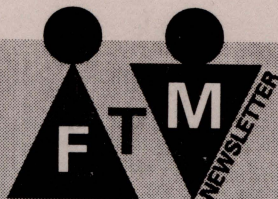


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Autumn '96

Silence = Death?

Marcus de Maria Arana

AS the 2nd Annual Conference of FTM of the Americas has passed, we are once again faced with the question of FTM visibility. Many of us are unwilling, or unable, to go public with our identity-disclosures. There are also those who believe that, once they've had all possible surgeries and hormone therapy, they are no longer transsexual, and feel a separation from that community. Finally, there are some folks who feel that it is nobody's business but their own. All of these are legitimate reasons for choosing a more discreet existence.

Remember as well that to be a public figure is to court vehement opposition from groups that would think nothing about the actual eradication of all of us - modeled after The Final Solution. This is not an isolated extreme point-of-view; I have heard this option explored among people who regard themselves as enlightened. If they don't actually want to destroy us, they would promote "virtual" destruction of the TG community by "morally mandating" us out of existence, a phrase coined by a self-described "feminist."

Because I work in an anti-violence project, I am acutely aware that gay, lesbian, and bisexual people are bashed, not simply for their sexual orientation, but because they display "transgender" signals. In other words, it is generally the "butch dykes" and the "sissy fags" who get attacked, those who are "gender transgressors." It would appear that the transgression is not about what you do, but how you appear. This also explains why we receive more reports of violence from the MTF community than from FTM folk. One benefit of testosterone for us is incredible "passibility."

Does this then mean that we should all hide out in the mainstream world and just pass, hoping that no one will get too close, or ask too many personal questions? Are the options available limited to the same bi-polar paradigm that restricts the world of gender - either pass completely or be totally out to everyone? Is there any middle ground for those who eschew either choice as too extreme?

There are options beyond a bi-polar extreme. One way to give support, if you can't be out about your identity, is to donate money to organizations that work for transgender rights. If you have no disposable income, then you can donate time to such an agency. I know, for example, that FTM can always use help with any number of projects. If you live in an area without visible gender organizations, you can show support by writing letters to local, state, and national political representatives, voicing the need for gender-identity protection leg-

islation. You can write letters to the editor of your local paper, educating people on the gender community and offering a new vocabulary. If you provide folks with the language, the concepts will follow - in other words, if you write it, they will come.

Write an article for this newsletter, sharing your own experiences with those who might benefit from hearing your story. Offer to be a pen-pal, or a resource person if you hate that other phrase, to folks who may not have the same access to support. Write letters to the Editor in any newspaper. The most read page is the Editorials, so what better place to make a point. There are many ways to promote visibility, even if you can't "come out."

Special Insert!

- **4-page IN YOUR FACE pullout!**
Newsletter of political activism
against gender oppression
- **1st National Study of Violence
Against TransPeople—
We need your experiences.**
- **FTM Conference Survey**
Tell us how you liked it, let us
know what you want next time.
- **FTM Goes Non-Profit!**
Details about our 501c3 status
- **Leslie Feinberg Fundraiser
Health Update and Details**

Congratulations to the folks in Seattle for creating the 2nd Annual FTM Conference of the Americas! Now, that's a way to be visible. Come to the conference and bask in the companionship of the gender community. We included an insert in the last issue of the newsletter which described three days of learning, fun, and fellowship. If you were unable to make the trip, did you hold your own mini-conference? Gather up your FTM friends, or any buddies who are trans-friendly and celebrate your unique way of being. For guys in San Francisco, there was a regularly scheduled meeting that weekend.

And Now For Something Completely Different...Some readers have been worried that we won't provide product information any longer, because I wrote last time that we neither endorse nor test any products that are advertised within. Oh, *Contraire, mon frere!* If we have product info we will share it. But, I won't print "gripes" or char-

acter assassinations. To many times in the past, these pages have been filled with back-and-forth, disgruntled diatribes and barbed rebuttals. This is not of interest to most readers, and it is a waste of space. It is true that the "Packy" advertisement states that 20% of the profits are donated to FTM. This is true - and the emphasis is on the word "donate." The vendors have designated the donation unsolicited. We are grateful for their generosity, but that does not mean that we endorse the product. And, if the product were problematic, we wouldn't run the ad, regardless of the revenue. So, rest assured that FTM hasn't sold out consumers for donated proceeds.

And, another thing, regarding back-issues...The number of issues in a back order has grown too large to offer any more as complete sets, so we can only offer them to organizations and libraries. We have raised the price to compensate for the increase in issues, to \$60, but many of you ordered at the old price even after the increase was announced. We cannot accept any more orders postmarked after October 15, 1996. If you ordered before then, you will receive the issues. James and others are compiling the "Best Of FTM" which should be available by the end of the year, offering the most concise information from the previous issues. Remember, we are a tiny, volunteer organization, and don't have a staff, *per se*, to handle these requests full-time. So, your patience with any time lag is appreciated!

This issue has taken much time to get to you. The editor and the production staff would like to extend our sincere apologies. It would seem that fate has a sense-of-humor, although none of us are laughing. It has been a comedy of errors that would have made Murphy seem like an optimist. Instead of simply calling this issue "November" and pretending that August never happened, we are committed to providing the full compliment of newsletters for the year. I am working on November's issue as of this writing.

In this issue, we hear from Patrick Forte with an open letter to the FTM community. Michael Hernandez takes us on a humorous, yet informative journey through shopping for dildos. Brynn Caffrey writes of his own impressions of body images with "The Naked Truth." James Green offers up his travelogue which is really many, mini-book reviews. And I talk about the dilemma of visibility in "A New Man's Meanderings." Thanks for waiting for this issue to find you - I know it will be worthwhile!

Naked Truth

by Brynn

The hardest part, without a doubt, is the naked walk 20 or more steps, from the ocean's edge back to my towel.

Some 30 Black Sand Beach regulars, mostly gay men and mostly naked, are arrayed on the sloping sand in front of me as if at an outdoor theater. Because San Francisco Bay is sparkling and the panorama of the Golden Gate and distant City spectacular, everyone sits facing the water. In other words, facing me. And because we're dealing with queer males, the focus rests on genitals.

So here I come: naked, broad-shouldered, flat chested. The glaring sunlight probably washes out my scars. More to the point, though, (pun intended): I'm dickless.

Well, not exactly. Two and a half years on testosterone have given me a tiny prick which I've emphasized with several strategically located body piercings and an awesome Celtic tattoo. Still, as I'm uninterested in lower surgery, I lack testicles. And true to penises everywhere, on this gorgeous summer afternoon, cold water and anxiety have shriveled my member into invisibility.

So I'm guessing I look like a half male/half female oddity as I attempt to negotiate the shifting sands with a measure of grace and dignity. The presence of my friends at my side gives me courage. Still, the distance from shore to towel seems interminable. Everyone must be staring at the gender enigma presented by my naked body! Not for the first time, I ask myself: Why am I doing this?

The answer is complicated -- I'm not sure I completely understand why. What I do know is that each time I've gone to Black Sand Beach, a magnificently beautiful nude beach northwest of the Golden Gate, I've come away stronger in my transgendered intersexed identity and happier in my body than I ever imagined possible.

This self-acceptance has been earned with much introspection and a fair amount of anguish. My recent beach visits represent the first times I've walked naked in the world since I began transition in February, 1994. Now, I understand that public nudity is not everyone's cup of tea—gender-dysphoric or not. I, however, love being naked in nature. The kiss of a breeze across the entire length of my body; the baking warmth of sun on my genitals; even the grit of sand in the crack of my butt. For me, it's about physical sensation. I crave it. I have a serious deficit to undo, accumulated in pre-transition years survived in a "trapped-out-of-body" haze.

That description closer approximates what I felt than the commonly held "trapped in the wrong body" cliché. There were aspects of my pre-transition body I loved—mostly the so-called "male" attributes. My broad shoulders. My wiry arms. My physical strength. As for my "female" attributes, well, it was through them I enjoyed the

peak experience of my life to date, namely, bringing my daughter into the world.

To say I was confused is an understatement. One thing remained consistent, however: I was alienated from my physical form and frequently found it impossible to stay physically grounded. I exhausted the list of possible psychological explanations, eventually understanding the reason involved the relationship between body and identity. I could "own" my genitals and breasts during the miracle of my daughter's birth. But hardly during any other activity—especially sex.

As my daughter matured and separated from me, I separated increasingly from my body. Genitals and breasts formed the locus of my female identity, so the more I distanced from them, the more I felt identity-less. I lacked authenticity in the world. To (mis)quote Gertrude Stein, "there was no there there."

How I unravelled the mystery of my identity and found courage to begin transition is another story. Now I want to stick to the topics of nudity, gender and living comfortably in the world as something other than "male" or "female."

Parading a naked intersexed body in public is a political act. An act that challenges the widespread conviction that sex and gender represent a binary system. So much is riding on the perpetuation of that myth. Distribution of property and wealth; access to power and knowledge; freedom to control our reproduction and our bodies; the liberty to enjoy sex.

When I began transition, I bought into the binary system. I planned that as soon as I could put my hands on the necessary \$50,000 (or more), I'd purchase the best penis science could build. Despite serious risks and often poor surgical results, I intended to undergo a metoidioplasty with a urinary extension, a vaginectomy and hysterectomy. I researched the surgical techniques. I read the articles and talked to my friends. I checked out every FTM willing to drop his pants and show me his surgically constructed dick.

Most of all, I obsessed on penises, day and night, and felt illegitimate in the world without one even as I began to live full-time as a man.

I still find dicks infinitely fascinating. Increasingly, however, I'm dedicated to preserving the uniqueness of my testosterone-transformed genitals. Any (male) body can have a penis. Genitals like mine are rare. The most similar, besides the genitals of other FTMs, belong to those people born intersexed who are fortunate enough to have escaped the surgeon's scalpel.

And as for penises, when scrutinized from strictly a cost/benefit analysis—in other words, when divested of society's power to bestow maleness—I've come to conclude they're as much trouble as pleasure. They get in the way a lot: when riding a bike or a horse; when surfing; even when simply lying on your belly. Conspicuous hard-ons in inopportune moments are an embarrassment. Moreover, not all dicks look like the gorgeous members portrayed in the porn maga-

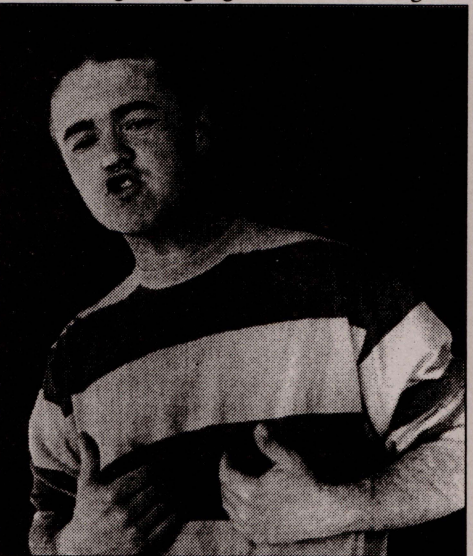
zines. I've seen some downright ugly ones in the locker room you couldn't pay me \$50,000 to trade for what I've got.

In addition, having an either/or set of genitals poses limitations that non-op, testosterone-taking FTMs transcend. I can get a three-and-a-half inch hard-on and penetrate a partner. I can also be penetrated vaginally—an activity I've come to thoroughly enjoy without it in the least threatening my sense of manhood. (Even Henry Miller, one of the most macho of 20th-Century authors, wondered in *Tropic of Cancer* what it felt like to be vaginally penetrated.)

What I'm trying to say is I feel like I have the best of both worlds. That rather than being stunted, or somehow "less than," I'm wildly blessed. More and more, I'm feeling I've undergone a sex-change to become a hermaphrodite.

Which brings me back to Black Sand Beach. With clothing, I can create a male gender presentation that leaves everyone feeling cozy in their either/or, male or female universe. Naked, I expose the lie of that binary myth. Naked, I make people uneasy, anxious. Naked, I undermine the dominant paradigm.

Which delights me. And while the process leaves me feeling vulnerable, I also re-enter clothed society—after a great day in the sun with friends—strengthened in my conviction that life outside the gender gulag is well worth living.



David Harrison's one-man show "FTM" will be in playing in San Francisco through most of November. Timothy's first year of gender-change from Female-To-Male is juxtaposed with his mother's identity-change due to breast cancer. Their stories are woven together through dreams and anecdotes in this intimate, funny and moving piece. If you haven't seen it yet, now's your chance—your last chance, (if you live in the Bay Area). Catch it while you can. "FTM" is playing at Theatre Rhinoceros, 2926-16th Street (between Mission & South Van Ness). The show opens Friday 11/1 and runs Thursday through Sunday until 11/24. For tickets call: (415) 861-5079.

FTM's Itinerant Reader

by James Green

Travel can be so educational! This year I have been doing an amazing amount of traveling, and I've been able to find a lot of time to read while I'm doing it. Here's an overview of both travels and books.

In January I went to Boston to attend the IFGE Board of Director's meeting, and I was offered a place to stay with Dan and his wife Bianca. I also enjoyed meeting Tom, Lee, and all the other guys and partners who came around that weekend, and it was great to see Michael again! There are now 3 (I think!) FTM oriented groups meeting in the Boston area, and a lot of good outreach and educational work being done by the local men. Of course, now that it's July, I don't remember what I was reading back then.

In February I went to Colorado Springs for the Sean O'Neill sentencing hearing which was covered in the previous issue of this Newsletter. I wasn't reading on that trip--there were too many people to talk to, and I was more nervous than I usually am. The latest word I have on Sean is that he was scheduled to be released from jail toward the end of April, and he was seriously thinking about relocating away from Colorado Springs. I hope he has been able to resettle and get on with his life.

In March I went to Minneapolis for the IFGE conference. There weren't too many guys at this meeting, unfortunately, but those who were there benefited from an excellent program facilitated primarily by Jason Cromwell with a little help from me whenever I could get away from the Board meetings. And here is where the first book comes in: A copy of *Am I a Man or a Woman?* by Sanda Davis was offered to me by the author herself. After reading her book, it is clear to me that she does not know very much about FTM transsexuals. The therapeutic theory outlined in the book (and repeated many times to make sure there are enough pages!) is based entirely on the semantics of the phrase "I am a woman in a man's body" which has been uttered countless times by MTFs in an effort to explain how they feel. Psychotherapist Davis (a proud associate of the Clarke Institute in Toronto) uses this phrase as a basis for her theory that transsexualism is a manifestation of multiple personality disorder--in which a person's "real self" is controlled by an "introject," defined as "internally active mental impressions of outside people" (page 47). Davis claims that the occurrence of transsexualism can be avoided: "All that a biological person needs to do is to claim his (or her) life back. This

knowledge makes it possible for a trained psychotherapist to lead a person to gender comfort without the biological person losing body parts or loved ones" (page 48). Davis believes cross-gender introjects are imprinted easily onto traumatized children, and these children grow up to become depressed, homosexual, dissociated, fearful biological people ripe for take-over by the foreign cross-gender introject personalities who are perceived as much stronger than the original personality and will turn these miserable people into transsexuals. Davis is sincere in her desire to end the suffering of the gender dysphoric people of the world and their families, especially to end youth suicide. Noble goals, these; however, I think she is misguided. And she would say that I have been invaded, I suppose. And so we reach a stand-off. But almost nothing irritates me more than the complete dismissal of FTMs and the incorporation of all transsexual experience into one psychology. Davis deals with FTMs in a note on the copyright page--she doesn't even honor us with a place in her text. She says: "In this book the author refers to gender dysphoric man, because of having more experience working with man. However, the fundamental process for the female replica of the manifestations presented in this book, are the same" (punctuation unedited). Davis is so sure of herself that she provides the following conclusion to her theory: "Regardless of the immediate reaction, in a long run, this book will be the landmark that sets scientific research on gender identity on a course which will produce enormous benefits to the emotional and mental health of people throughout the world. Before *Am I a Man or a Woman*, the gender identity disorder as well as a good number of cases of ego-dystonic homosexuality were painful and mysterious conditions. After *Am I a Man or a Woman*, they are explainable, preventable and treatable conditions" (page 197). Davis is selling her book from cover to cover. I don't think it's worth buying unless you are a student of bizarre psychological theories.

In April, I stayed home.

In May I went to Europe. In London I stayed with Lyn and Richard, who were so very hospitable and a joy to meet and know. I also got to meet Jamie, who's been a long-time, very international subscriber. Lyn and Richard had all the latest FTM books that have been published in the UK. It is amazing to me that in less than one year three FTM autobiographies were published in Great Britain, while most US publishers think the twelve page article in the July 18, 1994 *New Yorker* said all there is to say about FTM people and there's no interest in the topic anyway. The two books published in 1995 were both written with co-authors: *A Self-Made Man* -- the diary of a man born in a woman's body by Paul Hewitt with Jane Warren, and *What Took You So Long?* -- a girl's journey to manhood by Raymond Thompson with Kitty Sewell. The latest entry is *Dear Sir or Madam* -- the autobiography of a female-to-male transsexual by Mark Rees. These are three very different books,

and while there are certain similarities I think the differences help to show that there is no one definitive FTM story. One similarity I found very interesting, though: Hewitt and Rees both had twin sisters (Rees's died at 5 days old). Hewitt is (I think) the youngest, writing his story at age 27, presenting himself as a former sex-pot, a very attractive woman. Hewitt states that one in 15,000 people is TS, and one quarter of these are FTM. These are interesting statistics...I'd like to know where they came from. (The most commonly cited statistics in the US are HBGIDA's estimates that FTMs are 1 in 100,000 and MTFs are 1 in 30,000.) Thompson describes his female self as androgynous, and reports the very difficult time he had growing up in an adolescence peppered with drugs, depression, isolation, anger, rebelliousness, and jail. Once he found himself, though, he became an artist, and is leading a much happier life. Rees is the oldest in the group (born in 1942); his story seemed to me the most distant and sad, but he has worked bravely and diligently for transsexual rights in England and Europe for a long time now. His book is the least flamboyant of the three, probably because he's not being egged on by a co-writer who's saying "This'll blow 'em away; let's keep the excitement up here" all the time. Three very different lives are described in these books--all worth reading. Ask a bookstore about ordering them for you.

Then I traveled up to Manchester to visit with Stephen Whittle and his wonderful family and extended family: wife Sarah, daughter Eleanor (3.5 yrs.), son Gabriel (23 mos.), and housemates Alex, Siobhan, and Jon, as well as dogs Aster, Florence and George (and the cat who we didn't see much). I had a wonderful time with them all, helping to paint the inside staircase, and trying not to eat all the ice cream. I also found time to finish reading *Changing Sex* -- transsexualism, technology, and the idea of gender by Bernice L. Hausman, which I had started reading on the flight out of San Francisco. This is an academic dissertation which basically says--in a lot of complicated language--that plastic surgeons made up the concept of gender, and that transsexuals, being clever deceivers, were quick to jump on the bandwagon because they saw the concept would help them get what they wanted. Ah ha!! "Once gender identity disrupted the idea of sexual difference based entirely on physiology, transsexuals could not be denied access to technological sex change, because they could demonstrate their aberrant gender identity through a phenomenology of gender role behaviors" (page 109). So! If we just do away with the terminology so that people can't talk about it, we will also do away with the layperson's access to technology? Hausman also criticizes transsexual autobiographies as subjective attempts to self-justify TS experience, and says that descriptions of post-surgical pain only "unsettle the assured narrative confidence in the story of gender" (page 167) -- in other words, as we describe our pain we are

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Conference Report

FIFTH INTERNATIONAL TRANSGENDER LAW CONFERENCE - FTM PANEL

By Spencer Bergstedt, Esq.

NOTE: What follows is an adaptation of the report given by Spencer Bergstedt to the Law Conference held in Houston over the July 4th weekend, 1996. Panelists were: Stephen Whittle, Professor of Law, UK., Jamison Green, Writer and President of FTM International, Sandy Kasten, Esq. and Spencer Bergstedt, Esq.

On July 5, 1996, for the first time in the five year history of the Law Conference sponsored by ICTLEP, a three hour period of time was devoted to the discussion of the issues faced by the Female to Male Transgender (FTM) community. While three hours is a start, it is only a start. Only a fraction of the issues facing transmen could be covered in that time period. It is our sincere hope that this will not be a token event, but one that will be repeated in the future.

