Dr. Schaefer, Dr. Christine Wheeler and Dr. Walter Futterweit. Dr. Harashina wrote Schaefer after his victory with the committee: "I am very happy to inform you of the above, and do feel that I owe you and your colleagues so much for this achievement." Congratulations to all three for their role in this historic case!

Likewise, FTM International President Jamison Green must be credited for his multiple appearances on Japanese television news programs during the public debate on the topic of transsexualism. California plastic surgeons Donald Laub and Gail Lebovic were also interviewed for Japanese television in the effort to educate the public about the surgery. Finally, FTM Japan's Masae Torai, quoted in the original article, deserves another mention for his ongoing efforts for transgendered and transsexual people in Japan.



Miko "Ian" Anderson-Pereira

Knight in Stolen Armor

by Miko "Ian" [REDACTED]

We may know what it's like to be a man trapped in a woman's body, but let's take that concept a step farther...being trapped in a women's prison. I'm about to tell you my story of such an experience. Hold on; it's a long, bumpy ride.

It all began May 18, 1995 when America's Most Wanted depicted a "lesbian love duo" Bonnie & Clyde/Thelma & Louise crime spree. The suspects were my friend and myself. Not only were our assumed sexual orientations made a center of the scenario, but we were also depicted as "man-hating lesbians." That's the only thing I can still laugh at. During that time, I had been living under my male identity for two years. Furthermore, the FBI had supposedly been looking for me for over six months, and had questioned several residents in my building about a "butch lesbian in her early twenties"—to no avail, as all my neighbors knew of me as Ian.

The following morning, I was coming out of my apartment in Manhattan with my wife when four undercover officers shoved my face in the pavement using a plethora of female pronouns as my neighbors walked by. The funny part was, I didn't have any clue what it was all about. Upon my arrival at the Federal holding facility downtown, I was immediately strip-searched. At the time, my chest was bound and I was packing. The humiliation was indescribable. The next "procedure" was even more traumatic: medical screening. It seemed harmless enough until it came to the GYN exam. I refused. At which point I was told I was not in a position to refuse and I WOULD be examined with or without my cooperation. I had no right to refuse any part of the intake exam. Is it just me, or does that sound funny?!

Next, I was told I would not be allowed to have my medical records from outside. This created my next problem...the abrupt stop of the hormone therapy, which I had been undertaking for eight months. I was told that the system does not deem such a thing as a medical necessity unless you could prove treatment for

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Hate Crimes and Criminal Justice: *Suggestions for reporting incidents to law enforcement*

by Alex [REDACTED]

I am currently a graduating senior in criminal justice studies at California State University, Hayward. Until recently, my exposure to the criminal justice system had been solely through the classroom. However, my limited exposure to the system came to an abrupt halt when I called for assistance from the local sheriff's department. For the third time, my housemate, in a drunken stupor, had been yelling homophobic threats at 3 am.

The deputies who responded to my call appeared to have little knowledge of California's hate crimes laws. In fact, one deputy stated, "As a child I was the only black kid in my neighborhood. I was called the 'N' word on a daily basis and I dealt with it. This situation is no different—you just need to deal with it." Both deputies suggested that if I could not handle the situation, I should move out.

The deputies' actions were contrary to the current hate crimes law in the state of California. Per section 13519.4 (b) of the California State Penal Code, all law enforcement officers must receive training in racial and cultural diversity. Section 13519.4 (c) goes on to clarify that "culturally diverse" and "cultural diversity" include, but are not limited to, gender and sexual orientation issues. As of January 1, 1999, "gender" refers to transgender identity as well as to maleness and femaleness. I will add that the deputies who responded to my call were unwilling to document the situation between my housemate and me until I revealed my own knowledge of the law, the importance of documenting my housemate's behavior, and the

fact that I study criminal justice. Once they understood that I knew the laws, they immediately began taking a report. This underscores the importance of educating oneself on the laws. An uninformed citizen might very well have been ignored in this case.

Transgendered victims of hate crimes should also be aware of the potentially damaging influence of police authority upon their resolve to exercise their right to protection. In making my report, I found myself overwhelmed not only by the symbols of police authority such as the deputies' uniforms, badges and guns, but also by their condescending demeanor. For a moment I actually felt that I should move out when the deputies suggested I do so. Before calling to report an incident, it may be best to rehearse what you are going to say or to write down what occurred. Get an accurate accounting of the events prior to enduring the pressures of law enforcement's presence.

In conclusion, it is wise to maintain an active role in educating oneself on transgendered issues at least to the extent of being aware of one's rights and the protections afforded under the laws. Penal codes are available in local libraries and on the internet. If you neglect to stay informed you do yourself a disservice and allow law enforcement to skirt their duties.

NOTE: For those individuals living in California, the Official California Legislative Information Website can be accessed at: <http://www.leginfo.ca.gov/>

Alex welcomes comments and questions via e-mail at alex_r@pacbell.net.

Mixed "Bag" by Marko

When I was arrested I had been on testosterone about a year and passed 100% of the time. They asked for my driver's license of course, and I fairly quickly revealed to them that I was transsexual, as to not cause further confusion because the name and gender marker on my license had not yet been changed. The cops didn't think too much of it and put the handcuffs on me and away I went. When I arrived at the jail the cops there were pretty respectful to me, a few in particular. As far as I can remember they made an effort to call me by my male name. At one point in the questions they asked for their paperwork, a male cop asked if I had had any surgery. When I said "no" he seemed relieved and said "oh...well that's easy then," meaning I would be put in a "female" cell. I should note that I was arrested at the same time as an FTM friend of mine, who was pretty much as far into transition as I was, and we were put into a cell alone together.

After about an hour or two, a woman was placed in our cell, but she ignored us and tried to go to sleep on the floor. Everything was pretty uneventful until the morning hours began to creep upon us. The woman in our cell got a female guard's attention and asked to be let out to go to the bathroom. The female guard (who had been quite supportive to us throughout our stay) had said "there's a toilet in there, you can use that" and the woman said in a sarcastic annoyed tone—as though she couldn't believe she had to state the bleeding obvious—"well...there's two men in my cell!" And

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INTERVIEW WITH THE LAW: Stephan Thorne, S.F.P.D.

by Dion

Dion: Would you like to introduce yourself?

Stephan: I've been a peace officer in California since 1979, so I've got 18 actual years with the department. I started out with the Palo Alto Police Department and moved to the San Francisco Police Department in 1984. I'm now a sergeant of police at the SFPD. I had been a lesbian activist, and as far as I know was one of the first out lesbian officers in the country. This background informs me in my life, my career, and my history.

I transitioned on the job in 1994. I've been involved in training new recruits in the SFPD academy since 1995. Since June of '95 every new class of officers, as part of their Cultural Awareness, has had some training (developed and usually co-taught by James Green) on the TG community.

About how many rookies have you trained—and is that a day of training?

Roughly 300. No, it's two hours. There's an eight-hour day dedicated to the gay and lesbian community, and that's not where we're included. The instructors involved in talking about the Hispanic community were gracious enough to give up two of their eight hours to incorporate us into the training.

Impressive...Do you want to say why you were drawn to the justice field?

I think that's pretty complex. I had a great job before, working as a pipe liner for a natural gas company. I really loved it. It was outdoors, physical, and I like that. But it was limited, and I wanted to work more with people than with machinery and my hands. I don't want to be at a desk or at an indoor job.

I think police work appealed to me because of that independence, the fact that you work with people. I had a strong desire to help people, and that's the way that I approach my work. That's what I believe police officers should do the most. Then I think there are some other things behind that: it's also one of the jobs you're able to move into with limited education. It pays a livable wage. Although I have college, I don't have degree. I think I was also drawn because of all the childhood associations with police officers and sirens and excitement.

How was it being a lesbian cop?

It was so long ago that I entered this career...there were lots of negative reactions, especially from the women's community which I was part of. Like I said, I was an activist and politically involved. I got a real backlash. Being called a traitor, and comments like "How could you do that!?" and "What a negative thing to do!" What I said to them then and still feel today is I believe I could do the job and maintain my integrity. And in fact I thought it was important to have members of every minority community become peace officers. Then our communities are treated differently because some of the members belong to those communities. Who would you rather have come to your door when you had an issue or problem that requires a police response? Would you rather have someone you don't identify with and who doesn't identify with you, doesn't have a clue

about your existence and your experience? Or would you rather have someone that you can relate to, who relates to you and knows what the deal is?

So you're saying that your influence changes others around you?

It's important and affects how law enforcement deals with differing communities, with minority communities. When members of their own department are members of those communities, it breaks down stereotypes. You bring your own awareness, and everyone does a certain amount of educating everyone else. I think integrating police departments, especially with women, was one of the most profound things that happened to that profession. Because often but not always, men and women differ in how they problem-solve and how they approach situations. I think it's really wonderful to have a combination of a typically masculine approach and a typically feminine approach. Typically women are more communicative, more verbal, and deal with things differently. It is what should happen to all the government in the world. They should all become integrated and have representatives of every gender and every race, every community...it would be a different world.

When you got a lot of slack from the women's community was that from becoming a police officer or transitioning on the job?

Becoming a police officer. Transitioning on the job is a whole other article!

Moving on to practical issues for FTMs—let's go over the legal reasons police can ask for ID.

Any officer can have casual contact with any citizen on the street to strike up a conversation. A person isn't required to talk with the officer if they don't want to, unless the officer has reasonable belief that (a) there's been some criminal activity and (b) the person they want to approach and take on is involved with that activity. They can detain you, and have the authority to request your identification. You need to provide your ID to the officer. If their contact with you is legitimate and you refuse or fail to cooperate then that can be a crime. It can be a violation of the law to interfere with or delay a police officer's duties.

My own personal experience as a transsexual is that it's not been that big of a deal. I've been taken on by police officers different times in this country, as well as when I've traveled abroad. I always cooperated and provided my identification and I never experienced a problem with that. I also know that I'm white and that it's a different experience for people of different races.

Is it fraudulent identity if you are presenting as male and your ID says female?

OK. California as well as many other states will issue ID in your new name and new gender. Even while you're in transition—so you don't have to be fully transitioned. That's where some difficulty has arisen between the TG community and police department...when someone is presenting one way and it's obvious they are TG, or their ID doesn't match up. What we talk about in class is that some

officers have unlawfully seized the ID of someone in transition. They were unaware that the state of California does issue ID in a new identity. We teach them not to assume it's an indication of fraud because it isn't. In the state of California you are able to change your name by usage. You are not required to go through the court process of having your name changed. So you can have a California ID card or drivers license in a different name just by going in and changing it on the form. (You can then follow through and change your name, social security card, etc.) We also teach that if someone presents one way and their ID doesn't match, simply be respectful and ask. It's OK to ask someone if they are transgendered. It's OK to ask "How do you want me to address you? How do you want me to refer to you—is it proper to use masculine pronouns? Is the name on this license your legal name at this time?" People will be respectful back. Don't go to other officers or other people and make remarks and point to the person that you are dealing with and have someone laughing; it's disrespectful. And it is against the law in San Francisco to treat TG people that way.

We also teach officers at the academy that typically some TG people will exhibit nervousness just out of fear of what you're going to do as an officer, how you'll handle it. And if they're picked up for some violation—whether it's running a stop sign, petty theft, or whatever—there is this great fear, not only that they've been caught and they have to deal like everyone else has to deal, but it's extra. It's an extra set of things for them to fear and to have to deal with. Therefore, if the officer's antenna is up because of this nervousness, typically that's a cue for us; it makes us want to investigate further. "What has this person done? Why are they so nervous? I must be on to something." So we explain to the officers that we are supposed to investigate things, but be aware that some of the nervousness may not have anything to do with law violation.

We also explain to them it is illegal to seize ID from someone because of gender presentation not matching their ID. MTF persons will typically have their ID changed and it will have a female name on it. The officers in past circumstances have taken those IDs in an unlawful way and kept them. They even stated in a report that they thought the ID was fraudulent! And, for instance, for an FTM who presents as male and has ID that says female or has a female name: this is lawful, and does not mean you should start referring to them with female pronouns. Again, it's best to ask.

And we also talk about how transition, especially (but not only) for FTMs, is a process with different stages, and some people may or may not have hormones and surgery. For any variety of reasons, they may or may not have that done. And so just because you've got someone who has breasts, but they look very masculine or male, that doesn't mean that you should use feminine pronouns. Of course, now they may accidentally go up to a lesbian and say, "Excuse me, sir." We say that if you are confronted with that, just apologize: "I meant no disrespect." Then ask for the

"YOU LIED TO ME!"

by Robert [REDACTED]

On January 2, 1999, I was arrested while participating in a direct action with a homeless advocacy group called Homes Not Jails. We had acquired a property in the lower Haight district of San Francisco through a legal theory called adverse possession. The property, 715-717 Page Street, had been vacant for many years—abandoned by the Texas heirs of the then-owner. In February of 1993, Homes Not Jails entered the building and made it available as housing for people who were homeless. Since 1993, about a dozen formerly homeless people have lived at 715-717 Page, some living there for a year or two and others for four or more years. All together, Homes Not Jails "squatters" have lived at Page Street for nearly six years, which fulfills the legal requirements of adverse possession. We announced our possession on January 1, 1999, and announced that we had filed a claim in Superior Court.

The next day, about 1 PM or so, one of the squatters looked out the window and saw multiple cop cars and arrest wagons and announced we were being busted. She went downstairs and spoke through the gate with the Captain. I went into the back room to gather my belongings. Within minutes, a police officer came to the doorway of the room and told me to stay where I was. I told him that I needed to get my flashlight out of a room in the front. He eventually allowed me to pass and followed me to the front.

All of the HNJ members were in the front room when I entered. Several officers were standing in front of the entrance blocking their exit. I grabbed my flashlight and then heard an officer explaining that we were being arrested for trespassing. I then told the officer that this was illegal. I argued that we had a civil claim on the property and that if there were two disputing property owners on Nob Hill, they would never arrest one of the property owners. At that point an officer grabbed me, turned me around, and put cuffs on my wrists.

