

# FTMi

**Newsletter**

issue 53 : summer 2003 : USD 6.95

## Features

**E-mail Saves FTM's Life**  
**Tips for Facilitators**

## Legalities

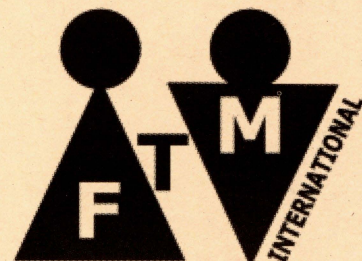
***Kantaros v. Kantaras***  
**Verdict**

## Health

**Core Conditioning for  
Phalloplasty**  
**Intersex Child Abuse**

## TSC 2003

**Sick as a Dog**



FTM International's newsletter  
for female-to-male transgender  
and transsexual people and allied  
partners, lovers, family members,  
friends, and professionals





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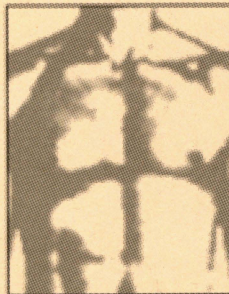
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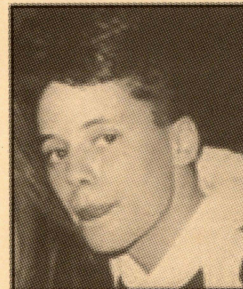
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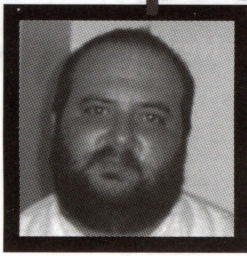
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# Dear Members & Readers

A Letter from New FTMI President Dale Altrows

It is with bitter-sweet feelings that I write my first president's letter, for as I do so an unjust war rages on, destroying countless lives. Seeing the human destruction and feeling totally helpless often makes me feel paralyzed, discouraging me from dealing with what can seem like the not-so-vital work of FTMI International. But I persevere in the hopes that at least my work will help to make this world a better place to live in for those in need. I hope that by the time you receive this newsletter, the war will have ended and the killing will stop. And so I go on...

It's been almost 10 years since I first contacted FTMI for support from here in Montreal. I was very dependent on its services. After my transition and a lengthy legal battle, I joined the leadership of FTM International to work towards supporting other isolated folks. Just as I transitioned, I have been watching our organization go through many transitions of its own, with its many similarities, with many growing spurts and many growing pains. It has been a rough road, lots of traumas and challenges. But we will get through them, and there are so many encouraging things.

For the past few years, I have had the great pleasure of working alongside Dion Manley, our now ex-president. This past November, Dion had to resign from his position on board to tend to other areas of his life that were suffering due to the amount of energy he spent on FTMI. As Dion stepped down, I, as Vice President, now serve as Acting President. I wish Dion all the luck and strength wherever his life takes him. Besides being an overall wonderful person and friend, Dion has done many noteworthy things for our organization: he prioritized having interpreters at meetings and other board functions, he connected FTM activists who were isolated with each other, and he actively encouraged diversity on the board. We have a more diverse board now than at any other point in the 5 years that I have worked in FTMI.

It is a great pleasure to be working with the present board of FTMI, and I look forward to serving the rest of my term. It is great to hear the various opinions and outlooks that are brought to every meeting. For several years the bulk of the labor of the organization fell on less than a handful of us, but now I can

honestly say that several more committed members of the board are finally sharing the load. Areas of work that have been neglected are finally being dealt with, which will hopefully make what we do so much more useful for you, our valued members. I have been working on amending the bylaws with our bylaw committee, and the revisions should be finished before the next newsletter. Also, our editor Garin Wiggins will finally have a contract and the newsletter will finally be back on track, coming out every 3 months! And we have established a Diversity Committee so that racism and other issues of diversity that have been facing FTMI will finally have a space and way of being resolved as well as ensuring the diversity of the board and its members.

I look forward to how these new developments will make our work easier and more transparent to our membership, and to our future board members. They are long overdue, but they are happening.

On a final note, I would like to thank you donors on behalf of the FTMI board for helping us through our financial crises. I hope to make you proud to have contributed to FTMI. Know that your money has gone toward a good cause. ▼

## Cover Art: Artist's Statement

I am Lee—artist. My work is born of trauma. I've lived much of my life in the midst of violence and confusion. I've been institutionalized and thrown in prison. My talent allows me to transform the nightmares in my head into disturbed, distorted, pain-filled paintings and sculptures.

Some of you will be offended by my artwork. Many people are left excluded from the very groups they turn to for acceptance because the reality and diversity of experience is downplayed in an effort to not offend. Sorry, but I cannot tolerate intolerance. Especially when it comes to my art, my life. My paintings may not be happy, but not many gender challenged people are happy about the issues they face. The intersex community would not most accurately be described a happy group of people. Try the I.S.N.A. site. You'll see the shit we go through.

My understanding of being trans is that you are essentially not happy in your body—thus the desire to transition. One thing the trans and intersex communities share is living in silence for fear of offending society at large. Intersex people usually end up hiding like hermits or living a false existence within the gay/lesbian community. Most intersex people have suffered at the hands of the medical community as children because they did not yet have a voice of their own. I cannot be silenced about my experience anymore. Some of us do get the courage to keep pushing to live as we truly want to live.

I consider myself a loner. I was born intersexed and have been seldom understood. The few that have been able to see me as a human being are the few that I hold near to my heart. My daily inspiration comes from my wife, my son, and my nephew. The artists that have inspired me are Francis Bacon, Salvador Dalí and Micheal Hussar. My music interests range from Orff to Slipknot. It depends on who I am that day.

As I wade through the quagmire of my life, the need to create keeps me moving forward. I have worked in oil, acrylic and plaster; but I am anxious to see the darkness of my world displayed in the twisted, melted gleam of metal. Forever sad and angered. For now.



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**FTMi Newsletter**

FTM International's newsletter for female-to-male transgender and transsexual people and allied partners, lovers, family members, friends, and professionals

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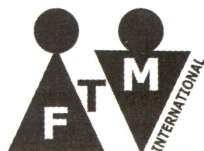
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\*Ed. Note: Our apologies to Joel Levine for leaving his name off of the board list in issue 52.



# FTMI Board Retreat

by Dale Altrows

From November 22<sup>nd</sup>–24<sup>th</sup>, 2002, FTMI held its second-ever Board retreat. The event took place in Capitola, California, located just outside of Santa Cruz. It was a much-awaited occasion, as we had lots of issues to discuss; and seeing as the now-residing board had never met in person, it was a wonderful environment in which to do so. There was a staggering of participants during the 2 days and 2 nights that we were there, as some board members unfortunately had other engagements on one day or another. Saturday was the most productive day.

The weekend-long retreat (which I will hereafter refer to as the meeting, seeing as we actually spent almost all of the time working) was facilitated by Robert Sardy and Willy Wilkinson of PRTA (Progressive Research and Training for Action). Jennifer, one of our Board members, had coordinated a great crew of highly qualified interpreters who were an absolute pleasure to work with.

The meeting was not without disappointments. Among these was the fact that this rare opportunity that we had to actually work together face to face was limited because all of the board members

were not present for the entire meeting. Another disappointment was the very sad news that Dion had resigned from his presidency in order to pursue other areas of his life that had been neglected due to the needed energy of presiding over the board.

Despite these issues, we made a few major decisions that made it a very productive meeting. We formed a Diversity Committee whose role will be to ensure that issues of diversity, including

on monthly meetings for the foreseeable future. FTMI had been facing a major financial crisis, and so we spent quite some time on strategizing fundraising and listing our financial priorities and obligations. And last but not least, many people present had not fully worked or understood consensus as a decision-making method. Robert walked us through the process, and we used it with his guidance to resolve one of many issues facing the board.

The event was not without its pleasurable aspects: Tamhas had generously donated food for the weekend—a veritable feast! And Saturday evening was when everyone got to socialize with each other. We walked to the local town and ate at a very warm Mexican restaurant, strolled by the ocean, and came back and played a vicious game of Hell (a card game which I have yet to master!). We were awake playing and laughing until the wee hours of the

morning. After getting a little sleep, we did more work on Sunday and a quick cleanup, and the retreat was wrapped up. After a drive back to San Francisco and to our daily lives, the work we had spent the weekend planning for went into action. ▼



*FTMI Board members, Left to Right: Jennifer A. Mantle, Drago Renteria, Dion Manley, Pablo Ky Santos, Marty Rawlings, Dale Altrows, Tamhas Griffith, Marcus Rene Van, and Joel Levine. Not pictured are Ray Carannante, Tyler Fong, Juan Alejandro Lamas, Malachi Larrabee-Garza, and Gwen Smith.*

racism and other such related FTMI matters, are dealt with by the Board. We also concluded that there was much needed work to be done on the Board and that quarterly meetings did not provide sufficient time to accomplish enough. We therefore decided



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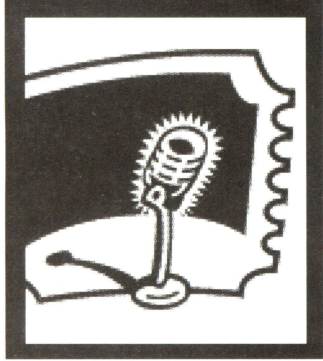
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## Every Second Is Now: Interrupting a Suicide Among Our Own

by Bet information

This is a true story of the FTM community's intervention in a threatened suicide by a young transman. Relax. This time it has a happy ending. There are several quiet heroes to meet; and a great east coast/west coast joint effort to read about, too. Major support for a tranny boy was created out of thin winter air in Massachusetts near Northampton. Study these lessons well, in case you need them in the future.