MARGINALIZATION OF FTM'S

Transmen have consistently been marginalized within the Transgender community. A common misperception both inside the trans community and outside it is that TS/TG equals MTF. As everyone has hopefully learned here this weekend, this is not the case.

There has been precious little visibility for transmen and our issues. FTM's are often nothing more than an afterthought - if we are included at all. But transmen are stepping forward and becoming active and visible. But it is time for the entire trans community, particularly the women, to recognize the presence and contributions of transmen.

Look at the available literature about TS/TG communities and people. Look at the media coverage of TS/TG communities and people. Look at the stereotypes about TS/TG communities and people. Look at the images presented of TS/TG communities and people. Listen to the way in which TS/TG issues are discussed or presented when you attend conferences, workshops, and speeches. Do you see and hear the language of inclusion? Are transmen mentioned at all?

Look at the Benjamin Standards of Care - are they written to address FTM's at all?

Look at the lack of basic education about transmen and our issues that exists within the trans community and which was so abundantly in evidence during the FTM panel workshop on July 5.

MARGINALIZATION appears within the stereotypes held within the MTF community which presumes that transmen gain massive amounts of male privilege upon transition and that FTM's gain great economic transition along

with their facial hair. That is patently false. As Jamison Green noted, "One must be born into the old boys club to be part of the old boys club." While no doubt some transmen find more socio-economic success after transition, the vast majority do not.

Many transmen were marginalized prior to transition because they were perceived as women, often as lesbians or masculine-appearing women or gender variant in some way. As such, FTM's are often on the bottom of the economic totem pole. This situation may not, and most often does not, improve upon transition.

Further MARGINALIZATION can occur for those FTM's who identify their sexual orientation as gay or bi-sexual. Doctors may not treat them or provide them with certain services. Socio-economic success can also be hindered, sometimes severely. And in the case of the TS/TG community there still exists an appalling lack of basic education which marginalizes queer transmen - witness one audience members assertion that it makes no sense for transmen to transition if they are going to be gay identified - i.e., what's the point. As we should all hopefully know by now, gender identity and sexual orientation are separate, yet linked, issues.

Another way in which MARGINALIZATION rears its ugly head is in the creation and/or use of terminology to define transmen and the FTM community. In overwhelming numbers, TG/TS men prefer the terms simply men/man. But if that isn't enough then the terms transmen/transman when referencing themselves and FTM when referencing the community. MTF is not a term that is preferred, is seldom, if ever, used and was in fact, a product of the MTF community.

A minimal starting point then of the greater TS/TG community addressing the issues and needs of the FTM community then is:

1. To utilize the language and terminology favored by transmen themselves;
2. To use the language of inclusion to help eliminate the MARGINALIZATION of transmen within and without the trans-community;
3. To recognize that FTM issues will at times be different from those of MTF's, even as they may regard similar topics such as health care;
4. To ensure that all TS/TG people get basic educational information about who FTM's are, what medical treatments and procedures are available to us and what community resources exist for FTM's.

HEALTH CARE AND FTM'S

A primary area of concern to transmen relates to health care. These concerns can be broken down into 4 main categories:

1. Definitional issues related to the Benjamin Standards.
2. Treatment options.
3. Access and availability to health care.
4. Accessibility to legal resources.

1. Benjamin Standards

The Harry Benjamin Standards of Care related to the treatment of transsexuals do not specifically reference medical treatment for FTM's. Given that the Standards are often a focal point for medical service provider's, many issues of great concern are raised for transmen.

For example, should FTM chest surgery be equated with genital surgery for MTF's and thus the surgery restricted in terms of availability, ease of access, and insurance reimbursement? For many FTM's, the possibility of successful cross-living has already been crossed and many have lived as men full-time or part-time for quite some time prior to ever seeking access to formal medical transition. Should their surgery be delayed? For other men, successful cross living will NOT be possible without having chest surgery at the outset of formal medical transition - either because their breasts are so large that they cannot easily be bound to a passable size or because the binding itself may cause serious medical problems. Should these men have their surgery delayed by application of standards written to apply to the MTF community and to MTF genital surgery?

2. Treatment options

Medical options for transmen present further problems.

- A) Surgical options are limited and inadequate;
I) Chest:

Often this surgery is done locally by surgeons who do not have the knowledge or skill to create a male-appearing chest instead of simply removing breast tissue.

There is a vast disparity in the skill of surgeons in dealing with nipple tissue, to the point where some men have been left without any nipples at all.

- II) Hysterectomy

A costly, complicated, invasive procedure that is not done on demand (contrary to some popular beliefs expressed at the workshop). Further, if the surgery is done by a surgeon who does not understand the available genital surgeries for FTM's, a transman's ability to choose certain options may be eliminated due to the placement of incisions by the surgeon.

- III) Phalloplasty:

Is costly, fraught with complications and inadequate in many transmen's eyes. While it may yield a phallus, the phallus will not look like a normal penis, will likely not have sensory function, has no erectile capability, has a high probability of tissue necrosis and may have other surgical complications associated with it. In addition, as the tissue to create it is often taken from the inside of one of the man's forearms, his arm will be permanently scarred, and possibly disfigured or rendered wholly or partially disabled. Some men have had their clitoris' removed by the

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A New Man's Meandering

By Marcus de Maria Arana

Some strangers become uncomfortable when they first see me. I get stared at often on my BART commute from Oakland to San Francisco. They seem to forget all forms of common courtesy and stare unashamedly at me. I can always feel their stares even if I am not looking at them directly. I've taken to wearing my sunglasses even though most of the trip is through tunnels. It allows me to scrutinize right back at them without being obvious to others.

I used to turn away and let their gazes wash over me as if I were a side of beef in a butcher-shop window. I can feel that objectification as if it were some alien laser scanning my body to see of what substance am I made. I would feel a wash of shame pass over me, as I were some side-show freak somewhere at another roadside attraction on a forgotten spur road through the boonies. All of these "As If's..."

Now I have adopted an attitude of "As If...!?!?" (note* complete with best spoiled valley girl accent - see the movie *Clueless* if you are not clear on that sound) It has attitude and allows me to feel absolutely bitchy. Believe me, bitchiness is something I do hang on to from 37 years of conditioning. So, I stare back at a middle-aged woman in a I-can't-tell-if-it's-a-visor-or-some-bonnet-lookin'-thing perched on her "church lady" hairdo. She quickly looks away, yet her gaze strays back to me, flitting over me like some supermarket scanner. Then she looks away, then back, then away. Its as if I were some traffic wreck that she is morbidly compelled to stare at.

I remember one day it was a relatively well-dressed, senior citizen who had to bore holes through me with his eyes. I stared back, this time unarmed with my Raybans, and held his gaze. He stared back as if I were not even alive, much less sentient. I was amazed by his tenacity. I was almost in awe of his utter disconnection with the world around him as he scrutinized my visage. I wasn't going to let this teachable moment pass by without nary a sigh from me. So, I let him have it.

"Didn't you ever learn, from any source at all, at any time in your life, that it is unforgivably RUDE to stare?!?!" He gulped at the sound of my voice, and I think that I may have nearly scared the shit right out of him. He looked away, blushing, and I knew

that my carefully-aimed barb had pierced its intended target - his unfeeling heart. As humility crept in, his color rose dusky. I don't know if he ever "got it." I didn't wait to find out. I exited the train, and only saw the man sitting with his head hanging down.

I used to think that I was being hyper-sensitive, until a colleague confirmed my suspicions. "You know, every time I ride BART with you, I notice that people stare at you." Paranoia can be a heightened sense of reality.

Yet, there are many times when I purposely announce to the world that I am a transsexual man. I marched this year in the San Francisco Gay, Lesbian, Bisexual, and Transgender Celebration Day Parade. I wore a shirt that was blazoned with "Transsexual Menace" in large, runny-red letters. There was no mistaking my gender-identity this year. It is ironic that the first time I ever marched in a Queer parade was after coming out as transsexual - not once did I march as a dyke.

Also ironic was being interviewed for Q-TV, which is the queer cable-access show in the Bay Area. This gay man asked me questions about TG pride and why I chose to make a public statement about being TG. I explained that too many of us had to hide for fear of loss - loss of job, life, family, friends, lovers, or freedom. I had mostly been ignored by gay men, seen as a woman or a lesbian, but never viewed as the bisexual man that I am. The irony was that after he was done with the interview, he kissed me on the cheek.

I have been kissed on the cheek by gay men before, but never as a man. I must confess, it made me giggle and blush like a little boy. After I did a mental toe-in-the-sand motion, a golly-gee-whiz kind of move, I realized that he

would not have kissed me man-to-man last year, before my surgery. I was flattered and angered simultaneously.

This morning, it is some white-middle-class-Stanford-or-maybe-Cal-punk-rock-girl with her hair dyed purple and a string of silver studs lining her left earlobe, and she's staring at me?!?! I don't have any attitude about purple hair or piercings, I just couldn't believe that she saw anything worth staring at in me. I did check my fly just in case my Packy was hanging out or upside-down, but the barndoor was closed. Did I have spinach in my teeth? No, it was morning and I hadn't eaten anything green. No, she was staring at me because she was gender-confused - not me! My anger seemed to never end.

Then, I see an African-American, older man, staring at me through his barely-darkened sunglasses. He has no shame at all, and doesn't turn away when I meet his gaze with my own steely-stare. I start feeling like I'm playing "stare-down" with my cat. I now glare back, not even disguising my disgust, and still he calmly looks back at me. I'm fuming mad now and planning every indignat thing I'm going to say to that asshole when either of us readies to exit.

Then, I see his white cane. I realize that I have become the asshole. I suddenly understand that my behavior doesn't occur in a vacuum either, and that it also affects everyone around me. I wish him "good day" as he passes by me to exit the train. I wanted to spill my heart out to the man and explain all of my internal dialogue. I wanted to tell him that I have been abused and that's why I wanted to act abusively. Then, the words of my friend Jamison echo through my mind, something he usually shares with people who aren't transgendered, when he wants them to think before they speak - "Be careful of what you say to people. You never know who you're talking to."

The blind man never knew that I wasn't very careful that day. But, I do...

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Conference Report

continued from pg. 4

surgeon, leaving them with no sexual sensation at all.

IV) Metaoiodioplasty

For many transmen, Metaoiodioplasty is the best choice to date. The neo-penis (former clitoris) is released, the inner labia used to extend the shaft and the outer labia used to form a scrotal sack into which testicular implants are placed. Most men having undergone this surgery report satisfaction with the surgery as they generally maintain sexual function and sensation, however, some doctors refuse to do the surgery as they believe that it yields an inadequate penis.

V) Urethroplasty:

This surgery lengthens and re-routes the urethra to allow the transman to urinate in a standing position. Success varies and many a man has ended up permanently catheterized or wearing Depends because of the uneven results.

B) The costs of most surgical options is exorbitant; chest surgery can run anywhere from \$3,500- 6,000. Hysterectomy - \$5,000-7,500 plus 3-4 days hospitalization and at least 2-3 weeks away from work. Metaoiodioplasty - \$7,000-10,000. Phalloplasty - \$50,000-150,000. Urethroplasty - \$3,000-5,000.

These costs severely limit the ability of FTM's to access these surgical options, especially when combined with the low socio-economic status that plagues many FTM's.

C) Often, because of the inadequacies of the surgical options, serious complications may result and often multiple surgeries that are required, FTM's end up incurring additional and overwhelming financial, emotional and physical costs. E.g., fistulas, tissue necrosis, permanent catheterization, paralysis, loss of use of arms and/or hands, and permanent disability are all possible. All for the sake of fulfilling the cultural imperative, enforced by the medical community, to create a penis since it is presumed by many that the size of the dick equals the masculinity of the man.

D) Often the surgical options for transmen are more invasive - e.g., hysterectomy - and require longer hospitalization and recovery time periods that equivalent surgery for MTF's.

As such, many men live the bulk of their adult lives as men but may never be legally male because of their inability to access medical treatment. (Each country and each state within the US decides what requirements a transman must meet - if it is possible at all - to have his gender status legally changed.)

3. Accessibility and availability of health care services can depend on a number of things

Costs of services; Barriers created by the Benjamin Standards; Women's Free Clinics not

wanting to treat transmen's gynecological needs; and the place where the transman lives and the skill, knowledge and acceptance of his local medical community.

4. A final barrier can be found in the inaccessibility for FTM's (particularly in the US) to seek redress in the courts to gain access to treatment or to seek compensation when treatment leads to mutilation, disability, permanent damage or death. This is directly linked to the costs of litigation and the unavailability of public funding for potential litigants.

FTM's in Canada and the EEC may have greater access to their courts and administrative review processes, but still may not elect to utilize those options because of fear, embarrassment, depression, potential employment discrimination or stigmatization.

WHEN DOES AN FTM LEGALLY BECOME A MAN?

This varies from place to place and is of primary concern to transmen. In some places, no surgery is required to have the transman's gender status changed - merely living full time and being treated by a doctor or psychologist is enough. In other places, chest surgery may be required. In still others, chest surgery and hysterectomy. In still others, genital surgery must be done and in yet others, no amount of surgery at all will be enough.

Yet, despite these requirements, no where is there to be found any legal cumulative definition of what is a man, what is a woman? So the question remains as to whether a uniform rule on what is necessary to make a transman legally male should be created? Is it necessary? Is it desirable? These are questions which are currently in their infancy. The discussion will likely continue for some time to come.

VIOLENCE AND FTM's

On the whole, 20-30% of all couples experience domestic violence. Yet the figures related to domestic violence and FTM's are very low - likely due to vast under reporting. In part this stems from the lack of shelter services available to battered FTM's and lack of anger management services for FTM's who batter.

Rape is a similarly under reported crime perpetrated against FTM's - often as "punishment" for their transgendered status. Rape crisis centers do not know how to adequately treat the unique needs of FTM's and police response and sensitivity can be appallingly lacking. Witness the treatment received by Brandon Teena by the Sheriff's office in Nebraska. After his rape, Mr. Teena was doubly victimized and marginalized by an insensitive Sheriff's department which not only did not properly investigate his rape, but arguably contributed

to Mr. Teena's subsequent murder by his rapists by treating the investigation in a lax manner.

JAIL AND FTM'S

If a pre-operative FTM is convicted of a crime - he will go to women's prison, where he may be denied medical treatments for his transition - e.g., hormones.

Further, different standards of the law seem to apply to FTM's. Witness the trial of Sean O'Neil who was essentially convicted of having consensual sex. Mr. O'Neil was under 20 years of age but over 18 when he had sexual contact with at least two women under the age of 16 (the age of consent in Colorado). Had Mr. O'Neil been a non-transsexual it is doubtful that his "crime" would ever have been reported. He faced numerous charges with potentially long jail time. Although Mr. O'Neil was lucky to have a Judge come up with creative solutions to incarcerating him, he is left with an exorbitant list of probationary restrictions. Witness further the similar case of Jimmy nee Jennifer Saunders in England. Mr. Saunders was also convicted for what was consensual sexual activity because of his transgendered status. Mr. Saunders received a sentence of 6 years in prison. After legal appeals were instituted, the sentence was changed to 9 months. When Mr. Saunders left prison, he had served over 10 months.

If a pre-operative FTM is convicted of a crime he will go to women's prison

APPROPRIATION OF FTM's BY THE LESBIAN COMMUNITY

The final point of discussion related to the appropriation of transmen by the lesbian community. History rings out with the names of transmen who, upon their deaths, have been heralded as lesbian heroes despite the blatant facts that the men, though born into female physiologies, lived their lives as men. Billy Tipton, Alan Hart, Brandon Teena, Jack Bee Garland, amongst others. The history of transmen's lives must be recognized as being that of transmen To do otherwise further marginalizes an already marginalized community.

CONCLUSION

While the inclusion of the workshop at this conference is a start, it is only a start. We managed to cover but a fraction of the issues facing transmen today, in part because we spent an inordinate amount of time doing basic education about FTM's and our community. The issues of transmen will sometimes be the same as others in the trans communities, sometimes they will dovetail and still others will be uniquely ours. Care should be taken that the concerns of transmen are considered and included in discussions regarding the TS/TG community, not as an afterthought, but on equal footing.

Sex and the New Man: The Taboos

by Michael

Whether by intent or design, there are some things that aren't openly discussed among transgendered men. Discussion of sex remains the greatest taboo for us. Whatever information is disseminated is passed through muted whispers.

Irrespective of our sexual orientation, inevitably the time comes for most of us to purchase our first dick, a dildo. For some, the process is easier than for others. Yet, whether from own inhibitions, fears or embarrassment, we run into the store, grab the first thing on the shelf, and run out as quickly as we entered. The result is often disappointment and a wasted buck (actually, quite a few).

What the first dick ends up being, depends on a variety of factors. You will be looking for different qualities in a pants stuffer (i.e. packing dick) than one intended for sexual use. Packing exceeds the scope of this article.

My hope is that this article will provide some basic information so that the first shopping trip is stressless (for some of you shy-types, as stressless as possible) and to help save money otherwise spent on educating yourself on what will work. The saved funds will hopefully enable you to enrich the "New Chest Kitty." Hey, let's face it guys, every penny counts.

Your first experience can, within reason, be whatever you choose to make it. It can be a chore or it can be an adventure. Remember, everyone's experience is different. You have nothing to be worried or ashamed about. After all, this is yet another adventure on the transgendered path.

BEFORE YOU GO TO THE STORE

Dildos vary in shape, color, size, and models. They vibrate, squirt, wiggle, shimmy and shake. Some are only good for packing, while others have multiple purposes. Prices range from \$35 - \$90.00 U.S., or more depending on dimensions and quality. In short, experimentation can set you back several hundred dollars since this is not an item which is capable of being returned for a refund.

Before you even go to the local store, you should run through a brief checklist. Are you buying the dick with the intention of using it on someone in particular? If so, it would be a really good idea to get that person involved in the selection process. What looks great for you to wear might not be so great for you to use on a partner. Your potential partner may have issues around penetration, or require some time and patience in adjusting to smaller items before moving up to something larger. Bigger is not necessarily better. How big is too big is a decision to be made between the partners. You want your first dick to be functional and comfortable for all parties involved.

Dildos come in a variety of sizes and diameters, however there are some basic standards. While you

can get 4, 10, 12, 13, and up (all the size queens, please sit down), you should leave the "specialty sizes" to future purchases.

The easiest way to reduce the amount of time looking for a store, or the amount of time to spend in a store, is to complete some preliminary homework. Ask the other transgendered men, who you feel comfortable speaking to, about their experience. Yet, don't discount other avenue of information. Don't assume that certain groups of people will have better information than other groups. Use common sense in determining who you ask for information. Some people are easily offended by such questions.

If you have gay friends, they can be an abundant source of information. Please keep your hunger and enthusiasm in check. No matter how much Joe likes his 13" John Stryker, you don't want this to be your first purchase. Some, but not all, lesbians use dildos. The ones who do will usually have a better collection than your gay friends. Ask each person to tell you what did and didn't work for them. Ask where they purchased the dick, how much it cost, the name of the manufacturer or the name of the dick, and the size. These folks might be willing to show you each one and explain the strengths and weaknesses of each. You might even organize an interesting show-and-tell session. You will need to figure out what works best for you.

SEARCH FOR THE STORE

You are practically guaranteed that an adult bookstore will have dildos available. The problem is that many of these places have a seedy feel to them, and you never know what the selection will be like. If you have never purchased a dildo before, the ambiance of the local adult bookstore won't be conducive to the careful attention that you may want to take.

If you are fortunate enough to live in a city with a large lesbian population, you might find a local woman's erotica or vibrator store, such as Good Vibrations in San Francisco and Oakland. Do NOT call all the women's bookstores in your area to ask if they carry dildos. You are liable to wind up getting chewed-out. The stores serving the leather community will also carry these items. Pick up a paper at a local gay bar and look for the leather stores listed, or check the pages of Drummer, The Leather Journal, Bear Magazine, Sandmutopia Guardian, Pucker Up, or On Our Backs. A word of warning: if you do not if you don't like sexually explicit photos, don't look through the magazines. Different strokes for different folks and all.

DIMENSIONS AND STYLES

Hopefully now you know where to shop, have received advice on dimensions, and you have a general idea of what it is you want to buy. If you don't

have others to assist you in collecting information, you will need to do all the legwork yourself. Plan to spend some time perusing the selection at each store.