The officer took me outside to a van and placed me inside with two other HNJ squatters. At that point, I was in the section of the van for women and I told the officer that I was a man. He then took me out placed me in the men's section without any comment.

We were taken to the city's north police station and placed in a holding cell. At this time I was in the men's holding cell. After some time passed, we gave them our driver's licenses and awaited booking. At one point, an officer who was passing through the cell questioned my gender status. I told him that I was a man and he left. A couple of hours had passed when one of the officers barged into the cell yelling at me, "You lied to me. You told me that you were a man." He grabbed me and dragged me out of the cell. When I didn't move fast enough, he pushed me.

I explained to him that I was a man and that they had to deal with me with respect. The officer continued pushing me, but then another officer who had followed him to the holding cell told him

that he would take me. The sergeant handcuffed me to a chair and I continued to explain to him that legally I am a man. For a while they left me alone handcuffed to the chair, but after about a half an hour they moved me into another room. The sergeant then came in and told me that he had called the Department of Motor Vehicles because he believed that my driver's license was fraudulent since it stated that I am a man. The sergeant told me he wanted an investigation to be done by the DMV into my license.

I told him that I needed to use the rest room and he said to wait a couple of minutes. A female officer came in (I believe that she was also a sergeant who had just started her shift) and said that she would escort me to the restroom. I told her that I am transgender and a man and I was going to the men's restroom. She stated that she would get another officer.

Another officer came in, uncuffed me, and led me to the men's restroom. He then questioned me about my genitals and whether I had implants. I asked him what he meant by implants; he didn't answer. I then told him that being a transsexual is not a crime. He then let me use the bathroom.

After I came out, he searched me. It seemed more like a genital search than anything else. He felt my crotch and my chest area, in particular. He cuffed me to the chair again and we waited for the sheriffs to come take us to the jail at 850 Bryant. A sheriff came in and said, "Where is the transgender?" I stated that my name is Robert Haaland and he could call me that, not a transgender.

He placed me in a separate van from everybody else. (The guys were in one van and the women were in another.) When we got to 850 Bryant they placed the guys in one holding cell, the women in another, and me in my own cell. We were booked for conspiracy to trespass (conspiracy charges make it an automatic felony). At this point a sheriff pulled me out of my cell and asked me if I had a penis. I said no and he said that I would have to go into isolation or to the women's jail. Knowing we would be in for a minimum of two days since it was Saturday, I gave up and went into the women's cell.

I was released Sunday night at about 8:45 p.m. Three days later all charges against me were dropped. A month has passed since this experience and I have had some time to reflect on this humiliating and disrespectful treatment. In short, the police treated me as if being transgender was a crime and that somehow any effort on my part to "represent" myself as a man was part of a scheme to deceive them. Their collective obsession/mania about whether I had a penis and whether I should use the men's or the women's restroom said more to me about their deep insecurity about their own masculinity. In effect, I saw them as the Gender Police. Somehow they see their role as policing the boundaries of gender and the fact that I "fooled" them ultimately panicked them. They needed to reassure themselves by humiliating me and checking to see whether I had a penis. Even worse, the

fact that my driver's license backed me up as a "man" sent them into a frenzy. In their minds, I had to have made a fraudulent driver's license because a government agency could not be party to perpetuating a lie.

As an anti-police brutality activist, I am aware that my experience was what I would call low-level harassment. Cops are killing and raping people on the streets every day and my experience is just one in a million, but it also inspires me to fight back harder against all types of police harassment and brutality.

Police Brutality and Harassment: A Trans Issue

by Jo [REDACTED]

If we believed the images of transgender people in the mass media, we would think that all MTFs are substance-abusing, mentally ill sex workers, and anyone whose gender is in question should be treated as a criminal. We would also believe that police actions against the TG/TS community are therefore required and justified.

In fact, these stereotypes often are the principles that guide police responses to the TG community—whether we are assumed to be the perpetrators of a crime, or whether we have gone to the police to report a crime against us. As a result, TG people, especially MTFs, repeatedly report high levels of abuse at the hands of law enforcement agents.

Community United Against Violence (CUAV), a San Francisco-based organization that provides services to lesbian, gay, bisexual, transgendered and transsexual victims of hate crimes, reported 563 cases of violence against LGBT people in the S.F. Bay Area in 1997. In 38 of these cases, the perpetrators were identified as law enforcement personnel; of these 38 cases, over 40 percent of the incidents were targeted at TG/TS people. And in the overall reports of harassment and violence that CUAV receives from the TG/TS community, approximately 50% of offenders are law enforcement agents. The SFPD openly acknowledges that it is routine to conduct strip searches of people whose gender is in question, a glaring example of the degree to which de-humanization of transgender people is part of daily police practice.

Furthermore, MTFs repeatedly report that the police assume they are sex workers and harass them. For those who are doing sex work, harassment, threats, assaults and demands for sex are commonplace. In addition, TG people consistently express a high level of reluctance to report crimes to the police. CUAV reports one case involving a transsexual woman who

> 12

Under Arrest by Mark-Anthony

My name is Mark-Anthony. I'm 19 and FTM. I "came out" at 12 years old, uncertain about sex but certain of what sex I was. Thinking I had the strength to move ahead on my own, I stayed in isolation for five years. My sexuality wasn't really discussed amongst immediate family members. I was treated as a son, brother, nephew, and grandson; it was almost as if the past was all a confusing nightmare, and the adolescent years were meant to be lived as Mark.

It was Monday, March third, 1997 and I was late for class. Feeling the after-effects of partying the night before, I didn't bother to groom before heading out the door. I hopped on the bus with the scent of liquor on my breath, still wearing the same clothes from last night. (In high school I had a reputation for drinking heavily; people wanted to drink with me because I made them laugh, showing off like a fool, but it never occurred to anyone that perhaps Mark drinks so much because he's really hurting inside. And I was.)

That same day, after school, an acquaintance of mine mentioned that she had one hundred dollars to spend on "partying material." About 13 of us walked up and down the street looking for someone to buy the booze. After finding someone who agreed, we headed towards a local park with five bottles of cheap tequila.

Down the canyon we went, confident we wouldn't get busted. We found a nice little area where tons of bushes encompassed us. I sat on a damp log pouring tequila down my throat, the burning sensation filling my stomach with acid. Everyone around me danced and laughed and gossiped about who's fucking who and who isn't getting any at all. I liked my log, even though it was outside of their circle.

I stared at my friend Adam, with envy at the strong, masculine hands and thin mustache puberty had given him. Through my blurred vision I peered at the glass bottle in my hand and gazed at the boyish reflection which was mine—and took another sip without care, because I didn't have a mustache. Adam and I were the same, but different in a way I tried not to believe. Suddenly, I felt despair and longed for escape. Before I knew it, I had consumed more than half the bottle and lost control of my awareness.

"C'mon, let's go!" people began shouting. Everyone scattered up the canyon slope like ants. I lay too intoxicated to move, wondering what all the commotion was. The atmosphere was filled with police sirens, which somehow echoed through my altered state of consciousness.

I tried to get up and run but my legs collapsed beneath me and I fell chin first onto a pile of rocks. Looking back to check on my whereabouts, I guess my friends Adam and Lisa noticed my struggle to escape so they slid back down to assist me but it was too late. By the time they brought me out of the canyon the police officers were already questioning people.

My world was spinning fast and hard as I lay in the grass, flat on my back, trying to focus my vision on one cloud. Adam and Lisa were trying very hard to help me pull my pants back up but they were too intoxicated and fell over.

"What's wrong with 'her'?" a cop asked Adam. "Is 'she' on something else?" "What's your name?" he asked me. "Mark," I replied. The officer looked at me with confusion as I desperately tried to hide my genitalia with my hands. "Pull your pants up!" he shouted. "Seriously; what's your name?" he asked again. "That's my name. My name is Mark," I said.

"Mark, huh?" Now, at this point, most of the people that were down the canyon with me were arguing with the police and getting belligerent, while others played it off pretty cool and were given permission to go home. I, on the other hand, was drunk, and nervous because it was my first time getting into trouble with the cops.

"Oh, I get it," he said to me. (I saw a smirk on his face.) "What was your name before? What's your real name?" he asked. "I'm not kidding; my name is Mark," I said. "I'm not gonna write that down," he said. "Tell me your real name or I'll send you to the hall..." I was ashamed and began to cry after revealing the ghostly name of my past. I felt defeat in some strange way: like it was cowardly of me to allow them to bully me, but after all, they were the authorities. And I was powerless compared to them.

My wrists were beginning to ache because the handcuffs were grasped against my wrists so tight. "Hey, where are you taking me?" I asked. "Don't worry, Angalena. You have to stop thinking you're male." Suddenly, I felt fear twist my stomach in half. I was so afraid I began to shiver. I went back to being trapped inside that confusing, frightening world of being female. Only this time I was being told I should "face reality" by two "real men."

The officers drove me to a teenage crisis center in Chula Vista, which is in the South Bay district of San Diego. I was feeling sick, lonely, and most of all afraid. I tried to think of my mom coming to rescue me like she always had. Only this time she didn't know where I was. I began to cry. I was far from home and no one in my family knew where I was. I longed to see a familiar face. I closed my eyes and tried to pretend it was all a nightmare but the burning sensation of mace on my face, which I was given for asking "too many questions" and trying to kick at the window, reminded me that this was no dream.

I was told to sit on a brown couch in a room. The two policemen told

the evening-shift nurse that they had found a "girl who thinks she's a boy" laying by the canyon. I heard the two of them chuckling here and there.

A young woman with blonde hair came inside the room and sat next to the phone. She said she was going to call my mother to let her know what the situation was. I felt a little safer. "I feel so ridiculous calling 'her' Mark," she said to the others. Then, I felt afraid again. "Oh, no, she thinks I'm crazy, too," I thought. I importuned her to let me speak with my mother but she said, "No, because you're too drunk." They wouldn't reason with me at all!

I had to remove my clothes and wear a hospital gown to bed. The nurse was disgusted to see that I was without underwear, so she handed me some girls' panties. "I'm not gonna wear those!" I shouted. "I don't even wear underwear." "If you're gonna be here," she began, "you're gonna have to wear underwear. This is ridiculous," she huffed at me. Five minutes later she came back with a pair of boys' underwear. (I didn't like those, either.)

I was able to return home after volunteering to undergo a 72-hour evaluation at a facility in La Mesa, where the counselors paid more attention to my transgendered identity rather than focusing on my alcohol abuse. My mother and aunt were quick to remove me from where I didn't belong, even though the head psychiatrist marked it "AMA: against medical advice" on the release forms.

Though I try my best not to recollect those events, I can't help but feel as though my humanity gets taken away each time one of those black and white cars crosses my path. I'll never forget the day I was placed in handcuffs, thrown into the back seat of a police car, and taken to a crisis center—and then to a "mental" facility. For a long time, and sometimes now, I don't know whether to blame the cops who arrested me, myself for drinking, or my so-called friends for not sticking by my side. These questions all play a part in the way I feel about it today.

Thinking of the fact that there isn't always justice frightens me. What kind of world are we living in? Not everyone plays according to the rules. Even the law can break the law. My story is proof of that.

FTM

Female-to-Male Transsexuals in Society

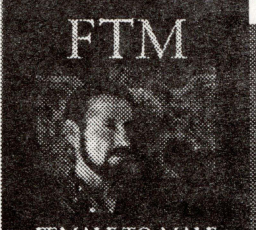
Holly Devor

This book provides a detailed, compassionate, intimate and incisive portrait of the life experiences of 45 female-to-male transsexuals. It will serve as an invaluable resource for transsexual people and their loved ones.

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FTM



**FEMALE-TO-MALE
TRANSSEXUALS
IN SOCIETY**

Holly Devor

Nipple Placement and the New Chest

written and illustrated by Jeffrey

FTM #43 included various accounts of chest surgery from the O.R. and patients' perspectives, an analysis of the issues involved in choosing a surgeon, and a description of the two main approaches to this surgery, double-incision and lipo-excision. In this issue we continue the topic with a discussion of nipple placement—a critical issue for those undertaking surgeries in which the nipple is altered and/or moved—and the Belgian versions of the lipo-excision surgeries (opposite page).—Ed.

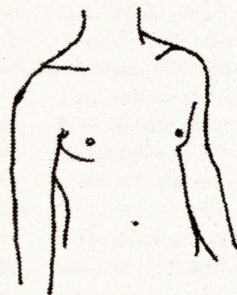
The following suggestions are based on my own experience and those of friends in FTM International. They are addressed to those planning a double-incision mastectomy.

Chest reconstruction seems like the easiest part of our surgical transformation; consequently, some may rush into it without adequate forethought and preparation. These suggestions may help in achieving a satisfactory result.

First, find out what bio-men's chests really look like. Many FTMs have spent little time around men, especially nude or semi-nude men. We may be surprised at what close examination reveals, and not know what to demand. This puts us passively in the hands of our surgeon, rather than actively specifying our wants.

ones like *Muscle Media* and *All Natural Muscular Development*) or sex ads or swimming trunks ads. Or get to the beach or swimming pool, though intense inspection may not be so easy there. Note the shape of the pectoral muscle, the curve of it when relaxed, the line beneath the muscle and—when the arm is raised—the line leading to the underarm. Look at the separation of the two pecs at the sternum and the way the muscle joins to the clavicle at the upper end.

Now look at the shape and placement of the nipple. This is a crucial consideration for your satisfaction with your new chest. To find its location best, look at an arm raised either to horizontal or above horizontal. You'll see that the nipple rests exactly at the edge of the pec, about one-third of the way up the outer edge from the sternum to the shoulder. (You can't measure this in inches, as bodies vary in size



and proportions. This is why cosmetic surgery is a matter of judgement and art.) Try to find this place on yourself, in spite of your existing female breast.

The shape of the nipple varies greatly in genetic males. The areola can be quite wide, though not as wide as in the widest women's nipples. Likewise the protrusion of the nipple itself varies, and it can be quite prominent. You may have both reduced, but go easy. You are not trying to create some exaggerated stereotype, but an average man. It's nice to retain as much as possible of your original equipment.

Now, with whatever marker you may have to hand, try to mark yourself up, indicating the cut under your breast and the placement of the nipple, just as the surgeon will do prior to surgery. (This will help you appreciate his or her task.)