### **Lesson #1: If someone posts a suicide message in a chat room or on an e-list, take it VERY SERIOUSLY.**

This drama started in December 2002, about a week before winter solstice and all the other seasonal holidays. On Saturday, December 14, I opened an email from James Green in California who forwarded a message to me in Northampton, Massachusetts from Nathan Woodruff in Nebraska. The email from Nathan sounded an alarm: he said that on that very day, a 20-year old FTM had posted a message on the trannyfag e-list stating he had decided to take his own life. This guy's Yahoo name was Pavel (not his real name). Only his email address was included, and he said that he lived in Northampton. James was emailing me to see if I knew the young man (I did not) or had any way to find him and help him.

At first I froze. Thoughts of recent suicides by Bear Goodrum and Danny Tanner – the former from Tucson and the latter originally from my own neck of the woods – raced through my mind. I found the possibility of another FTM suicide coming so soon on the heels of the others almost unbearable. I felt overwhelmed by a sense of powerlessness against the enormity of suicide.

### **Lesson #2: Acknowledge your own "power of one" to make a difference**

### **Lesson #3: Surround the suicidal person immediately with supportive offers of in-person contact.**

I ran quickly through those feelings and fired off a message to Pavel at the email address Nathan and James had sent to me. I told Pavel I was concerned for his safety and that I loved him like a brother; that many FTMs nearby would like to meet him and be supportive to him. I attached a list of local transgender support groups and resources, and asked him to email or call me soon and let me know where he lived. I invited him to meet me the next day in downtown Northampton at Transgender Association for Guys (TAG), a new local FTM support group. No response to me by email or phone – silence. But from 3,000 miles away, James kept encouraging Pavel by email to let people close to him help him.

I simultaneously sent an email to scores of local names on the East Coast FTM Group (ECFTMG) e-list, hoping someone knew Pavel and could contact him or send me information about where or how to find him. No one knew him, it seemed. I couldn't stop thinking about Pavel and that it was urgent we find him – time may be running out! Pavel had clearly communicated in his trannyfag post that he'd already made his decision. It could be that weekend when he took his own life. For all I knew, Pavel was already dead. I had to DO SOMETHING!

Not knowing where Pavel lived or how to make personal contact with him, I stumbled around for what to do next. At the very least, I would keep emailing Pavel and hope for a reply. I sent him

another message, asking him to meet me in town for coffee. I had no prior experience with suicide intervention or, for that matter, locating a missing person. James sent me another email that day saying Pavel had replied to his emails only with staccato one-liners of despair: "Basically, I lost all relatively secure connections" and "I don't know what to do." That made two of us.

### **Lesson #4: Even if you think you don't know how to help, try doing ANYTHING. Ask others near you for ideas about steps to take—and get the ball rolling.**

I DID know I had to talk to other FTMs about the situation. I had to reach out for helpful ideas. I had to network about Pavel directly – one to one – in my local FTM community. Dealing with the burden of knowing about Pavel's suicidal intentions rendered me also in need of support.

### **Lesson #5: Don't hesitate to get the police involved.**

Next day, on Sunday afternoon, I went to the TAG meeting hoping Pavel would show up. When he didn't, I started immediately talking about him at the group. I asked the guys there if anyone knew him. His young age made me think perhaps he was a student – especially since western Mass is a 5-college area. No one at TAG knew him; however, an FTM sitting next to me said, "At what point do we go to the police?" That was the idea I needed. And it turned out to be the suggestion that saved Pavel's life.

I spent the rest of Sunday emailing back and forth with James, hoping for further word from Pavel through him. None came. I looked through local phone books for a person with Pavel's name and



found no one. I emailed Pavel again and got no reply. I dealt with my fears about my own email privacy and of contact with the police. My Yahoo account is where I conduct most of my trans- and anti-war activism. I decided to print out the email threads about Pavel anyway, and take them to the Northampton PD early Monday morning. I hoped the police could find him somehow by tracing his email usage to a server location.

When I told the clerk at the receiving window that I was trying to find a young transman who had decided to take his own life, I was given a Lesbian police officer to speak to. Detective Kasper listened intensely and said she would go right to work on trying to find Pavel. Possibly she could learn his street address through the Registry of Motor Vehicles (RMV). I gave her the email threads and mentioned Yahoo may have Pavel's personal data: perhaps the physical location of his computer could be pinpointed.

Northampton is a small city of 30,000 and the PD here really does all it can to help people. Detective Kasper went on this mission alongside us in the trans community. She committed herself right away to finding Pavel and had an ambulance and health professionals at the ready to show up where he lived, when/if they found him.

In just hours, Kasper called me at my home. She had no luck locating a person using a fake name through the RMV. However, even though Pavel had entered no personal data when he opened his email account, Yahoo was able to provide the Internet address he used when he sent his emails on Saturday. It was a computer at a nearby ivy-league college. Now, the problem remaining was that no one yet knew this guy's actual name, phone number or where he was living. When Kasper visited the college, she was told they had no student or faculty member by the name "Pavel."

**Lesson #6: Get creative with your solution and wrack your brain for any conceivable piece of information that might help the police or healthcare providers.**

When Kasper reported this to me, I suddenly remembered that Pavel had previously used the initials "SV" (not actual) in a prior email alias. So I told this

to Kasper. I AM SO GLAD I DID THAT! She went back to the college the same day, told them to think of who fit the profile: 20 years old, a masculine female transman with a real name that possibly had the initials "SV." The college turned up two possible students. Officer McCarthy, of college Security, went to the dorms that Monday evening, knocked on the first student's door, and found Pavel! McCarthy asked the student if he was trans-identified, if he had used "SV" in his emails, and if he was alright. Pavel sadly replied, "Yes ... and no, I'm not alright." So, the health center at the college sent professionals to Pavel's dorm room, where they did a suicide intervention with him. We had found Pavel by 4:00 p.m. on Monday, just two days after he posted his suicide message on trannyfag.

The sense of relief I felt was enormous. On Tuesday, Pavel called me for the first time. He said his newfound trans identity was overwhelming him. Plus, the college was putting him on academic leave for a semester (for behavior unrelated to being trans, I later learned). Now his student visa was up, and he had to leave the campus by Friday. The college wanted him to return home to his parents – something he told me he dreaded. He had a judgmental, hostile family in Russia. He was confused about his immigration status and what to do next. He didn't know even one transperson in Russia and had made few contacts in the U.S. so far. In just days, he would have no roof over his head. I told him I was so glad to hear from him. We would figure everything out.

**Lesson #7: Weave a local network of everyone who can possibly provide help and is willing to into one big safety net to hold and protect the suicidal person. Network and coordinate.**

Next, I used email once again to communicate the situation to people on the ECFTMG list. I asked who would be willing to temporarily house Pavel until he made some decisions. What happened next was the most gratifying experience I've had in my 11 years of community building through ECFTMG. Many transmen and sofas stepped up to offer Pavel tangible help. Sunshine, Leor and others forwarded emergency, mental-health, legal, foster-care, and housing

services information to me, including an offer by a local FTM who is a psychotherapist to counsel Pavel gratis. By Wednesday, not one – but four – transmen (Corey, Leor, Kosse, and Louis) offered their homes where Pavel could stay. Jeffrey from Compass even suggested we send cards or get-well wishes to Pavel by email. I was having a fine time coordinating all of these offers.

It was Louis and his wife Kryisia (who works, coincidentally, at Pavel's college) who really went the distance. They met with school officials and offered to become Pavel's legal guardians, opening their home and love to him in case he chose to stay in the states. They took Pavel out to dinner and treated him like a son. This was the most amazing display of holiday spirit I had ever seen. By the end of the week, Pavel sounded much better – optimistic about his future instead of in despair.