The most common dildo lengths are 6, 7, and 9 inches. They are measured from base-to-tip, so that 6" doesn't mean that the shaft is 6" long. Depending on the length and thickness of the base, the 6" cock you buy may, in actuality, be 4" long. The reason that this is important is that if the shaft is too short, the dildo won't remain appropriately situated. You are bound for much frustration. How long the shaft needs to be will also depend on your relative size and the position of you and your partner. The simplest standard is to look for 6-7" shaft length.

Dildos also vary in diameter, ranging from 1" to 6". Again, the axiom is that 1-11/2" in diameter will be large enough. Again, involve your partner as much as possible in the decision-making process. Some stores charge less for the shorter length while others charge the same regardless of the length.

OTHER REQUIREMENTS

In addition to the dick, you will need to purchase a harness, lube, and condoms. These can usually be purchased in the same store as you purchased the dick. I will cover each of these topics in a future article. Latex gloves don't hurt either and can be purchased at a medical supply store, or at your local CostCo/Price Club for approximately \$10.00 for a box of 100.

Harnesses come in two basic styles: jock-strap configuration and G-string. Both have waist and leg straps. The G-string model has a strap that sits between your buttocks and straps to the back of the waist belt. The jock-strap appears to be just that, a leather jock-strap with an "o" ring instead of a pouch. Cost depends upon the materials used. Leather is more expensive than nylon strapping.

Use a condom on your dildo whether or not you intend to use it only on one partner. It makes clean-up easier and is good safer-sex practice. Find out what your partner's favorite brand is or buy a variety. I prefer Gold Coin and Trojan brands. Avoid lubricated condoms.

Avoid oil-based lubricants, as they break down latex. Oil also provides the primary environment for the development of a yeast infection. Your women partners will be happier with you if you follow this advice. There are many people who are allergic to non-oxynol 9, so try to avoid lubricants containing that ingredient. Also, beware of this product in lubed condoms. Probe, Wet, and AstroGlide are a few of the products which are free from oil and non-oxynol 9. READ THE LABEL before purchasing. Most places provide test bottles which allows you to feel the lube before purchase. Place a dollop on your fingers. Rub them together. How is the viscosity? Does it break down quickly? Does it have a scent? A taste? Pull your fingers apart. Is it sticky? Continue to rub your fingers to get an idea of how

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Hi,

On June 10, 1996, I became 40-years-old, and living and dating as a man since I was 10 years old. When I was 4-years-old, I noticed that I was different than most kids. What is under your clothes is a private matter. When I was in the 5th grade, a teacher called my parents because I was going to the boys' bathroom instead of the girls. Yes, my body is female, but the rest of me is male. On my job, I do use both bathrooms and my co-workers look at me and talk amongst themselves. This doesn't faze me. I have learned the hard way that a person is what they are. Men don't talk to each other while in the bathroom, but women do love to socialize amongst themselves.

If you are looking for gossip, find a group of women. Men in a group don't gossip, but they do love to talk about cars, sports, and government issues. Any one can write me! I hope this helps someone.

Lemuel

Gainesville, FL

Dear Lemuel,

Thank you for sharing your story - I'm sure there are some folks who can relate. However, I would like to caution you against believing that only women gossip. That can be seen as a left-over, sexist stereotype. In my experience, men gossip just as much as women; we just call it rapping, chatting, talking, or networking. Anybody out there have any thoughts to share with Lemuel?

—**Marcus**

Dear Brothers Everywhere,

My name is Belinda (soon to be changed to Beyman). I live in Cincinnati, Ohio, and have been receiving injections for 6 months now. I desperately need pen-pals to talk to, correspond with, etc. Besides my partner, a couple of good friends, and various doctors, I am in this all alone. There are no support groups here and have enough questions to fill a large book. Maybe there are some people out there who are over the wall and wouldn't mind throwing back a ladder to help me over. I will one day, gladly many times over, return the favor. I don't care if you live in Timbuktu - I will answer and I love to write. Alone in Cincinnati,

Brenda

Cincinnati, OH

Dear Marcus and Co.:

Kudos and good luck on your stewardship of the newsletter. It's a lifeline for many of us, especially guys like me, who aren't in one of the two or three cities in the country where there's sufficient numbers to qualify us as a "community."

...I especially enjoyed C. Julian's article. I'm a bi transfag myself. The few brothers I've met 'round these parts have all been straight, and often obnoxiously so. It's depressing and tacky. Some people just can't wait to climb up into the power structure and toss rocks down on the rest of us. BORING. Remember where you came from, guys. We aren't "Joe Normal" and never will be. Mediocrity is NOT an honorable aspiration.

I do have a couple of questions: 1) I have to shave 3-4 times-per-week, even though I'm not on hormones yet. The problem is that I have to dry-shave because every shaving cream/lotion/gel I've tried caused really nasty acne attacks - deep-seated, painful ones. But, the dry-shaving's rough on my skin too. I'd love to hear from anyone who's had a similar problem or has discovered a really gentle or maybe hypo-allergenic shaving aid...

2) I'm considering a move to the Cleveland area next year. Does anyone out there have info on the gender program in that area? The relative worth of any such program has got to be the factor in my relocation decision. Thanks alot --
-**Thaniel**

Dear 'Thaniel,

Thanks for the kudos, the praise and not the granola bar. We have received many letters like yours from men who relate to being transfag. As transphobia exists in the queer community, so does homophobia exist in the TG community. I try to build bridges between the two so that we may share our power for a common goal of civil rights...In terms of shaving aids, have you ever tried "Magic Shave?" This product was created for African-American men's needs around skin care. It is much like a depilatory, that is it removes hair chemically. After it sits on the skin, you scrape it off with a butter knife. It does smell like shit, literally. So, the challenge is to endure the aroma. How 'bout it guys...anybody got shaving hints for 'Thaniel? Send 'em in! --

--- **Marcus**

Dear People,

Do you have any advice for someone very desperate for a mastectomy? I'm talking near-claustrophobic here to be trapped with things so foreign to me on my chest. I have trouble sleeping because if it. I'm so uncomfortable in a female

body that I hide away in nanny jobs, and even if insurance would cover it (which it doesn't) I don't have any (coverage). Isn't there some way we FTMs can help each other out? I could pay it back in a year, but I don't think I can wait that long without the operation. My parents don't understand and I know no one who could loan it to me.

I have no credit - not bad credit, just no credit. I'm very honest and would pay on it monthly with interest. I've got three FTM friends I'd like to help and will if I can be okay myself. I feel that I could do anything without this problem, but with it I'm extremely miserable and trapped. I hesitate to ask you to run this for fear of raising the resentment of self-made men...If you think it would not be too uncouth to run this, please do so. Maybe a sympathetic medical professional will see it, or a post-op FTM who's doing alright and remembers the desperation. Otherwise, any suggestions on how to cover the \$5,000 (cost), please let me know. Thanks! ----

- **Sidney**

Dear Sidney,

Your story is so familiar and common among us. I understand your frustration and feeling of panic. Don't Panic! If possible, try to find enough peace to live with your body for a little while longer. I don't know of any doctors who give the operation away, or of any men who can subsidize it. Most of the guys I know saved money for the surgery, sometimes for many years. I was able to have my health insurance cover a reduction because I have degenerative disc disease of the spine - it's the only time having a bad back was worthwhile. Your letter shouldn't cause any resentment in post-op men. We are all self-made men, whether pre or post-op. We have defined our masculinity from within. Surgery only augments that self-expression. Also, while your claustrophobia is common, don't think that surgery will solve all your problems. I feel better physically, but I still get stared at on the streets. I still get-read as a female despite my flat chest. Surgery is not a guarantee for happiness or success. I don't mean to diminish your very real and understandable feelings of being trapped - I felt the same myself. But, you mentioned making payments with interest. If you can, put away that money every month starting now, and it will add up. Does anybody out there have any advice for Sidney? Please write in care of the Newsletter and we will get the message to him. Good luck, Sidney! --

--- **Marcus**

This is the survey for the 2nd FTM conference held in Seattle. If you attended, please answer the questions and send it back to us. If you didn't attend, please send us comments about how to better next year's conference. We'll compile the data and implement the suggestions as possible. Thank you.

2ND ANNUAL FTM CONFERENCE SURVEY

E-MAIL TO FTMCONFER@AOL.COM OR MAIL TO: FTM CEP, 1202 E. PIKE #1070, SEATTLE WA 98122

WHERE ARE YOU FROM?:

NORTHWEST GULF COAST EAST WEST SOUTH SOUTHWEST
 SOUTHEAST MIDWEST NORTHEAST CANADA OTHER _____

WHAT IS YOUR AGE?: UNDER 18 18-22 23-27 28-35 35-40 40-50 50-60 60+

WHAT IS YOUR MARITAL STATUS?: SINGLE MARRIED COMMITTED RELATIONSHIP

HOW DO YOU IDENTIFY? (Please check all that apply)

FTM TRANSGENDERED QUEER MTM MAN GAY
 PARTNER/SIGNIFICANT OTHER WOMAN LESBIAN BUTCH DYKE SUPPORT PERSON
 HETEROSEXUAL TRANSMAN HEALTH CARE PROVIDER BISEXUAL PANSEXUAL
 OTHER (explain if you'd like) _____

HOW DID YOU HEAR ABOUT THE CONFERENCE?

FTM INTERNATIONAL INTERNET NEWSPAPER FLYER PUBLICATION FRIEND

WHERE WOULD YOU LIKE TO SEE THE CONFERENCE HELD IN THE FUTURE?

WHAT TIME OF YEAR WOULD BE BEST?: FALL WINTER SPRING SUMMER

PLEASE RATE THE REGISTRATION PROCESS: EXCELLENT GOOD AVERAGE POOR

PLEASE RATE THE OPENING CEREMONIES: EXCELLENT GOOD AVERAGE POOR

PLEASE RATE THE WORKSHOPS:

Start/End time	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Terrible
Length of Wkshp	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Terrible
Presentation	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Terrible
Info/Materials	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Terrible

WHICH SATURDAY WORKSHOPS DID YOU LIKE BEST? (Please rank)

<input type="checkbox"/> SEXUALITY	<input type="checkbox"/> PEOPLE OF COLOR	<input type="checkbox"/> PARTNER'S ISSUES	
<input type="checkbox"/> COMING OUT	<input type="checkbox"/> YOUNG MEN'S RAP	<input type="checkbox"/> GAY PARTNER'S ISSUES	
<input type="checkbox"/> LIVING LONG TERM	<input type="checkbox"/> FINDING A PARTNER	<input type="checkbox"/> ALTERNATIVES TO TELEVISION	
<input type="checkbox"/> TRICKS OF THE TRADE	<input type="checkbox"/> DEFINING OURSELVES	<input type="checkbox"/> ANYTHING GOES RAP	
<input type="checkbox"/> LEGAL ISSUES	<input type="checkbox"/> QUEER/STRAIGHT ISSUES	<input type="checkbox"/> POLITICAL ACTIVISM	<input type="checkbox"/> QUEER RAP

WHICH SUNDAY WORKSHOPS/PANELISTS DID YOU LIKE BEST?

<input type="checkbox"/> THERAPISTS	<input type="checkbox"/> FTM GENITAL RECONSTRUCTION	<input type="checkbox"/> GENERAL PRACTICE FOR FTMS
<input type="checkbox"/> TRANSITION AFTER 40	<input type="checkbox"/> FTM ENDOCRINOLOGY	<input type="checkbox"/> VIDEO EXHIBIT
<input type="checkbox"/> CHEST RECONSTRUCTION	<input type="checkbox"/> NON-HORMONES/NON-OP	<input type="checkbox"/> ELECTROLYSIS FOR FTMS

PLEASE RATE SUNDAY'S MEDICAL PANEL PRESENTATION:

Start/End Time	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Terrible
Length	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Terrible
Presentation	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Terrible
Info/Materials	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Terrible

WHAT WORKSHOPS/SPEAKERS WOULD YOU LIKE TO SEE NEXT YEAR?

WHAT WORKSHOPS DON'T YOU WANT TO SEE NEXT YEAR?

WHAT DID YOU LIKE BEST ABOUT THE CONFERENCE?

MEETING NEW PEOPLE NETWORKING GETTING INFORMATION OTHER _____

WHAT DID YOU LIKE LEAST?

WHAT TYPES OF SOCIAL ACTIVITIES WOULD YOU LIKE TO SEE AT NEXT YEARS CONFERENCE?

WHERE DID YOU STAY?: HOTEL/MOTEL B&B HOSTEL FRIENDS SHARED HOUSING LIVE IN TOWN

Please include other comments on a separate sheet and mail (or email) to the address at the top of this survey. Thanks!

Insert

FTM Membership Begins!

Organization Development Status Report

by James Green

Well, it's official. We're now incorporated! Our technically correct name is Female-To-Male International, Incorporated, but we'll be D.B.A. (doing business as) FTM International, Inc. We couldn't incorporate as FTM International because there already is a corporate entity in California called FTM Corporation. They don't have anything to do with the gender world, but they claimed the name first, so we went for the long version and will use FTM International, Inc. casually, filing D.B.A. notices in Alameda and San Francisco Counties. Incorporation was the first step in becoming a tax-exempt non-profit corporation. The second step is filing applications for tax exempt 501(c)(3) status with the IRS and the California Franchise Tax Board. Those applications have been duly filed, and we are waiting for these agencies to make their determinations. When we have this status, we can apply for a permit for reduced postage for our mailings, and apply for grants to develop our organization, improve our services, and expand our offerings. At that point, donations made to FTM International, Inc. will be tax deductible. We don't have that exempt status yet, but as soon as we do we'll get the word out about it, you can bet on that!

Meanwhile, we're now officially a membership organization. I know that many of our subscribers already feel like members by virtue of their subscriptions, or because they attend our San Francisco meetings. And we WANT people to feel like members! But now that we're official, we have to do things a little differently, much less haphazardly. So here is the plan:

Individual Membership in FTM International will cost \$30.00 per year (\$40.00 US for members living outside the United States. Membership includes:

- A subscription to the FTM Newsletter
- A 15% discount on all other FTM International publications (including-back issues, the FTM Resource Guide, audio tapes from the first All-FTM Conference of the Americas, etc.)

- Voting privileges to elect the Board of Directors, who in turn will elect the Officers of the corporation from the Board. The Board of Directors will set the agenda for the corporation's growth and development, and the Officers are responsible for articulating the corporation's position or point of view, so your vote is important over the long haul. Membership is also a prerequisite to service on the Board of Directors. Your general membership is a step toward leadership, if you want it to be.

The satisfaction of knowing that you are doing your part to contribute to our long-range effort to develop and provide more and better educational materials that will benefit FTM people around the world.

We're also offering a Household Membership

for \$50.00 (both domestic and international) and includes one subscription to the FTM Newsletter and voting privileges for up to 3 persons (18 or older) residing at the same address. Examples of a "Household" membership may include an FTM and his partner(s) or other family members, or FTMs who are sharing a household. Voting members must be named on the membership form.

We're also offering an installment payment plan for people with fixed incomes.

The final membership category is Professional Membership. This will cost \$60.00 and is reserved for persons who join expressly because they work as physicians, therapists or researchers with our population. If you are an FTM or FTM supporter who happens to be a physician or therapist you do not have to join at this level. This is for people whose only reason for joining is that we are a "target marketplace." Of course, if you can afford to join at this level, we would certainly appreciate the contribution!

While we hope that everyone who reads this Newsletter will want to become a member, I want to assure you that you may still subscribe to the FTM Newsletter (\$15.00 for 4 issues domestic, \$20.00 international, \$25.00 professional), purchase other publications, and avail yourself of our services without paying membership dues. But you won't get the 15% publications discount, and you won't get to serve on the Board or to vote. The membership list will be kept separate from the subscription list, and both will be confidential (as our mailing list and other subscriber contact information always has been). In the past we have not monitored subscriptions, and we have left it up to our subscribers to remember to send in renewal payments. But as we are now required by the IRS to keep more complete income and expense records, we will be monitoring subscription payments—and membership renewals—regularly. For now, we will consider every subscriber a member of FTM International, and we would like you to consider renewing your subscription at the appropriate membership level when your subscription next becomes due. We wanted to "grandfather" everyone in to start because it wouldn't be fair to ask people to pay more when they may have just recently subscribed. Also, our Officers and Board of Directors must be members, and since no one has had an opportunity to join yet, we would have lost these people. (Board members and Officers are listed below.) We must have an election before June 30, 1997, to confirm the Board, allowing them to elect new Officers, so we hope we'll have enough renewing members to make it an interesting election. If you want to join right away, but have recently paid for your subscription, just send us the difference and we'll be delighted to have you as a member. Your commitment will help us greatly. We need much support to

meet the demand for education and networking. I hope you'll want to help by becoming a member.

In case you're wondering what you would be joining, this Corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized and operated under the Nonprofit Public Benefit Corporation Law for public purposes. The specific purposes for which FTM International is organized are providing information, education, and support for female-to-male transgendered and transsexual persons, their loved ones, and the public. We are essentially an organization for men with female histories, and we are engaged in building trans consciousness and pride.

FTM International Inaugural Board of Directors and Officers:

James Green, President

Yosenio (aka Yolanda) Lewis, Vice President

Shadow Morton, Secretary

Sean Romeo, Treasurer

Tony McKee, Jordy Jones, Stafford, Dominic Pizorno*, Jason Cromwell*, Arthur Freeheart, Stephan Thorne, Christopher Hilkene, Cliff Hunter, Stephen Whittle, (one position open)

*These men had not confirmed their desire to serve at the time this went to press. We hope they will be compelled to join us, and we encourage anyone else who is interested in serving to contact us as soon as possible.

SAVE YOUR NEWSLETTER—Photocopy this page, fill out the form and send it in.

SIGN ME UP!!

I want to join FTM International, Inc.

Name _____
Address _____
City _____ State _____ ZIP _____

Membership Category (please check one):

() Individual (\$30.00, \$40.00 international)

() Household (\$50.00 — provide names of voting members below)

() Professional (\$60.00)

People with fixed incomes check here ()

and pay dues in two installments.

Household members (please provide names of up to 3 members residing at the same address.

These members will be able to vote):

Amount Enclosed: _____

If you recently made a payment for your FTM Newsletter subscription and wish to join by paying the difference between the membership rate and your subscription payment, check here. ()

Send to:

FTM International, Inc.
5337 College Ave., #142
Oakland, CA 94618

From Leslie Feinberg:

An open letter about my health

Identifying information redacted and moved by the caring response by so many people to my health crisis. Because many people have asked if I have regained my health, I am posting this update.

As many of you know, early last December I suddenly became catastrophically ill with spiking fever, a strangely acute case of cytomegalovirus and bacterial infections—all of which resisted treatment. The best infectious disease opinion has been that there is an underlying disease which had gone undiagnosed.

Since that time I have been treated with massive intravenous antibiotics and ganciclovir. Yet while the treatments appear to abate some of the symptoms, as soon as the course of medication is complete, the illness again rages.

I believe strongly that my illness was exacerbated by lack of money and bigotry. I know that some people think of writing as lucrative. I'm sure it is for the Daniel information redacted information redacted of the world. But not for political writers who publish with movement, independent and/or not-for-profit presses.

Identifying information redacted and I had virtually no savings, and I had not been able to afford to gamble large chunks of money every month on health insurance. Instead, I frittered it away on food and rent. Like some 40 million documented workers in the U.S., and countless millions of undocumented workers, I had no private insurance. And I had just finished *Transgender Warriors*, a very expensive book.

For these economic reasons, and because of the attitudes some health care professionals have expressed to me, I did not have a primary health care provider, and could therefore only go to emergency rooms at hospitals or clinics for treatment when I became ill. I am angered that the hatred and disdain expressed to me in those health care situations may have made it more difficult for me to receive adequate care early on in this illness.

I have asked the Lesbian and Gay Anti-Violence Project in New York City to help me proceed in bringing discrimination charges against the

hospital where I was forced to leave mid-treatment because I felt that the level of hatred directed at me by some of the staff was jeopardizing my health and well-being.

And because under capitalism health care is a privilege for those who can afford it, I was not able to get all the tests I needed early on. After incurring some ten thousand dollars worth of medical bills, I tried to apply for Medicaid in NJ. I discovered that the state I live in no longer provides any Medicaid assistance.