Your next step is to start working out, if you do not do so already. There are two important reasons why this is advised by many surgeons. First, if you are the least bit overweight, you will increase the surgeon's difficulty in finding the proper place for the cut (thus hiding the scar) and in placing the nipple. So lose weight! Working out regularly, using weights, will increase your musculature, whether you're on testosterone or not. [However, some surgeons advise against increasing the size of the pectoral muscles themselves as it may make surgery more difficult: see Dr. Gilbert's website at <http://home.ici.net/~robbyn/Indigo/Sc/Surgeons/index.html> for an example.—Ed.]



You don't need diets or dietary aids, just cut back on carbohydrates and fats, but don't ever cut either out completely. Drink lots of water, and exercise intensively doing weight-bearing exercises. It works.

The other great benefit of exercising is that it will result in much more rapid healing and much less pain. I was very overweight when I went

under the knife, though I was losing, so much of my good result was due to luck and to my surgeon. But I had been working out for three years, seriously and regularly. I healed much faster than FTMs 30 years younger than myself, and with almost no pain. It was a shoo-in: working out has great rewards.

When it's time to choose your surgeon, you will have a consultation with him or her, in which the surgeon examines your chest. You know what you want. Take pictures or drawings with you. Mark yourself up before your consultation, as he or she will do before surgery. Make it a collaborative process. Don't be shy! The surgeon wants you to be pleased with the results. Good luck!

Jeffrey had chest surgery last year at age 66.

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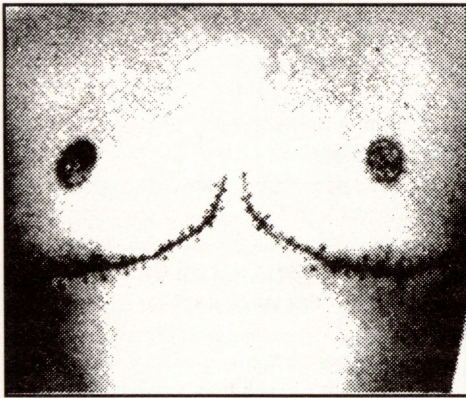
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Chest Surgery in Belgium

by Armand and Jed

In FTM #43, Dylan McClintock and Russell Hilkene discussed and compared the two general approaches to mastectomies for FTMs. **Double-incision**, the more traditional method, involves large, horizontal cuts across the chest, nipple grafting, and possible contouring of the remaining fatty tissue to create the appearance of "pecs" (well-developed pectoral muscles). In the double-incision technique, necrosis (tissue death) can occur during removal and reduction of the areola and its reimplantation, causing a loss of sensitivity of the areola. If successful, however, the result is impeccable.



Double-incision mastectomy scars shortly after surgery

Lipo/excision is a group of methods involving smaller cuts, smaller and less visible scars, and no repositioning of the areola. It is an evolution of what has traditionally been called "keyhole" surgery. Lipo/excision does not offer the option of contouring the chest to create "pecs," and in the U.S. and Canada is used more commonly and perhaps more effectively with guys who have B-cup or smaller breasts. Note: lipo/excision does not always involve liposuction, and liposuction-only surgeries can only be performed on the smallest-breasted guys.

The techniques discussed below are those of three Belgian surgical teams who all employ variations of the lipo/excision techniques—and who use these methods on somewhat larger-breasted guys, as well. Belgian surgeons have been performing these surgeries for over ten years.

Armand Hotimsky is a sexologist and president of CARITIG, a European organization on transsexualism. He has been writing articles on Belgian mastectomy techniques for a number of years. (You can see his 1994 article on the subject on the CARITIG website at www.caritig.org, and in *Transsexual News Telegraph* #7, summer 1997). Jed and Armand met at an FTM International meeting in 1994, when Armand visited San Francisco to give a presentation on Belgian chest surgery.

1. TECHNIQUES

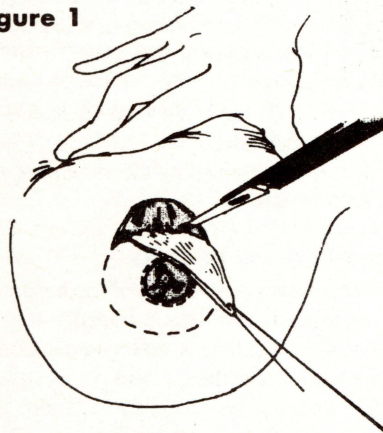
There are many surgical techniques for breast removal but when one studies them closely, most have major drawbacks. For successful surgery, one must take into account the size of the breast; the suppleness, thickness, elasticity and color of the skin; the fatty tissue; and the size of the areola, as well as that of the nipple itself.

There are two basic strategies used by the Belgian surgeons for performing mastectomies. Both are one-stage surgeries but can sometimes require a second stage; this requirement varies, depending on the patient and his particular body's response to the surgery.

A. FIRST TECHNIQUE

This method may appeal to larger-breasted FTMs. During the surgery, the surgeon cuts the excess skin in a circle around the areola, creating a donut shape. This circle flap is deepithelialized, which means that a superficial layer of skin is taken off, leaving a thin layer of dermis. See Figure 1 below. Some surgeons do not leave the layer of dermis and instead remove the entire skin from the circle flap. Leaving a dermal layer intact appears to decrease the risk of fat necrosis (death of the fatty tissue) and increase the vascularity, or blood supply, of the nipple-areola complex. The surgeon removes the mammary gland and a part of the fat. Almost all of the fat is removed in the course of the surgery.

Figure 1



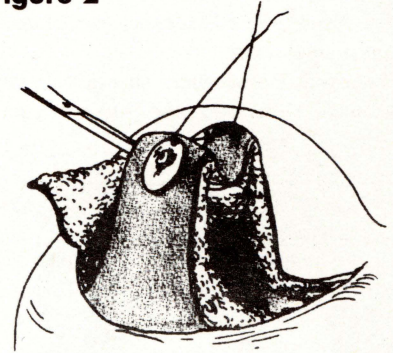
The circle flap is folded gently on itself (Figure 2), placing the areolar-nipple complex into position on the deepithelialized areolar window. The skin is then stitched together.

With this technique the areola can shrink on its own after surgery, though it may later stretch again. It depends totally on the quality and elasticity of the skin.

B. SECOND TECHNIQUE

Small-breasted FTMs will want to choose this technique, and can do a one-stage surgery. It is also

Figure 2



good for larger-breasted guys, but in two stages.

The surgeon cuts around one-half of the circumference of the areola (Figure 3), and through this opening removes the mammary gland and most of the fat. Not all the fat is removed, because doing so can create a hollow. The skin is then sewn up.

Natural skin retraction occurs (as after any surgery—see "Chest Surgery 101," FTM #43) and can correct the residual skin laxity. The patient must wear a binder afterward for at least 15 days. If loose, excess skin persists after nine to twelve months, the patient can return for a second stage. The skin will have shrunk a lot by this time; this depends on several factors, including whether the patient has stretch marks or other evidence of skin that is not very elastic. The surgeon cuts the skin in the same place as the previous incision, next to the areola, and removes part of the skin above or below the areola—wherever the wrinkles are. The skin is then stitched to the areola.

The areolas may be low on the chest after surgery, but within the normal range for bio-males. In both of these methods (first and second techniques), the areola shrinks naturally due to the loss of the mammary gland's volume. However, the nipple is not changed in size.

See Figures 4A and 4B (next page) for a result of this technique with a small-breasted patient.

It is difficult for the surgeon to know in advance how much the skin will retract after the removal of the mammary gland. Thus it is preferable not to remove too much; otherwise a catastrophe may ensue: a stretching of the scars in a widening direction, leaving behind a deformed areola, cracked and covered with stretch marks, as well as bigger, white scars. Only a repigmentation of the skin may attenuate this result.

C. REVISIONS

1. If you are seeking a revision after

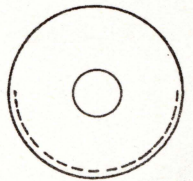


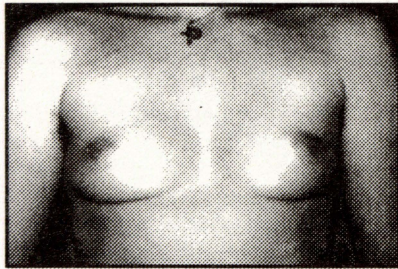
Figure 3

BELGIAN SURGERIES from page 9

mastectomy with the first technique, it will most likely be to change the size of the areola. After the first stage, some FTMs experience a stretching of the areola.

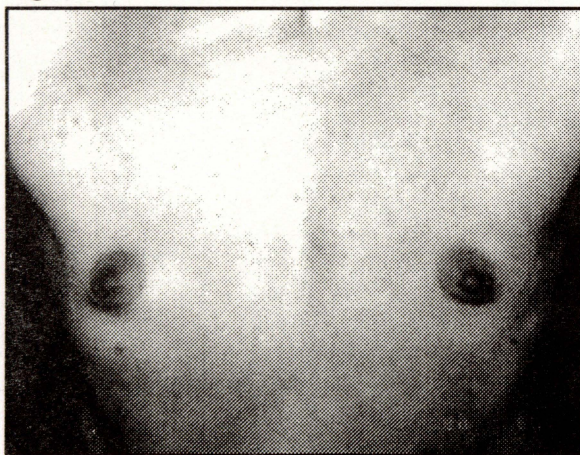
This revision procedure can often be done under local anesthetic: the surgeon cuts a

Figure 4A



Before surgery with the first technique...

Figure 4B



...and after.

subcutaneous circle around the areola and removes a thin layer of dermis which may be removed or folded on itself (as in Figure 2). Now the surgeon has performed a "keyhole" technique but without the risk of other methods of keyhole, because the areola is never cut off from its nerves and blood supply underneath.

After the closure, there are many small wrinkles and the areola appears small. The wrinkles eventually disappear and the areola is appropriately a little bigger.

2. If you are seeking a revision after mastectomy with the second technique, it will likely be for the size of the areola and/or for the excess skin.

The surgeon uses the same technique just described, and prefers to correct any remaining problems under local anesthesia if the revision needed is not too extensive.

D. REDUCTION OF THE NIPPLE :

Some FTMs choose to have the nipple reduced in protuberance (this method does not change the nipple's circumference).

2. COSTS

A. THE PRICE OF THE MASTECTOMY

All prices are subject to change; be sure to confirm!

For the first method, costs are slightly higher: 180,000 Belgian Francs for one FTM alone.

No difference for two together.

(around US \$4800, with 1 US \$ = 37.50 BF)

For the second method, the basic costs are:

127,000 Belgian Francs for two FTMs together (around US \$ 3400, with 1 US \$ = 37.50 BF).

150,000 Belgian Francs for one FTM alone (around US \$ 4,000, with 1 US \$ = 37.50 BF).

It's better to travel when your national currency is high (like now, for the dollar)! The dollar fluctuates a great deal, so to be sure of the price you must use the price in Belgium Francs as a base (and confirm the current prices).

The price includes :

-surgery and anesthesia;

-hospitalization for two or three days, medication in the hospital;

-housing in a special "homebase" in Gent created by and for transnics, for around 10 days;

-post-surgical painkillers and a nurse if needed in the 10 days after surgery;

-local transportation

1) from the airport to a host in Paris, or to "homebase" if you arrive in Antwerp or Brussels

2) from "homebase" to the hospital and back

3) back to the airport afterward.

This price does not include food, drink, tourism, and airfare. You can choose to arrive at the airport in Paris (France), Antwerp (Belgium) or Brussels (Belgium).

The surgeons are charging the same price for big or small chests.

B. THE PRICE FOR REVISIONS:

This depends on the extent of the cosmetic problem, and whether there's a need to stay in the hospital or it can be done on an outpatient basis with local anesthesia. And if a hysterectomy/oophorectomy is performed on the same trip, then the price is lower because any stay in the hospital is already covered.

Contact Albert (see below) for more information.

3. POST-SURGICAL CARE

The patient stays in the clinic for two or three nights. Then, after the surgery, the patient spends about five days recovering at the "homebase" in Gent, which is not very far from the hospital.

After this, if the patient is doing well, he can either spend five more days visiting Gent while staying at "homebase" or he can go to Paris and stay with a French FTM. (The price above already includes some

money to help out the Parisian guy.) During these ten days after surgery, any bandages, painkillers, and necessary nursing care are already included in the price.

The patient must also wear a compression garment (vest)—given to him by the hospital or surgical center—for at least three weeks after surgery. The length of time can vary depending on the size of the breast.

4. ADVANTAGES

A. The Belgian methods differ from the standard double-incision method in these ways:

1. The scars are much smaller. Most involve only a semi-circular scar under the areola.

2. There is much less risk of loss of nipple sensation.

3. There is less risk of necrosis—death of the nipple or other tissue.

B. In comparison with other surgeons practicing lipo/excision:

1. The Belgian surgeons have been performing the second technique for over ten years, and may have a better track record of good results.

2. The Belgian surgeries cost the same as, or even less than, other surgeries.

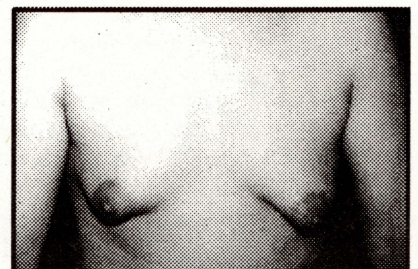
C. Other advantages :

1. The patient is kept in the hospital over two, three or four nights—in contrast to zero nights in the hospital for the standard U.S. chest surgery—and then stays at the "homebase," not alone.

2. An FTM liaison picks up the patient at the airport, drives him to the hospital, and takes care of him at the "homebase."

