

SUMMER READING ISSUE!!



ALL HE WANTED?

...

Review by Díon Manley

All She Wanted: A True Story of Sexual Deception and Murder in America's Heartland
 APHRODITE JONES
 (NEW YORK: POCKET BOOKS) \$6.99

This book is a re-creation of the murder of 21-year-old Brandon Teena, Lisa Lambert and Phillip DeVine in Falls City, Nebraska on December 31, 1993. Brandon, in my view, was an isolated working-class dude who was raped by two of his so-called friends after their

discovery that he wasn't a non-trans man like them. The two then murdered him in attempt to silence him after he filed charges for the rape. The book begins at the scene of the crime and tells of the killings and their aftermath, day by day. The narrative is based on interviews, police reports, psychiatric

records, court transcripts, and other journalistic research. There are several photos of Brandon, his friends, and the murderers, all of which I found myself referring to over and over throughout the reading.

Almost as interesting as the book were various transpeople's reactions when I told

them I was reading it. Their responses ranged from comments such as "Right on! How is it?" to "Wow. That's the LAST thing I'd read. Why would you want to read THAT?" Some casually shrugged it off, saying, "I saw the film, that's enough" [see review of the film *The Brandon Teena Story* in *FTM* #42]. My many reasons for reading it were political, historical, sociological, and psychological. If one of these aspects interests you there's plenty in this book to make it worth the read. It was also interesting comparing it to (my memory of) news media coverage of Brandon, and to where I was identity-wise at the time. Added incentive and interest: it's about working-class folk like myself.

There are frustrating aspects that made it difficult for me to finish this book. The book clearly had a non-transperson's bias—the most constant aggravation being pronoun flip-flopping and a lack of acknowledgment of the author's pronoun choices to describe Brandon. At one point in the book, the author finally seems to relax into using "he" as the pronoun. Then, recounting the scene when Brandon's "friends" pulled his pants down, the author abruptly returns to the "she" pronoun.

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NGLTF Will Support Trans Inclusion in U.S. Civil Rights Law

by Clare Howell, GenderPAC

Kerry Lobel, Executive Director of the National Gay & Lesbian Task Force (NGLTF), issued a statement on June 16 asserting that language expressly covering transgender people should be included in the wording of the pending federal Employment Non-Discrimination Act (ENDA).

In calling for trans-inclusion in ENDA, Lobel alluded to Bella Abzug's 1974 bill banning discrimination based on sexual orientation. "Civil rights for gay people was not a popular cause...Bella knew something that we could all stand to learn again—it's not about political pragmatism, it's about progressive principles..."

"The discrimination, harassment, and violence transgendered people experience in this society is shameful. We believe that there is one movement for gay, lesbian, bisexual, and transgender equality..."

"We intend to do no harm to ENDA or to the cause of GLB equality. But just as our African American colleagues in several states have refused to move forward on hate crimes legislation that covers race but not sexual orientation, we too feel obligated to move forward together."

The Human Rights Campaign—the other national GLB organization—continues to fight the inclusion of trans people in ENDA.

Dale Carpenter, an attorney on the board of the Log Cabin Republicans, remarked: "How many gay people will be fired by bigoted employers during that high-minded interval between the time that ENDA in its present form would have passed and the time it is delayed while NGLTF awaits its gender-free utopia? How many lives and careers will be ruined? What price NGLTF's dream?"

Responded James Green of FTM International, "No other national political organization has shown NGLTF's courage. Theirs is not a regressive step; it is a step forward. Kerry Lobel's brave stand on this has probably frustrated some activists who have worked hard to move ENDA as far as it's come, but ENDA was written a long time ago and it doesn't do the job it was intended to do. NGLTF is doing the right thing by recognizing the shortcomings of this bill. The politics of queer difference can't be based only what goes on in the bedroom; all queer people won't be protected from discrimination or harm based on 'actual or perceived homosexuality' alone."

"To build a transformational movement," Lobel adds, "we must take the risks that challenge conventional thinking. When the forces against us are strong, the response cannot be fear and political expediency...Over the years, we have not wavered and ultimately our vision has often prevailed. This is about a long-term vision of a unified movement for gay, lesbian, bisexual and transgendered equality."

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FTM INTERNATIONAL NEWSLETTER

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

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Please submit articles, stories, art, photos, poetry, etc. by Aug. 15 for consideration for FTM #46. Ads and letters due Aug. 30.

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MEETINGS

See page 23.