**Lesson #8: Have heart and take direct action ("talk with your feet") and others will be heartened.**

Though Pavel at first planned to move in with Louis and Kryisia that Friday, he ended up deciding to fly back to Russia with an "advocate" for his family. Kosse and I armed him with lists of trans organizations and contacts in Russia, especially in Moscow, and he promised to join a group there as soon as he could. The advocate offered Pavel an alternative place to stay in her home in Russia, so he didn't have to live with his non-supportive family. Pavel promised to find a way to return to college here in the fall when his suspension is over. ▼

Bet format, a non-hormone, non-op heterosexual

FTM transsexual, is the founder and director of the East Coast FTM Group, which has met monthly in Northampton, MA since 1992. For information about ECFTMG meeting dates, times, topics, and location, email Bet at:

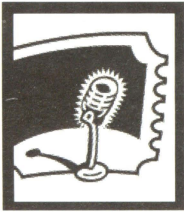


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# Ten Suggestions for Peer-Led Support Group Facilitators

by Jeff Brody

- 1. Think of a group as an organism.** It is more than a roomful of individuals; it is a dynamic entity with an ever-evolving culture and a life of its own. Facilitating a group means simultaneously being tuned in to each group member as an individual (including yourself) and to the group as a whole.
- 2. Structure.** Develop a predictable timeframe for meetings, with a beginning, a middle, and an end. Structure the time to allow for welcoming new members, announcements, business items, discussion, socializing and closure. Keep track of the time, keep the group oriented to the agenda, and let the group know when it's time to switch gears. Be organized and flexible.
- 3. Avoid fixing and caretaking.** Encourage the group to do its own problem-solving. This will keep power struggles to a minimum. A good facilitator guides the process, but doesn't control the group. The strongest, safest, most productive group gives everyone a way to find their voice.
- 4. Build relationships.** Communicate clearly, directly, and explicitly, with warmth, genuineness and empathy. Ask open-ended questions, offer suggestions, and be open to all points of view. Develop an email list and/or phone tree to share information and build cohesion between meetings. Respond promptly and thoughtfully to inquiries from prospective members. Network with other groups. Support whoever provides your meeting space.
- 5. Encourage inclusion and involvement.** Make sure members know one another's names. Arrange chairs so everyone can see everyone—no one should have their back to someone else. Solicit volunteers for all tasks, big and small—when people invest energy the group is enriched. Notice and capitalize on members' strengths.
- 6. Deal with conflict calmly and openly.** Any group is bound to have disagreements and personality clashes. Strategize with the group about how to manage them. Avoid judging and taking sides. Practice listening respectfully. Describe what you see happening in the room, to focus the group's awareness. Admit when you make a mistake. Know when it's time to table the discussion and move on. Maintain your sense of humor.
- 7. Grow organically.** Since the group is an organism, it needs to develop at an organic pace. Assume that most members are both very hungry and very hesitant to reveal themselves. We want to be known, but we don't want to appear weak or stupid or weird. Build a good foundation of trust and cohesion before opening up heavy topics. Some things may be too volatile and personal to bring up in a peer-led group.
- 8. Pay attention to both content and process.** This gets complicated, but content is about the what, process is about the how.
- 9. Define the group's purpose.** This may take time to sort out, but keep working on a mission statement. Who is the group intended for? What are its goals?
- 10. Be a mensch.** (Rough translation from the Yiddish: a solid decent human being.) Be self-aware, reliable, fair, undefensive, and practice what you preach. Trust your gut, but ask for regular feedback from the group on how you're doing. Be humble—it's OK not to know everything. Know what pushes your buttons and don't act out on the group. Talk to someone if you're having a problem.

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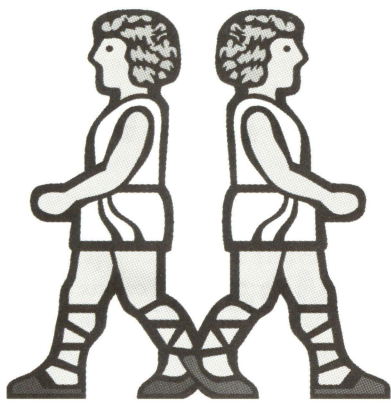
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Jeff Brody is a registered art therapist and licensed mental health counselor. He is a facilitator and member of Compass, a Boston-area FTM support, information and social group ([compassftm@usa.com](mailto:compassftm@usa.com) and [www.geocities.com/ftmcompass/](http://www.geocities.com/ftmcompass/)). Two of his essays appear in *The Phallus Palace: Female to Male Transsexuals*, edited by Dean Kotula and published by Alyson Publications in 2002.

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# TransScope

## Gemini (May 21–June 21)

By Frank g information

Once upon a time, in a land far away, yet very close to neighboring lands, there lived a people who possessed something for which the sign of Gemini is famous—the gift of gab. We call them ancient Greeks. Men often wore red beards that ended in an upturned point; women and other genders often did not. Crossdressers of that time period had far fewer choices in apparel and perhaps fewer hassles in the public restrooms, since nearly everyone wore long gowns, a fashion believed by certain nameless and perhaps imaginary experts to have been aimed at facilitating the perfectly acceptable ancient Greek penchant for gay sex. Soldiers usually wore nothing at all, except for chic sandals and a stylish helmet, leaving the hands, as well as other more personal appendages, free for action.

But sodomy (named for the top-billed city of Sodom and Gomorrah fame, whose inhabitants were all honored by being immortalized in stone, except for one certain child-violator named Lot whose lot it was not only to flee the crystallizing city, but to flee justice besides by claiming to have been raped by his two daughters— young girls are such horrible bullies), and sodomy's sister from the Isle of Lesbos, were not the only

great cultural traditions to come to the western world via the sunny Greek isles. The dual nature of Gemini (Latin for twins) applied not only to same-sex pairings or to simple friendships, but to virtually any activity involving one-on-one exchanges. From the debates that produced the idea of democracy, to the bargaining in the agora that gave rise to modern trade, to the travel tales that resulted in the epic poetry of academic renown, Gemini's propensity for give and take was evident in the daily life of ancient Hellenes.

As Helen of Troy, formerly Helen of Sparta and of these same Hellenes, could attest after her abduction by the alien terrestrial known as Paris of Troy, change is inevitable. So, perhaps, is birth control in a city filled with Trojans, but this is a matter for further academic study. Suffice it to say that fast-talking, cunning, and quick-thinking Hermes (Mercury in Latin) who, incidentally, wore dashing dapper wings on helmet and feet, was both the ruler of Gemini

and the god of change. In fact, his son by love goddess Aphrodite, a handsome youth with the predictable name of Hermaphroditos, became the victim of a body-hijacker intent on having an NFE (Near-FTM Experience) with him.

As the story goes, a certain water nymph with a crush on the young man, having proven unable to interest him in a sexual merger, fused her body with his one day as he unsuspectingly went for a swim in her stream. The moral of this story is, like Gemini, twofold: Beware the powerfully enchanting beauty of Greek creeks. And, never turn your back on your feminine side even for a moment, especially if you plan to go swimming with nymphos. You never know what—or whom—you might pick up. ▼

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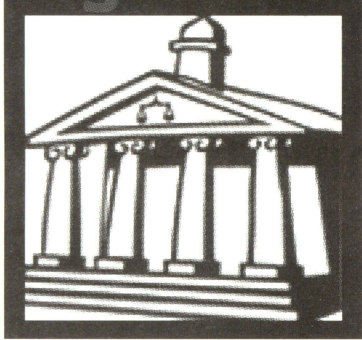
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## Victory in *Kantaras v. Kantaras*: What Does It Really Mean?

by Jamison Green

Ed note: See *Kantaras v. Kantaras: Unprecedented Revelations* on pp. 16-17 of Issue 51 for initial article by Green.

When the *Kantaras* case was being argued in Pasco County, Florida in January and February 2002, Claudia Wheeler, the attorney representing Michael Kantaras's estranged wife, Linda, stated in her closing arguments: "If you open the door this much it's going to be like the barnyard door coming open. If Michael can be a male because Michael thinks he is a male, and because of some surgery, your honor, then we're headed for big trouble... It will create utter chaos. I believe the floodgates will be opened."

Circuit Court Judge Gerard O'Brien came out of retirement to hear three weeks of testimony in the complicated case, citing the important issues involved. On the surface, it might have been a straightforward divorce and child custody case, but because Michael Kantaras is an FTM, the decision hinged on whether Mr.

*Kantaras* was legally male. Linda Kantaras, in trying to wrest their two children away from their father, had asserted that he had no rights because he was "born a woman," and therefore their 13-year marriage and any claim of his for custody should be invalid. Of course, she also wanted him to pay alimony, which would require an affirmation of the marriage. Silly girl; silly girl's attorney...you can't have it both ways! They later dropped this request in an amended counter-petition.