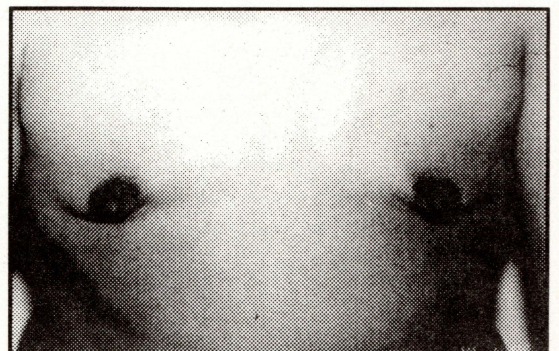
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Figure 5A



"Ptosis," or droopiness, in a small-breasted person. Ptosis, which can result from binding the breasts (and can also occur on its own), puts the patient at risk for more scarring after surgery.

Figure 5B



5. DISADVANTAGES

a. For some, a second-stage revision may be necessary. However, this is also common with other chest surgery techniques.

b. The areolas may be somewhat low on the chest after surgery.

c. Most of the fat and all of the mammary gland tissue is removed from the chest. The chest may appear very flat after surgery; it's good to do bodybuilding afterward. This result also depends on the particular person's body, and the shape of his plexus solaris. See photos D5a and D5b.

d. For some people Europe is simply too far to go for surgery.

6. REQUIREMENTS**A. LETTER FROM A THERAPIST**

The surgeons require a letter from a therapist stating that the patient is transsexual. The therapist does not have to have an M.D. or Ph.D. degree.

Some of the surgeons don't require a letter if the patient has been on hormones for a long time, and confirms this in writing to the surgeon. Usually, the surgeons prefer that the patient has been taking testosterone for at least 6 months.

B. PAYMENT

No deposit is necessary; the patient pays the entire fee to his FTM liaison after arriving in Europe. The patient can withdraw money from a bank in Europe using a credit card with a PIN code, or an ATM card. Repeat: you **MUST** know the PIN code for your credit card or you will not be able to use it in Europe. The liaison will take care of all the administrative papers and will pay for the surgeon, the anesthetist, the hospital, the "home-base," and the Parisian FTM host.

C. CONTACTS

The surgeons cannot be contacted directly by patients. This may strike many U.S. FTMs as strange, since North American surgeons are usually willing to meet directly with prospective patients for a consultation. However, there are several reasons for this style of working. First of all, it is strictly forbidden for European medical practitioners to do any form of advertising. Surgeons, other doctors, even therapists can lose their licenses for any actions that even seem to market their services directly to patients or clients. Second, those who work with transgender people fall under even more careful scrutiny. And third, these surgeons are busy performing the surgeries and dedicating their time to perfecting their techniques, rather than interacting with numbers of people from various continents who may or may not eventually pursue surgery in Belgium.

You must contact the surgeons through their liaisons. Albert, the current FTM liaison, can be contacted at SRS@worldnet.fr (email is best if you have access to it) or by telephone: 011 33 1 43 42 28 58.

D. SCHEDULING

Contact Albert to let him know you are interested and to find out what documentation you will need to send. You will need to send Albert photographs of your chest—he will show them to the surgeons and report back to you with information about which surgery is best for you. Also, include the date you would like to come and any necessary paperwork: a letter describing your current health status, a letter from a therapist, etc. Once you have provided these photos and the other necessary information, you will receive a health questionnaire. After you return this information, your surgery can be scheduled and performed within 2–3 months.

7. GENERAL INFORMATION

-Photos and drawings: Keep in mind that everyone's experiences are different, and what is presented here may not be exactly what happens to you. Instead, it is intended to provide a general overview of the entire procedure.

-It would be advisable for the FTM to arrive two or three days prior to surgery to get used to the west European time zone and get a good night's sleep before.

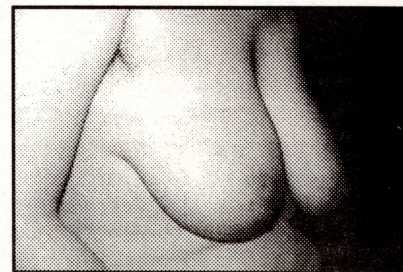
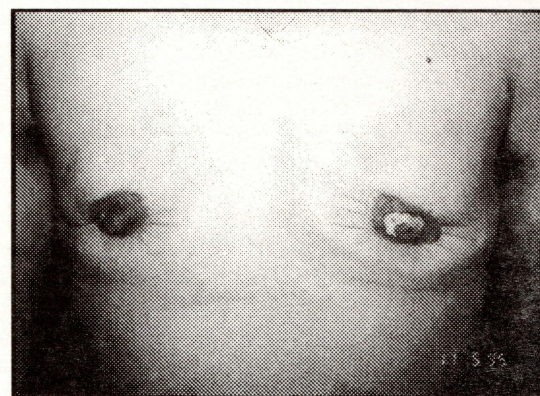
-The clinic staff is courteous, friendly and competent and will be as helpful as possible.

-It is recommended that you bring button-down shirts that open in front.

-Binding: Many FTMs use binders incorrectly: they crush the breast downwards toward the stomach. It is better to push the breast straight backward toward the chest wall. Binders create more ptosis, or droopiness, with larger breasts. And more ptosis = bigger scars. Binding also has some unwelcome effects on small breasts. The best bet is not to bind at all if possible. See Figure 5A—ptosis in small breasts—and 5B, the result after three months; this person will require a revision or exercise.

-For heavy or large-breasted patients: Without having seen the patient prior to surgery, the surgeon needs photos to determine the feasibility of doing it. The operation can be very difficult and the final results can be compromised because of the presence of great amounts of fat tissue and skin in excess. The results are not as good as they would be if the person were of lower weight or smaller size. Again, the results of this technology vary from patient to patient. The results should be good to excellent; however, complications can occur.

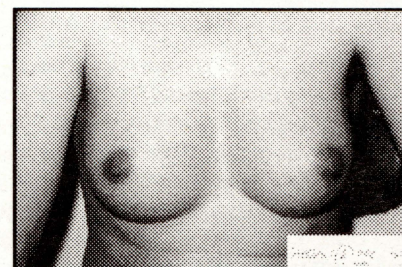
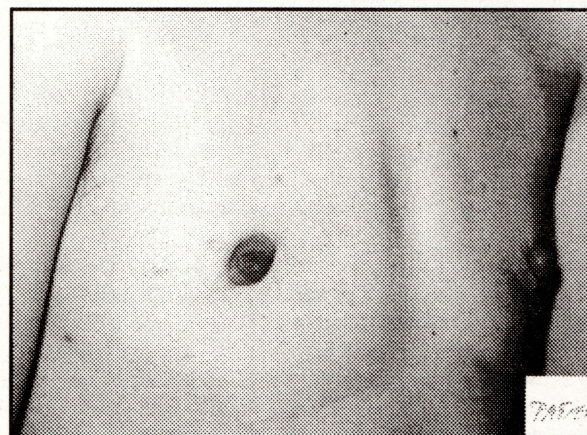
See Figures 6A and 6B. Figure 6B shows the result after three months; the result is not bad for large breasts. It can be

Figure 6A**Figure 6B**

improved with exercise and time. The white area on the areola can be revised surgically.

Good to know :

If the FTM needs a second stage, he may want to have a hysterectomy-oophorectomy at the same time. The hysterectomy-oophorectomy costs around 5000 US\$.

Figure 7A**Figure 7B**

called the police following a domestic violence incident. The cops handled the case compassionately until the batterer said, "She's not a woman; she's got a dick." At that point the officers packed up their notebooks and said they were no longer able to help.

TransAction Mission Statement

What we do: TransAction is an organization of transgender and transsexual people and our allies. We are committed to exposing and ending the police misconduct and violence that our community experiences.

Why we do it: TG/TS people are regularly subjected to verbal, physical and sexual abuse; we are often assumed to be sex workers when we are not; and for those of us who are sex workers, we are more likely to be brutalized, assaulted, blackmailed or arrested by the SFPD. *[The TG trainers at the PD have not been allowed to train officers already on the streets—only new recruits.—Ed.]* In the name of maintaining "public safety," the SFPD enforces gender "norms" and sexual "morality." We demand the right to live our lives, in the gender of our choice, without interference from agents of the state.

How we do it: We know that ending these abuses will require the work of TG/TS of all colors, cultures and backgrounds. Our tools for struggle are public education, community dialogue, fierce humor, and militant direct action. We also know that our commitment to making common cause with all other communities facing harassment by the state is the key to winning dignity, respect and lives free from police violence for all oppressed people.

Although the most severe intimidation, harassment and violence tends to be targeted at MTFs, Robert Haaland's story (page 6) shows that FTMs, and anyone else who deviates from "gender norms," are fair game. All gender deviants face disrespect, taunting and the deliberate use of inappropriate pronouns. And the question of whether to house us in male or female sections of jails and prisons opens up enormous potential for abuse.

When the police harass us because of our gender presentation, they are essentially enforcing gender "norms" and sexual "morality"—regardless of whether they think of their work in these terms. This isn't new. During raids of queer bars in the 1950s, cops harassed,

This usually involves Special Weapons and Tactics (SWAT) teams and officers running around in "BDU"—Battle Dress Uniforms. A range of weaponry and materiel is at these officers' disposal: automatic assault rifles; gases, sprays and foams; armored personnel carriers; tasers and stun guns; and percussion "flash-bang" grenades, high-intensity strobe lights, and low-frequency sounds that cause nausea and disorientation.

Paramilitary teams were first developed in the 1960s and 70s in response to the uprisings and rebellions around the country. In the 1980s, the War on Drugs gave paramilitary policing new dimensions of power. Police departments across the country undertook huge expansions of paramilitary units. Armed as if for war, and in the spirit of "just saying no" to drugs, cops rampaged through low-income communities of color. Nearly 90% of U.S. police departments now have active paramilitary units. Given that TG people are often concentrated in low-income communities with significant drug-related economies, we should regard paramilitary policing as a pressing issue.

Meanwhile, once the Cold War ended, the Army needed something to do. Providing material, transportation services and training to police departments seemed ideal. Weapons manufacturers looking for new customers flooded the market with cheap surplus materiel. Police departments bought tanks for \$1,000 and, accepted the U.S. Army's generous donations of bayonets. The political justification for this build-up of military might is fear of crime. However, scratch below the surface and we find an inverse relationship between crime rates and crime hysteria. Crime rates are falling, but it is virtually impossible to be elected to public office without endorsements from police unions.

But, since fighting crime would actually involve spending scarce public dollars on the root causes of crime—a lack of educational, recreational and employment opportunities—politicians are locked in a cycle of giving political pay-backs to the cops while not addressing the severe problems low-income communities face. Pay-backs to police unions take the form of economic rewards and unique civil protections.

The story doesn't stop here. Police departments are amassing increasingly sophisticated weaponry while duplicitously developing the kinder, gentler face of community policing. The idea is that cops

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beat, assaulted, and strip-searched butches to determine whether they were wearing at least three items of "gender-appropriate" clothing. The level of illegal police behavior we face continues to be terrifying. In fact, CUAV and allied organizations nationwide report an increase in the number of hate incidents where the perpetrators are law enforcement agents.

In order to understand this ongoing harassment, we need to place it in the bigger context of abuses perpetrated against all marginalized communities. It is important that we understand that our experiences are not isolated examples, and nor are they perpetrated by "a few bad apples" in need of sensitivity trainings (although there are cops who are particularly violence-prone, and police departments across the country are rife with dangerous stereotypes about our community.)

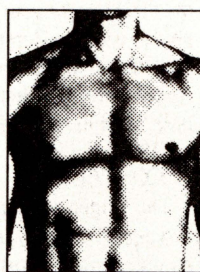
Our community is one of many that experiences daily abuse at the hands of the police. People of color, recent immigrants, homeless people, youth, sex workers and activists, in addition to queer and trans people, all experience high levels of police abuse. And, of course, many of us belong to more than one of these communities, compounding the level of state-sanctioned violence we face.

It is also important that we understand the specific context of policing in the 1990s. Across the country, the work of police departments is guided by two seemingly contradictory developments: the militarization of policing, and the expansion of community policing programs. These developments should be seen as two sides of the same coin, and both should be regarded with extreme skepticism. Both have had devastating results for oppressed communities.

Since the 1960s there has been a huge expansion in "paramilitary" policing.



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name or ask how they wish to be addressed. We teach them not to make assumptions—which is really a hard thing to do. We all continue to make lots of assumptions, even TG people when we see other people on the streets. It's automatic; it's so ingrained.

When an FTM is confronted with an officer who wants to seize his ID, what would you advise him—especially for guys in other states?

I would advise them to explain the situation to the officer and say that this is not fraudulent. It is legitimate ID, this is who I am, what my name is. This is a completely lawful ID. They are particularly likely to have problems if they are out of state, and they have the ID switched over to male but they haven't had surgery. You need to make sure that you get the officer's name and/or badge number and record the date and time of contact. And if there is some kind of a report made, you need to record the report number.

Basically whenever asked for your ID, you recommend giving it, because if you don't then they can detain or arrest you?

You wouldn't automatically know why they stopped you—they could have a legitimate reason. There may have been a robbery that occurred two blocks from you and the description put out happens to be exactly what you're wearing. Another thing I tell officers is, when detaining someone, explain why you are detaining them. It puts people at ease. A lot of officers won't do that, and they are not required by law to explain. They are just required by law to have that legitimate reason. You may think "Wait a minute, you don't have any right to stop me. I haven't done anything wrong." But they may indeed have the right to stop you. My recommendation is to provide the ID, and go from there. Unfortunately, awareness about our community and sensitivity to our community is not as it should be. Especially nationally—even California outside of San Francisco. And even here there are plenty of bigoted people.

Let's say an FTM is in a tense situation with the police. The police may be reading that extra fear... As guilt....

And you're thinking that they pulled you over for no reason, to harass you...

I can say that it never should happen but I can't say it never does. But I think you are going to end up in a better position at the end if you are cooperative than if you are hostile or evasive. The officer reacts off of your cues, your actions. So if you are evasive or uncooperative the officer responds by investigating deeper, or has a human reaction to someone being hostile or disrespectful. Police are human. Hopefully you are not dealing with a bigot, but with someone doing their job and stopping you for a legitimate reason—a tail-light that's out, some crime that just occurred, etc.

There's a line to ride between being evasive and not offering excessive information. When I'm afraid or protective, I know I say as little as possible, not wanting to complicate things...