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An Open Letter from James

In the interest of keeping everyone informed, I want to let readers know about my future plans. First, I am sad to report that my relationship with Petra did not work out the way either of us had hoped it would. After an intense eight-month affair, with six months living and traveling together, we agreed that it was best to part, and she has returned to Sweden. We are still friends, and I hope we will continue to collaborate politically and contribute to each other's intellectual and creative processes.

As I write this, members of FTM International are engaged in the voting process, electing seven new members of the Board of Directors for two-year terms. Eight of the current board members, myself included, are slated to remain on the new board for one year. [See new board line-up below!—Jed] When the new board meets on August first, it will elect new officers (President, Vice President, Treasurer, and Secretary). My term as president will end, and I do not plan to run for an officer position for my final year on the board. I plan to remain on the board and will take on whatever tasks are necessary, but I want to encourage new leadership to take on the organizational responsibilities that FTMI has presently and will undertake in the coming years. I will continue to serve the community through writing and public speaking, but for the foreseeable future I do not wish to have any official organizational duties other than regular membership, honorary or advisory board positions, or consulting arrangements once my term on the board ends.

This August I will attend the Harry Benjamin International Gender Dysphoria Association (HBIGDA) Symposium in London, and I am being sponsored to return to Copenhagen to spend time with and learn more about the trans community there. I may also visit Amsterdam. I will return from Europe in mid-September, and then I will attend the Southern Comfort Conference in Atlanta, Georgia (September 21–26), Forward Motion in Burbank, California (October 8–11), and Creating Change in Oakland, California (my hometown!—November 10–14).

I want everyone to know that this shift in focus for me represents a major turning point in my life, one that I have been anticipating for several years now, but only began to resolve about 10 months ago. I want to pursue a major career change to finish out the rest of my life (now that I'm over 50), because I am weary of the corporate work that I have been doing for over 20 years. I am hoping to go back to school to obtain a second advanced degree, and then to teach at the university level, as well as to continue to do my own writing. If I am lucky, I will be able to return to school in the fall of 2000, and I will need to focus a great deal of energy on that, so I will have much less time for community-based organizational work—probably for several years.

I want to express my sincere appreciation to all the readers of this Newsletter for your ongoing interest in and support of the work of community-building that we began in these pages and over the telephone so many years ago. I've made so many good friends through this work, and I am grateful for each and every one of you. I hope we will continue to have contact at conferences, or through this newsletter, or over the internet or voice lines, or even via ordinary letters (which I'm notoriously bad at answering). I certainly don't intend to withdraw my knowledge or expertise from the community pool of resources, and I still look forward to being of service. You'll continue to hear from me periodically, I'm sure; but as of August 1, 1999, when a new president is elected, I will be the past president of FTM International. Thank you for the confidence you have placed in me since March of 1991. I hope my ongoing work will continue to hold interest for this community, as well as continue to earn your respect.

Yours in Brotherhood and Community,
Jamison "James" Green

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HIV/AIDS: Some Issues for FTMs

by Ms. Viviane K. Namaste, Ph.D.

In 1999, it is considered common knowledge that HIV/AIDS affects everyone. But we know very little about its impact on transgendered people, and even less about FTM transsexual and transgendered people. As part of a needs assessment on transgendered people in the province of Québec, funded by the Centre Québécois de Coordination sur le SIDA, I set out to ask FTM people about their relations to HIV/AIDS. This research was an initiative of CACTUS Montréal, a needle exchange program located in downtown Montréal. The research on FTMs was only one part of a much larger project: the needs assessment was based on the cities of Montréal, Québec, and Hull. Other areas of inquiry in addition to FTM transsexuals and transgendered people include: access to hormones, gender identity clinics, identification papers and civil status, addictions, prisons, ethnocultural communities, and HIV/AIDS services. In terms of FTMs, I wanted to learn what FTMs thought about the topic of HIV/AIDS, the issues they identified as important, and the kinds of services and resources which they said they need. This information was gathered in two ways: individual interviews with FTMs in Québec; and a discussion group with FTMs, social service providers, and researchers at the Hero's Journey FTM Conference in Boston in August of 1997. The most significant findings of this research are discussed below.

■ Many FTMs did not consider themselves at risk for HIV/AIDS. Amongst the individual interviewees conducted in Québec (five FTM people), several participants situated HIV as an issue that affects prostitutes, street people, and drug users.