With respect to the rights of a transsexual person in civil matters that rely on a definition of sex, this case is similar to the Littleton case (in Texas), and the Gardiner case (in Kansas), in which two MTF (transsexual) women were denied the rights and privileges that would normally flow from their status as married women because their womanhood was stripped from them by the courts' presumption that sex is determined by chromosomes. In attempting to avoid a similar conclusion in this case, Mr. Kantaras's attorneys Karen Doering

and Collin Vause, with guidance from FTM legal whiz Shannon Minter (who consulted with other legal strategists in the community), called a series of witnesses to validate Mr. Kantaras's social maleness, and medical experts to educate the court about the nature of transsexualism. And the result was a clear victory for transsexual people.

Judge O'Brien's decision is rendered in an 809-page document released February 21, 2003: no wonder it took over a year to be completed. It's clear that he really thought about the issues. His brilliant conclusions of law give us some real meat to chew on with respect to further arguments for transsexual legitimacy. The fact that there were minor children involved in this case (and on the surface "only money" in the Littleton and Gardiner cases) must have played a huge part. It's easy to dismiss transsexual people who are claiming their share of an estate (Gardiner) or their right to sue for damages based on a spousal relationship (Littleton). It's not so easy to dismiss children who didn't ask for the parents

they got, and who are much more vulnerable than adults. The court has a responsibility to look to the best interests of the children. In the Gardiner and Littleton cases no such compelling interest existed other than that of the combatants and anti-transsexual prejudice that could not be overcome.

The recognition that chromosomes are not the final arbiter of sex is a crucial legal decision, along with the acknowledgment that the events of one's life can change a person. What will rush though the floodgate is not chaos, but freedom for people to be who they are.



Karen Doering, Michael Kantaras, and Shannon Minter



The conclusions of law that Judge O'Brien made applying to the transsexual situation were exactly those that I had hoped he would make, namely:

(16.) The marriage statute of Florida, section 741.04 (Fla. Stat.) required the marriage applicants to be 18 years of age or older, and to be male and female. There is no definition in the statute of either male or female. The statute does provide that that the state has a compelling interest in promoting not only marriage but also responsible parenting.

(18.) The marriage law of Florida clearly provides that marriage shall take place between one man and one woman. It does not provide when such a status of being a man or a woman shall be determined.

(20.) There is no statutory requirement that the applicants shall prove their gender by producing a birth certificate at the time of their application.

(21.) The gender of a person at birth as evidenced by a birth certificate may be relevant, but it is not by law dispositive. There is a presumption of correctness for most purposes, but it is a rebuttable presumption in the face of medical evidence.

(22.) For the purpose of ascertaining the legal validity of a marriage between two adults of the opposite gender the question whether a person is a man or a woman should be determined as of the date of the application for the license because that is the critical time, and not later than the date of marriage.

(23.) There is no rule of law or medical basis that requires the circumstances at the time of birth to be the sole factor to determine qualification for a license to marry because there are so many medical variables between birth and a fully grown adult over some 18 years[,] and it [is] on adults the obligation of marriage is placed, particularly, if there are to be children of the marriage.

(27.) Chromosomes are only one factor in the determination of sex and they do not overrule gender or self identity, which is the true test or identifying mark of sex. Michael has always, for a lifetime, had a self-identity of a male. Dr. Walter Bockting, Dr. Ted Huang and Dr. Collier Cole, all testified that Michael Kantaras is now and at the date of marriage was medically and legally "male."

That part about chromosomes not being the final arbiter of sex is the crucial

part, along with the acknowledgment that the events of one's life can change a person. This recognition in a legal decision is, in fact, the floodgate that attorney Wheeler was worried about. What will rush through that gate is not chaos, but freedom for people to be who they are. On the surface this decision doesn't do much for the gay marriage issue, but the underlying reality is that as people realize that the institution of marriage is not harmed by more people participating in it (regardless of their sex, gender, or sexual orientation), legislatures will revise the statutes to permit individuals to enter these types of contracts. I believe this is inevitable, and the Kantaras case will have assisted in that effort because of the educational opportunities that it created, and will continue to create. The general debate is far from over, but Judge O'Brien's decision is an important plank in the platform of self-determination that supports a truly free society. Other transsexual people can look to this decision for supporting arguments in establishing their rights to participate in the institutions of our society, like those of marriage and parenthood.

For Michael Kantaras's part, he is just glad it's over and he and his children, for whom he has primary physical custody, can get on with their lives. That's as it should be. His ex-wife, Linda, could try to appeal the ruling and seek to have it overturned; if that happened it would be miserable for Michael. All we can do is hope that she's had enough, and that no crusading attorneys decide they want to make a name for themselves by destroying the legal recognition that Michael Kantaras has now won for himself and for all of us. ▼



Michael Kantaras

Jamison "James" Green transitioned in 1988 and since then has been involved with the FTM community in the U.S. and internationally. He led FTM International from 1991 to 1999. Currently, he serves on the board of the Transgender Law and Policy Institute and is board chair of Gender Education & Advocacy (GEA). View his Web site at <http://www.jamiesongreen.com>.

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# Core Muscle Conditioning: Getting In Shape for Phalloplasty

by Kyle **Information**

**D**uring my research for the phalloplasty procedure, I got the distinct impression that it was important to be in the best physical, emotional and mental shape of your life. I decided to take that to heart for a number of reasons, among which was the fact that I would be 44 by the time I would undergo the procedure. The doctor considered 45 years of age to be an unofficial cutoff point. People older than that would have a harder time recovering. It's not that he wouldn't qualify someone older, but that it would be more important for all other aspects of their health to be extremely good.

Another reason was my profession. As a certified personal trainer, I took it as an ethical responsibility to practice what I preached to my clients and make sure I had done everything within my control to adequately prepare for this surgery. I proceeded to devote the entire year prior to surgery to a program that involved aerobic and muscle conditioning, adequate rest and excellent eating habits. The best decision I made was choosing the correct form of muscle conditioning.

When people envision training to get in shape, they usually picture going to a gym to work out on the machines so they can make their muscles big and strong. While this type of training is helpful since you will lose some muscle mass during your recovery, in my opinion it is more important to focus on your stabilizer and core muscles. These muscles are responsible for giving you good postural endurance and are not commonly trained by people getting in shape. The reason it is important to train these muscles is basically twofold. 1) They detrain very quickly and 2) You must remain almost completely still on your back for many days in a row. Once your stabilizer system is weakened you have lost the foundation upon which your big muscle strength is based. In reality, you are only as strong as you are stable.

So, when you begin preparing for this procedure, train the stabilizer and core muscles first, then blend your big muscle training in with it after you have attained adequate core coordination and postural endurance. It is important during your recovery in the hospital to ask the physical therapist to recommend the right exercises to begin re-establishing your core coordination as well as your postural endurance. When you are discharged, continue to develop these same muscles until you have

## Learn from a certified personal trainer how he got in shape for bottom surgery

reached your pre-surgery level of fitness. At that time you can begin to blend in your more traditional type of training.

What follows are the specific exercises needed to accomplish that goal.

### Core Muscle Conditioning

The core is the midsection of the body mainly comprised of the muscles around the waistline, such as the abdominal wall and low back muscles. It also includes the diaphragm, pelvic floor and the spinal column.

In all, there are 29 core muscles. Strengthening the core establishes a foundation from which all other movement takes place. Before effective movement happens in the extremities, it must be prefaced by properly sequenced core muscle firing.

The abdominal wall consists of 4 muscular layers.

1. The innermost layer is the transverse abdominis or TA.
2. On top of the TA lies the internal oblique or IO.

3. On top of the IO lies the external oblique or EO.
4. On top of the EO lies the rectus abdominis.

Traditional crunch exercises focus on the rectus abdominis only. This outermost layer is the one some people describe as the six pack. It is the one most visible but not the most important. The most important layer is the innermost layer, the transverse abdominis. It is here where the body's natural corset plays a vital role in spinal stabilization. When contracted, it cinches up the waist, thus decreasing its circumference.

In combination with proper breathing, the trunk becomes a non-compressible cylinder that has the ability to transfer force to the extremities much more efficiently along with protecting the spine and surrounding tissues.

The TA muscle should be activated before performing any movement against resistance.

### How to Activate Your Traverse Abdominis Muscle

1. Place your hand over your navel.
2. Allow your abdomen to expand against your hand naturally as you take a normal inhalation.
3. As you exhale, draw your navel inward toward your spine and slightly upward toward your diaphragm using mild to moderate effort. You should feel your hand moving closer to your spine. Hold that position for 10 sec.
4. Begin first by holding your breath if you have to for the 10 sec. duration of the contraction. Gradually develop your ability to continue to breathe while holding the TA contraction.
5. Keep your shoulders relaxed.
6. Follow the chart on the next page to adequately develop the transverse abdominis muscle.