Fundraiser Planned

A big fundraiser is planned in San Francisco for January to benefit Leslie Feinberg's health fund. It will include an FTM Fashion Show, a Drag King Contest, A silent auction, kissing and spanking booths, performers, and an appearance by Island Records recording artist and cool bulldagger Phranc. There's a lot to do, and we're just starting to organize. Can you help? We'll need phone help, go-ferring, day-of-the-event fundraisers, mailing, flyer distribution, etc. We also need prizes for contestants. Donations for operating expenses are gladly accepted.

If you want to help in any way please email JordyJones at FTM_News@aol.com or call

Identifying information redacted To send donations directly to Leslie's Health Fund, make checks payable to **Column Foundation**, earmarked for **Leslie Feinberg Health Fund**.

Post to **Leslie Feinberg Health Fund, c/o William Saches Esq., Column Foundation, 370 7th Avenue, 7 Penn Plaza, Suite 830, New York, NY 10001**

Yet this illness has also made me realize how many caring people exist. One of the nurses in Workers World Party began interviewing Infectious Disease specialists to see if they would treat me sensitively. Out of these interviews I finally have an internist and his staff who treat me with enormous respect.

This illness has cost tens of thousands of dollars. When the cytomegalovirus threatened to

becomes your roommate. Be careful.

We also encourage anyone who cannot come, but who is supportive, to send whatever donation they wish to ICTLEP and designate for "DC SCHOLARSHIP/EXPENSES." We will apply to help however we can to bring folks who cannot otherwise attend. Whatever remains will be used to defray costs of printing or go into the ICTLEP general fund. For scholarship contributions or applications send to ictlep@aol.com or mail to PO Drawer 35477, Houston, TX 77345-5477, 713/777-TGLC (8452).

We will be there in a potentially very cold time of the year. DRESS WARMLY and protect your feet from cold, wet and the general discomfort associated with fashionable shoes. The Halls of

cause permanent damage to my eyesight, brain and other organs, I required a month's worth of medication that cost \$12,000. Minnie Bruce and I had already maxed out any credit cards we could obtain to pay for medical treatment. With the help of the AIDS community network, my doctor and his staff and the donations of compassionate people across the country, I was able to get the medication at less than half that amount and complete that course of treatment, and the cytomegalovirus is now merely a sentence in my DNA.

But I have continued to be gravely ill. Because I was able to get non-HMO insurance (very important for a transgender person who needs to choose their own physician) thru the National Writer's Union, I began very expensive tests last month that may have helped to nail down a diagnosis of the underlying cause of my disease.

My doctor has diagnosed me with endocarditis—a bacterial infection of a valve in my heart. It's a very serious disease, but a very treatable one. The diagnosis explains every aspect of this illness with one exception—the acuteness of the cytomegalovirus.

I have begun an arduous two month course of round-the-clock intravenous care at home. If the diagnosis is correct, I should be completely cured of illness by the end of November, have the entire winter to regain some strength and repair of my heart, and be ready to travel in the spring when the paperback of *Transgender Warriors* is released from Beacon.

Had I not already been a revolutionary activist, the first hand experience at the hands of health care as a for-profit industry would have inspired me to struggle. But as a transgender person, I could never have anticipated or imagined such a demonstration of caring through cards and letters and e-mail and phone messages and many other contributions to my recovery.

If, as my doctor and I hope, this is the final course of treatment, I have confidence that I will not only regain the strength I've lost, but continue to live and love and struggle with the even greater strength that this outpouring of support has given me.

Identifying information redacted and I thank you.

FRYE in DC— from Pg 10

reservation under the "BLOCK" (but if you have a problem, ask for Claudine).

The hotel will give us a meeting room for Sunday and Monday nights at no charge.

We have made arrangements for two (2) six person suites that we will hold as scholarship rooms, one for FTM and one for MTF People of Color. We are committed to diversity in our involvement and in our presentation. You must make your hotel reservations. Rooms shared with others in a roomshare plan or a scholarship offer are not ICTLEP's or my responsibility. You are responsible if someone less than honorable

Congress are very, very, very, very long. You will walk a lot. **WEAR COMFORTABLE SHOES.** You will be in misery if you do not care for your feet in DC.

Training

Sunday Evening, 7PM, Feb. 23, 1997

Meet & Educate Members of Congress

Mon-Tues, Feb. 24-25 1997

Loose Ends Tying

Wed, Feb. 25, 1997

Assemble at the Quality Inn

College Park, Maryland.

Phone: 1-301/864-5820

This letter was first published in ETVC's Newsletter. It has been edited for length.

Dear James,

ETVC asked me to write a review of a book just published by a therapist in Virginia. Someone uploaded it to the internet and I've had a lot of mail about it. The only person who thought I was unfair was Sheila Kirk, and she endorsed the book.

I've heard from some of his former patients. The following letter is from an FTM. If half of what he says is true, it's a terrible indictment of that program.

The review follows the letter.

My Best, Kim

To: [REDACTED]

Thank you for your review of Dr. Ramsey's book. I was a patient of his for over three years. I can tell you from personal experience that everything you said about him was true. I remember how difficult it was to transition without the hormones—frankly it was hell. Only time has softened the memory of that difficult time. My belief is that Dr. Ramsey believes in long term therapy to make money for his practice and to cover the group against malpractice suits. He lost interest in me REAL fast when my insurance changed to one that wouldn't cover therapy for transsexuals. I tried to call him for three months; he never returned my calls. After 5 years they finally started a support group. Within one year we had two different therapists. After the last guy left, they never let us know if they were going to continue the group. I'm glad Ramsey didn't take it over; I would have refused to attend. He really didn't do a thing for me in those 3 years except sit there and nod and listen. And now Mr. Know-It-All has the nerve to write a book about us! Managed care is putting a crimp in his practice and pocket book and he needs to make more money! For five years I planned to complete my surgeries with the clinic down here but I saw several other TS's go through and get jerked around. I have washed my hands of the so called 'experts' down here and moved on to kinder and gentler and far less expensive pastures. Sorry to go on like this, I was just rather disgusted when I found out about his book and you confirmed my beliefs about it. I really respect your opinion. I read "Uninvited Dilemma" and was very impressed with it.

TRANSSEXUALS

Candid Answers To Private Question by Gerald Ramsey, Ph.D., 192 pp-\$24.95-Cloth ISBN 0-89594-700-0, The Crossing Press

Review by Kim Stuart

Gerald Ramsey is a clinical psychologist and a psychotherapist practicing in Virginia. Over the last twenty years, he has worked with over two hundred transsexual men and women. His training and his experience in diagnosing and providing psychotherapy for transsexuals has been within the context of a formal gender identity program.

TRANSSEXUALS, Candid Answers To Private Questions is a book written in the form of questions that transsexuals, their families and loved ones and the general public have asked Dr. Ramsey. What is

gender dysphoria? What is a transsexual? Aren't transsexuals homosexuals? What is the treatment? What's the difference between transsexuals and transvestites? What about surgery?

These types of questions are posed provocatively throughout the book, and Dr. Ramsey attempts to address them in an informative way based upon his clinical practice. That's one of the strengths of the book. He provides us with a personal glimpse of many of the feelings and experiences his clients have shared with him. He conveys a genuine warmth toward their plight as he tells their stories.

The other positive feature of the book is that Dr. Ramsey clearly understands that the forces which seem to inexorably drive transsexuals toward achieving some sort of harmony between their bodies and their internal gender identities are immutable, and not subject to amelioration through psychotherapy. He also makes it quite clear that sexual orientation, within the context of preferred gender roles, is a separate issue from gender identity. He correctly points out that transsexuals express their sexuality in gender roles that they adopt in pretty much the same fashion as everybody else—a majority are heterosexual, some are homosexual, a few are either bisexual or asexual.

On the basis of these two points, I feel that Dr. Ramsey's book is worth reading for persons exploring their gender identity and for those who want to understand some of the compelling mysteries of the transsexual phenomenon.

On the other side of the balance sheet, the book is strongly colored by Dr. Ramsey's rigid attitudes about pursuing gender reassignment, some very questionable statements, and an extremely paternalistic attitude with respect to transsexuals.

There is no index, so the reader has difficulty referring to previous material. In this day of search commands on computers, the compilation of an index is an easy task. Not to provide such a reference, I believe, reflects a lack of careful preparation.

The bibliography is incredibly weak. Other than his clinical observations, he apparently only relied on the DSMIV, the H.B.I.G.D.A. Standards of Care, Droland's Medical Dictionary, The Merck Manual of Diagnosis and Therapy, two journal articles and one unpublished article. There is not one researched or analytical text on transsexualism cited.

Dr. Ramsey has strong opinions and beliefs about what transsexuals are and are not and what they must do to demonstrate that they should be allowed to pursue gender reassignment. He believes in putting transsexuals through hoops, and says so. He believes that transsexuals can be assured of success only if they submit themselves to the rigors and judgments of a gender identity committee that is part of a gender identity program. He advises against surgery by anyone who is not part of a gender identity program. He does not believe in hormone therapy in order to facilitate cross-role living in the initial stages. He says that he doesn't necessarily think that transsexuals present with mental disorders beyond gender dysphoria, but he is adamant that they receive psychotherapy for several years before sex reassignment surgery and beyond. In short, Dr. Ramsey is rigid in his views,

inflexible and unrealistic.

Many of Dr. Ramsey's views, and some of the questionable statements he makes, seem to be based on his personal clinical observation. No research is cited, and no empirical data is presented. One wonders what his criteria are for a successful transition when he says that successful transitions can only be assured within the context of a formal gender program. Are his criteria socio-economic as they were in the now thoroughly discredited Meyer Report?*

Dr. Ramsey states flatly that most transsexuals have very low sex drives and that they seldom masturbate when cross-dressed. That reminds me of a M to F transsexual I interviewed who related an experience she had when she approached a recognized gender program. When she indicated that she had fathered four children, the intake interviewer told her flatly that she couldn't be a transsexual because transsexuals didn't like to use their penises. Well, so much for all the M to F transsexuals with children.

Dr. Ramsey's book is full of dogmatic statements based, not on empirical evidence, but on personal clinical observation and beliefs acquired within the context of a formal gender program. Some statements made in this book do not match my knowledge, nor are they the universal conclusion of other experts.

One can conclude that Dr. Ramsey's opinions are based upon his interpretation of established documents. There is no unique or compelling perspective here. Dr. Ramsey follows furrows that are only too familiar to transsexuals. He brings his personal interpretation as to what is a man or a woman to a setting that strives to convince everybody that it is impartial and scientific in its approach:

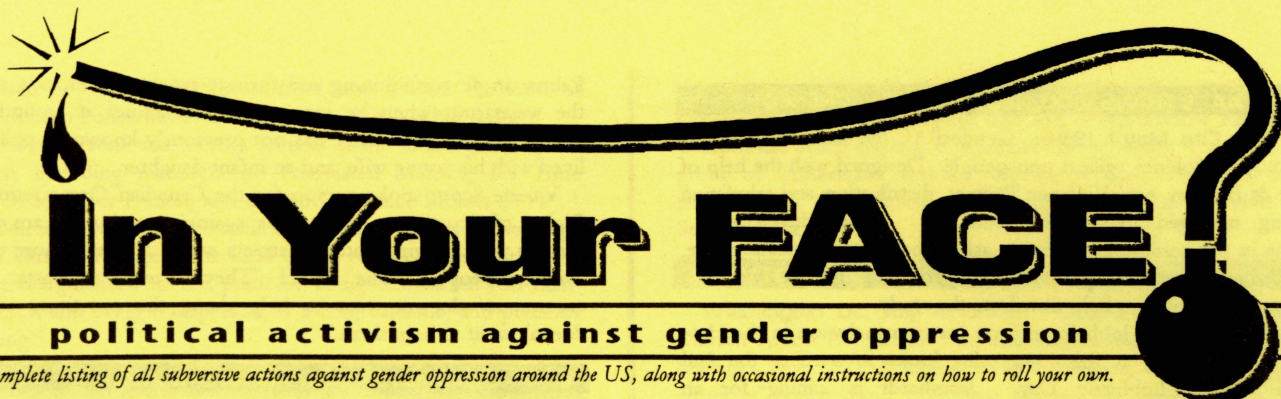
"Still, a woman is so much more than the absence of male genitals. Acquiring the right walk, talk, look, smile, attitude and heart are all essential parts of becoming female." [p 90]

Is the above paragraph a scientific evaluation of how a male to female transsexual should present herself in order to make a successful transition, or is it possibly how a chivalrous southern gentleman views a lady who catches his eye?

TRANSSEXUALS Answers to Private Questions is a very readable book and puts forth some valuable information. It also lays out an attitude that many transsexuals are faced with in the provider community. Consumerism and freedom of choice are not thoughts that even cross Dr. Ramsey's mind. The book should be taken with a grain or two of salt; transsexuals and their loved ones should understand that not all providers share Dr. Ramsey's rigid and inflexible views.

Kim Stuart May 20, 1996

Kim Elizabeth Stuart is a widely recognized authority on the subject of transsexualism, and is the author of *The Uninvited Dilemma, A Question of Gender, and the Research Supplement To The Uninvited Dilemma*, both published by Metamorphous Press. She also is the author to a booklet entitled *A Guide For M to F Transsexuals Considering Shifting Gender Identity* published by ETVC. Kim Stuart can be reached at her internet address : [kimstrophe@aol.com].



In Your FACE!

political activism against gender oppression

The complete listing of all subversive actions against gender oppression around the US, along with occasional instructions on how to roll your own.

Issue 3. Summer 1996

MISSION: Cover all actions related to overthrowing gender oppression, transphobia, genderphobia, homophobia and related oppressive political structures.

PUBLISHERS: Riki Anne Wilchins, with help from JoAnn Roberts, Lynn Walker, and Nancy Nangeroni. You can reach us at IYF, c/o Riki Anne Wilchins, 274 W.11 St, NYC 10014, or E-Mail: Riki@pipeline.com, nm@world.std.com (that's Nancy). Editing and Layout by Ninja Design.

Please do NOT add the IYF address to your mailing list. We're DELUGED with local newsletters and stuff. Please use our address only for press releases (or subscriptions).

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No. We DON'T CARRY ADVERTISING.....but we welcome subscriptions and contributions towards the cost of printing and distribution.

2ND NAT'L GENDER LOBBY DAY SET FOR MAY '97

New York City, May 15, 1996: GenderPAC, the national activism organization dedicated to "gender, affectional and racial equality" has announced the 2nd National Gender Lobbying Day for Monday and Tuesday, May 5-6, in Washington, DC.

Last year's Lobbying Day on October 2-3 drew over 100 activists to Capitol Hill to lobby around issues like the Employment Non-Discrimination Bill (ENDA) and the Hate Crimes Statistic Act (HCSA), as well as trans health care and the treatment of transpeople in the military. In over 2 days of intense lobbying, activists called on the offices of nearly every one of the 503 Senators and Representatives.

Phyllis Frye and ICTLEP have announced their own separate lobby effort for the preceding February.

Dana Priesing, Washington DC lobbyist for GenderPAC, declared "...it's clear that we made an real impression in 1995. Telling our stories humanized us: it made them see us as real people instead of tabloid television subjects. This time we'll be returning with a focused, polished and more professional approach."

Said Alison Laing, acting co-Chair of GenderPAC: "This is a chance for anyone concerned to show up in Washington and have their voices heard. We welcome all people to participate, to let the incoming Congress know that we are not going away, that no American is free until *all* of us have our rights."

1ST NAT'L GENDER ACTIVISM CONFERENCE TO BE HELD

New York City, May 15, 1996: Seizing the announcement of the 2nd National Gender Lobbying Day as a chance to rally the rising tide of transactivism sweeping the country, GenderPAC has announced that on May 4, the Sunday preceding Lobbying Day, the first National Conference for Gender Activists will be held, also in Washington DC.

The all-day event will be strictly devoted to gender activism. Topping the agenda are strategy discussions on national issues like transviolence, hate crimes, employment discrimination, child custody rights, and so on. There will also be "how to" sessions on topics such as how to lobby, getting press coverage, and more.

While recent years have seen the rise of out-front gender activism, until now there has been no conference where activists could join together and work on skills, consensus, coordination of effort, and the transfer of knowledge.

The event will be held at the Quality Inn in College Park, Maryland, where rooms are already being reserved for lobbyists attending Lobby Day. GenderPAC's Activists Conference will be a no-or-low cost, non-profit event.

Declared a GenderPAC spoketrans, "As activists, we need a place to plot a national effort and strategy for the coming years' activism. We are very excited about this chance to coordinate on the issues that affect us all."

REGISTER NOW FOR NATIONAL GENDER LOBBY DAY '97 & ACTIVIST CONFERENCE

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-mail: _____

Yes, I'll attend the First Activist Conference Sunday May 4th
My senators (2) _____ and _____

My representative (1) _____

Military/Veteran's experience _____

Advice to Riki re: her attitude problem: _____

I can donate \$ _____ to help someone else attend Lobby Day.

I can help out by putting (#) _____ people up in my room.

Activist Conference

▶▶▶ May 4, 1997 ◀◀◀

Lobby Day

▶▶▶ May 5-6, 1997 ◀◀◀

Both in Washington, DC

Conference at same Inn where lobbyists stay.

CATCH THIS EVENT

GAIN EMPOWERMENT -- DO GOOD

please mail this form to:

GenderPAC, c/o Wilchins, 274 W. 11th #4R,
New York, NY 10014

TWO NAT'L TRANS VIOLENCE STUDIES LAUNCHED

New York City, May 1, 1996: GenderPAC has launched the first major study of violence against transpeople. Designed with the help of the Gay & Lesbian Anti-Violence Project, distribution and tabulation are being managed by Emilia [redacted]. Everyone in the community is being asked to fill out a questionnaire, even if they have not personally experienced gender violence. Volunteers are needed to help distribute the study.

The study is vital to lobbying efforts for transinclusion in the Hate Crimes Statistics Act, as the community looks forward to the 2nd National Gender Lobbying Day. [redacted] is aiming for an unprecedented 1,000 responses, noting that most trans-studies are limited to a dozen or so people in someone's rehab program.

An in-depth questionnaire is also being distributed by the Dr. Sandra Cole of the University of Michigan. She explains that a systematic, controlled study is absolutely necessary for the scientific community and institutional funding sources to take transviolence seriously. Look for Sandra's table at your next gender event.

TRANSACTIVISTS PROTEST APA

Call for end to "gender identity disorder"

New York City, May 5, 1996: Over a dozen activists from the Transsexual Menace, Menace Men, TOPS, and Act Up, demonstrated outside the national meeting of American Psychiatric Association, calling for an end to diagnosing transpeople as mentally disordered. The diagnostic category of "Gender Identity Disorder" (GID) is routinely applied to anyone seeking sex reassignment surgery.

Activists handed out over 1,000 leaflets headed "FLASH! APA Discovers New Disorder: GenderPatho-Philia -- an unnatural need to pathologize any gender behavior that feels different, unfamiliar or uncomfortable. Others held signs saying "Keep Your Laws OFF My Body" and "Gender Euphoria NOT Gender Dysphoria." Attendees, many of whom stopped to chat with demonstrators, seemed alternately shocked, amused, intrigued and supportive.

Removing GID as a psychiatric diagnosis has been a source of continuing dispute within the trans community. While the diagnosis has enabled some transsexuals to obtain insurance reimbursement for SRS, others point out it has also pathologized tens of thousands of people, including crossdressers and transgenders. GID has also come under fire from the larger queer community, which has noted its use in inflicting "corrective treatment" on non-complaining gender-variant children as young as 2-4, as well as "butchy" teenage lesbians and "nelly" teenage gayboys.

This has led some activists to push for a compromise which will both remove GID as a mental disorder and retain a medical basis for reimbursement.

TORONTO SERIAL KILLER TARGETS TRANSPeOPLE

Toronto, Canada, May 23, 1996: As rain fell and fireworks boomed in the late hours of Monday's Victoria Day holiday, three young women were found dead, all shot execution-style in the back of the head. Toronto Metro police identified 2 of the 3 as transgender prostitutes. Police speculate that the third was possibly mistaken by the murderer as a transgender, then killed "in error".

Killed were Deanna Wilkinson (31), Brenda Ludgate (25), and Shawn Keegan (19). "They all died of gunshot wounds to the head and they were all killed by the same gun," Detective Sergeant Jim McDermott told a news conference at police headquarters yesterday.