■ The discussion group at the Hero's Journey conference in Boston revealed that in the context of the United States, access to sterile needles and injection equipment remains difficult. FTMs stated that given the difficulties in finding a physician to prescribe hormones, some people buy them on an underground market. FTMs living near the Mexican border can buy them without a prescription in Mexico, but this raises the problem of potential legal difficulties upon their return to the United States. Judicial problems can result for FTMs if it is discovered that they are importing these materials. Moreover, FTMs reported that many individuals use needles of two different sizes to inject—a large-gauge needle to withdraw the thick oily fluid from its container, and a smaller needle to actually inject the hormones into the body. Participants declared that the criminalization of drug use in the United States made it increasingly difficult for people to access clean needles. Hormone needles are available through some needle exchange programs in the United States, although FTMs maintained that there were often tremendous difficulties in accessing them. In Québec, needles for intramuscular injection are available through some needle exchange programs, and can also be purchased at pharmacies.

■ There is a lack of education and prevention materials which address FTM bodies. FTMs interested in HIV/AIDS issues stated that there was

a dearth of information, resources, and education materials which addresses FTM bodies, cultures, and sexual relations. For instance, participants in the discussion group said that although it is known that many FTMs enjoy and practice vaginal sex, little is known about the risk factors involved: do male hormones dry out the vagina of an FTM, thus requiring that an FTM who has penile-vaginal sexual relations use not only a latex condom, but water-based lubricant as well?

■ There may be a strong link between unsafe sex and self-esteem for transgendered people, according to participants. Interviewees stated that FTM transgendered people may experience difficulties in finding sexual partners. Given these difficulties, FTMs may not protect themselves and/or their partners during sexual intercourse, for fear of rejection. FTMs who identified as gay and/or bisexual men stated that some FTMs only offer oral sex to other men, so as not to reveal their own transgendered/transsexual status. Due to the threat of ridicule, harassment, physical violence, or sexual assault upon discovery or disclosure of one's transgendered status, an individual might not disclose this status. FTMs also remarked that some of them have "no touching" zones on the body: a criterion to which many gay men are not accustomed in their sexual relations. Other FTMs said that they enjoyed penile-vaginal intercourse, but that they generally could not broach this subject within a gay male context, such as a discussion group. All FTM transgendered people experience difficulties negotiating sexuality and fear rejection, in the view of FTM participants in the discussion group at the Boston conference. In the words of one participant, this creates a global situation in which FTM transgendered people may have to ask themselves, "What are you willing to give up to have sex?"

■ Interviewees and discussion group participants contended that the administration of social services excludes transgendered people. MTF transsexuals who have sex with men, for instance, are often classified as "men who have sex with men." Likewise, FTMs are often classified as women. Gender-exclusive forms or counseling practices are different examples of how transgendered people must categorize themselves as "men" or "women" and thus deny the complexity of their bodies, identities, and histories. The issues of perceived risk, lack of access to sterile needles and injection equipment, lack of FTM-specific educational materials, self-esteem, and the exclusion of transgendered people in the administration of social services are among the most salient findings of my research. It is hoped that this information can be used in the development of appropriate resources and services for FTM transsexual and transgendered people with regards to HIV/AIDS.



Readers interested in obtaining copies of the final report of this research can do so by contacting: CACTUS Montréal 1250 rue Sanguinet, Montréal Québec, H2X 3E7. Please note that this final report is written in French.

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TRANSGENDER PEOPLE AND HIV

FINDINGS OF THE SAN FRANCISCO TG COMMUNITY HEALTH PROJECT

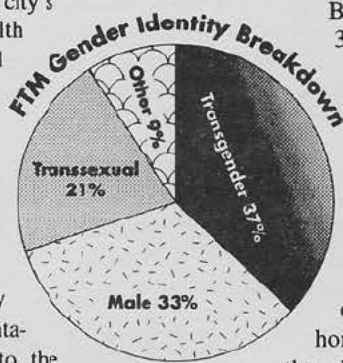
by Camille Fink

Reporter's and editor's note:

We would like to preface Camille's summary of this groundbreaking study by mentioning a few concerns with the TCHP's findings. (1) The class and race breakdowns of FTMs differ so vastly from those of MTFs in the study that we believe they cannot simply reflect an objective difference in the two populations. Instead, we believe this difference must also reflect the different ways available to the investigating staff for reaching FTMs and MTFs. Both populations were sought out in street and community settings. But our speculation is that most FTMs were actually reached through organizations, meetings, and community events, while most MTFs were contacted through street outreach and social service programs. While this difference reflects real contrasts in our lives and in how MTFs and FTMs can be contacted in this city, it may not reflect such vast differences in the overall transgendered populations. (2) Even without this issue at play, we neither understand nor agree with the TCHP's conclusion that FTMs are at low risk for HIV. FTMs frequently engage in high-risk behaviors, according to the report (see "Sexual Practices" below and "HIV/AIDS: Some issues for FTMs" on page 3). —Dion Manley and Jed Bell