Sometimes that may be the right thing to do. We

can't foresee every possibility. The other thing is, if you are not underground about your transition and you have some caregiver you are working with, it is a good idea to get a letter—whether it's from a physician or a therapist involved with the clinic that you go to. Have the letter explain that so-and-so is being seen by me and is transgendered, or however they write it up. A lot of people keep those letters in their wallet. And it has got contact information for that MD or therapist. I think especially when entering another state, that's a very useful thing to have.

When you are arrested, is there a way to avoid going to the isolation cells? Some kind of special circumstances if you want a separate cell, like when you have a medical condition...

That's later on, at least in S.F., when you are dealing with the sheriff's department, when you are going to jail. As for the guidelines for the district station, when we bring in people that we've arrested or that we have detained for further investigation, we have to keep juveniles separate from adults and males separate from females.

One day when I was at work we had an FTM in the back with a bunch of guys. I had never seen him, he was a young kid and his friends didn't know he was TG. I took aside the officer who was going to transport them to be booked downtown, and I advised him: take that kid out, away from the other ones. Advise the sheriff's deputies of the situation, so the person can be transported and booked in. When they went downtown, I didn't want him to be with all his buddies and have it exposed in front of everybody at the sheriff's department. If you are with one or more people being detained or arrested and they aren't aware of your status, you may try to get a separate moment with the officer where you say, "Can you help me out?" I don't know what would happen. If you get an officer who is not going to handle it, that could be a problem.

Luck of the draw.

This kid lucked out. I was there.

Let's take on confrontations: witnessing police harassment and brutality. You mentioned earlier taking the badge number and noting any other officers present. Any other suggestions you would have in dealing with those situations?

OK. If you are being harassed or experiencing improper treatment, you need to get the officer's name and star, as soon as possible. Write it down somewhere for your memory including the location, date and time. In S.F., the appropriate venue is the OCC (Office of Citizens' Complaints). That's where you make an official complaint against the officer for harassment, mistreatment, brutality or whatever. Record any witness information. Make sure you get their name, address and phone number if they will cooperate and give it to you. That's about it. To reemphasize: when an officer is lawfully performing their duty, by law, citizens have to cooperate, present ID and submit to a lawful arrest. If you fail, refuse, or resist, the officer can use any reasonable force to overcome resistance to make the arrest. According to

certain rules, if there has been some public offense you are involved in, then by law you are required to submit to a public arrest.

It seems with an FTM it's more of a set-up. The officer is pulling you over or detaining you, you have these other fears going on...they are picking up on the fears whether you try and have a conversation or not. It seems likely things could get out of hand and escalate because both people are coming from a different place and different perspectives. And communication...

Breaks down. The situation escalates and the communication decreases. That's where FTMs and TG people can try to help communication. By increasing the communication part of the equation you might help yourself. Basically you're going to be confronted with the same issue of being treated respectfully, regardless of your gender presentation. Under certain circumstances it is a real challenge for law enforcement officers, and sometimes they fail at it. There are lots of times they don't fail at it. Again, you're going to be presented with identifying yourself even if you're lying down in the street and refusing to get up and they have to pick you up. Eventually you'll receive a citation for that, so just be sure to give your lawful identification to them. Just identify yourself legally. If you haven't changed your name, don't make up a name, don't give them a fraudulent one because then you could get an additional charge of giving false name/false identification and delaying the procedure. Don't do that—just give your legal name. As far as your gender indicator in a police report, there may be legal circumstances regarding your gender indicator that might be one way or another. A TG status recorded in the police report might be appropriate. You may have changed your name, you may have a previous arrest record. It would be appropriate in the police report for them to include the prior name and gender information and link it to your present lawful name or gender. That would be legal and relevant to the officer dealing with the report and follow-up regarding the case, as well for consistent record-keeping. That's all. In a way it shouldn't be done, though it's intended for a lawful continuing record and not for the purpose of harassing the TG person.

If you're using a different name, would they record any alias? For example, when an FTM is arrested, would the report be in the name that is on his ID? When the name is still female with an F, is there any way around that?

Yes; if that's what's on your ID, that's probably what will appear on the report. If you're in the process of legally changing your name, by usage or by the court process, tell them! "I'm in the process of changing my name." It should be recorded somewhere and when your ID is changed, the ID that you provide should go in the primary identification category. Later on in the report under "alias" or "also known as" (AKA), they should put the old information in. It may be reversed if your ID hasn't been changed.

If you do have a previous record or a court date that's approaching, to prevent confusion if nothing shows on the computer—

over a year. But even if I had been on treatments for a year consistently—I had started and stopped twice before for various reasons—I could not obtain such documentation from outside due to the policy on medical records. So, essentially the policy is that unless THEY have record of it, it doesn't exist. Gee, does that mean WE do not exist?

Okay, so I'd resigned myself to the fact I wouldn't be receiving my testosterone shots for the duration. But, I wasn't quite prepared for the possible follow-up to that. Cancer. After about six weeks, I began menstruating again. No problem, except that I was on my cycle every two weeks. I finally went to medical after a couple of months to request a PAP smear. I was told it was "just stress" and I would be fine. Let me tell you now...there isn't that much stress in the world! Finally, after nine months of persistence, I was given a PAP smear. It was abnormal, and three months later I was diagnosed with ovarian cancer. It took another two months for a surgical procedure to be done to remove my right ovary.

I haven't had a follow-up since. Ah, the joys of competent medical care! I wouldn't know anything about that; I'm just an inmate. As I am scheduled for release in just a few months, I now face my next dilemma: probation. It is my understanding that if I were to attempt to return to my male identity in my state, I would be counted as violated for "fraud." I have three years of probation following my release, which is much too long to further postpone my transition. It is amazing to me that my body is considered U.S. Government property. I could be violated for getting a tattoo, let alone what is necessary for me to achieve complete transition. The government will not intervene or prosecute in the matter of abortion...why? Because OUR bodies are OUR business. Why should this be so much different? I have my own theories about that, but what has become blatantly clear is that we are never allowed what we do not fight for. The only power the government has is that which we give to them. It's time to take some of that power back. We have to claim both our bodies and our identities as our own—or else this fate will not just be reserved for those within "the system," but everyone that the system governs. We are only as free as our neighbors...and I could be the guy next door.

We asked FTM attorney Shannon Minter to comment on Ian's situation. He writes:

While courts have a tremendous amount of power to impose probation restrictions, including forbidding the probationer from having any contact with certain individuals or from living in or traveling to certain places, I have never heard of a court prohibiting a person from undergoing medical treatment. In Ian's case, if he has a doctor who has diagnosed him as transsexual and recommended hormone therapy as a medically necessary treatment, then he might be able to challenge the restriction as unconstitutional.

As for hormones during incarceration, TS individuals are routinely denied hormone therapy in both state and federal prisons. In theory, the Federal Bureau of Prisons has a policy of allowing a TS person who has already begun hormone treatment to maintain that treatment. In practice, as Ian's story illustrates, prison officials can simply refuse to obtain or accept your medical records. In addition, many TS people don't know how to obtain their medical records or don't have any records that document an "official" diagnosis of transsexualism or an "official" prescription for hormone therapy. Unless you have a supportive doctor who can produce the required documentation and who will go to bat for you with prison officials, your chances of being able to stay on hormones in a federal prison are slim to none. As for state prisons, there are a few with policies similar to the feds, but most of them will never provide hormone therapy to a TS person under any circumstances. When TS prisoners have sued prison officials for withholding treatment, the courts have ruled in favor of the prisons almost every time. In several cases, the courts have allowed prison officials to force TS prisoners to take psychiatric drugs instead of hormones, or to undergo forced "counseling" to try to change the person's gender identity. In one case, a court allowed a prison to force a male-to-female transsexual prisoner to take testosterone.

Victory for Vecchione

In a precedent-setting case involving transsexual parental rights, a California court awarded joint custody to Joshua Vecchione, a TS father involved in a custody dispute over his three-year-old daughter (born through donor insemination). Joshua's former spouse had tried to end his relationship with his daughter by challenging Joshua's legal maleness and therefore their marriage. In a final ruling, the trial court rejected this argument. Joshua was represented by the National Center for Lesbian Rights and the ACLU of Southern California.

FTMs and Statutory Rape

by Spencer

There have been a number of cases in the past few years involving FTMs charged with and convicted of statutory rape. Statutory rape laws exist in all states and are basically designed to punish/prohibit sex between persons over the age of 18 and people under the age of 18. (Ages involved vary widely by state.)

For all the differences in these cases, some patterns do seem to emerge. To a one, the media reports are such that these transmen are really women who were "pretending to be" or "passing themselves off to be" or "fooling people into believing" them to be men. It matters not how long ago someone transitioned, what physical changes they have undergone, or what legal changes they have made to their identities.

There is a lot of stuff going on here: biology is destiny; transphobia; and homophobia. And selective prosecution? Without doing a statistical analysis, it seems to me that it is impossible to speculate as to whether FTMs are being singled out for more aggressive arrest and prosecution. Let's face it, what makes these cases newsworthy is the sex and gender question. It's likely not the case that non-transsexual men aren't being prosecuted, it's just that they are not as interesting to the media.

As to sentencing standards, some judges have been more lenient, creative and sensitive to the needs of transmen, others harsher--yet overall there seems to be some understanding of the unique nature of the defendant's in these cases. The bottom line for these transmen is however, that they will forever be branded sex offenders. And they will, despite legal name changes and changes to their drivers licenses, be convicted as women--as none of I know of have had GRS. And they will be sent, most often, to women's prison facilities to serve their sentences, since prisoner housing is based on your genital configuration. Lastly, the authorities are not required to allow these men to continue their hormonal treatments while incarcerated.

These cases raise some interesting points for the FTM communities to consider: - Why are FTMs committing these crimes? - What can we, as a community, do to educate other FTMs about age appropriate sexual behavior? - Should we be doing that kind of education? - What kinds of resources can and should the trans community provide to those accused of these crimes? - What can the FTM communities do to effect better media coverage and understanding of who FTMs are and how we identify ourselves? - What kind of activism can we do to ensure that any FTMs who are convicted are housed appropriately and assured access to continued hormone treatment, good medical care and appropriate mental health providers?

Translegalities Book Available

Attorney Spencer Bergstedt's book *Translegalities: A Legal Guide for FTMs* covers a multitude of legal issues as they relate to FTMs, including insurance, marriage, estate planning, divorce, child custody issues, name change, birth certificates, drivers licenses, social security, workplace issues, criminal issues and more. The book includes name, birth certificate and drivers license change information for all 50 states, as well as resources such as reading lists, organizations, products, etc.. The book is 103 pages, spiral bound for easy copying of forms. The cost is \$30 per copy (shipping and handling included).

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Spencer Bergstedt, Attorney at Law
1122 E. Pike #1070
Seattle WA 98122
Phone: 206-949-7469 • MstrSpence@aol.com

INTERVIEW from page 13

would you recommend people carry paperwork on them?

Yes, I would recommend that. Carry a copy in case it gets seized as part of your ID and booked in. You might want to have another copy at home.

Do you have stories of best-case or worst-case scenarios?

One time some guys approached me who had a very positive experience with the police. These were a couple of motorcycle guys, FTMs. They were stopped by officers, a high-profile stop. The officers came up, ordered them to pull over, handcuffed them and sat them on the curb. They might have been ordered at gunpoint, I don't recall. The officers said they matched the description of two men who had just robbed a bank. True story, true situation! They just fit the description and when one of the guys heard why they were being detained, he laughed because it was so ridiculous. It was a very honest response and I think the officers took note. The officers had been through the TG training at the academy. The FTMs told me that the officers treated them respectfully and courteously. When it was done the FTMs got to go on their way without feeling victimized by the police. And the police had had a decent exchange with citizens that they had actually had to detain, but who weren't crooks. I really felt terrific hearing about that interaction; I thought, "That's exactly why I do the training." That's a best case.

And you know those other officers told other officers, and the FTMS told other trannies...

Yeah, it was decent experience for everybody. That's the way it ought to be.

I don't know about a worst case...I have had someone personally tell me about a worst case but that was complicated. When you have an officer tell you to leave or you are going to be arrested, leave. It's a good way to avoid these problems. The officer gives you a choice. This particular guy had been assaulted. So it was not just. But take it up, go to the department the next day and go through the complaint process. Don't think to yourself, "This isn't right, I'm the victim here, what do you mean I have to leave or you are going to arrest me! Well then just arrest me!" Well, they did. And he had a nightmare experience. Think ahead: "I don't really want to be arrested. If they're going to take me to jail, they'll find out I'm trans...I could have some conflicts here. I feel victimized by this person and re-victimized by these officers not getting it. OK, I don't want to be arrested if I don't have to be. You want me to leave, I'm out of here, you don't have to tell me twice." In other words, don't try to take it on when you are confronting the officer on the street. Be smart about it. Seek out alternatives like the OCC in whatever state you are in.

We've covered a lot of practical advice. Would you talk about how most cops think about these issues? How do rookies compare to veteran officers?

The danger in doing that is the stereotyping. I know, first hand, some of the people who have been in the department the longest, who are the greatest people with the greatest attitude. They would have no problem or very little problem with it. But I also

know that there are other old-timers who would be just awful to try to deal with. And then I suspect the same with the new people. Generally, though, new people may have a more open attitude. They've received the training; not all the senior officers have.

How about breaking down what officers tend to understand about FTMs, what they get and don't get?

It's just as true as with the rest of the population. I don't think there's any difference. For the most part, transgender is not something most people are familiar with at all. For the last ten years there's been a significant change in that, through all of our efforts in being out. More of us are out and we are seeing lots of different articles—magazines, newspapers, Kate Bornstein on David Letterman.

Same thing with lesbian and gay liberation; it's now has more than 25 years of history and time to make an impact. And the transgendered movement is 20 years or more behind. But traveling right along the same path, educating people.

Is there anything else that you would like to add?