Toronto Police issued a Canada-wide warrant naming Marcello Palma, of New York, on three counts of first-degree murder. Within two weeks of the warrant's issue, Police received a phone call stating that Palma was staying at a waterfront hotel in Halifax. Desk clerks at the Halifax Sheraton said 30-year-old Palma checked into the Sheraton using his own name and an American Express card to book the room.

Palma, an air-conditioning and furnace-repair worker, was arrested at the waterfront when he returned to the Hotel at around 7 p.m. Toronto police say Palma was not previously known to police. Palma lived with his young wife, and an infant daughter.

Valerie Scott, spokesperson for the Canadian Organization for the Rights of Prostitutes, says laws against prostitution are to blame, forcing working girls onto the streets which are even more dangerous for transpeople. She added "They're really outcasts. The gay community doesn't want to help them, the prostitute community doesn't want to help them."

ANOTHER SUSPICIOUS TRANS-MURDER

Minneapolis, MN, June 1996: Minneapolis police are investigating the beating death of a 38-year-old man they described as a transient and transvestite with a history of prostitution. The body of Rodney Dale Neadeau was discovered on a Friday at about 1 a.m. in a condemned and boarded-up building. Police have no suspects in the case.

Said a Menace spoketrans, "Increasingly, it is those most vulnerable, and marginal among us, the impoverished, homeless, HIV positive, and sex workers, who are the targets for hate crime and violence. Yet, official reports stating only that 'a male transvestite was found...' or 'a man in women's clothing was discovered...' erases our identities."

CIVIL RIGHTS ROUNDTABLE: COMING AROUND?

For the first time, the Civil Rights Roundtable, the national coalition of groups engaged in "queer law," has openly considered representing transgender people.

The Roundtable is composed of groups including the Lambda Legal Defense Fund, the NY Center for Lesbian Rights, the American Civil Liberties Union Gay Rights Project (ACLU), the Gay and Lesbian Alliance Against Defamation (GLAAD), and others. It meets twice a year in different cities around the country.

Through their local chapters many of the Roundtable's member organizations have long resisted representing transpeople, arguing that they were concerned only with "sexual orientation." Although the Roundtable itself does not set policy, this is clearly a dramatic turnaround in their willingness to consider transpeople part of the larger queer community.

TRANSEXUAL MURDERED IN CHICAGO

Chicago, IL, April 11, 1996: In one of the most brutal hate crimes in years, Christian Paige, a 24 year old transsexual woman, was found savagely murdered in her apartment on Friday, March 22. Ms. Paige had been brutally beaten about the head, strangled, and then stabbed deeply in her chest and breast area between 15 and 2 dozen times. Her assailant then set fire to the crime scene.

Ms. Paige, a native of Nashville, TN, had recently moved to Chicago where she was saving money towards sex reassignment surgery. She had a highly successful career in clubs as a former Miss Gay Nashville and Miss Midwestern Continental. Said a close friend, Marisa Richmond of the Tennessee Vals, "It's hard to fathom that somebody who liked to see people laugh and smile so much could bring so many tears, but that is how much we were touched by her."

DEMONSTRATION/VIGIL FOR CHRISTIAN PAIGE

Chicago, IL, May 17, 1996: Dozens of activists from across the queer spectrum held a demonstration/vigil in the heart of Chicago, Daley Center, for Christian Paige. The event was staged to focus public attention on gender violence in general, and the savage murder of Ms. Paige in particular, which was ignored by local straight media.

While some activists carried posters with pictures of Ms. Paige headed "In Memoriam," and "Transpeople are NOT disposable", others distributed more than 1,500 leaflets to passersby. No one has

been arrested or charged for the murder, and despite the level of violence, Chicago Police have refused to classify it as a hate crime.

Present at the event was a cross section of the entire genderqueer community, including members of Transsexual Menace, It's Time Illinois, TOPS, Queer Nation, and the Anti-Violence Project (AVP). Declared Miranda Stevens, vice-chair of It's Time Illinois, "The tragic murder of Christian Paige is the kind which results when a group of people are marginalized to the point of being considered less-than-human. Each and every transperson, is a real, valuable, and precious human being."

QUEER DOCS CLARIFY MISSION BY AXING TRANSPeOPLE

San Francisco, CA, April 5, 1996: In a move that left transexual members stunned and angry, the Gay and Lesbian Medical Association (GLMA), one of the nation's oldest and most prestigious organizations for queer physicians, removed all reference to transpeople from its letterhead and mission statement. The move unpublicized and unannounced move occurred during GLMA's February 16 board meeting in Washington, DC. The Board has emphasized that transgendered physicians are still welcome in GLMA.

Members learned of the action only the following month, when a disgruntled Board member leaked word to founding member and transexual physician Joy Shaffer, MD, a San Jose internist. Echoing "mainstreaming" by other national queer organizations, GLMA President Valerie Ulstad questioned any expansion of GLMA's long-standing advocacy of "sexual preference" to include "gender expression." She explained that GLMA's board sought to "better define its mission".

QUEER DOCS RE-INSTATE TRANSPeOPLE

San Francisco, CA, May 2, 1996: Following a protest of over 40 people, including Bay area members of the Transexual Menace, and organized by GLMA doctor Joy Schaffer, the GLMA board voted to reinstate transgender people in their letterhead and mission statement. Demonstrators chanted "Hey doctors / get a clue / some of us / are some of you". Some carried signs saying "Keep all stripes in the rainbow". Ben Shatz, GLMA Executive Director, admitted the Board was naive about how removing transgender would be perceived, stating "Transgender members are an important part of the group..." However he noted GLMA's focus is still gay and lesbian concerns.

RED LION ROARS: BATHROOM BUST FOR TRANSPeOPLE

Denver, CO, March 12, 1996: In a bizarre incident reminiscent of the bathroom busts historically used against gay men, more than half a dozen transpeople were cited by police for using the women's room at the Red Lion Inn, prior to a local drag event. Claiming that an unidentified "hysterical" woman had complained of "men in the Ladies room," the Hotel posted security men outside bathroom doors. They followed the women inside, apprehending and escorting them to the Hotel security office. There, a Denver police officer issued them citations and had them escorted off the premises.

It is unclear why hotel security officials watched the women enter instead of informing them that the bathroom was off limits. Said one activist, "The Red Lion never offered any explanation why men in evening dresses and minis, wearing high heels and hose, were better off standing at urinals in the men's room than using the women's room."

HRC'S TESTIFIES FOR HATE CRIMES TRANsINCLUSION

Washington DC, March 22: Inserting testimony about transviolence into the hearings for the Hate Crimes Statistics Act re-authorization, Human Rights Campaign Executive Director Elizabeth Birch fulfilled promises she made last year to trans community leaders.

Following nationwide protests by transactivists against HRC's general policy of trans-exclusion, Birch had offered to support

transinclusion in the Hate Crimes bill. Fulfilling that pledge as part of her 5-page testimony inserted into the Congressional Record, Birch detailed the brutal slaying of Brandon Teena, adding "...there is another group of Americans who are targeted for hate crimes. It is HRC's position that they should also be covered under the Hate Crimes Statistics Act.

HATE CRIMES BILL OMITs TRANSPeOPLE AGAIN

Washington, DC, July 4, 1996: President Clinton has signed the Church Arson Prevention Act, which re-authorizes the Hate Crimes Statistics Act. HCSA includes "race, religion, sexual orientation or ethnicity", once again excluding transpeople except when they are suspected of being gay or lesbian.

Said Dana Priesing, GenderPAC's DC lobbyist, "A keystone in GenderPAC's 1997 Congressional agenda will be to get coverage within HCSA for all of us in the queer community."

BOSTON MOURNS AFTER TRANSEXUAL MURDER

Boston, MA, December 22, 1995: Following the November 20 slaying of transexual woman Channel Pickett, 250 members of Boston's queer community gathered at a local church to remember her and voice their outrage. The service was organized by Sue Hyde of NGLTF, Robb Johnson of Fenway Victim Recovery Program, and Nancy Nangeroni of the Menace. Chanelle's twin sister Gabrielle, also transexual, recalled her sister's energy and spirit, calling upon all present to use her twin's death as motivation for fighting hate crimes. The service was followed by a candlelight vigil to the State House where a memorial wreath was laid. In a related action, on December 18 activists calling themselves the "Remember Chanelle" committee announced formation of a range of local task forces to fight bias crimes.

BIRDY JO HOAKS RELEASED FROM JAIL...

...FACES HATCHET JOB BY NBC.

Birdie Jo (Chris) Hoaks, a 25-year old transgendered person, has finally been released from jail, after serving only 2 months of an 18 month prison sentence in Salt Lake City, UT. Hoaks, an indigent person, had been convicted for Theft of Services after presenting himself to Social Services as a young boy. S/he has repeatedly claimed s/he only did so in desperation after being refused a bed in the women's shelter for being "too butch."

According to Hoaks, following his release s/he was approached by NBC Dateline to tell the "true story." Instead, the segment, called "The Birdie Who Stole Christmas" featured Hoaks as a scam-artist single-handedly stealing Salt Lake's Christmas. NBC also disclosed details of Hoaks' employment causing him to be fired and leaving him indigent once again.

Said Menace spoketrans Jess Bell, who has worked with Hoaks from the beginning, "Chris is a transperson in a society which punishes gender variance, and a poor person in a society which punishes poverty."

TRANS-TEACHER IMPRISONED FOR SEX MISCONDUCT

Hartford, CT: (From the Hartford Courant, 1/11/96, by Steve Jensen, Staff Writer) 25-year-old teacher Nancy Miscenti was sentenced to 4 months of prison for molesting 6 East Hartford elementary school boys. Miscenti claimed the boys misunderstood her confused behavior during transition, misinterpreted hugs and touches on the arm. She attributed the charges to prejudice against her flamboyant style, heavy makeup, and low-cut dresses.

But her attorney, public defender Todd Edgington, acknowledged Miscenti engaged in "sexually inappropriate conduct," adding, "she desperately needed an affirmation that she was a real woman."

Judge Terence A. Sullivan cited Miscenti's "lack of taking responsibility" in sending her to the State's Maximum Security Prison

for women, a harsh move considering Miscenti who was not deemed a further risk. Miscenti, who wept and pleaded while she was led away, said she didn't think jail a possibility when pleading No Contest to 4th degree sexual assault. She has been kept isolated in the psychiatric wing for her own protection.

🔥 MENACE AXES NBC PICKET FOR BRANDON TEENA "JOKE"

New York City: Following a week of intensive discussions with NBC officials, the NYC Menace decided to forgo a planned picketing of Saturday Night Live. The threatened action in followed a February segment of SNL's "Weekend Update" by staff regular Norm MacDonald in which he stated: "In Nebraska a man was sentenced [to die] for killing a female crossdresser who had accused him of rape and two of her friends. Excuse me, but in my mind they all deserved to die."

Following expressions of outrage across the trans and queer communities, Menace spoketrans contacted NBC, vigorously expressing their shock and anger. They received immediate responses from the head of NBC's Standards & Practices, as well as Media Relations. Reviewing the show, NBC agreed the line *was* inappropriate and should not have aired, adding that similar incidents would not occur.

🔥 SEAN O'NEILL GIVEN 90 DAYS BY COLORADO JUDGE

Colorado Springs, CO, February 16, 1996: Ending months of legal maneuvering and bizarre testimony, 21-year-old transsexual man, Sean O'Neill, was sentenced to 90 days in County Jail and 6 years probation. Facing multiple charges which totaled 48 years in prison, O'Neill had no choice but to accept a plea bargain. His sentence was generally regarded as a victory for the defense, after the prosecution had sought at least a year in the State Prison.

O'Neill was originally charged with sexual assault and statutory rape for sexual relationships involving 4 local girls, 2 of whom were under the statewide age-of-consent of 15 (O'Neill was 18). The case was largely the product of a parents outraged to find the boy their daughters were dating was "really a girl." Sex between consenting hetero teenagers usually results in a misdemeanor and a warning. O'Neill lives and identifies as a male but has yet to undergo any surgical or hormonal procedures.

Over 20 members of FTM International, TOPS, the Menace, and Menace-Men, Lesbian Avengers, Bi-Net USA and Ground Zero demonstrated outside the courthouse. During sentencing, activists packed the courtroom in a show of support for O'Neill. Both Jamison Green and Tonye Barreto-Neto testify on Sean's behalf, and withstood vigorous prosecution cross-examination. As a Sheriff's Deputy from Hillsborough County, Florida, Barreto-Neto's testimony was particularly effective. In an unprecedented move, following their testimony the presiding judge declared O'Neill would not have to serve his sentence until a cell was available where he would not have serve with the men, or as a woman.

O'Neill's public defenders, Bill Martinez and Ilene Bonnet called Green's and Barreto-Neto's testimony, plus the presence of so many activists, "crucial." Declared an elated Martinez, spotted afterwards at a popular local bistro wearing a Transsexual Menace-Men T-shirt: "I am just so glad the transgender community showed up. Without their participation, we just would have floundered. It's so rare to have that kind of support in cases like this one. I walked around all day about 6 inches off the ground."

🔥 MENACE PICKETS ABC 20/20'S JOHN STOSSEL

New York City, January 23, 1996: Responding to transphobic comments about decorated 24 year Police veteran Lt. Janet Aiello's appearance in a groundbreaking 20/20 segment on transgender cops, Menace members leafleted ABC's NYC Headquarters. The action was deliberately kept low key in keeping with a perception that the segment

was basically positive. ABC staffers, including several executives, stopped to chat and express support, enjoying the leaflet headlined "ABC's Stossel Bites Transexual Cop: Film at 11!"

Declared Menace spoketrans Riki Wilchins: "Stossel's comments about Lt. Aiello's looks were completely unconscionable. The media tends to target those of us who are most vulnerable, implying our appearance is somehow an embarrassment and therefore we are at fault for the hostility and prejudice we encounter."

🔥 TYRA HUNTER CASE REOPENED BY DC FIRE DEPT.

Washington, DC, December 4, 1995: Following meetings with queer leaders, the DC Fire Dept. have reopened the investigation into the death of Tyra Hunter. An EMS technician had stopped treating Tyra as she lay dying in the street after he discovered she had a penis. The announcement caps months of escalating pressure by queer activists, including the October demonstration outside Mayor Marion Barry's office by 45 transpeople and Menace-ites who were in WDC attending the 1st National Gender Lobbying Day. Tracy Conaty of NGLTF credited that demonstration, which proved the case had secured national attention, with playing an important role in getting it reopened.

🔥 TRIAL DATE SET FOR MURDER OF DEBORAH FORTE

Haverhill, MA, July 1996: A preliminary date has been set for the trial of the confessed murderer of Deborah Forte. The murder took place more than one year ago, even as activists were demonstrating at the Brandon Teena murder trial.

Although the District Attorney says that he expects that the date will probably be postponed, a trial date has been set for September 9. Menace activists have committed to staging a demonstration on the opening day of the trial. Local press coverage and police action has been notably lacking in transphobia, and the action will focus not on media or authorities but rather on expressing sisterhood and community with the victim, and support and compassion for her family and friends.

🔥 TRANSGENDER ANTI-DISCRIMINATION SPREADS

Add Berkeley, CA to the list of cities with anti-discrimination ordinances that protect transsexuals. Berkeley joins Santa Cruz and San Francisco in addressing the issue of discrimination faced by the wider queer community. The Silicon Valley Gender Association is busily pushing to have other cities and or counties in the Bay Area pass similar legislation.

Meanwhile TG and queer activists and friends, working with Cambridge City Council members, have begun a drive to amend to the city's human rights ordinance to protect transgenders from discrimination in employment, housing, & public accommodation.

Iowa City has amended its human rights ordinance to include "gender identity". The amendment was especially notable for passing unanimously, and on Iowa City's Election Day.

Finally, on Wednesday, January 10 five members of the Portland, Oregon transsexual community appeared before the Portland City Council and made a formal request that a hearing be held seeking inclusion of the city's transsexual and transvestite community in the city's human rights ordinance. Activist Margaret Diedre O'Hartigan read a statement before the city council. One channel conducted and informal viewers' poll which recorded 45% for inclusion, and 55% against.

Amazingly, the Willamette Week also carried a response by a transsexual group lead by Andrea Abemathy which opposes the city providing protection. Denying transsexuals in Portland are the subject of discrimination, Ms. Abemathy reportedly stated, "There are people that look at us kind of funny, but to be discriminated against in any business, conveyance or employment? No." [*We don't make 'em up. We don't have to. - ed.*]

The Making of a Compact Model

By Victor

A lifetime and three years of waiting...The final six months were spent biking 6 to 8 miles a day, twice that on weekends; light weight lifting and stretching exercises to maintain flexibility. All this in order to be prepared for a hysterectomy and metadoioplasty.

At pre-op, I didn't ask too many questions about the procedures about to be performed. I had read about it and put complete faith in the skill of the doctors. I opted for the basics: snip, shift, and sew.

The morning of the surgery was one of suppressed excitement and anticipation. On the way to the Recovery Inn, my stomach was fluttering with butterflies, but I didn't dwell on what was to happen. Instead, I focused on each little moment, the here-and-now.

At the Recovery Inn, the doctors and nurses processed me with forms, vital signs, and an E.E.G. because of (previous) high blood pressure. In spite of what was in store for me, my blood pressure was normal for the first time in years. The anesthesiologist came in and gave me an injection to begin doping me. At first I didn't feel anything, but walking into the operating room, I felt somehow removed from myself. The table I was asked to climb on seemed too narrow. It looked as though I could easily roll off during surgery. An IV was hooked up as I looked at the clock.. It was almost 7:30 a.m. Suddenly, I heard this buzzing sound. There was a sensation that my face was solidifying as things dimmed.

My next realization came when I heard someone calling my name as if from a great distance. When my eyes opened, the clock read 11:00. As I was wheeled into my room, the motion gave me a feeling of vertigo. Once I was settled in, the nurse asked if I had any pain. The only thing bothering me was my lower back - it felt incredibly cramped. In spite of the morphine, the dull pain remained for several hours.

The three days at the Recovery Inn were spent monitoring my vitals, measuring output of urine, and stuff from the drainage bulbs attached to tubes coming out of the hysterectomy incisions. The tubes and bags accompanied me on every walk. The nurses called the urine bag my "shopping bag." A sexist thought flashed through my head, "Only women carry shopping bags."

I didn't walk until the day after surgery, although I was supposed to be up that night. Getting up was an arduous task. I was afraid of yanking a tube out, afraid of tearing my sutures. After 24 hours on my back, my legs were so weak I couldn't lift my foot off the floor. I stooped next to the bed, hanging onto the mattress for support, willing my reluctant feet to move. They refused to cooperate until I shuffled one leg forward a-fraction-of-an-inch. Slowly, my legs remembered their function and I was able to shuffle into the hallway.

Just imagining how I looked made me want to

laugh, but the laughter hurt. My lower back was cramping from maintaining the weight of my upper body. By tilting my head up, I was able to relieve some of the pain. Something in my lower right abdomen was causing excruciating pain. It felt like a severe rug-burn. It went away after lying back down. My second walk was a piece of cake, as I was doped with morphine before starting off. I was even able to push the IV tree, something I was unable to do on the third walk because of pain. On that walk, I only made it to the doorway before I had to return to bed. A walk later that night got me out of the door and into some fresh air. Being able to see the dim stars was a morale booster.

Before surgery, I had been presented with a blue plastic contraption that looked like a child's toy. It had three balls in three vertical tubes. I was shown how to use it - suck in as deep as possible to raise all three balls. When I first tried it out, I thought, "This would make a radical bong." After surgery, I was told to suck on it ten-times-every-hour to prevent pneumonia. The first few times it was difficult to get even one ball up. The idea of getting pneumonia was incentive enough to make sure I got all three balls up.

The doctors came in to check on me. There was nothing coming out of the right drainage tube, so it was yanked out. Even with the tube gone, I was still plagued with pain in that area. Every time I got up to walk, the pain would return, even after a dose of morphine. It would vanish as soon as I was back in bed.