Kyle Jenks is certified as a personal trainer by The National Academy of Sports Medicine with 10 years of fitness consulting experience. Currently he is designing

developmental exercise programs for

patients of two area chiropractors as well as developing sub specialties in injury prevention screening, youth sports conditioning, and conditioning for golfers and horseback riders. He is the creator of the T.R.I.M.™ method of exercise progression. He also teaches core conditioning for a local adult education organiza-

tion. Kyle also has received recognition as an Elite level personal fitness trainer by IDEA, a national Health and Fitness Association and leader in fitness programming. You can learn more about Kyle by visiting his website at [www.ideatrainers.com/kylejenks](http://www.ideatrainers.com/kylejenks) and contacting him via email at [triadwellness@aol.com](mailto:triadwellness@aol.com).

Follow these 4 key exercises at the core progressions listed below in order to lay the groundwork for a successful recovery from phalloplasty. For further information on progressions beyond those suggested here please contact Kyle Jenks at [triadwellness@aol.com](mailto:triadwellness@aol.com).

<b>CORE EXERCISE PROGRESSIONS</b>					
<i>(Ref: Paul Chek)</i>					
	<b>SETS</b>	<b>HOLD</b>	<b>REST</b>	<b>REPS</b>	<b>REST BETWEEN SETS</b>
<b>LEVEL 1</b>	1	10 sec.	10 sec.	10	N/A
	2	10 sec.	10 sec.	10	1 min.
	3	10 sec.	10 sec.	10	1 min.
<b>LEVEL 2</b>	1	10 sec.	5 sec.	10	N/A
	2	10 sec.	5 sec.	10	1 min.
	3	10 sec.	5 sec.	10	1 min.
<b>LEVEL 3</b>	1	Build up to 120 sec. continuous work.			

## Exercise 1

Here is an excellent exercise to train your transverse abdominis as well as your postural muscles. It requires the purchase of a 5-6 foot closet rod approx. 1.25\_ in diameter found in the molding department of a hardware store. Cost is between \$5 and \$10.

### SET-UP

1. Hips over knees
2. Shoulders over wrists
3. Elbows slightly bent and turned back toward thighs.
4. Upper arms "hug" torso.
5. Maintain 3 points of contact with dowel rod: 1. Head 2. Between shoulder blades 3. Tailbone.
6. Depress the small of your back until you can just slide your hand under the dowel as shown in photo.
7. Hold that amount of space and replace your hand to the floor.

### MOVEMENT

1. Activate your transverse abdominal muscle as explained above without changing the amount of curve you have created in the small of your back.
2. Hold transverse abdominis contraction while barely lifting one hand and the opposite knee vertically off the ground. There should only be space enough to slide a piece of paper under your hand and knee. It should be barely perceptible. Do not allow the dowel to move on your back. Keep the 3 points of contact and especially the correct amount of curve in the small of your back.
3. Follow the above core exercise progression sheet to progress this exercise. Do not go to the next level until you have mastered the current level and no longer feel challenged.





## Exercise 2

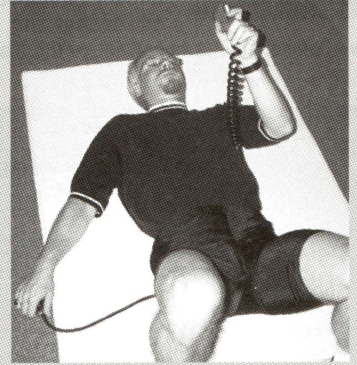
The next exercise is very important because when the abdominal wall is invaded during surgery nerves will be cut that affect the coordination of your lower abdominal muscles. The lower abdominals are key postural muscles. It requires the purchase of a blood pressure cuff (Wal-Mart sells them for \$16.88.) Buy the kind that has the gauge with a needle, not the digital kind.

### SET-UP

1. Place BP cuff underneath the small of the back with both knees bent.
2. Pump BP cuff to 40 mm.

### MOVEMENT

1. Activate your transverse abdominis muscle (draw navel up and in upon exhalation) and maintain needle at 40 mm.
2. Slowly tighten low abs while gently rocking pelvis back onto the BP cuff to pressurize the cuff to 70 mm.
3. **IMPORTANT:** Make sure the navel is drawn **INWARD** toward the spine and held there throughout the repetition.
4. Follow the core exercise progression chart to progress this exercise.



## Exercise 3

This next exercise trains the postural muscles of the trunk. When you are lying on your back without moving for so long these muscles get very weak.

### SET-UP

1. Activate your transverse abdominal muscle.
2. Squeeze your buttocks together as if holding a piece of paper there.

### MOVEMENT

3. Slowly raise head and torso off the floor while keeping transverse abdominis and buttocks activated.
4. Keep chin tucked.
5. Turn palms to face outward with thumbs pointing up toward ceiling.
6. Squeeze shoulder blades together and reach downward alongside the body toward the feet with the sensation that your arms are lengthening.



*Suggested starting repetition scheme: Hold this position for 15 sec. Rest 10 sec. Start with 4 reps, build 1 rep at a time to 8 reps, then repeat sequence holding for 20 sec., resting 10 sec., then 25 sec. hold, 10 sec. rest and finally 30 sec. hold, 10 sec. rest.*

## Exercise 4

The last exercise is a combination waist and low back strengthening exercise that contributes to the same goal of spinal stabilization and postural endurance.

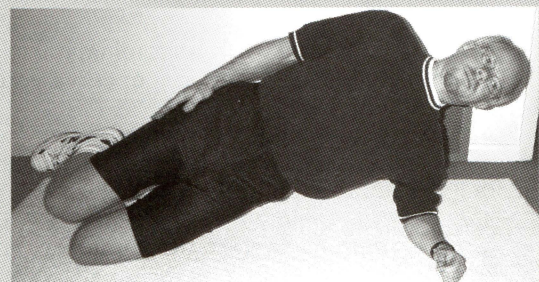
### SET-UP

1. Elbows directly under shoulder. Forearm pointing perpendicular to your body.
2. Keep a straight body alignment. The ears, shoulders, hips and knees should be in a straight line.
3. Activate your transverse abdominis muscle.

### MOVEMENT

1. Squeeze the waist and outer hip muscles (on the same side as your supporting arm) and lift hips.

*Suggested repetition scheme: Start with a 10 sec. hold. Add 5 sec. until you can hold for 30 sec. per side. Then begin doing slow repetitions to the count of 2-2-4. Take 2 slow counts to lift hips, 2 to hold them there and 4 to lower hips back to floor. When you can do 10 reps with the 2-2-4 count, start the rep scheme from the beginning with the straight leg version.*







# The Medical Abuse of Intersex Children and Child Sexual Abuse

By Emi Koyama

The notion of genital mutilation evokes an image of the traditional, ritualistic cutting of young women's bodies in Africa, but its equally ritualistic high-tech version is widely practiced in the U.S. and other Western countries in relative secrecy. Since the 1950s, children born with intersex conditions, or physiological anomalies of the reproductive and sexual organs, have been "treated" with "normalizing" surgeries that many survivors say are damaging to their sexual and emotional well-being.

Contrary to the popular mythology, intersex people do not have "both sets of genitals"; they simply have body parts that are different from what is considered "normal"--large clitoris, penis with a urethra on its underside, missing vagina, mixed gonads, etc. Even though it has been practiced for many decades, there is no long-term study that shows that "corrective" surgery is safe, effective, or necessary.

One of the biggest problems with this "treatment" is that it sets in motion a lifelong pattern of secrecy, isolation, shame, and confusion. Adult intersex people's stories often resemble that of those who survived childhood sexual abuse: trust violation, lack of honest communication, punishment for asking questions or telling the truth, etc. In some cases, intersex people's experiences are exactly like those of child sexual abuse survivors: when they surgically "create" a vagina on a child, the parent--usually the mother--is required to "dilate" the vagina with hard instruments every day for months in order to ensure that the vagina won't close off again.

Even so, many intersex adults report that it was not necessarily the surgery that was most devastating for their self-esteem: for many, it is the repeated exposure to what we call medical display, or the rampant practice where a child is stripped down to nude and placed on the bed while many doctors, nurses, medical students, and others come in and out of the room, touching and prodding and laughing to each other. Children who experience this get the distinct sense that there is something terribly wrong with who they are and are deeply traumatized.

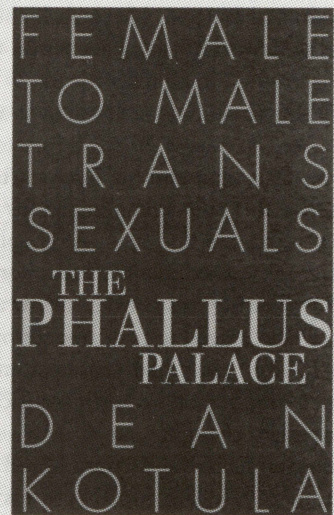
In the past decade, the movement to challenge these medical abuses of intersex children grew from complete obscurity into an international network of intersex individuals, scholars, supporters, and some sympathetic medical professionals. Still, it is estimated that five children per day continue to undergo the medically unnecessary and irreversible surgeries in the United States. Progressive activists need to work closely with the intersex movement in order to end the ritualistic sexual abuse of children in our own society, not just in other continents. ▼

Used with permission from Intersex Initiative Portland - <http://www.ipdx.org/>  
Other sites with information about intersex people include:  
Intersex Society of North America - <http://www.isna.org/>  
Bodies Like Ours - <http://www.bodieslikeours.org/>  
AIS Support Group UK - <http://www.medhelp.org/www/ais/>  
MRKH.org - <http://www.mrkh.org/>  
CAH Our Voices and Our Stories - <http://www.cahourstories.net/>

Emi Koyama, an activist/author/academic working on intersex, sex workers' rights, (queer) domestic violence, genderqueer, anti-racism, and other issues may be reached by email at [info@ipdx.org](mailto:info@ipdx.org) or [emi@eminism.org](mailto:emi@eminism.org). Published on her personal site [www.eminism.org](http://www.eminism.org) are over 200 documents expressing Emi's political philosophy and principles.