Look at the experience of lesbians and gays of color. The communities that they are members of are minority communities in our culture that take shit that have to fight for their basic rights. And their community's response to their coming out can be hostile in a particular way. Well, the general lesbian/gay community is following the same pattern. Members of its own community, previously identified lesbians and gay men, are coming out as TG or TS. They're having the same kind of reaction over us and feel a similar kind of threat, that those other communities of color feel and react to with members of their cultures and their groups. Dealing with lesbians or gays, there is a different kind of resentment which I think is why when you deal with the mainstream society they're not defensive or reactive in quite the same way as the lesbian/gay community is about us. Although not all of us come from the lesbian/gay community, a lot of us do. I really think that that's why this reaction happens there. There's a different sense of threat and/or loss. The group is already stigmatized and they're fighting the stigma, so when certain members of their group come out with this trans thing that is also stigmatized it's like, "No, don't do that, we don't want to deal with that yet." And that's the issue about trying to have ENDA be inclusive. [ENDA is the proposed Employment Non-Discrimination Act to outlaw discrimination based on sexual orientation in the U.S.] I bring this up to lesbians and gay men who are resistant to including

TG people in ENDA. If I'm talking to a lesbian, I say, "Remember when the National Organization for Women had that reaction to including lesbians? Do you remember how you felt about that?"

To wrap up, realize that police officers are people. Whatever age, whatever gender they are, in general they need education, just like the majority of our society needs educating about us. For the most part, they are ignorant of our community, of our needs. I would say view it more as that, if you are not treated quite right: that's coming from a place of ignorance. Use the opportunity you have in dealing with them to do some educating and you might help the next person. That's something I think about when I deal with people, publicly being out as a TG person, an activist and a recognized person. I keep in mind that the way I behave is going to affect other transgendered people, so other people should keep that in mind. Not only is it going to affect the way they are treated, but it may also affect the way another transgendered person is going to be treated behind them in encountering the people that they have encountered. So if you have an opportunity to do some educating or react in a more positive way, take that route. Not only for yourself, but for other transgendered people.

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#1: Transsexual or Transgender? • #2: GID • #3: Classism in the TG movement? • #4: Disability & Transsexualism • #5: The Canada Issue • #6: Trannies & Non-trannies • #7: MTF vs. FTM

FUTURE TOPICS:

#8: (6/99) "Multicultural" issue—Is there racism in the "TG/TS community"? What is the experience of TG/TS people of color (transition, family experience, within communities, anything)? What issues are specific to TG/TS people of color? How do race and gender intersect? #9: (9/99) TG/TS youth. What is the experience of transitioning or questioning as a youth? What issues are specific to TG/TS youth?

Submission deadlines are the 15th of the month before release.

anything in his own defense, unable to protect himself in any way.

John's mother had gone to the coroner to identify his body. At best, it must have been an horrific sight. Shot while in the shower, or just coming out of it (depending on the newspaper accounts) bits of John, mixed with shattered glass littered the small bathroom. His body had fallen back into the shower, the water still falling on him as his blood drained out. Only in nightmares do I see what the body must have looked like when the authorities found him, or when his mother saw him at the coroner's.

She asked the coroner to list John as male on his death certificate. He had been male his entire adult life, his friends and colleagues at school and work knew him only as the man he was. Like Brandon, he made an effort to leave his past behind. His death certificate, a public record, would forever, to anyone who wanted to see it, determine his gender—his own wants, wishes and desires completely irrelevant.

11-6-86. *Murder-kidnapping takes a new twist.*

When I saw the headline, my heart skipped a beat. I skimmed the entire article before finding out that the "twist" referred to the discovery of the body of the woman in the van, not to any disclosure or discovery about John's past. I felt helpless to protect John or his memory. I wondered, not for the first time, if something could happen to me. What if I were a victim of violence? What if I were simply in an accident and could not speak for myself? Could my own history of being born female be a matter of public record, known to anyone, whether or not I wanted it to?

I wanted to believe that the trial would be a straightforward prosecution. The accused had murdered two people, shot at an officer, kidnapped a woman and stolen a vehicle. John's personal history was irrelevant to any of it. At the end of June in 1987, I learned how very wrong I could be. At the preliminary hearings, the defense attorneys demonstrated that they had been doing a little research.

6-25-87. *Slain "man" was a woman. Attorneys revealed that the wife's companion, known as John, was a woman...John dressed, lived and worked as a man and had been reportedly taking male hormones for years. The relationship between the accused's estranged wife and John will play a key role in the defense... According to the autopsy protocol...external and internal female organs were intact, and the death certificate listed the victim as female. The sex of the slain person will become a pivotal point...*

The coroner obviously did not honor the request to list "male" on the death certificate. What is required for "male" to be listed? Brandon, by the very virtue of his tombstone, will now forever be female. Despite John's wants and desires, both his birth and death certificates list him as female. If I die in any way which requires a coroner's report, how will I be listed, when I can no longer express my wishes, and even if someone expresses my wishes for me, might they still be ignored?

The defendant was smart enough to know how to delay a trial. He continued firing one court-appointed attorney after another. Accused of two murders, he was allowed two attorneys. It took three more years before the trial began. The special circumstance of multiple murders could allow the jury to impose the death penalty, if they convicted him. Despite the turnover in attorneys, the defense kept the promise to make an issue of John's sex.

...Among the dead is a 25-year-old woman who used the name John and reportedly had taken male hormones for years. John lived as a man and had a beard, moustache and chest hair. "He only told very personal friends of the secret," his girlfriend added.

John had now become a woman, not only on a death certificate, but in the newspaper. As article followed article, John's status changed, but not in the way he wanted.

John, who later was found to be a woman masquerading as a man, was taking a shower... "Your boyfriend back there—I blew him away," the gunman told his estranged wife.

I can't help thinking that the gunman did not know John to be anything other than a man, a man taking his wife, home and daughter. Once the story of John's past became known, though, it might be twisted to aid the defense.

**By posing as a man,
"taking" a real man's wife
and daughter, he obviously
posed an incredible threat**

John had gone from being a man, to being a woman, to being a woman "masquerading" as a man. Who John was and wanted to be had been murdered again, the result taken and twisted to accommodate whatever plan the defense had to mitigate the special circumstances.

...killed his ex-wife's transvestite lover in the heat of passion, so the crime is voluntary manslaughter, not first-degree murder...when the defendant learned his ex-wife's lover—a woman taking male hormones and dressing as a man—wanted his daughter to call her Daddy, it was the final straw. "Would that make a reasonable man angry? It would make my blood curl," the defense attorney told the jury...and shot John, a woman posing as a man...

To me, it began to sound like they were making John out to be guilty of provoking the attack which ended his life. By posing as a man, "taking" a real man's wife and daughter, he obviously posed an incredible threat to

his girlfriend's estranged husband. Could I be seen as being the same kind of threat? Did the length of time matter? John had been a man in every meaningful way for seven years. That was not long enough. If it had been ten years, would that have made a difference? Twenty years? Thirty? Was there any magic number beyond which John, and

by extension myself, would be safe? No matter what I accomplished in my life, would I ultimately be seen as "posing" as someone I was not?

7-12-90. *The defendant began suspecting, through phone calls after leaving prison in early 1986, that his wife's lover, John, was actually a woman. Intending to confront John...burst in and found the victim taking a shower. "His worst fears are confirmed. This is not a man. This is an it," the defense counsel said.*

7-18-90. *Lesbian lover led to rage slaying, defendant says. The defendant...fired his shotgun in a rage after bursting into a bathroom and discovering that the lover was a woman. He said he pulled the trigger because a homosexual, by taking away his wife, "took my life." He insisted that he immediately realized that John wasn't a man.*

The defense position became clear. By declaring John to be an "it," something less than human, the defendant could not be convicted in the murder of two human beings. He could escape the death penalty if convicted.

I had debated about going to the trial. I wanted to see this man who could so easily destroy and murder and make excuses for it, essentially claiming the right to kill John. I wanted to see the person who had forever changed my sense of security about my past. However, I was afraid. Just seeing the accounts in the newspapers, altering the reality of John's life to suit their immediate needs, making him a woman, a lesbian, a masquerader or an it, depending upon the moment, was too much for me. And my own fear increased. If they could do this to him, years after he died, what control did I have of my own life? Watching Brandon's story brought back all these same fears, insecurities and questions. No matter what I did in my life, what I felt, expressed, or how I lived, it could be destroyed by events completely outside of my control.

8-21-90. *The jury found the defendant guilty of killing John, a transsexual...they must now decide whether he should die in California's gas chamber or spend the remainder of his life in prison without the possibility of parole.*

For the first time, the term "transsexual" was used to describe John. I found no consolation in it. He was still "outed," with no possible control of the conditions or method. His friends, co-workers, fellow students all now had access to aspects of his life that he never chose to share. Even if nothing else about him had ever been printed, those words "a transsexual" after his name were enough to change the perspective, views and opinions of those who knew only John. By what right did the newspaper have to do that? Those two words had nothing whatsoever to do with the fact that he was shot to death. It wasn't bad enough he killed John almost four years earlier. Now, because of him, the press was killing John all over again.

Almost three months later, the jury returned with the sentence. John's death was not yet complete.

11-15-90. *...that the defendant...receive the death penalty for killing his ex-wife's transvestite lover...there he shot John, in the shower.*

John's physical death and subsequent murders in the press

project, is legally allowed to charge more. Getting set up to manufacture a generic version of a drug requires not only the right machinery and raw materials but an application to the FDA which may take months or even years to review. For those guys whose insurance covers testosterone, the insurance companies should hopefully eventually catch up and pay the difference in price once only name-brand injectable testosterone is available. I have heard reports, however, that some companies will now cover the testosterone patch but not shots.

Bristol-Myers Squibb's Delatestryl is the brand name for testosterone enanthate, and Upjohn and Pharmacia's Depotestosterone is the brand name for testosterone cypionate. Until recently, generic enanthate and cypionate were manufactured by the company Steris Laboratories, a division of Schein Pharmaceutical, under the labels Schein, Steris, Geneva, and URL.

According to Tadd Tobias and John S. James of the online publication *AIDS Treatment News*, on September 10, 1998 the Food and Drug Administration took action against Steris Laboratories, seizing large stocks of their drugs and ordering a halt in further production of all products at their facility in Phoenix, Arizona.¹ Although the FDA did not say that any of the drugs were bad, they did charge that Steris had not followed required procedures for documenting quality assurance.

On October 16, 1998, a "Consent Decree of Condemnation and Permanent Injunction" between the FDA and Steris allowed the company to resume distribution of some but not all of its products. The decree includes an "Exhibit C" of drugs which the FDA has determined are medically necessary. Steris will re-test the seized stocks of these drugs in order to possibly return them to the market and resume their manufacture.

Unfortunately, Exhibit C does not include any form of testosterone, for which the FDA apparently believes that other companies are marketing equivalents. This is a flawed assumption given that 1) the brand names of testosterone (Upjohn's Depotestosterone and Squibb's Delatestryl) have also become more difficult to find, and 2) the brand names of testosterone can hardly be considered equivalent when they cost as much as four times what the generics made by Steris had cost.

So what is the situation now, and what can be done about it? As of this writing, Schein/Steris, having decided to "streamline," is no longer manufacturing either enanthate or cypionate generic testosterone. (They have also stopped producing other drugs for which they were the only manufacturers.) There are several things we can do to try and renew the supply:

1) Write to your congressional representatives and politely ask them to pressure the FDA to get Schein/Steris to resume manufacturing generic testosterone. Explain that it is both medically

necessary and not readily available from other sources. You do NOT have to say that you are an FTM—it is perfectly honest and accurate to simply say that you have a deficiency and need testosterone for hormone replacement therapy (HRT).

2) Write to the FDA and politely ask them to get Schein/Steris to resume manufacturing generic testosterone.

3) Write to Schein/Steris, again explaining the very real need for generic testosterone.

4) Take a lesson from AIDS activists, who are constantly fighting for readily-available, reasonably-priced medicines, and organize local meetings and teach-ins on the issue. Spread the word to other guys by sharing your experiences and information. [*FTM International, for example, held a teach-in on the testosterone shortage at its regular March 14 meeting in San Francisco, and is encouraging other groups to do likewise.—Ed*]

5) Contact local AIDS organizations and find out what they know about the shortage. Offer to work with them on the problem.

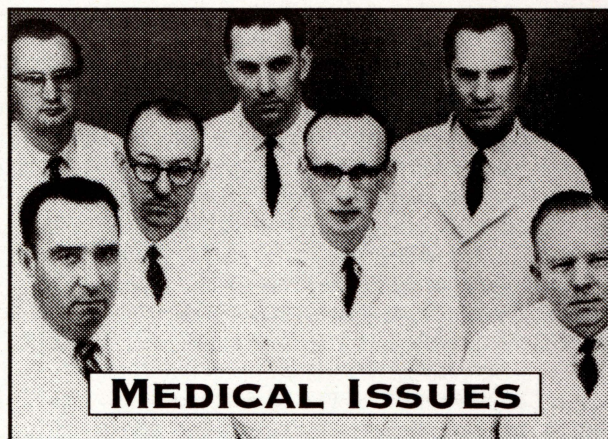
6) Ask your doctor to also contact Congress, and FDA, and Schein/Steris. Here are some possible contacts at Schein:

- Martin Sperber—Chairman of the Board of Directors, Chief Executive Officer and President
- Dariush Ashrafi—Executive Vice President, Chief Financial Officer and Director
- Javier Cayado—Senior Vice President, Technical Operations
- Paul Feuerman—Senior Vice President, General Counsel, and Director
- Paul Kleutghen—Senior Vice President of Strategic Development
- Melody Carey—Investor Relations Department

Schein
100 Campus Drive
Florham Park, NJ 07932
973-593-5500
973-593-5598 fax
<http://www.schein-rx.com/>

Until generics become available again, where can we get injectable testosterone? The following name brands are theoretically still available, although guys may have had varying degrees of success in finding them. Please note: the following ordering information is not for consumers—only your pharmacy or your doctor can order a drug directly from the manufacturer:

Delatestryl
(brand name for injectable enanthate):
Bristol-Myers Squibb Company
Princeton NJ 08543
<http://www.bms.com/>



BTG Pharmaceuticals Corp.
Iselin, NJ 08830

Ordering # 54396-0328-40
Comes in 5ml bottles at approximately \$55.00
800-410-5669 x5304 or 800-741-2698
Ask for Randy Smith

Depotestosterone
(brand name for injectable cypionate):
Pharmacia & Upjohn
7171 Portage Rd.
Kalamazoo, MI 49001-0199
<http://www.upjohnjanssen.com/>
Comes in 10ml bottles at approximately \$80.00
(616) 833-5122 (24 Hours)
(616) 833-7555 (8:00 AM - 4:30 PM)
1-800-821-7000

If you cannot find injectable testosterone, there is the alternative of the patch. The advantages of the patch are that you do not have to stick yourself (or have someone else stick you) with needles, and the daily dose provides much steadier testosterone levels with none of the peaks and valleys you would get during the period between injections.