Between injections of morphine, antibiotics, TV, and raging thirst, I passed the hours. The nurses told me that I wasn't allowed to eat or drink until I passed gas. I began to think of sneezing and how it would hurt. The thought of sneezing kept coming unbidden like a bothersome mosquito. Thirst also occupied my thoughts. I felt over-heated in that room. A few times, I had the nurses dampen a rag for me, presumably to cool my head. As soon as she was gone, the rag went into my mouth. I did get a glass of ice-chips at one point, but it was taken away by another nurse.

Passing gas is a normal, every day thing. Yeah, right. I began to urge my body, coax it into taking care of business, so I could have something to drink. It rebelled. I began to mentally curse the doctors who didn't give me anything to assist the process. When the big event did happen, it wasn't that big of a thing to the nurse. She made a "good-for-you" comment and went about her way. I was bewildered. Where was my reward for this great event? I felt like a cheated child. Twice more I passed gas, and still got nothing for my efforts.

The next, and final day, the nurse had me up to have a bowel movement, which was somewhat painful. It also happened to be my birthday and I celebrated with a shampoo and sponge-bath. I felt like a new man. Once back in bed, I dozed off.

When I awoke, it was as if a magic genie had granted a wish, for there before me was a tray laden with goodies: popsicles, jello, soup, and juice. The popsicles went first - I was not in the mood for saving the best for last. Another nap followed, and again, upon awakening there was another offering - solid food.

The noon hour arrived and my ride was due at one. The nurses began unhooking me from the IV and the leg-machine, something that kept pumping air into contraptions wrapped around my legs to help with circulation. It felt good to be free, but there was a slight feeling of insecurity. The nurse strapped a portable urine bag to my thigh. She helped me get dressed and into a chair. I was almost overcome by an intense pain in my right side. It was so severe, I broke out in a sweat and felt on the verge of passing out. The nurse gave me a bulky pain pill.

My escort arrived and I began to shuffle out of the room, still doubled-over and in pain. After a few yards, I had to admit that I wasn't able to walk to the car. A wheelchair was provided. Once I settled into the car, the pain subsided.

In my hotel room, I went to the bathroom to take off the "piss-bag" and attach the dependable "shopping-bag" and got pee all over myself. Frustration and fear began to mount. I wasn't ready to be left on my own, to fend for myself. I did manage, though.

Getting in and out of bed required caution for fear of overstraining something. Also it was difficult to regain leg-power each morning. My legs, particularly the hips, would be stiff from being in such an awkward position - frog-legged. This was why I had done some of the stretching exercises before, to alleviate some of the muscle stress. Sitting was uncomfortable due to the stubbley hairs that were growing out, and I was afraid of popping the scrotal expanders, which was an unfounded fear, but was real to me then, nonetheless. I still had to walk hunched over, which was troublesome while washing up. I got weak if I stood too long, and the pain in the right side would return.

It was recommended that I drink cranberry juice to help prevent a urine infection. I drank gallons of that juice, along with lots of water, and herb teas for variety. My food consisted of mostly fruit, bread and cereals, and microwaveable soups. I tried to stay away from anything that made hard stools.

A week after surgery, the catheter was removed, much to my relief. It was annoying whenever the tube got an airlock and had to be manipulated. I could never get used to the feeling of the tube moving around in my bladder. The one good thing about the catheter was not having to get up in the middle of the night to pee.

I kept the catheter clean with hydrogen peroxide, wiping carefully with a cottonball from where

continued page 10

Compact Model, continued from page 9

it entered my body to several inches downward. After the catheter was pulled, the bolster was removed. That was one painful experience, but the nurse did a really good job. What was under the bolster was already sensitive and it hurt as the wad of material was carefully removed. The caked blood didn't make it any easier.

Once the bolster was removed, I was told to keep the area uncovered, to remain laying spraddled in bed with my legs up on pillows. Lying in this position was tiresome, especially on the tailbone. I had gotten a cushioned seat designed for tailbones, but it was more uncomfortable. In the early morning hours, my legs would go into spasms, tightening up and twitching. I began stretching my legs and rotating my ankles to loosen them.

For a month after the catheter was removed, my bladder didn't function as usual. It wouldn't hold as much, and when I did urinate, it just dribbled out. It was frustrating to feel the urge but just have teaspoons come out. During a check-up, I mentioned it to a nurse, and learned it had to do with the hysterectomy and I needed to retrain my bladder. Six weeks after surgery, my bladder finally returned to its normal level of function, although sometimes, after I'm zipped and buttoned up, I feel urine slide down my leg even after my bladder seems empty.

About three weeks after surgery, some of the sutures were removed. The nurse pulled out the ones along the hysterectomy incision without a problem. It wasn't until she began working in a very sensitive area, the tip of my penis, that I began to sweat. There wasn't much pain; it was just the thought of her down there in such a delicate area with sharp tools that was painful. The paper covering the chair was soaked in sweat. Only after the stitches were removed was I allowed to shower.

Although uncomfortable due to my stooped posture, my first shower felt marvelous. Twice a day, I used a squirt bottle to wash the area with 5 parts water and 1 part hydrogen peroxide. Then, I soaked for 10 minutes in what the nurses called "magic solution." With Q-Tips soaked in the water/peroxide solution, I swabbed the new creases. I did each type of cleaning until no more gunk came

loose. There was some seepage underneath the penis that required special attention. A gauze pad tucked under there was changed several times a day.

After the first week, I was up and about, although some pain in the lower right side still persisted if I stood for too long. I refused to take the prescription pain pills because they tended to make me feel stoned when combined with the antibiotics, a sensation that I did not enjoy. Any ride in the car caused some pain from the pressure of the seat and clothing.

Wearing clothing was extremely irritating to my penis. Sweatpants and baggy shorts were most comfortable. At a store, I found jock-straps with cups. I bought one, which seemed to help. Although the edges of the cup dug into my skin, it was less irritating than the clothing. A new problem presented itself. The penis seemed to attract things to it like a magnet. A couple of times, as I pulled my belt off the rod in the closet, the buckle would swing back and hit me. The same thing happened with towels, and even the backs of chairs as I walked by them. Just hours after the first saline solution injection into the testicular expanders, my cat jumped on me as I lay outstretched on the bed. He made a perfect four-point landing on my crotch. It didn't hurt, but the idea of my new testicles getting squashed wasn't very comforting. It was a good thing his claws were retracted.

As the days passed, I was able to stand more erect and to walk a little further every day. I had to get out and walk, to be outdoors. I tried sitting by the swimming pool, but that wasn't enough. The milestone came when I walked four blocks to do my shopping. Carrying anything heavy was out of the question, but being able to do things on my own did much to improve my morale. Sleeping in one position every night was tiresome; it caused muscle spasms and soreness. Rolling over on my side, I placed two pillows between my knees to keep my legs apart. This brought relief to my back and tailbone.

Friends were a morale booster. They visited me and did the heavier shopping, supplying me with home-cooked meals. Living in a motel room for

five weeks was a bit trying, more so than recovery itself. As I became more mobile, I yearned to return home, but I had allotted myself that five weeks in Palo Alto to make sure everything healed correctly.

My final visit to the doctor's office was uplifting. I was deemed in good health and healing quite well, with one exception. Earlier in the week, I had found some white stuff under my foreskin. I had tried gingerly to wipe it off with Q-Tips but it was stubborn. I showed it to the Doc and he labeled it smegma, something common among little boys with foreskins. The nurse came in and, using some pressure, removed most of the stuff with gauze and a wet solution. Thereafter, it became, and still is, an area to be cleaned daily, as is underneath the penis with Q-Tips and hydrogen peroxide. (The first time the Doc lifted my penis - none too gently, I thought - to check underneath, I raised my hips, afraid he was going to rip the thing off my body. The nurse told me that it was naturally attached underneath, so there was no threat of it coming off.)

Pressure from clothing is becoming less of a problem as I adjust to having this new equipment. My waist size has increased an inch from being inactive for so long. I can wear jeans with comfort now, only because my older nephew gave me his larger jeans. The area where the left port is had become irritated when I sweat. For awhile, I rubbed Betadine over the ports and down to the "T". Pimples had been forming in that area and Betadine prevented that from happening.

I am quite satisfied with the results of the surgery. It is a little, stubby thing, but very sensitive—which is what counts the most for me. I didn't choose to have anything more complicated done; I like this compact-model-with-no-extras just fine. I wanted to get on with my life which had been on hold for too long. My thanks to Dr. Laub's staff for a job well done. I would also like to thank the group that meets in San Francisco for being there. Listening to your stories reconnected me. Living in a small town in rural Alaska can make one feel too alone. Friends, family, and co-workers can be supportive, but they just don't understand what I'm going through. The main surgeries are over, but the journey continues. QUYANA (Yupik for thank you) to all my old friends and new friends who were there when I needed them.

5820. The block is called the "██████ BLOCK."

Rooms are double-double (which can hold four people if you coordinate your state or city through It's Time America, Tri-Ess or other similar tg community groups or nets) for only \$59 plus tax per night (that is about \$16.23 per person per night if you can work out four folks per room). The hotel is a six block walk from the Metro-Rail if you fly in through Washington National or a 45 minute shuttle if you fly into Baltimore-Washington International. (Southwest flies to BWI and my experience is that if tickets are bought very much in advance, the rates are very reasonable on Southwest.) The hotel's front desk can take your

Third Organized Transgender Event In DC

Phyllis ██████ aka "the phyllabuster", here. On Sat. Feb 22 1997, I will be at the Quality Inn, College Park, Maryland. I plan to make myself available to train anyone else who chooses to join me on Sunday evening beginning at 7PM. On Monday the 24th and Tuesday the 25th, I will accompany all who have chosen to come along the Metro-Rail into DC to meet with their Members of Congress and educate them that:

1. we do not fit their stereotypes;
2. we live and vote in their districts and states;
3. we are the victims of hate crimes and violence, yet statistics are not collected on the hate and violence against us;

4. we lose our jobs and have no federal job protection;

5. we do have same-sex marriages; and

6. we still do not fit their stereotypes.

On Wednesday the 26th I will pick up lose ends and fly home that afternoon.

This is NOT a lobbying event., THIS IS AN EDUCATIONAL EVENT.

We must educate the folks in DC and their staffs as to the above six items. They will not abuse us if they know us as real people who hurt and cry, who aspire and care, who are honest and hard-working.

I've a block of reserved rooms at 1-301/864-

cont. in special insert section

Stand Up for Yourself!

An Open Letter to the FTM Community

by Patrick [REDACTED]

My name is Patrick [REDACTED] and I am a pre-op Afro-American female-to-male. I am here today to address the FTM community on many issues concerning our community. I was newly-elected to the San Francisco HIV Prevention Planning Council (HPPC) as a representative of FTM International; my first meeting was February 8, 1996. I was also elected Chair of the Epidemiology and Research Committee of the HPPC. My other community advocacy memberships include San Francisco Transgender Community Task Force, where I am an Outreach Committee member, Co-Chair of the Transgender Advisory Panel of Community United Against Violence (CUAV) as well as a member of the People of Color Advisory Panel of CUAV.

I am currently meeting with the AIDS Project of the East Bay in Oakland to do outreach in the FTM community, and to form a Transgender Community Task Force (of the East Bay) to address the many issues of the FTM community. Now is the time, my brothers, to step out of the darkness into the light and begin to advocate for our community. We need capable FTMs in city government positions, especially the Alameda HIV Prevention Planning Council. It is now our moment in history to make significant gains in our community. The few who are in the fight for our rights cannot do it alone. We need your support on all levels.

I am currently attending a local college to obtain my AA degree in Chemical Dependency Studies in 1998. I will have earned my certificate in this field from Cal-State Hayward in June, 1996.

I am an addict in recovery for 4 years through the grace of my Higher Power. My purpose today is not to brag about the many blessings which have been bestowed upon me recently. I am speaking today out of concern for the apparent lack of support from this community on even a basic level. Many of you were probably unaware that an FTM was even on any type of HPPC. What is more acutely noticeable is the lack of interest in a great majority of this community to become involved in any organization that deals with our concerns. I have been in attendance at many meetings, seeing the same people there time-after-time. My

question to many of you is why is this so? This community complains about not having a voice or anyone to listen to our needs.

Time has changed for our community. We are in the spotlight. Now it is apparently trendy to acknowledge some type of transgender person- at least the talk shows have. Sometimes these portrayals aren't true to real life, but at least the term "transgender/transsexual" is out to the public.

I am here to inform you that I'm no longer content to live my life in the shadows and hiding in a closet, fearful of what may or may not happen to me because of

**I am challenging all
of you in the FTM
community with
3 simple "ups"
*Stand Up,
Show Up,
and SPEAK UP!***

my being FTM. I refuse to live on my knees, bowing down to fear as though it were a god to be feared. If my years of using and abusing drugs and alcohol didn't kill me, who or what is there for me to fear? For far too long, many of my brothers have been content to live in fear, although I fully realize that we all face threats from various segments of society.

Some are verbal, sexual, physical, and life-threatening issues that face us on a daily basis. Many of us carry that baggage of fear with us each and every day wherever we go. Laden down with fear, which stunts our spiritual, emotional, and mental health as people. It is this fear that keeps many of you from attending the meetings that advocate for our community. We complain about this and that, but where are you on the nights or afternoons when too few FTM advocate leaders are out on the firing line, fighting as best they can for our rights? Are some of you too busy surfing the remote, watching the last of Rikki Lake or Richard Bey, or the cartoon

hour, or whatever? I realize that some of us are blessed enough to have employment and just might be working during these hours. But, what about the rest of you? As I sit on my seat at the council, there is not one FTM present to lend support or comfort. The same is true at other meetings with a lack of FTM visibility. The comment is always where are we? Why are we still invisible even to our own community?

It saddens my heart to watch our community be so fearful that we are sabotaging our own progress. It appears that our community holds diverse thoughts around advocating for our rights. I'm very thankful for our leaders who aren't sitting on the sidelines waiting for someone else to advocate for us a better life in this community. There are many FTMs who are reluctant to attend any meetings or support the leaders in their efforts. Being an FTM carries some responsibilities including taking charge of your life on all levels. It has nothing to do with manhood or what is or isn't below your navel.

Our leaders will one day no longer be on the firing line for us here today. When the tide of discontent rears its ugly head to take back our most basic civil and human rights, many of you will be caught in the madness, and lost with no direction to challenge those forces. We are in a war, whether the majority of FTMs acknowledge that reality or not. I am fighting for our rights as citizens of this country, which clearly discriminates against FTMs. The government officials that we now have in power will be replaced by others some day, and how they will view our community remains to be seen.

I am challenging all of you in the FTM community with the three simple "ups." To all of you who still don't get the message - We need to stand up and advocate for our rights at every level. We need to start showing up at the various meetings to support our leaders and join in that process. Last, but not least, let's speak up and give a loud voice to our community that cannot be drowned out by those who seek to keep us silent.

networking

M-to-F pre-op, 39-years-old, wishes to correspond and meet F-to-Ms in the Carolinas. I am understanding and open. Contact

Terri [redacted]

Conover, NC [redacted]

Transsexual men or women who are moderate conservative/Republican or Libertarian, please contact me :

B.P.H. [redacted]

NC [redacted]

Pacific Center

Since 1973, the Pacific Center in Berkeley has provided services by and for the lesbian/bisexual/transgender/gay community. They have a small staff and a huge base of volunteers of over 100 people. Together, staff and volunteers provide counseling services, peer support groups, community outreach, information and referrals, HIV advocacy, speakers training and support services. If you are interested in their services, or would like to volunteer, call Amy at (510) [redacted]

Asian TS Club

The purpose of this group is to bring together all Asian TS people. It is thought that Asia has no International network...so most don't know what is going on within the eastern TS scene. That is why this club has been made.

TS people live in many different countries and speak very different languages from one another. We hope membership will grow to include, not only easterners, but also westerners, so correspondence for the club needs to be in an international language. Therefore, please communicate with us by using only English. Membership is available to anyone who is able to understand English.

There are many questions we hope to find answers to: What's the story in China behind the exchange surgery of internal sexual organs? Is Japanese TS life bad? Is it true that Thailand is a TS paradise? We are eager to know the answers to these questions and others. Let's exchange information!

Anyone interested in becoming a member of the Asian TS Club can contact the group by mail. Although the membership fee depends on the rate of exchange, it is approximately \$10

U.S. Once we hear from you, we'll send you a guide of information about the club. Please write:

FTM Nippon

Tokyo [redacted]

JAPAN

Call For Submissions - "Transgendered MANifesto"

Seeking articles, personal narratives, poetry, fiction, photographs, etc. from a variety of folks, including partners, significant others, supporters, admirers, and parents of transgendered men/FTMs, MTMs, boychicks, butches, as well as the transgendered and gender variant folks themselves. Send submissions/queries or requests for further information to:

Michael [redacted] P.O. Box [redacted]
Anza, CA [redacted] with a self-addressed, stamped envelope, or via e-mail at: [redacted]
(that's [redacted] as in [redacted])

This is for FTMs, butches, tomboyz, alpha females, wanna bees and SO's, and /or anyone who knows of any of the above who live in, near, around or about Richmond, Charolettsville, Williamsberg VA Beach, Norfolk, Fredericksberg, Petersberg, Hopewell, Chester, or any of the small settlements betwixt and between.

We are forming a social/support annex of the American Boyz which is an atlantic states gender variant organization.

All we need is YOU. E mail me at the above address. I need names so we can make this happen. My phone number is [redacted] Snail mail address:

Jon B [redacted]

VA [redacted]

We want to provide social, support and other related concepts to those in this area. Once a month, we link socially with The Philly Boyz, DC Boyz and Baltimore Boyz in rotational order.

OK, folks, I hope to hear from ya. The group is officially headed by Gary Bowen of Maryland

Until we meet, Peace
Jon, a Richmond Dude

The Los Angeles Gender Center announces the formation of it's bi-weekly FTM support & therapy group. Group therapy provides emotional support, and validation for your feelings and experiences, while providing a forum for the exchange of ideas and resources. Group is a relatively inexpensive adjunct to individual therapy that can save you money, while introducing you to new friends. We are here to help enter, or negotiate, your transition.

For information, please contact Amanda Silvestri, MA, at the Los Angeles Gender Center (310) 475-8880.

FTM Brother on Long Island wants to meet others, possibly to start FTM support group, definitely for friendship and connection.

Contact Mike [redacted]
NY [redacted] phone [redacted]

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Approximate time in wait is 4-6 weeks, possibly sooner if advance notice given.

Also unfortunately due to the slight increase of price I must also pass this to you, however the good news is its only \$5.00 more. Each binder under the new supplier would then be \$30.00 ea. instead of \$25.00 plus the normal \$8.00 shipping fee (total=\$38.00).

I would like to let you know that the CDS Bookstand has increased its offerings to include several books of interest to FtMs. We now carry the following books:

Sullivan's Info for the Female to Male Cross Dresser and Transsexual -- US\$12

CONTINUED NEXT PAGE

More Networking

Sullivan's From Female to Male: The Life of Jack Bee Garland -- US\$11
Medical, Legal & Workplace Issues for the Transsexual -- US\$20
Sheila Kirk's Hormones for the FtM Transsexual -- US\$10

Shipping is 10% of the total order in the US, higher overseas. Contact CDS at PO Box 61263, King of Prussia, PA 19406 or email to <bkst@cdspub.com>.

Congress Reauthorizes the Hate Crimes Statistics Act

On June 26, 1996, as part of the Church Arson Prevention Act of 1996, Congress reauthorized the Hate Crimes Statistics Act (HCSA). President Clinton is expected to sign the legislation. Congress authorized the appropriation of funds for HCSA through 2002, and permanently mandated FBI collection of data on hate crimes based on "race, religion, sexual orientation or ethnicity."

HCSA does not expressly cover transgendered persons, but does cover those hate crimes against transfolk that are based on actual or perceived sexual orientation. If you are victimized in a hate crime, if there is any chance that your attacker acted out of bias against sexual orientation, you should ask the police to prepare a federal Uniform Crime Reporting (UCR) Program incident report identifying the event as a hate crime, whether or not you identify as gay, lesbian, or bi. If the report allows such detail, identify yourself as a transgendered victim.

Not all law enforcement agencies participate in the UCR Program, and some that do seem to be deliberately under-reporting in an effort to imply that hate crimes are rare in their jurisdictions. Consequently, depending upon where you live, you may have to push to get the police to prepare a report. Contact the Department of Justice, and ask for the UCR Program, if you need information about whether your local agency participates.