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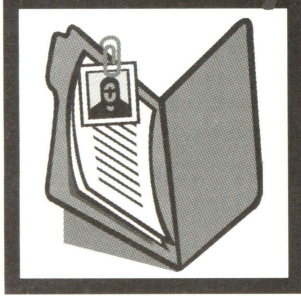
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## Know Thyself: The Story of Michael Dillon

By Sue information

Printed in Greek letters on the first page of *Self*, Michael Dillon's dissertation, are the Greek words *Gnothi Seauton*, or KNOW THYSELF, the text inscribed on the Sun god Apollo's Oracle of Delphi temple in ancient Greece. Michael Dillon was a British transman whose successful challenge of the medical profession and societal restraints set the standard for present generations of trans people.

Dillon was born in 1915 as Laura Maud Dillon. When Michael's mother died shortly after childbirth, his father blamed the baby for his wife's death and sent him to live with his brother and three unmarried sisters in Folkestone, England. When Michael was ten years old both his father and grandfather died, and his eleven-year-old brother became Sir Robert Dillon, eighth baronet. Michael was educated at an exclusive girls' school before attending St Anne's College in Oxford. While in college, Michael won his rowing blue in the women's crew and graduated in 1938. He spent his summer holidays with his housekeeper on the family estate in County Meath.

Michael always identified as and felt that he was a man. When he started to grow facial hair and his voice started to get deeper, this only strengthened his belief that he should be a man. After college, Michael worked as a mechanic for four years. During this period, he saw a Dr. Foss who agreed to prescribe testosterone. In 1942 Michael had a mastectomy. Two years later he had his birth certificate amended, changing *daughter* to *son* and his given name from Laura Maud to Laurence Michael. Sir Robert, his brother, reacted with disbelief and horror and cut him out of his life.

As Michael continued with his transition, his ambitions and goals became more aggressive. He was no longer

satisfied with working as a mechanic. Michael wanted a profession that would challenge his intellect and possibly answer the big question of why he was a transsexual. In 1945 he entered medical school as Michael Dillon. While in medical school, he wrote a book entitled *Self* as his dissertation. The book helped open the door to medical and scientific awareness of the very existence of gays, lesbians, pseudo-hermaphrodites and hermaphrodites. Here Michael argued that trans people are one type of hermaphrodite.

He stated that—as current science believes—male and female brains operate differently. The brain controls the amount of hormones one's body will produce, resulting in masculine or feminine behavior. From this assumption, it would follow that people could be born with bodies that do not fit their brains. They could be classified as a different type of hermaphrodite—born biologically male or female, but internally identified as the opposite sex. Dillon would call such a person a pseudo-hermaphrodite. Individuals diagnosed by the medical system as pseudo-hermaphrodites could be treated with hormones to help their bodies adjust to their brains.

During this same time period, psychologists counseling homosexuals believed that their only objective was to make the brain fit the body. Treatment of a gay male, for instance, would continue until he was only interested in women. Psychologists did not identify or classify anyone as transsexual or pseudo-hermaphrodite. As far as they were concerned, these were homosexuals. Psychologists justified their oppressive treatment of homosexuals by referring to the Bible.

During the period when Michael wrote his dissertation, psychology and endocrinology, a relatively new field staking its ground within the medical profession,

fought an ongoing battle. Endocrinologists believed that the naturally-occurring hormones produced by the body play a greater role in the way people develop and interact within the community than was previously believed. Psychologists fought their theories tooth and nail.

Around 1850, thanks to advancements in publishing that allowed scientists to share their ideas, a scientific and medical renaissance exploded throughout the civilized world. One of the medical pioneers who published his ideas widely was Dr. Magnus Hirschfeld, a world-renowned doctor who specialized in studying sex and gender. Hirschfeld is believed to be the first doctor to treat gender variant individuals who would be classified today as transsexuals.

Hirschfeld was an openly gay man who in 1919 started The Institute For Sexual Science in Berlin. Nine years later in Copenhagen, he and Dr. Norman Haire founded The World League of Sex Research. It was Dr. Hirschfeld who, for the first time, tried to explain that being gay, lesbian, or transsexual was not a mental disease. It was Hirschfeld, also, who first made the distinction between sex and gender. Before this time they were thought to be the same entity. Hirschfeld was the one who first described what we would now call queer expression: gay, lesbian, bisexual, transgender and transsexual experience. He challenged the way the medical profession perceived and treated queers.

Hirschfeld was able to persuade some prominent psychologists, including Sigmund Freud, that gay, lesbian, bisexual, transgender, and transsexual people were perfectly normal and not in need of psychiatric treatment. Freud became one of Hirschfeld's biggest supporters. Another of Hirschfeld's supporters was Dr. Harry Benjamin, who arranged for Hirschfeld to come to New



York and give a lecture on his research.

No one can say with any certainty what inspired Michael to enter medical school. but I like to think that Dr. Hirschfeld could have been Michael's biggest motivation. We might say it is coincidental that Dr. Hirschfeld, one of the first activists for gays and lesbians, happened to be gay. Was it also an accident that Michael was an early trans activist who was himself transsexual? To not acknowledge that the transgender nature of certain great people, such as Joan of Arc, was an important factor in their lives is to miswrite and misread history.

Soon after Michael started taking testosterone, his body began to manifest the changes that he had sought for so long. Within months his whiskers started to grow even fuller and his voice, deeper. By his choices of jobs and professions, Michael had already been living a life more suited for a man of that time.

While in medical school, Michael consulted a plastic surgeon named Sir Harold Gillies about having the new flap procedure performed on him. Gillies was adamantly against such an operation, viewing it as a mutilation of one's body that would be an offence against God. Michael was persuasive in his arguments, challenging Sir Harold Gillies to view a man such as himself as a biological entity whose condition could be surgically corrected. He was successful in convincing the surgeon that a transsexual was nothing more than a sufferer of pseudo-hermaphroditism. Sir Harold Gillies agreed to perform the flap technique on Michael.

Sir Harold Gillies later told his

colleagues at a medical conference that the deciding factor in convincing him to perform the flap technique on Michael Dillon was the fact that Michael, who was manly in both appearance and in mannerisms, had been living as a man for a number of years. Sir Gillies stated that he had a hard time seeing Michael as anything other than a "regular fellow."

These very observations became the substance of what that Dr. Harry Benjamin would later use as treatment guidelines for future transsexuals wishing to have corrective

surgery on their genitals. Because Michael had lived as a man for a number of years and looked like a "regular fellow," Gillies was convinced that he was a candidate for lower surgery. Michael was not the world's first FTM, but he is believed to be the first FTM who took testosterone and had lower surgery. All that Michael ever wanted was to live his life in peace as a man. But without his intent or his desire, he came to represent to the medical community the way a trans person should transition.

Michael's transformation was spread out over time only because of continuing medical advancements during his lifetime. His transition to male influenced and was aided by the world's brightest minds in sexual behavioral science, men such as Magnus Hirschfeld and Harry Benjamin. Even the plastic surgeon Sir Harold Gillies, referred to as the father of modern plastic surgery, was without a doubt the most knowledgeable plastic surgeon of the time. It was not by mistake that Michael

chose the medical profession to help him in his transformation and picked the best doctors that he could find. As a medical student and eventually as a doctor, Michael was in the position to have at his disposal any paper written on sex or gender.

After Michael graduated from medical school, he took a job as a doctor on a cruise ship. In 1958, a newspaper reporter found an error on Michael's name change record and reported that Michael Dillon was born female. Devastated by the reporter's callousness, Michael moved to Calcutta and took refuge in a Buddhist monastery at Sarnath, Bengal. Michael became the first documented FTM to be ordained as a Buddhist monk. He took the name Labzang Jivaha, and spent his time studying Buddhism and writing. He gave what money he had to help struggling students.

On May 15, 1962 Labzang (Michael) died at the age of 47 from what was said to be complications from a Buddhist vegetarian diet. That same year, 2 books by Dillon *The Life of Milarepa* and *Imji Getsul*, were published in London.