The disadvantages of the patch include having to change them daily, having to possibly deal with placing them on areas with heavy body hair (which might mean shaving), and, for a small percentage of users, skin irritation.

Another problem with the patch is that, while it is good for maintenance of testosterone levels, it is not as good for bringing about initial masculinizing changes. I'm not a doctor, but from my own observations of and conversations with guys who started out on the patch and then switched to injections, I have come to the conclusion that the patch is best for guys who are already passing reliably and have been on testosterone at least a year.

SmithKline Beecham's Androderm is a patch now being heavily promoted, but it is said to be fairly large in surface area. ALZA makes the competing Testoderm TTS patch, which is said to be smaller. The Testoderm TTS patch is not to be confused with ALZA's Testoderm scrotal patch, which for obvious reasons is not well-suited to the needs of FTMs. As far as I can tell, both should be readily available (again, only your doctor or pharmacy can order them):

MY FRIEND JOHN from page 16

had a profound effect on me. I felt if this could happen to him, it could easily happen to me as well. The only defense I had was to withdraw. I had to live with the secret, as did whoever would be my partner, but no one else need know. I had to hide, blend in as thoroughly as possible, deny part of what made me the man I am and maybe, just maybe, I would be safe, able to find a modicum of peace. I found, to my dismay, that hiding is not blending. Denying a part of yourself is unhealthy in the extreme. Insidious shame overwhelmed me at times.

I began to seek out that which I had run so far from and hid so effectively from for so many years. I was able to pretend to myself that John's case was unusual; it happened many years ago, when people were not as savvy about transsexualism. Then I watched the movie about Brandon. All of the same questions came up. Can I really be safe? Do I really have control of the events of my life, and how I chose to be known?

I have found that I am happier when I don't live my life in hiding, fearful of being discovered. Yet, I am not "out" either. I have no desire to be known as "the one who was female birth assigned" or, worse, an "it." I am a person and am most at peace with myself when others accept me as such. And, I would prefer my transgendered background to remain private to the world at large, which is how most people treat their personal issues. There are now

people I choose to tell about my past, but I want the choice to be mine. John never was given that choice. Brandon was never given that choice. I can't help wondering if the choice is, ultimately, mine. How about you?

This article also appears in the current issue of Transgender Tapestry, published by IFGE in Boston (see back page for IFGE info).—Ed.

*Reviewed in FTM #42, p.4. By Susan Muska and Greta Olafsdottir, Bless Bless productions, 704 Washington St., New York, NY 10014; blessbless@aol.com; (212) 242-3009.

**Newspaper quotations are from the *Bakersfield Californian* and the *Desert Sun*.

POLICE BRUTALITY from page 12

work with community members to develop joint solutions to the problems communities face. In essence, the cops come in and organize our communities for us. They have access to a huge amount of information about us, but we don't get any more information about the police—nor are we in a better position to take action when the police break their own rules or the law.

Ostensibly, community policing programs are about fighting crime. However, crime prevention is usually defined in terms of removing "undesirable" people who engage in criminal acts, or who invite further criminal acts by "lowering the tone" of a neighborhood. The basic theory is one of "broken windows": on streets where the houses have broken windows, crime is more likely to flourish. This is a very simplistic analysis that leads to attempts to purge communities of anyone perceived to be a troublemaker. Sex workers, along with anyone thought to be connected with sex work (which includes high numbers of TG/TS people), are repeatedly the targets of such programs.

At the same time, schools and community-based organizations are experiencing drastic cuts in funding. In the absence of teachers, social workers and other community problem-solvers, we call the police when someone goes into psychiatric crisis, when our neighbor beats a child, or when a homeless person urinates outside our house. We turn to the police to solve every problem while losing our capacity to organize ourselves to meet basic community needs. Meanwhile, our communities are under siege by heavily-armed officers who are subject to little or no civilian oversight. It should come as no great surprise, then, that so many of us report regular intimidation, abuse and violation of our rights.

We have an enormous need to find effective ways of turning back this tide. Across the country, people are getting organized and demanding lives free from police violence. Communities are changing the terms of the debate and pointing out that "public safety" is about ending police violence as much as it is about fighting crime.

In San Francisco, TransAction, a group of transgender people and allies, got together at the end of last year. Our goal is to expose and fight back against the police violence our community experiences. TransAction is jointly sponsored by CUAV and the Ella Baker Center, a domestic human rights organization that houses Bay Area PoliceWatch here and New York City PoliceWatch on the east coast. We are committed to shedding the light of public scrutiny and outrage on the daily abuses perpetrated against our community. We challenge other police accountability organizations to include transphobia and homophobia in their analysis of police violence; and we stand in solidarity with all communities facing state-sanctioned brutality.

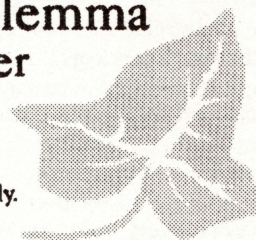
Contact TransAction c/o Community United Against Violence, 973 Market #500, San Francisco, CA 94103 or call Shawna Virago at 415-777-5500 x302.

The Uninvited Dilemma A Question of Gender

by

Kim Elizabeth Stuart

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TESTOSTERONE AVAILABILITY UPDATE from page 17

Testoderm TTS (not to be confused with Testoderm's scrotal patch):
ALZA Corporation
950 Page Mill Road
P.O. Box 10950
Palo Alto, CA 94303-0802
<http://www.alza.com/> • Phone: (650) 494-5000 • Fax: (650) 494-5121

Androderm (competing patch):
SmithKline Beecham
1 Franklin Plaza, Suite 1800
Philadelphia, PA 19102-1225
(215) 751-4000 • <http://www.testosteronesource.com>

Another option is to contact a compounding pharmacy, where they make up batches of testosterone in various forms. There are compounding pharmacies in many places around the U.S. Two in California are:

Medical/Dental Pharmacy II
6327 N. Fresno, Suite 104
Fresno, CA 93710
(559) 439-1190
www.rxcompounders.com
Mail-order injectible cypionate: 10 ml bottle is \$36.95 + \$4.50 shipping
Can mix the cypionate with sesame oil rather than cottonseed.

Parnassus Heights Medical Pharmacy
350 Parnassus
San Francisco, CA
(415) 566-4534

Testosterone trocate: an under-the-tongue lozenge taken daily
30-day supply is \$44.95 + \$4.50 shipping

(Watch out for the additional stress on the liver with any oral form of testosterone. While trocate may have less impact than other oral forms because of the smaller dosage, anyone considering this form of T should take precautions such as getting regular liver tests, taking herbal substances such as milkthistle and HFS (Liverguard), drinking plenty of water, and occasionally taking a break from the T for seven days to flush out the system.)

I've heard that some FTMs from the U.S. have been going to Mexico to get testosterone prescriptions filled in Mexico. This is very disturbing news, since much of what is sold in Mexico is for veterinary use, not for people.

Good luck in finding testosterone, and, if you have additional information on the shortage or on availability, please contact the FTM newsletter.

Also, if you want to help the people with HIV who share our plight, please share your information with Tadd Tobias at *AIDS Treatment News*, whose online article was instrumental in the writing of this one. He can be reached at 415-255-0836 or ttobias@aidnews.org.

¹Tadd Tobias and John S. James, *AIDS Treatment News*, "U.S. Testosterone Shortage: Call for Information," <http://www.immunet.org/immunet/atn.nsf/page/a-306-02>.

Dion Manley, Russell Hilkene, Dylan McClintock, Stephan Thorne and Jed Bell contributed to this article.

Please note: FTM does not offer medical advice. This article is for informational purposes only; professional health care providers can advise you on your medical needs.

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MIXED BAG from page 4

the guard smiled and said "no there's not!" and walked away. I didn't take offense at that at all because I knew that guard was on our side; she even seemed kind of proud of us, so I thought that was kind of funny. How that woman had managed to totally ignore the fact that we'd been peeing sitting down several times in there I have no idea.

When the morning hours crept along more, the staff at the prison changed. And the day staff was the antithesis of the night staff as far as just being pleasant, fair human beings. The day staff were cranky assholes, not just to us but to everyone in the jail. When the phone in our cell wasn't working correctly (none of them in the jail cells seemed to work with any consistency) and I asked to use another phone, it was like pulling teeth. Then there was this huge fat bigot guy guard who thought it was inappropriate for us to be in a cell with that woman. He came up to the bars and said very suspiciously "How are we getting along in there, hmmm? Doing all right? Any *problems*?" I was surprised at this reaction and said with all the honesty I could put into my voice "No...no problems!" and looked at him like he must be crazy. I thought it was absolutely the most ridiculous thing in the world that he could think we were trying to harass or possibly even rape this female in our cell. AS IF! Pretty soon after that, the woman was taken from our cell and put in another one, so we were alone again.

Late that night I got out of jail. But about nine months later I was arrested again (on a technicality which was absolutely stupid but which had nothing to do with my prior charge nor with transgender discrimination) and ended up in the same jail for about an hour. This time the people there made no particular effort to call me by my male name, which was strange, even though some of the staff remembered me from before. I found the experience rather traumatic afterwards for that reason, but other than that, there wasn't much to report.

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- Practical advice on name change
- Surgery and hormones
- Clothes and image
- Your first doctor's appointment
- Penile prosthetics for work and play
- Telling the family and the boss
- Having babies and telling children
- Book reviews
- Tips on 'passing'
- How to explain yourself to someone you want to sleep with

THE WHITE BOOK

is written and edited by Dr. Stephen Whittle, a trans man who began living in his new role over 20 years ago. A Senior lecturer in Law, he is also co-ordinator of the FTM Network and vice president of Press For Change.

This book is written in an easy and accessible style, to enable female to male transsexual and transgender people, those who are exploring whether they are female to male, and their families and friends to get to grips with many of the scary and difficult issues that trans men have to face. It is meant to make life easier—and that is what it does.

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- All for £15 incl p&p (US \$35—if ordering from outside the UK, do NOT send personal checks—only Banker's Drafts made out to FTM Network or cash will be accepted).
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- Make cheques payable to FTM Network. Any profit goes to maintain the FTM Network

MALEBOX



HELLO EVERYBODY AT THE FTM INTERNATIONAL NEWSLETTER!

I was looking for you more than two years. Now I finally got your address and right away I try to write you. For first, please, excuse my English, I'm not born American. I was born in 1974 in Czechoslovakia. I hate my real name and everywhere, where I can I use the name Sunny. I'm FTM transsexual and that is the main reason why I'm here in the U.S.A.

In 1991 I started to visit one of our best doctors for transsexuals in my country, Dr. Castiglione. But at our meetings we were just talking and doing nothing. Our government stops doing operations and because I look like a pretty young man I can't find job. For a woman job I was looking like man and for man job I was not really man. So I decided to go to the U.S.A. to earn money for my operation—it was 1996. From this moment I lost any information about transsexuals in my country. And my country Czechoslovakia was separate for two independent republics—Czech Republic and Slovak Republic. And I'm from Slovak Republic and if I want to visit Czech Republic—I'm a foreigner there.

My life story at home and here in U.S.A. is very long and interesting. The most funny story here in U.S.A. happened to me at the Secretary of State of Illinois where I got my drivers license and ID and I found under the sex: M (male) so in U.S.A. I became a man officially without operation. And you can't imagine when I came back and I was trying to explain them that I'm a girl. It was horrible for me.

I'd like to ask you if you can give me some information about FTM transsexuals, if I can work somewhere like a FTM model and I send you money for two years' subscription plus a donation.

Thank you very much for any information about FTM trans.

I will be yours,

Sunny

Hey there, Sunny, glad you found us and got in touch! We send out a resource guide for FTMs for \$5 which lists surgeons, therapists, support groups and other information for various places around the country. For Illinois support and information, I'd suggest you start by contacting Michael Munson of FORGE, which meets approximately monthly in Chicago; you can find FORGE's contact information on the back page of this newsletter. Good luck! —Jed

READERS:

Robert Eads was well-known in the South and helped found the Eden Society in Florida. Robert was also featured in the ground-breaking television documentary "The Transgender Revolution." Experiencing the news of his death not only outrages me, but scares me, as I too have had to endure the "unwillingness of 'caring professional' medical people" to deal with me as a transman with cancer.

—Yoseño

Dear Friends,

It grieves me so very much to report that Robert vacated his earthly premises on Jan. 17th. He is finally free of the considerable suffering he endured with such courage and

He was turned away by over 20 doctors and clinics

dignity. I feel so fortunate to have been with him when he left, standing in for the many who love him, and sending him off with our collective love and admiration.

The last words he spoke to me were "I love you." Friday afternoon, the hospice informed me that they expected him to pass in a few days, and I went into a shocked tailspin. Having watched Robert battle back so many times in these past months, I had begun to expect that he would outlive us all. At any rate, it just so happened that this same weekend the Southern Comfort planning committee met to begin work on the '99 conference; it was especially fortunate that a good group of Robert's friends were gathered. Many prayers were aimed in his direction, and I was blessed with an abundance of loving support for which I am very thankful.

More than anything else, Robert lived for other people; family and friends were every-

thing to him. He is survived by his parents, Joe and Pauline, his two sons, Doug and Bo, his brothers, Frank and Oogie, and the apple of his eye—his grandson, Keegan. Also, he had taken in numerous foster kids earlier in life. Robert had an enormous heart, there was room for everyone, everyone he met was important; I don't know that he had many "casual acquaintances"...with Robert, friendships of the deepest sort developed very quickly.