Even assuming good faith participation by local law enforcement agencies, as the matter now stands, incident reports concerning transgendered victims will be combined with the data on sexual orientation bias crimes in the FBI's annual UCR compilation of hate crimes statistics. Incidents involving transfolk will not be identified separately.

I and others will be working at this end to get Congress to amend the HCSA to specifically count hate crimes against transfolk. It will be among the items we'll be advocating next Lobby Day (May 5-6, 1997). In the meantime, we'll need to collect data ourselves, and participate in the UCR Program to the extent we're permitted to, as described above. And please, be careful. There is a climate of hatred in this country, and we're among those against whom it is directed.

Dana [redacted]

Sex Continued from pg. 7

the lube breaks down. How long until that slippery feeling disappears? These are all the things that you will want to factor into your purchase.

Condoms and lubricant cost less at your local pharmacy or grocery store, but the selection tends to be limited.

PICS AND PANS

The Family Jewel is now believed to be marketed as "The Real Man" under the "Better Than Real Collection." This dildo is manufactured in 6", 7", and 9", in shades of caucasian, mulatto, and black (these are the color designations used by the manufacturer). This seems to be the only line which caters to men of color. Diameter is believed to be 1 1/2 inches. At one time, a 4" softie for packing could be ordered. The problem with the softie was ball sheer. Cost - approximately \$40-\$46.

Doc Johnson now manufactures three lines of dildos. The first are comprised of harder material and are less in price. Example of this line are The Tool (7 1/4" length, 2" width, hereafter listed as 7.25:1, cost - \$10), The Natural (6:1 or 7:1, cost - \$13-\$15), and the Ballsy Super Cock (6:1.25, cost - \$8). It comes in glossy black or pink. Harder and more unyielding than other materials, therefore easy to cause bruising with overzealous use.

The second line are the "realistic" line. These dildos are much softer and yielding than the first line and are almost identical to the Real Man dildos. However, I was unable to find any color selection. The Realistic comes in "cut" and "uncut" (referring to circumcision or the lack thereof), and in 6" and 7" lengths. Diameter is believed to range between 1" to 2", but I was unable to confirm actual figures. The Executive appears to be the same product but in a 5" length. Cost - \$35-\$45.

The third line appears to be a specialty line containing Kong (9:6.75, \$50-\$58), Chris Lord (approx. 10:3), Jeff Stryker (approx. 11:3, \$60), and Steve Davis Models (approx. 9:3, \$60). Clearly, these shouldn't be your first purchase unless you are accompanied by the person who will be sharing it and specifically requests something this BIG.

Scorpio Products: These dildos come in pastels

and are available with ridges as opposed to a fairly straight shaft. Manufactured in a variety of shapes (dolphins, dancing corn, etc.). a price check was unavailable.

Other Products: Swedish Erotica manufactures dildos competitive with the first line of Doc Johnson, but could prove problematic in a harness due to small bases (\$14-\$20). Crystal Jellies and Jelly Royale look ridiculous in clear pink and off-white colors with what appears to be glitter poured into the mold. However, they were quite yielding to the touch (approx. 6:1 - 8:2.5, \$20-\$25). The Emperor also comes in a range of colors, but I could only locate 9" and 12" models, which may be too large for a first purchase (\$45-\$50).

THE STORE AND AFTER

Don't be afraid to take your time. Read and compare the prices of similar products in each store. You might want to comparison shop. Look at the products carefully. Feel them. Is this what you and/or your partner want?

If you are embarrassed to do this alone, ask a friend for help or plan a field trip. Make it a fun event instead of a traumatic one. Preferably, take someone with you who has done this before. The people who work at these stores are used to "newbies". Get a feel for the sales clerks. Obviously, Auggie, who is reading the paper, may not be the clerk to ask for help. Check the quality control while you are at the store. Is there a return policy? Even if the policy is "no returns," ask if the product is defective. Open the product up while in the store, after you have bought it, to ensure there are no defects. You are more likely to get a return.

After arriving home with the new purchase, you will want to open the package and allow the product to air out, dissipating any plastic odors. Wash it in antiseptic soap and water. Bleach and water solution (1 part bleach to 9 parts water) is excellent for cleaning most products. Read the label for cleaning instructions before using bleach. Always pat dry. **Clean after EVERY use!**

I hope that the new purchase brings pleasure for years to come.

Questions or further information needed?
Write to Michael [redacted] at P.O. Box [redacted]
Anza CA [redacted] or e-mail at [redacted]

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admitting that we have done something wrong to our bodies and this breaks down the argument that we are becoming the sex we were meant to be. As if to say: if we were meant to be something, it wouldn't hurt. This is way erudite. I wish I could be as objective as an academic. She also uses the fact that doctors have a very difficult time constructing a working penis as proof of the body's resistance to gender, a tempting theory that moves toward feminist ideology, but too facile for real life if you ask me. Read this one and try to get your own grip on the language.

I was then in Paris (briefly) and Northern and Central Italy for a while doing nothing remotely resembling gender studies, but I did have an excursion up to Berlin as the guest of a television station and in conjunction with the television broadcast in Germany and France of Rosa Von Praunheim's latest film, *Transsexual Menace*. While in Berlin I was able to meet a number of gender activists, three FTMs from East Berlin, and the renowned transvestite Charlotte Von Mahlsdorf, whose autobiography, *I Am My Own Woman*, was also made into a film by Von Praunheim. The book is very good, a very impressive story about living through the Nazi era in Berlin as essentially a boy in a dress, which is scary enough without Nazis. Though it's not an FTM story, it's certainly worth reading because it still reflects our common TG history--and Charlotte had an aunt who could have been an FTM herself. I was delighted to meet everyone at Rosa's apartment that evening. I also enjoyed meeting Eva, a beautiful young transsexual woman from Paris (originally from Tahiti), who works with our friend in France, Armand Hotimsky.

After returning from Europe, I was home for a few days, and then I flew to Lexington, Kentucky, where I was the honored guest of the Louisville Gender Society. My hostess, Dawn Wilson, made sure I was well cared for, fed, entertained, and prepped for the two talks I was slated to give over that first weekend in June. The events were not as well-attended as hoped, but I noticed that the local GLBT press listed me as a Male-to-Female transsexual, and I overheard someone telling someone else that I was Dr. Richard Green (the psychiatrist responsible for the famous "sissy boy" studies done in the 1980's at UCLA, now at Charing Cross Hospital in England and incoming President of the Harry Benjamin International Gender Dysphoria Association). These misunderstandings could have contributed to the low attendance. I talked about unity in the GLBT communities, about political consciousness raising, and about FTM invisibility, and we had some good discussions though.

I was tired after that trip, but the following weekend I flew to Baltimore to participate on a panel of organizational leaders at the AASECT conference there, representing the Transgender

Alliance.. AASECT is the American Association of Sex Educators, Counselors, and Therapists, and the panel explained to therapists what our groups are and what we do. And on the way home, while waiting for a connection at the Detroit airport, I stumbled across the long-awaited docu-thriller *All She Wanted* by Aphrodite Jones, the *Brandon Teena Story* delivered by a journalist. This book gives the background on Brandon's family and his short life, as well as the background his two killers and some of the girls Brandon was involved with. Jones starts with the murders, then dramatizes the events leading up to them, the apprehension of the suspects, and their eventual trials. She even documents the appearance of the *Transsexual Menace*, and transsexual activism in general, through the January 1996 NBC 20/20 broadcast covering TOPS (FTM Tonye Barreto-Neto's organization for transgendered peace officers) presenting trans outrage as nothing more than opportunistic attempts to get media attention. Ultimately, this book seems more like exploitation than explanation--an opportunity to make money off of the unusual elements of a murderous act. While Jones herself (I've met her once and talked to her several times while this book was in development) behaved as if she wanted to help ensure such a horrible event never occurs again and claimed to be sympathetic to trans issues and causes, the book doesn't take such a stand. We all agree murder is wrong, and it is easy to paint the killers in a negative light. What Jones didn't do is look at the gender issues inherent in the events, nor did she present transgender activists as anything more than angry cardboard cutouts. Benign neglect, you might call it, but the net effect is that transgender issues and transpeople are treated as just another bizarre element in the tragic story of this confused young "girl" who lived "a life of deception."

Finally, a book that DOES take a stand was released in June: *Gender Shock* by Phyllis Burke. This book passionately analyzes the effects of the Gender Identity Disorder (GID) diagnosis when it is applied to children, advocating for gender independence and education, particularly around gender identity and intersex conditions. Although Ms. Burke comes from a particularly lesbian-feminist perspective, she does not trash adult transsexualism. GID treatments pursued by clinical psychologists and psychiatrists (like Richard Green...) coupled with homophobia in parents has caused considerable damage to countless children. These children might have grown up to be perfectly happy people and productive citizens who also happened to be gay, lesbian, bisexual, transsexual, or intersexed, if only their parents could have preserved their self-esteem by giving them the unconditional love all children deserve and allowed the children to figure out for themselves who they were. Perhaps some children have been helped by the barbaric behavior modification treatments and surgical procedures Burke documents, but if so you can't help wondering what other damage was

inflicted in the process. This book asks the question: What is wrong with being gay, lesbian, bisexual, transsexual, transgendered, or intersexed? And it provides the answer: Nothing, unless the people around you don't like it. Burke exposes the ridiculousness of the enforced gender binary and opens the door for its victims to speak with their own voices.

And in July, I got an early look at the galley proofs for a book many readers have been waiting for: *Body Alchemy*, transsexual portraits by Loren Cameron, will be published in November, 1996, by Cleis Press. You've seen some of Loren's work in this Newsletter, and at the FTM Conference in San Francisco; maybe you've seen it in other venues. Now you can have some of the best of the work you've already seen, plus some new images, along with various short statements by some of the transsexual men pictured, further writing by Loren, and more. Remember, it won't be available until November, but it is listed in Cleis's latest trade catalog, so you might want to prime your local bookstore.

I'm doing a lot less traveling for the rest of this year--just the FTM Conference in Seattle in August, and NGLTF's Creating Change conference in Washington D.C. in November. I might get a few more books read--then again, maybe not!

Am I A Man or a Woman by Sanda Davis, 1995, 220 pages, paper (price not available) • Personality Press • Ottawa, Canada • ISBN 0-9680508-1-6

A Self-Made Man: the Diary of a Man Born in a Woman's Body by Paul Hewitt with Jane Warren, 1995, paper, 10.99 British Pounds • Headline Book Publishing Division, Hodder Headline PLC, 338 Euston Road, London NW1 3BH • ISBN 0-7472-7819-9

What Took You So Long?—A Girl's Journey to Manhood by Raymond Thompson with Kitty Sewell, 1995, paper, 6.99 British Pounds • Penguin Books USA • 375 Hudson Street, New York, NY 10014 • ISBN 0-14-024645-2

Dear Sir or Madam: The Autobiography of a Female-To-Male Transsexual by Mark Rees, 1996, paper, 12.99 British Pounds • Cassell Publishers, Wellington House, 125 Strand, London, WC2R 0BB or: 215 Park Ave. So., New York, NY 10003 • ISBN 0-304-33393-X (hard cover) • ISBN 0-304-33394-8 (paper cover)

Changing Sex: Transsexualism, Technology, and the Idea of Gender by Bernice L. Hausman, 1995, 246 pages, paper (price not available) • Duke University Press • ISBN 0-8223-1692-7

I Am My Own Woman: The outlaw life of Charlotte Von Mahlsdorf, Berlin's most distinguished transvestite by Charlotte Von Mahlsdorf, translated by Jean Hollander, 1995, 179 pages, \$12.95 paper • Cleis Press • ISBN 1-57344-010-8

All She Wanted by Aphrodite Jones, 1996, 317 pages, \$6.99 paper • Pocket Books individual mail orders: Mail Order Department, Simon & Schuster, Inc., 200 Old Tappan Road, Old Tappan, NJ 07675 • ISBN 0-671-52667-7

Gender Shock by Phyllis Burke, 1996, 308 pages, \$23.95 cloth • Anchor Books • ISBN 0-385-47717-1

Body Alchemy: Transsexual Portraits by Loren Cameron, 1996 (November), 100 pages, \$24.95 paper, \$34.95 cloth • Cleis Press • ISBN 1-57345-062-0 (paper) • ISBN 1-57344-063-9 (cloth)

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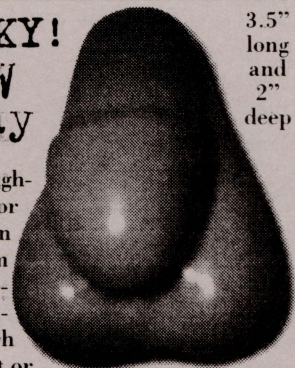
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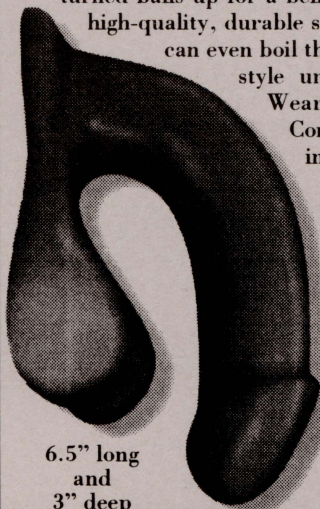
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FTM RESOURCES

UNITED STATES

California-FTM International, 5337 College Avenue #142, Oakland, CA 94618 VOICEMAIL: 510-287-2646 E-Mail: FTM News@aol.com

Under Construction, P.O. Box 922342, Sylmar, CA 91392. Contact: Jeff Shevlowitz

Florida-Eden Society P.O. Box 1692, Pompano Beach, FL 33061-9316. Contact: Maxwell Anderson & Jake Taylor. Phone: (305) 784-9316.

Nature/Services: Open transgender support group. Newsletter is EdeNews

Massachusetts-East Coast Female-to-Male Group P.O. Box 60585, Florence Station, Northampton, MA 01060. Phone: (413) 584-7616 (Bet Power)

Nature/Services: Support group for female-to-male persons and their significant others. **Enterprise**, P.O. Box 629, Jamaica Plain, Mass 02130-0006 (617) 3264. Contact: Harris Brown **BiMonthly FTM Group**,

c/o IFGE, P.O. Box 367, Wayland, MA 01778, (617) 899-2212 - An FTM support group which meets at 7pm on the first and third Monday or every month in the offices of IFGE.

Wisconsin-Gemini Gender Group. PO Box 44211 Milwaukee, WI 53214. Voice mail #414-297-9328. Notes: FTMs are DEFINITELY welcome. The local "professional" TG program in town is PATH-

WAYS, directed by Gretchen Fincke and Roger Northway, offering a connection to endocrinologists, surgeons, etc. The program has separate FTM and MTF groups. Call Pathways at 414-774-4111. A "social" support group for FTMs in the Chicago/Milwaukee areas may be starting. Call Michael #414-276-8877.

INTERNATIONAL

Australia-Boys Will Be Boys, BWBB, P.O. Box 5393, West End, Brisbane, Australia 4101. Nature/Services: Newsletter and network for FTM persons. Notes: Boys Will Be Boys newsletter

Belgium-Kortrijk, Genderstichting (Belgian Gender Foundation), Pluimstraat 48, Belgium B-8500

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

United Kingdom-London-F to M Network, London, England. Contact: Stephen Whittle, Phone: 061 432 1915. Nature/Services: Support group for female-to-male persons.

NEW LISTING

Japan-Masae Torai (FtM Nippon), Adachi-ku, Adachi-ku Nishi-post office-dome, Tokyo 123 Japan

NOTE: Send in your meeting times! Please keep us informed about organizations, support groups, newsletters and other services which specifically cater to and/or include FTMs. There are many more resources out there than are listed here, and we'd like to know about them so we can tell you!

UPDATED RESOURCE GUIDE NOW AVAILABLE

The 4th edition of the FTM Resource Guide is now available, newly updated with more listings than ever, same old price of \$5.00.

FTM Meeting Schedule 96-97

FTM meetings are on the 2nd Sunday of each month, from 2 to 5 p.m., in San Francisco. Call FTM Voicemail (510-287-2646) for details. Mark your calendars in advance!

Support

October 13 1996

December 8, 1996

February 1997

Informational

November 10, 1996

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March, 1997

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TRUE SELVES

Mildred L. Brown,
Chloe Ann Rounsley

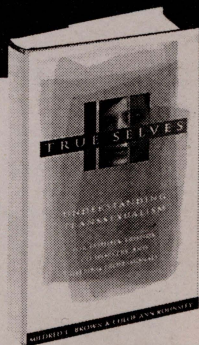
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P96B5

1st National Study of Violence Against Transgender People

Please help us by taking a moment to fill out this survey, as accurately as possible. This study is being distributed, conducted and analyzed by transpeople and friends in GenderPAC. We are trying to understand more about the violence against our community and its causes.

TELL US ABOUT YOURSELF

Today's date: _____

City where you live: _____

State where you live: _____

AGE

- 1- <18
- 2- 18-22
- 3- 23-29
- 4- 30-44
- 5- 45-64
- 6- 65+

HOW DO YOU DESCRIBE YOURSELF?

- 1- Crossdresser
- 2- Drag Queen
- 3- Drag King
- 4- Stone Butch
- 5- Nellie Queen
- 6- Transgendered M
- 7- Transgendered F
- 8- Transsexual F
- 9- Transsexual M
- 10- Intersexed

RACE/ETHNICITY

- 1- African-American
- 2- Arab/Middle-Eastern
- 3- Asian/Pacific Islander
- 4- Latina/o
- 5- Multi-racial
- 6- Native American
- 7- White
- 8- Other (specify) _____

EMPLOYMENT STATUS

- 1- Unemployed
- 2- Part-time employment
- 3- Full-time
- 4- Retired
- 5- Student
- 6- On Disability
- 7- On Welfare

SEXUAL ORIENTATION

- 1- Lesbian/Gay
- 2- Bisexual
- 3- Heterosexual
- 4- Questioning
- 5- Other

INCOME LEVEL

- 1- Under \$10,000
- 2- \$10-\$25,000
- 3- \$25-40,000
- 4- \$40-60,000
- 5- More than \$60,000

1. Have you ever experienced economic discrimination as a result of being transgendered? YES NO

If YES, please check all that apply:

- Loss of Job Loss of Promotion Demotion Not Hired Unfairly Disciplined

2. Have you ever been the victim of violence or harassment because of your status as a transgendered person? YES NO

If you answered NO, you are finished with this questionnaire. If you answered YES, please continue.

3. When you were a child, were you the victim of incest: sexual abuse, sexual touching, or rape by a relative or other authority figure? YES NO

4. Review the following list of acts of violence and harassment. For each one indicate if this has happened to you in the last 30 days, the last 12 months, or ever in your life *because of your status as a transgendered person.* (Do not count violent acts that were not related to your status as a transgendered person.)

	This happened to me in the last 30 days? (Yes/No)	This happened to me in the last 12 months? (Yes/No)	This has happened to me during my life? (Yes/No)
Street Harassment/Verbal Abuse			
Being followed or stalked			
Robbed (by one person)			
Robbed (by a group of people)			
Objects thrown at you (e.g., bottles, rocks)			
Assaulted without a weapon			
Assaulted with a weapon			
Rape / Attempted Rape			
Unjustified arrest			

5. Have weapons or other objects ever been used against you because of your status as a transgendered person? YES NO

If YES, please check the types of weapons/objects that have been used:

- 1- Bats, Clubs, Blunt Objects
- 2- Bottles, Bricks, Rocks
- 3- Guns
- 4- Knives, Sharp Objects
- 5- Ropes, Restraints, etc.
- 6- Vehicles

PLEASE COMPLETE OTHER SIDE

This study is sponsored by GenderPAC, dedicated to gender, affectional, and racial equality. Mailed responses can be returned to your local gender organization or GenderPAC, c/o R. Wilchins, 274 W 11th St, NYC 10014 (212-645-1753 or Riki@Pipeline.Com)

6. Please tell us about the two worst acts of violence you have experienced because of your status as a transgendered person.