Since one purpose history serves is to give us images of people like ourselves who lived before us, it is important that we rescue Michael Dillon from oblivion. Trans people have existed in every shape and form in every society, supported and nurtured in some cultures while violently oppressed in others. To fully know ourselves, we must know more about those who lived in the past. Michael Dillon, in medically conforming his body to the masculine gender, took risks and made connections that prepared the way for the paths of gender expression we enjoy today. ▼

Sue Informati, an MTF mechanic from New Jersey, is a walking encyclopedia of trans history and culture. She is particularly interested in FTMs.

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# Sick as a Dog

## Thoughts on True Spirit 2003

By Max **informatio**

This was my fourth True Spirit, and I was in denial that I was feeling a bit under the weather. By the time Saturday rolled around, I was sick and bedridden, having spent all Friday in the hotel room and now all Saturday, taking antibiotics and Robitussin and watching dog shows on cable.

There is something comforting about hiding away from a conference, it's nice not having to see hundreds of people you don't know, not having to be on—social, acting interested, cheerful, winsome, whatever. There were 9 or 10 folks staying in my room, so I didn't have to avoid the conference altogether. People would return, haggard and world-weary, to the comforts of the ridiculously-expensive hotel room and report back to me. My room became a haven. I believe my illness gave other folks the ability to hide out as well: they did need to take care of and check up on me now.

What were we all hiding from? True Spirit. By now this stuff should be old hat. I should feel comforted amongst my trans-family. But no. One handful of people staying in our room were refugees from another room where sex was happening literally all

the time. There was no escape. In the morning the moaning woke us up and in the evening, made it impossible to sleep.

Others were there because they couldn't afford to stay in any hotel, let alone one with \$130 rooms. We were like mice nested in there, sleeping bags tucked into every possible corner, food brought from home piling up on tables, eight toothbrushes in a row alongside the sink. \$130 a night to watch TV in the bath-

room. At least everybody got clean.

But I really think people were in my room as an admission of defeat. My bronchitis over, I hit the conference on Sunday evening. It was only a matter of minutes before I felt completely overwhelmed, lost in a sea of black hoodies and piercings and tranarchy patches. According to someone I talked to there were over 900 in attendance. They can't all be under 25 can they?

I am a young transman, a punk and a faggot and a bottom—shouldn't I have found community in this newer, larger, punkier True Spirit? Instead, I mostly felt sad that I didn't see any of the guys I know and love who brought me up. Older guys. I'm sorry, boys, but you go on and on about inclusive community and ageism (which I'm usually in agreement with) but you take up too much room with yourselves. You make it impossible for us little punk-ass bottoms to meet daddies.

Intergenerational dialogue is shot.

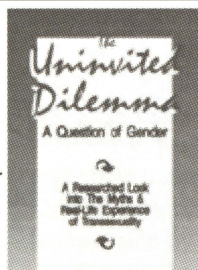
When did I become such a bitter old man? And since when does being trans equal white, young, punk and in college? The world may never know.



### The Uninvited Dilemma A Question of Gender

by Kim Elizabeth Stuart

Research Supplement available separately.



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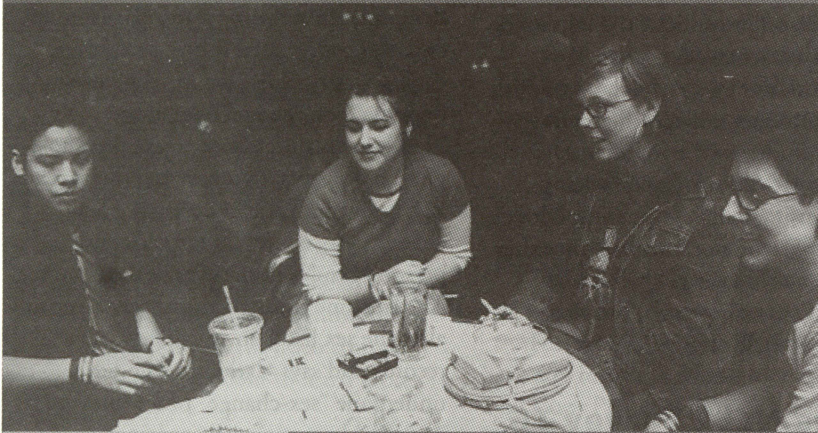
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# Lobby Daze at TSC 2003

photos by **Kit Aster** identifying information redacted  
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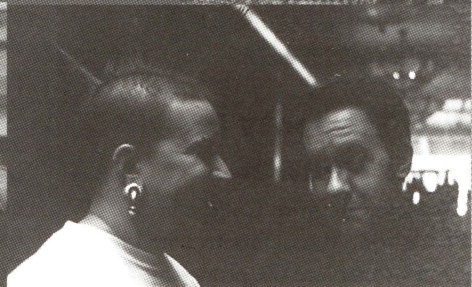
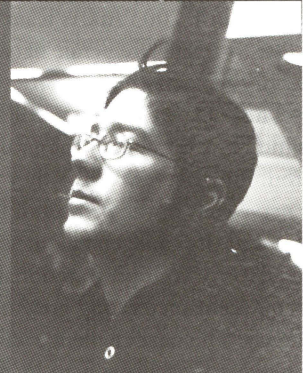
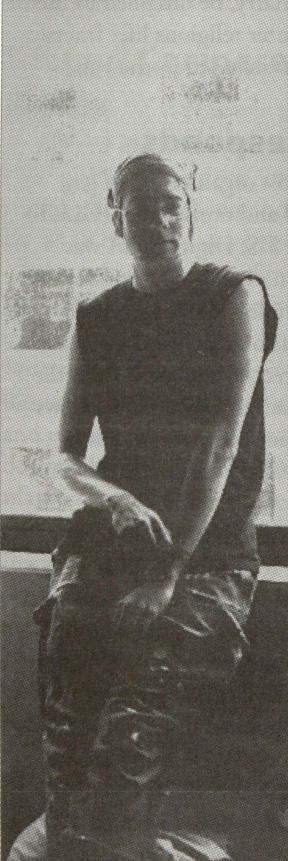


In these images shot in the lobby of the Washington Court Hotel at True Spirit 2003, Philadelphia photographer Kit Aster reveals the light of daring burning in our hearts, the conviction in spite of uncertainty that finds nurture at TSC.

This year's conference took place over the weekend of February 14-17, the dreaded end of Ramadan, in Washington DC. Fear of terrorist attacks and inconvenience at the airports aside, hundreds of trans people, gender queers, and our allies made the trek to TSC.

Homeland Security was no match for the two feet of snow that quietly commandeered our nation's capitol that weekend. Many of us were forced to stay in DC a day or two longer than we had intended. 1-95 was shut down. The airports were paralyzed. Schools, government offices, and businesses were closed, and all but 4-wheel drive vehicles banned from the city streets. We were under a Red Alert.

The conference hotel's glass-roofed lobby darkened under an opaque cap of snow. Inside, a yellow cloud of tobacco smoke hung over all, permeating our bodies the way malaise about our government's threats of war did our psyches. Being at the conference fostered the usual friend-making and reconnecting, but by Tuesday morning the determined faces lining the lobby were fixed toward home.







## They've Got the Nerve

At the recent annual meeting of the American Urological Association in Chicago, Anthony Atala announced that his team has grown penile nerve tissue in rats. The September issue of *New Scientist* reported that the tissue engineer and his colleagues at Boston Children's Hospital had successfully replaced missing sections of penis in live rabbits with tissue grown in the lab. Inserted alongside intact nerve cells, the functional replacement penile tissue consisted only of muscle and endothelial cells. By April, 2003 Atala's team became the first to regenerate penile nerve tissue necessary for sensory function.

The trick was to create collagen channels like the sheaths naturally surrounding nerves. When they cut away the nerve cells in the penises of live rats and sewed the collagen channels to the severed nerve stumps, functional nerve cells one centimeter long grew inside the channels. The next challenge will be for the nerve cells to grow even longer without losing functionality.

Reconstructive surgeon Hunter Wessells of the University of Washington School of Medicine in Seattle sees the technique being used in the next few years to help men with intact penises who have lost nerve function regain feeling or have erections. But it will probably be 10 years before a fully-functional tissue engineered penis is grown in the lab and attached to a man or child, says Wessells. That will require developing techniques for splicing and connecting nerves in the lab-grown penis to the central nervous system. See *New Scientist* article at <http://www.newscientist.com/news/news.jsp?id=ns99993672>.

## Smith Students Go Gender Neutral

Students at Smith College in Northampton, Massachusetts voted in mid-April to replace the pronouns *she* and *her* in their student constitution with

gender-neutral pronouns. As of next fall term, any instance in SGA constitution of the word *she* will be replaced with the term *the student*, and the pronoun *her* will either be deleted or changed to *the student's*. The vote applies only to student government documents, and not to official college publications. Student Government Association president, Lindsay Watson introduced the initiative as a way to attract a wider range of students to student government. At Smith and other same-sex colleges, a growing number of students who identify as transgender feel uncomfortable being referred to using female pronouns. Most of these people are not interested in using medical means to change their bodies; they identify as transgender, but not necessarily as male or female.