Please forgive me, but I feel compelled to mention something unpleasant I consider important. I am left with this enormous hole in my heart that may never completely heal, and it's possible that it all might have been completely unnecessary. Robert had been diagnosed with cancer roughly three years ago, months later than he should have been, due to the unwillingness of the "caring professional" medical people to deal with a transman. He was turned away by over 20 doctors and clinics because they weren't comfortable treating someone of his ilk. When he finally found someone that would treat him, he underwent radiation and chemo treatments, but it was all too late to be effective. I can't help but think that if he had found help immediately upon seeking it, things might have been very different. I feel like this beautiful person I love so much was casually sentenced to death for being different. This is so outrageous, so completely unacceptable, I feel we absolutely MUST press for change. Such a thing should never happen to anyone. At the moment, I'm clueless as to how to proceed, but I don't intend to remain so for long.



Robert and Lola

MORE MALEBOX

It seems that this sort of discrimination is way more common for FTM people than MTF. Adequate medical care is very difficult for transguys and many go for years, even decades without seeing a doctor. This absolutely must not be allowed to continue, and I believe we can manage to raise whatever kind of stink is required to put a stop to it. Please do what you can.

I love you,
Lola

Dear Lola,

I am so sorry to hear of Robert's passing, and I am filled with rage and sadness over the neglect he endured thanks to certain medical care providers whose prejudice obliterated his humanity. Thank you so much for your eloquent account of his passing. He will be missed. May you find consolation in the knowledge that he is at peace. Meanwhile, we will continue the fight for dignity and human rights for all trans people.

Sincerely, James Green

FTM:

I'd like to clarify my position and views and disheartenment I often feel when reading your newspaper/letter. I will be able to do that by placing the following ad in the next FTM. I'm a post op f to m. I'm a writer, successful artist and designer. I'm Swedish/Irish/English mix, mostly Swede, 51, 5'10", 170 lbs., blond-grey, now all blond. I believe we are all born a satisfactory sex but, because I know that because the way of civilization is so mixed up and many times treacherous, the soul and spirit cannot coexist without feeling sick, worried, perhaps preyed on by the it seems so many *!#### *!#### sickos on our world. It takes and makes sense, to know who and how to be, to make it in this world of ours at the present. My male sex won out, my female sexuality now saved from the constant barrage of insensibility that I could not handle successfully when I was who I was. I hold no fear, no discourse with my past life, nor my present. I only know...the day when we are all free of fear and depression is the day I was born to believe in, and this belief is also the belief of the person I now completely am. In other words, I was born spiritually both sexes. I'll write all, but I would like to hear from that special woman who wonders about me, in both my ways. She is a person who loves life, loves nature, and building a life on these dreams. She is a person who realizes as I do, that who I am now is the better way for us righteous people to see to be. All others...heh, heh...can it, if you can't stomach life, but, I will help you cope. After all I've been through I sure know how to do that!!! (And you can take that both ways.) For the weirdos...lose it, if you think being a monster is life. I'll blow your mind! You

know...I can. Now, back to business. I do find your rag mag too too much! Too pretty boy hallelujah ho ho. Too currently civilization bull shit hokey sucking up to. Thanks, ohh, a whole hell of a lot,

Eric [redacted]
Truro, MA

A TOUTE L'ÉQUIPE [TO THE WHOLE TEAM]:

Je souhaite une très bonne année '99 [I wish you a very nice 1999]. Thank you very much for sending me the FTM Newsletter!!! This year could be the year of liberation and birth for me. God, it's so long!!! Too much time and money. But things are moving a little more in France. So, wait and see!!!

Amicalement,
Francois

DEAR MR. BELL:

In response to your request for an article regarding the "system" and the treatment of FTM's within it, I have enclosed the following.

I would also like to express my gratitude to FTM and so many of its members for their support throughout this endeavor. I have been blessed with some incredible friendships as a result. I am looking forward to my opportunity in returning that support back to my community very soon.

Until then, I wish you all blessings and peace for you and your loved one...wherever you may be.

Sincerely,
Miko [redacted]

CT [redacted]

Thanks, Ian, for the article, the photo, and the good wishes! Readers, see Ian's article on page four. Ian, we wish you good luck with everything on your imminent release!—Jed

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PEN PAL PLACE

The Pen Pal Place is a new malebox feature for FTM readers looking for pen pals, and for people who want to be pen pals. To ensure safety, no street addresses will ever be printed here unless specifically requested. The creation of this new feature is the direct result of one man's request for a pen pal last year. To become a pen pal, call the Pen Pal coordinator, Kris Kadin, at [redacted] or write to him care of the FTM office (see page 2 for address).

Here are a few excerpts from Frank's letters: "I truly was feeling all alone...Every time I find myself hiding in my safety zone I begin to get angry because I realize, once again, it's not me I'm making comfortable, it's everyone else around me that becomes comfortable—because then they don't have to face me and deal with me on my terms. Well you know what I think of that? 'Too damn bad.' I'm a human being just like everyone else. So I'm just not going to go away. I'm not one of those T.G. warriors or anything like that; I just gotta stand up for myself and do what feels right...You asked me what I hope to get from pen pals. I think the most important thing is strength. I need all the positive input I can get. I also need to hear from others about their struggles as well as their victories. I also want to give support back to others. I want to know that I am not alone in this unforgiving world and that I'm not the only one who feels and thinks the way I do. There are no FTM support groups out here in this Bible Belt prairie land...I think a pen pal section would be great! I sure do appreciate everything in the newsletter and this would contribute greatly to help in bringing guys together. My wife Mary had a suggestion which is just as important to her and others like her. That is the real need of spouses and girlfriends of FTMs; correspondence with each other and articles in the newsletter dealing with issues they face. Mary wishes she could hear from others like her. She feels just as alone as I once did. It would be great if you could send me a tape of a meeting."

If you want to be Frank's or Mary's pen pal, or if you are another Frank or Mary who wants a pen pal, contact Kris.

DEAR PAL:

I'm interested in corresponding with readers into activism, ie. earth animal, human rights activism. I'm also a hiker-camper-artist-writer. I sail, scuba and spelunk. Am primarily interested in corresponding with women who aren't freaked by the FtMism in the world today. Any and all replies to

Eric [redacted]

USA

DEAR PAL:

Looking for other FTMs of Native American background to discuss issues of transitioning in our communities.

Alex [redacted]

NM [redacted]

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Call us at (212) 620-7310 or write/visit:
The Center, 208 West 13th Street, New York City, NY 10011

TRANSGENDER RESOURCES ON THE INTERNET

FTM International—home page

Includes essential information for FTM trannies including material about transition, hormones, and passing safely.
www.ftm-intl.org/intro.html

FAQ on Hormone Therapy for F2M Transsexuals

www.savina.com/confluence/hormone/f2m.html

Labyrinth—for people under 25 with TS/TG

intersexed parents/relatives

<http://www.starnet.com.au/kylie/Labyrinth.html>

ISNA (Intersex Society of North America)

A peer support, education, and advocacy group founded and operated by and for intersexuals: individuals born with anatomy or physiology which differs from cultural ideals of male and female.

PO Box 31791, San Francisco, CA 94131

www.isna.org

ONLINE MAILING LISTS

(send a "subscribe" message to participate)

General FTM

MTMInfo@aol.com

Gay/Bisexual/Queer FTMs, SO's, fans, etc.

Trannyfags@aol.com

FTM Youth

TGTS-Youth-Owner@queer.org.au

FOR SIGNIFICANT OTHERS, FRIENDS, FAMILY AND ALLIES Courtesy of Loree Cook-Daniels

SOFFA Resource List:

An extremely extensive, detailed list of support groups, online contacts, and other resources--on the American Boyz website: www.amboyz.org

SOFFA USA/SOFFA Voice:

Bimonthly newsletter. Subscriptions are \$10 (student/disabled); \$15 (regular); or \$25 (institution/university) to American Boyz; 212A S. Bridge Street, Suite 131; Elkton, MD 21921.

soffausa@aol.com*

<http://members.aol.com/SOFFAUSA/index.html>

Email lists (send a subscribe message):

FTMSO@aol.com

transgay@aol.com

Bob4605@aol.com (for parents of young trans kids)

requests@buttercup.ml.org (for spouses, lovers, and exes)

Family resources:

www.familypride.org

www.critpath.org/pflag-talk/

www.colage.org (for children of LGBT parents, including a kids-of-TG-parents page)

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.

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

EAST BAY group, Berkeley. Third Monday of every month, 7:30 pm. Call Marty at 510-548-9362 for location.

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

PARTNERS' group (for partners of FTMs). Second 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.

COUPLES' group. The FTM Couples Group will meet on the third Sunday of every other month at 2:00p.m. Same months as open FTM meetings. Contact Joel at 415-668-6124 or Michiko at 510-893-6329. Next meeting May 16, 1999 in San Francisco.

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

YOUTH: At LYRIC, 127 Collingwood at 18th (two blocks from Castro Muni).

CHANGELING: Meets every Wednesday, 7-9pm—Confidential support/social/discussion group for transgender, gender-bending, and gender-questioning youth age 25 and under. Questions? Want to send in a submission for our zine? Call Jaron at 415-703-6150 extension 22.

To talk to another young person—LYRIC Youth Talkline for youth 23 and under: 415-863-3636 or 1-800-246-7743 (now toll-free throughout California).

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FTM RESOURCES

UNITED STATES

California FTM International Contact info page 2.
Genderqueer Boyzzz, L.A. 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. Contact: 619-692-2077.

SCOUT (Santa Cruz Organizing & Uniting Transmen). Supportive, non-judgmental environment. Every 2nd and 4th Mon., 7 pm. 2nd Mon. meeting is "closed" to those with gender issues (including butch-identified dykes). Info/location: 408-429-5663. 4th Mon. meeting is open to all—partners encouraged: 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: littleshevy@juno.com.

Colorado FTM Support Group for TS, TG men and questioning females and their SOs. Every 3rd Sun., 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.

S.C.I.R.T.S. (Southern Colorado IntraRegional Transgender Society) and **T-GENTS** for FTMs. Contact: 719-380-8052. MTFs and FTMs meet Tues. nights at 8 pm, every 3rd Sat. at 8 pm. www.geocities.com/WestHollywood/Heights/4484.

Illinois See **FORGE** under "Wisconsin"

Indiana FTM Indianapolis: Meets at Diversity Center, Southeastern Avenue. Contact: Holling, 317-539-7342 or virago18@hotmail.com. SO's welcome! Next meetings are at 6 pm on: 4-24, 5-8 (open to therapists, etc.), 5-22.

Massachusetts East Coast Female-to-Male Group P.O. Box 60585, Florence Station, Northampton, MA 01060. Ph: 413-584-7616, Bet Power. Every 3rd Sun. 3-6pm. All inclusive support group for FTM persons and their SO's.

Support Group for straight spouses Meets monthly in Northampton. Call Jane Harris: 413-625-6033.

Compass Female-to-male trans support, information and social group. Every 1st Thurs. in Waltham. Info: Mykael 781-899-2212 or ftm@ifge.org.

Pennsylvania Philadelphia TG Hotline (215) 732-1207, Mon. & Thurs., 6-10 pm. Info and peer counseling for transmen, transwomen, and those with gender-related questions or concerns.

Transgender Health Action Coalition (T-HAC) Organizational meetings 2nd & 4th Thurs. 8-9:30 pm, 4th floor, Washington West Offices, 1201 Locust St., Philadelphia PA 19107. All welcome.

WeXist Philadelphia-based non-political FTM support group. Open to all who were assigned female at birth and have gender identity issues or questions, or need support for gender concerns. We meet at William Way Community Center every 2nd Sat., 5:30-7pm. Info: 215-848-7674, box 6, or WeXist@aol.com.

Tennessee Knoxville Boyz FTM support group open to all female-born, masculine-identified persons and their significant others, friends, family, and allies. It is a hard process to find people, professionals, and resources in Knoxville. Now it's time we all work together. Pool resources, build resources, and build friendships. Meetings are held every Mon. and Fri. at 7:30pm, in a private home. Call us at 423-932-7398 for address and directions. Meeting times may change as agreed upon by the group.

Virginia TG Support Group 142 W. York St. #815, Norfolk VA 23510. Maggie Chubb, LCSW: 757-625-2992. Open MTF/FTM support group with Horton & Horton Gender Reassignment Team.

Wisconsin FORGE = For Ourselves: Reworking Gender Expression. A monthly social support group and newsletter for FTM TSs and TGs; butches; drag kings; gender queers, radicals, and outlaws; people assigned female at birth with (at least some) masculine self-identification; and our SOs, friends and family. Michael Munson, PO Box 1272, Milwaukee, WI 53201; 414-278-6031; email: dmmunson@execpc.com.

Gemini Gender Group. PO Box 44211 Milwaukee, WI 53214. Voice mail #414-297-9328. Note: The local "professional" TG program in town is Pathways. Offers a connection to endocrinologists, surgeons, etc. 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.

The Gender Centre The Gender Centre offers a wide range of services to people with gender issues, their partners, families and friends; education, support and referral to other organizations, service providers and community services; counseling; social and support groups; bi-monthly magazine *Polare.75* Morgan Street, Petersham, NSW 2049. Ph: (02) 9569 2366. Email: gender@rainbow.net.au

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; bcftmnet@hotmail.com. Provides advocacy; public education; outreach; info and peer support contacts for family, partners, allies of FTMs; contact info for other FTM resources worldwide; and a monthly peer-run discussion/support group, FTM Etc. Info: email lukasw@direct.ca.

France C.A.R.I.T.I.G., B.P. 756, 75827 Paris Cedex 17, France. Phone/fax: +33 (0) 1 43 42 28 58 Extensivé biligual website: www.caritig.org.

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 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.

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S.F. FTM MEETING SCHEDULE '99

FTM International 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!

Closed

(support)

Apr. 11, 1999

Jun. 13, 1999

Aug. 8, 1999

Open

(informational)

May 9, 1999

Jul. 11, 1999

Sep. 12, 1999

See page 23
for other S.F.
Bay Area
meetings

Subscription and FTM Int'l contact info page 2.