Worst Incident #1

WHERE DID IT HAPPEN? (check one):
1. Police precinct/jail/police car
2. Private residence
3. Public transportation
4. Street or public area
5. Workplace
6. Store or restaurant
7. Cruising area
8. School or college
9. In or around business or bar
10. Public event
11. Conference or convention
12. Other):

WHAT CRIMES WERE COMMITTED? (check all that apply):
1. Assault without a weapon
2. Assault with a weapon*
3. Attempted Assault with a weapon (includes objects thrown)*
4. Verbal Harassment
5. Sexual Harassment
6. Mail harassment
7. Telephone harassment
8. Rape
9. Sexual assault
10. Abduction or kidnapping
11. Extortion or blackmail
12. Illegal eviction
13. Police entrapment
14. Unjustified arrest
15. Police raid
16. Arson
17. Vandalism
18. Robbery*
19. Larceny/burglary/theft
*List weapons, if any:
Value of stolen/damaged property \$

WERE YOU INJURED?
1. Not injured
2. Minor injury
3. Serious injury
MEDICAL ATTENTION
1. None required
2. Needed but not received
3. Out-patient (Clinic/MD/ER)
4. Hospitalization/In-Patient

TELL US WHO DID THIS? Total Number of Offenders Responsible: []

NOTE: For the remaining categories in this section, WRITE THE NUMBER of offenders next to each category.

AGE: <18, 18-22, 23-29, 30-44, 45-64, 65+, Unknown
GENDER IDENTITY: Female, Male, Transgendered - M, Transgendered - F, Unknown
RACE/ETHNICITY: African-American, Arab/Middle-Eastern, Asian/Pacific Islander, Latina/o, Multi-racial, Native American, White, Other (specify), Unknown
YOUR RELATIONSHIP TO THE OFFENDER: Acquaintance or friend, Employer or co-worker, Ex-lover, Landlord/tenant/neighbor, Law enforcement officer, Partner or spouse, Pick-up, Relative or family, Roommate, Security force/bouncer, Service provider, Stranger, Other

Worst Incident #2

WHERE DID IT HAPPEN? (check one):
1. Police precinct/jail/police car
2. Private residence
3. Public transportation
4. Street or public area
5. Workplace
6. Store or restaurant
7. Cruising area
8. School or college
9. In or around business or bar
10. Public event
11. Conference or convention
12. Other):

WHAT CRIMES WERE COMMITTED? (check all that apply):
1. Assault without a weapon
2. Assault with a weapon*
3. Attempted Assault with a weapon (includes objects thrown)*
4. Verbal Harassment
5. Sexual Harassment
6. Mail harassment
7. Telephone harassment
8. Rape
9. Sexual assault
10. Abduction or kidnapping
11. Extortion or blackmail
12. Illegal eviction
13. Police entrapment
14. Unjustified arrest
15. Police raid
16. Arson
17. Vandalism
18. Robbery*
19. Larceny/burglary/theft
*List weapons, if any:
Value of stolen/damaged property \$

WERE YOU INJURED?
1. Not injured
2. Minor injury
3. Serious injury
MEDICAL ATTENTION
1. None required
2. Needed but not received
3. Out-patient (Clinic/MD/ER)
4. Hospitalization/In-Patient

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NOTE: For the remaining categories in this section, WRITE THE NUMBER of offenders next to each category.

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RACE/ETHNICITY: African-American, Arab/Middle-Eastern, Asian/Pacific Islander, Latina/o, Multi-racial, Native American, White, Other (specify), Unknown
YOUR RELATIONSHIP TO THE OFFENDER: Acquaintance or friend, Employer or co-worker, Ex-lover, Landlord/tenant/neighbor, Law enforcement officer, Partner or spouse, Pick-up, Relative or family, Roommate, Security force/bouncer, Service provider, Stranger, Other

Help the Task Force Help You!

Participate in the TransMale Medical Information Project!

The TransMale Task Force is an educational, self-help, and activist organization for transsexual and transgendered men (people who were born female but identify as male). The goal of the TMTF's Medical Information Project is to assemble a database on medical services available to the trans men's community.

Currently the TMTF is gathering information on chest reconstruction and genital surgeries through the use of questionnaires. We also plan to distribute questionnaires to medical and mental health professionals who provide services to transmen. The information gathered in these questionnaires will be shared with the trans men's community, and will allow us to make more informed choices when choosing a doctor, surgeon, or types of medical procedures. We also hope to use data gathered in these surveys to demonstrate the efficacy of these procedures in resolving trans men's body/mind discongruity, which may increase our access to health care coverage.

Your assistance in this project is greatly appreciated!

To request additional copies of the Medical Information Project surveys, or for more information about the TransMale Task Force, please write:

TMTF
P.O. Box 14521
Portland, Oregon 97214

or email: pdxtsnews@aol.com

A note from James Green:

This is important!! *PLEASE* take a few minutes to fill out the attached questionnaires **AS SOON AS POSSIBLE** and return them to the address above. Tear off and retain this cover sheet for your reference, and to reduce return postage cost to you. A few minutes of your time, an envelope, and \$0.32 (maybe \$0.55...) will go a long way to help many other men. Your confidentiality **WILL** be respected. *PLEASE HELP. THANK YOU!!!*

TransMale Medical Information Project

FTM Surgical Procedures Questionnaire: Chest Surgery

Copyright 1996, TransMale Task Force

Mail completed questionnaires to:

TMTF

P.O. Box 14521

Portland, Oregon 97214

email: pdxtsnews@aol.com

About the TransMale Task Force

The TransMale Task Force is an educational, self-help, and activist organization for transsexual and transgendered men (people who were born female but identify as male.) The goal of the TMTF's Medical Information Project is to assemble a database of information on medical services available to the transmale community. This will allow transmen to make more informed choices when choosing a doctor, surgeon, or types of medical procedures. Your assistance in this project is greatly appreciated!

All personal information is strictly confidential. Your name and contact information will not be given to anyone without your permission.

Name _____

Address _____

Phone/email _____

Would you be willing to talk to FTMs who are considering the same procedure or surgeon you had?

yes no

(If yes, we will give you the name and number of the person and give you the option of contacting him.)

DOCTOR/HOSPITAL/GENERAL INFORMATION

I have had the following chest surgery:

Bilateral mastectomy

- With areolar/nipple grafts
- Without grafts (nipples left in place)
- Nipple reduction (nipples left in place but also trimmed)

Breast reduction

- Breast reduction using liposuction only
- Breast reduction using direct excision
 - "Keyhole" method--incision around entire border of areola with small horizontal incision on either side, or vertical incision below the areola
 - Incision around lower border of areola only
 - "Drawstring" method--incision around entire areola, with excess chest skin being removed, but no additional incisions

Did your breast reduction include reduction in size of areolae/nipples? yes no

If so, how was this accomplished? (Grafts vs. left in place and reduced by trimming)

Did your breast reduction include removal of excess skin? yes no

Bra size before surgery (if known) _____

Before surgery, my breasts were: small average large very large

Did you have any of the following health risks/problems at the time of surgery:

- Diabetes
- Smoker
- Other (describe:)

What doctor performed the surgery?

Date surgery was performed

Hospital or clinic

City/State/Country

Did insurance cover the surgery yes no

If yes, which company?

What was the medical diagnosis your insurance company provided coverage under?

Did your surgeon require a letter of recommendation from a psychiatrist to perform this surgery? yes no

Did your surgeon require a medical diagnosis of Gender Identity Disorder/transsexualism to perform this surgery? yes no not sure

Cost of surgery (without revisions)

Cost of surgery (including all revisions and followup care)

Did your doctor provide revisions, if they were necessary, free of charge? yes no did not need revisions

Why did you have this surgery (check all that apply):

- To pass as male
- To be able to go without a shirt in public
- Because I hated having breasts
- Because I was uncomfortable having my chest touched as long as I had breasts
- I was uncomfortable because my internal image of myself was flat-chested
- Other (describe)

Was cost a factor in choosing:

- this surgeon
- this type of procedure

Would you have chosen a different ___surgeon ___type of procedure if cost had not been a factor?

SURGICAL PROCEDURES/TECHNIQUES

How many hours did the surgery take?

Was the surgery performed under general or local anesthesia?

Did the surgery require an overnight (or longer) hospital stay? yes no

If yes, how many days did you stay in the hospital?

Did you find the doctor to be respectful and sensitive to your needs? yes no somewhat

Did you find the hospital staff to be respectful and sensitive to your needs? yes no somewhat

Did you experience any problems with the doctor or hospital staff yes no

If yes, please describe:

How much pain did you experience immediately after your surgery? Little Moderate Severe

How long did this pain take to subside?

Did your surgeon provide any of the following after surgery:

- Insert drains to draw off excess fluid
- Apply adhesive steri-tapes across the incisions to avoid spreading of scars
- Give you a surgical binder to help skin adhere, reduce swelling, and reduce spreading of scars
 - If yes, how long did the doctor recommend you wear the binder? _____
 - How long did you actually wear it? _____
- Other procedures(describe):

How many days did you take off from work after your surgery?

How long did it take you to be able to completely resume normal activities after your surgery?

Did you require additional touch-up operations after the surgery? If so, how many?

Was touch-up required for:

- Reduce or correct nipples/areolae
- Reposition nipples
- Remove excess skin
- Remove excess breast tissue/fat; smooth contours
- Reduce scarring or keloids
- Other (describe)

Did the same doctor perform the touch-up that performed the original surgery yes no
 If no, please give doctor's name, hospital or clinic, and city:

APPEARANCE, FUNCTIONALITY, AND SATISFACTION WITH SURGERY

How would you describe the appearance of the scars left by this surgery?

- Little scarring--not very noticeable, even close up.
- Moderate scarring--not visible from a distance, but visible close-up.
- Heavy scarring--noticeable from a distance.

What is the approximate width of the scars? _____ inches (_____ mm)

Is the chest contour natural-looking?

Is there noticeable hollowing, bumpiness, or asymmetry of the chest contours? yes no slight

Is there noticeable excess skin after removal of the breast tissue?

How would you describe shape and placement of the nipple/areola complex (NAC)? Check all that apply.

- NAC shape is asymmetrical
- NAC shape is not circular but elongated
- NAC placement is too central on pectoral muscles
- NAC placement is too high on chest
- NAC placement is asymmetrical (higher on one side of the chest than the other)
- NAC is too large
- NAC is too small

Have you experienced any of the following post-surgical complications or problems:

- Loss of nipple or areolar grafts
- Discoloration of areolar grafts
- Opening of incision sites
- Extensive (hypertrophic) scarring
- Persistent pain
- Other (describe)
- Hematoma
- Adhesions
- Keloids
- Infection
- Loss of mobility in arms/chest

Have these complications been satisfactorily resolved? yes no
Do you have nipple sensation? yes no some sensation, but not complete

Have you experienced any loss of sensation of your chest skin? yes no
If yes, over what percentage of the chest area? _____

Do you feel satisfied, overall with the appearance of your chest? yes no somewhat
Would you recommend this procedure to other people? yes no
Would you recommend this surgeon to other people? yes no

Are you more comfortable with having your chest touched now than you were before you had this surgery?
yes no somewhat not sure

Are you more comfortable with your body now that you have had this surgery?
yes no somewhat not sure

Are you planning to have any additional surgeries, and if so, which?

Did anything happen in the course of this procedure or your recovery which was unexpected if yes, please describe):

TransMale Medical Information Project

FTM Surgical Procedures Questionnaire: Genital Surgery

Copyright 1996 TransMale Task Force

Mail completed questionnaires to:

TMTF

P.O. Box 14521

Portland, Oregon 97214

email: pdxtnews@aol.com

About the TransMale Task Force

The TransMale Task Force is an educational, self-help, and activist organization for transsexual and transgendered men (people who were born female but identify as male.) The goal of the TMTF's Medical Information Project is to assemble a database of information on medical services available to the transmale community. This will allow transmen to make more informed choices when choosing a doctor, surgeon, or types of medical procedures. Your assistance in this project is greatly appreciated!

We realize that many of the questions in this survey are highly personal. Share only what you feel comfortable with. Your name, address, and phone number will be held in strict confidence and will not be given to anyone without your prior permission.

Name _____

Address _____

Phone/email _____

Would you be willing to talk to FTMs who are considering the same procedure or surgeon you had?
yes no

(If yes, we will give you the name and number of the person and give you the option of contacting him.)

DOCTOR/HOSPITAL AND GENERAL INFORMATION

What doctor performed the surgery? (if more than one surgeon performed surgeries, please list all surgeons, which procedure they did, and date procedure was performed) _____

Date surgery(ies) was performed _____

Hospital or clinic _____

City/State/Country _____

Did insurance cover all or part the surgery? yes no

If only part of the surgery was covered, which part? _____

If yes, which company? _____

What was the medical diagnosis your insurance company provided coverage under?

Did you have any of the following health risks/problems at the time of surgery:

- Diabetes
- Smoker/Tobacco User
- Obesity (25% or more over ideal body weight)
- Other (describe:) _____

Did your surgeon require a letter of recommendation from a psychiatrist to perform this surgery? yes no
Did your surgeon require a medical diagnosis of Gender Identity Disorder/transsexualism to perform this surgery? yes no not sure

Was cost a factor in choosing your: ___surgeon ___type of surgery?

If cost was not a factor would you have chosen a different :___ surgeon ___type of surgery? What would you choices have been?

Why did you want to have this surgery? (Check all that apply.)

- To pass as male in locker rooms, restrooms, with partners, etc.
- To be able to urinate while standing.
- Because I hated having female genitals.
- To avoid discovery as an FTM transsexual/genetic female.
- I was uncomfortable having my genitals touched or having genital sex as long as I had female genitals.
- I was uncomfortable with my genitals because they did not match my internal image or experience of my body.
- Other (describe) _____

SURGICAL PROCEDURES AND TECHNIQUES

I have had the following genital surgery(ies):

Please list cost of each procedure performed, including initial cost and total cost including revisions or complications.

- Clitoral freeup (initial _____ total _____)
- Metadoioplasty (genitoplasty)
 - Without scrotoplasty + testicular implants (initial _____ total _____)
 - With scrotoplast y+ testicular implants (initial _____ total _____)
- Urethroplasty (urethral lengthening) (initial _____ total _____)
- Phalloplasty:
 - Abdominal tube pedicle ("suitcase handle") (initial _____ total _____)
 - Groin flap (initial _____ total _____)
 - Radial forearm flap (initial _____ total _____)
 - Combined abdominal tube pedicle/radial forearm flap (initial _____ total _____)
 - With _____ without scrotoplasty and testicular implants
- Penile implant (initial _____ total _____)

For phalloplasty,

What tissue was used to provide bulk to the neophallus?

- Forearm muscle
- Thigh muscle (gracilis)
- Calf muscle
- Fat (abdominal)
- Fascia
- Other (describe) _____
- Not sure

What donor site was used to provide skin to cover the neophallus?

- Abdomen
- Hip/Buttocks
- Thigh
- Forearm

Did the surgeon construct a glans (head) for the penis? yes no

Was the tip of the clitoris removed, or was the clitoris left intact? removed left intact

For radial-forearm phalloplasty., was a tissue expander placed in the forearm to stretch the skin before your surgery? yes no

If yes, did you experience any problems/complications with the expander? Were these problems successfully resolved?

For scrotoplasty,

Did you have electrolysis done on your labia before surgery? yes no After surgery? yes no

Would you recommend that people have this done? yes no

Were expanders used before the permanent testicular implants were inserted? yes no

If yes, did you experience any problems/complications with the expanders? yes no

Were the problems successfully resolved? yes no Explain.

Were the permanent testicular implants solid silicone, or saline-filled?

For urethroplasty,

What tissue was used to construct the urethra (you may check more than one.)

- Anterior vaginal flap
- Internal aspect of (skin between the) labia minora
- Hairless area of forearm
- Abdominal skin
- Skin of inside of cheeks
- Other (describe)

Was electrolysis required on the skin used to line the urethra before surgery was performed? yes no

How long were you catheterized after surgery? _____

Did you experience and problems with catheterization? yes no Describe.

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH MAJOR SURGERY.

Did your doctor provide revisions, if they were necessary, free of charge? yes no -did not need revisions

How many hours did each surgery take? _____

Was the surgery performed under general or local anesthesia (list for each surgery)? _____

Did the surgery require an overnight (or longer) hospital stay (list for each surgery)?

If yes, how many days did you stay in the hospital (list for each surgery)?

Was a less expensive alternative to a hospital stay (i.e. short-stay unit) provided? yes no

Did you find the doctor to be respectful and sensitive to your needs? yes no somewhat

Did you find the hospital staff to be respectful and sensitive to your needs? yes no somewhat

Did you experience any problems with the doctor or hospital staff? yes no

If yes, please describe:

How much pain did you experience immediately after surgery? Little Moderate Severe

How long did this pain take to subside? _____

Did your surgeon provide any followup after surgery (if yes, please describe):

How many days did you take off from work after your surgery?

How long did it take you to be able to completely resume normal activities after your surgery?

Did you require additional cosmetic touch-up operations after the surgery? yes no If so, how many?

For phalloplasty, have you experienced shrinkage or atrophy of the neophallus after surgery? yes no
If so, how much (in length and diameter)

For penile implants, did you have to have it removed due to tissue erosion, infection, or other reasons?
yes no

Did you have complications which required additional surgery?

- | | |
|--|--|
| <input type="checkbox"/> Infection | <input type="checkbox"/> Hair growth in urethra |
| <input type="checkbox"/> Testicular implants popping out | <input type="checkbox"/> Incontinence |
| <input type="checkbox"/> Forearm expanders popping out | <input type="checkbox"/> Poor cosmetic appearance |
| <input type="checkbox"/> Fistulas (leaks) of urethra | <input type="checkbox"/> Tissue death (necrosis), loss of tissue of neophallus |
| <input type="checkbox"/> Strictures (narrowing) of urethra | <input type="checkbox"/> Loss of functionality of arm or leg donor site |
| <input type="checkbox"/> Blockage of urethra | <input type="checkbox"/> Erosion of penis due to penile implant |
| <input type="checkbox"/> Other (describe) | |

Were these complications satisfactorily resolved yes no
Describe.

APPEARANCE, FUNCTIONALITY, AND SATISFACITON WITH SURGERY

General Questions

Do you feel satisfied, overall with the appearance of your genitals? yes no somewhat

Do you feel satisfied, overall, with the functionality of your genitals? yes, very moderately satisfied
not satisfied

Do you feel satisfied, overall, with the physical sensations of your genitals? yes, very moderately satisfied
not satisfied

Do you feel more comfortable with your body now that you have had this surgery? yes, definitely
no, not at all somewhat more comfortable somewhat less comfortable not sure

Do you enjoy sex more, or feel more comfortable with having genital sex, now that you have had this
surgery?
yes, definitely no, not at all somewhat more comfortable somewhat less comfortable not sure

Do you feel more comfortable with having your genitals touched (by youself or others), or enjoy being
touched more, now that you have had this surgery? yes, definitely no. not at all somewhat more
comfortable somewhat less comfortable not sure

Do you plan to have any additional revisions or surgeries in the future? yes no
If yes, what?

Would you recommend the surgeon that performed your surgery to other people? yes no

Did anything happen in the course of this procedure or your recovery which was unexpected and you would
like other to know about? yes no (if yes, please describe):

Genitoplasty/Metadoioplasty

How would you compare you orgasms to those you had before surgery? Has there been any loss of
sensation, or is this about the same?

Are you able to achieve intromission? yes no

Are you able to have an erection? yes no

Did this surgery give you any extra length to your penis? yes no
(if yes, how much? _____ inches _____ cm)

Do you have any problems with the testicles riding too low between your legs? yes no

Would you recommend this surgery to others? yes no

Urethroplasty

Are you able to urinate standing up without difficulty? yes no

Do you have problems with directing the flow, or with "spraying?" yes no a little

Do you have problems with leakage of urine after urination? yes no a little

Do you have pain associated with urination? severe moderate slight none

Have you had problems with incontinence following this surgery? yes no

Would you recommend this surgery to others? yes no

Phalloplasty

Do you have sensation in the neophallus ?

no sensation

some sensation (percent of phallus having sensation _____%)

full sensation

Are you able to achieve orgasm through stimulation of the neophallus alone?

If you have little or no sensation in the neophallus, are you able to achieve an orgasm?

How would you compare your orgasms to those you had before surgery? Has there been any loss of sensation, or is this about the same?

Are you able to have an erection? yes no

(If yes, what method do you use--baculum, penile implant, penis pump, or other technique?)

Are you able to achieve intromission (penetration)? yes no

How would you describe the overall cosmetic appearance of the neophallus?

Would you recommend this surgery to others? yes no