## TLC and NCLR Survey TG Legal Needs in SF

At a May 14th event celebrating the opening of the Transgender Law Center (TLC), the National Center for Lesbian Rights (NCLR) and TLC released "TransRealities: A Report on the Legal Needs of San Francisco's Transgender Communities". This first-of-its-kind report presents results of a six-month survey collecting data on the legal needs of over 150 transgender people in San Francisco. In addition to details from the survey, the report includes recommendations for how community members, social service providers, legislators, and foundations can participate in eliminating bias against transgender people.

The Transgender Law Center is a civil rights organization that advocates for transgender communities by connecting transgender people to technically sound and culturally competent legal services, increasing acceptance and enforcement of laws and policies that support California's transgender communities, and working to change laws and systems that fail to incorporate the needs and experiences of diverse transgender communities. TLC provides free transgender legal information to transgender community members, attorneys, business owners, and social service providers. Contact them with any questions you have or go to their website for more information. Address: Transgender Law Center, 1800 Market St., Suite 408, SF, CA 94102. Email:

[info@transgenderlawcenter.org](mailto:info@transgenderlawcenter.org). Phone: 415.865.0176 or 415.865.5619. Web: [www.transgenderlawcenter.org](http://www.transgenderlawcenter.org)

## Vatican Bans Trans in Religious Orders

In January, 2003 the Vatican sent superiors of religious orders a confidential document prohibiting transsexuals from entering consecrated life and requiring expulsion or suspension of religious who undergo "sex-change" operations. Transsexuals suffer from "mental pathologies," a disassociation between their mind and body, the Vatican declared. "Sex-change" procedures do not change a person's gender in the eyes of the church. The document instructs bishops never to alter the sex listed in parish baptismal records and says Catholics who have undergone "sex-change" procedures are not eligible to marry, be ordained to the priesthood or enter religious life. Intersex people were not included in the ban.

## Dignity Responds

The foremost organization of gay, lesbian, bisexual and transgender (GLBT) Catholics in the US, DignityUSA was among the first national gay organizations to explicitly include the transgender community in its outreach and advocacy. According to a recent statement from the organization's leaders, DignityUSA views the recent Vatican statement on Sex Reassignment Surgery as "trivializing the life long struggles of our transgender and intersexed sisters and brothers in Christ." They also said, "It is troubling that such a statement was released in secrecy and then made available only to the presidents of bishops conferences at a later date."

Says Michelle Griffin, a transgender person newly appointed to DignityUSA's Board of Directors, "We want to ensure transgender people that the Vatican's position does not represent what all Catholics believe. Many, if not most, Catholics are committed to the strong social justice tradition of our Church. That makes us a people who are very tolerant, open and willing to learn."



# Announcements

## Sex+ Video in the Works

A group of east-coast, anti-racist, anti-capitalist, sex-positive trannies & queers is in the process of making a groundbreaking video documentary exploring the sexualities of masculine female-born people, including FTMs, transmen, two-spirit people, transgender butches, genderqueers, etc. Our goal is to bring you on an irreverent romp through the ins and outs of trans people and sex. The result will be a fierce, fun reclamation of our bodies and our desires. Be part of this exciting production by appearing in the video or by helping out behind the scenes. E-mail [info@tranzvideo.com](mailto:info@tranzvideo.com) or visit [www.tranzvideo.com](http://www.tranzvideo.com) to learn more.

## Project Compares Trans & Sibs

If you identify as transgendered, you have a sibling who does not identify as transgendered, and you and your sibling are 18 or over, you can help bring the voices and experiences of trans people into psychology. Rhonda Factor/RJ, a doctoral student in psychology at the University of Vermont, is doing a project designed to illustrate the various ways we experience and express our gender identities for her doctoral dissertation. While there are many differences among us as a group, we also share the experience of not identifying fully with the sex/gender to which we were assigned at birth. Our experiences are also similar to and different from individuals who do identify fully with the sex/gender to which they were assigned at birth.

This project is designed to explore these similarities and differences by comparing your experiences with those of your "conventionally gendered" siblings. The surveys administered to your siblings will simply be entitled "The Family Project" and will not focus on gender identity. In fact, that survey only asks about sex in the conventional way. Therefore, individuals will not be "outed" by sending a survey to their siblings. It is her hope that this project will contribute

to a culture that understands, supports, and celebrates the varieties of our gender experiences.

To participate, email or mail the following information to Rhonda, and she will mail the surveys to you and your sibling. If you would rather have your sibling's survey sent to you and then forward it yourself, let her know. In that case, she will send you both surveys.

- \* your name, address, email address, and the name your sibling knows you by if different from the name you currently use
- \* your sibling's name, address, and email address
- \* name, address, and email address of another sibling to contact if first does not respond

Feel free to contact Rhonda if you have any more questions. Her address is The Trans Project, Rhonda J. Factor, Psychology Department, University of Vermont, John Dewey Hall, 2 Colchester Avenue, Burlington, VT 05405-0134. Phone: 802.656.3015; email: [Rhonda.Factor@uvm.edu](mailto:Rhonda.Factor@uvm.edu)

## New E-mail Lists

EthnicFtM is a new list for all categories of Transmen/FtMs/masculine identified, female born/IS persons who are out of the mainstream. This would include Black/African American, Hispanic/Latino, Jewish, Muslim/Moslem, Asian, AmIndian, Deaf, Mormon, Scientologist, Mestizo, Pacific Islander, French-Canadian or any group that does not fit the mainstream of discussion groups available for FtMs. Members are free to discuss general FtM concerns as well as concerns specific to Ethnic and Religious minorities that we belong to. FtMs of all ages and locations are welcome, as well as SOFFAs and health care providers. To join, write to [EthnicFtM-subscribe@yahoogroups.com](mailto:EthnicFtM-subscribe@yahoogroups.com).

[tg\\_teens\\_mt](mailto:tg_teens_mt) is a list mainly for transgendered teens in the state of Montana and their SOFFAs. Please don't join if you aren't a TEEN, part of the lgbt community, or are not a SOFFA. LGB teens who do not live in MT and are not TG but are interested in them may still join. To join, write to [tg\\_teens\\_mt-subscribe@yahoogroups.com](mailto:tg_teens_mt-subscribe@yahoogroups.com).

FTM\_Personals is a web site and list created by and for FTMs and their admirers. *Placing an ad is free. Responding to ads is free.* No wading through irrelevant non-ftm-related ads. No figuring out how to find ftm-seekers and ftms. That's all we have here—more than 350 members, all with photo ads! Anyone on the FTM spectrum (Boi, FTM, F2M, M2M, Transman, Genderqueer, TG Butch, etc) and those who would like to date them (of any gender) can post a personal ad of any length. Non-FTMs are especially welcome. We have a short screening process, which keeps the group spam-free and insures your privacy and comfort. To join, go to [http://groups.yahoo.com/group/ftm\\_personals](http://groups.yahoo.com/group/ftm_personals)

FTM\_Surgery Info is an extensive resource for information, photos, links, and research materials pertaining to surgery options for Female-to-Male transgendered persons. The site includes information including- but not limited to- the following FTM related procedures: metaoidioplasty, phalloplasty, tissue expanders, Centurion Technique (enhanced meta), hysterectomy, oophectomy, and chest surgeries including double incision, liposuction, periareolar, and keyhole. Non-surgical enhancement alternatives such as pumping, stretching, piercing, etc. may also be discussed. Surgeons include (in no particular order) Brownstein, Meltzer, Laub, Reardon, Ching, Fischer, Daverio, Liedl, Stephanides, Foerster, Yonsei, Johnson, Steuber, Brassard, Menard, Bubak, Cordier, Clugston, Strathy, Peters, Davies, Morris, Raphael, Davis, McLean, Futrell, Alter, Monstrey, Mueller, Wilson, Economides, and others.

All members are welcome to post their surgery pictures, view our extensive photo archive, and ask and answer questions. For the comfort and privacy of our members, you are required to answer a very short questionnaire before membership is granted. Your privacy is respected and your answers are confidential. This is a spam-free! moderated group. Go to <http://groups.yahoo.com/group/ftmsurgeryinfo> to join.



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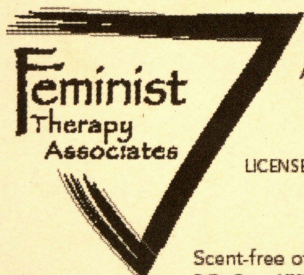
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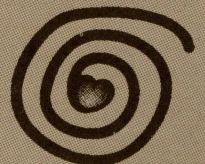
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