▼ FINDINGS

In February of this year at a community meeting in San Francisco's Tenderloin district, the Transgender Community Health Project (TCHP) of the city's Public Health Department presented the findings of its groundbreaking study of HIV risk among MTF and FTM transgendered individuals in the Bay Area. The TCHP had also previously made a formal presentation of its findings to the federal Centers for Disease Control in Atlanta. To gather the data for the study, a staff of transgendered interviewers spoke with 123 FTM and 392 MTF participants from July to December, 1997. They gathered sociodemographic information as well as data about medical history and health status, HIV prevention service access, sexual behaviors, drug use behaviors, and psychosocial factors. Respondents were also tested for HIV and received HIV/STD counseling, harm reduction counseling, and referrals. The



study sought to "sample a large number of transgendered persons who typically are not eligible for studies or are excluded from analysis because their gender does not fit the male/female dichotomy." These quantitative data—together with results from TCHP's 1996 qualitative study of the HIV prevention and health needs of the San Francisco transgender community—provide us with an important preliminary understanding of how HIV has impacted transgender communities and how outreach and counseling efforts can be most effective.

The FTM and MTF samples were very similar in some ways and completely different in others (see note above). One of the greatest contrasts was in the racial breakdowns of those who did end up participating in the project. The FTM sample was 67% white, and about 10% each Latino, African-American, and Asian/Pacific Islander, whereas the MTF sample was 27% each white, Latina, and African-American, and 13% Asian/Pacific Islander. The groups were, respectively, 3% and 6% Native American.

Both groups had a median age of around 35, but the FTM group had a higher median income (\$1100 vs. \$744 for MTFs), higher rates of private health insurance (47% vs. 14%), lower rates of past incarceration (25% vs. 65%), and radically lower rates of HIV infection (1.6% vs. 35% for MTFs). While about 80% of the FTMs had jobs, stable housing, and at least some college education, 40% of MTFs were homeless or in unstable housing—and more than half the MTFs interviewed had a high school education or less. One-third to one-half of both groups had high rates of STD diagnoses, and similar numbers had had mental health conditions resulting in prescribed medication. About a third of each group reported having attempted suicide at some point.

▼ HORMONES AND SURGERY

About 80% of each group reported receiving health care at a doctor's office or a clinic in the

last six months—usually related to hormone therapy in the case of the FTMs. Over half (57%) of FTM respondents reported hormone use, nearly all using injected hormones. Among MTF participants, 91% had used hormones and 65% had injected hormones. Almost all recent FTM hormone injectors, and most MTFs, obtained their hormones and needles from "reliable and safe sources such as a clinic, private doctor, pharmacy or needle exchange site."

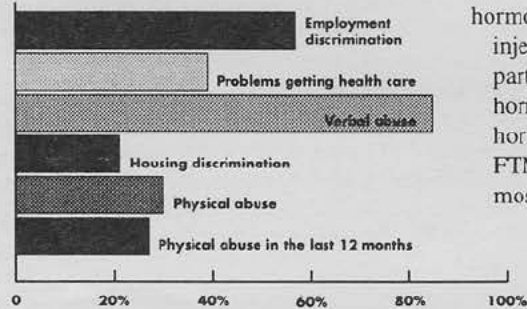
Ore-third of FTM individuals had undergone sexual reassignment or gender confirmation surgery, and 85% indicated they planned to have some type of surgery. Among MTF respondents, 22% reported having undergone some type of surgery and 72% planned to have surgery in the future.

▼ ABUSE AND DISCRIMINATION

All FTM respondents reported experiencing "some form of discrimination or abuse related to gender presentation or gender identity." MTF respondents also reported similarly high incidences of all forms of discrimination and abuse, with 37% of MTFs reporting recent physical abuse. Many of the qualitative study participants believed discrimination needed to be addressed as part of HIV prevention: "Not looking at these other issues like employment that are not related directly to AIDS prevention is an unwise thing to do. I think these things are all very interrelated and interdependent. And they have to be addressed."

▼ SEXUAL PRACTICES

The median number of lifetime sexual partners for FTM participants was 27 compared to 150 for MTF respondents. Among both FTM and MTF respondents, 59% reported a history of forced sex or rape. The rates of unprotected sex among MTFs were high: unsafe receptive anal intercourse (85%), unsafe insertive anal intercourse (64%), and unsafe vaginal receptive intercourse (6%). Unprotected receptive anal intercourse was reported by 28% of FTM respondents and about two-thirds (64%) had unprotected vaginal intercourse. In the qualitative study, FTM participants "felt that engaging in unprotected sex was a part of exploring one's new gender identity." Many interview-



FTMs Experiencing Abuse and Discrimination

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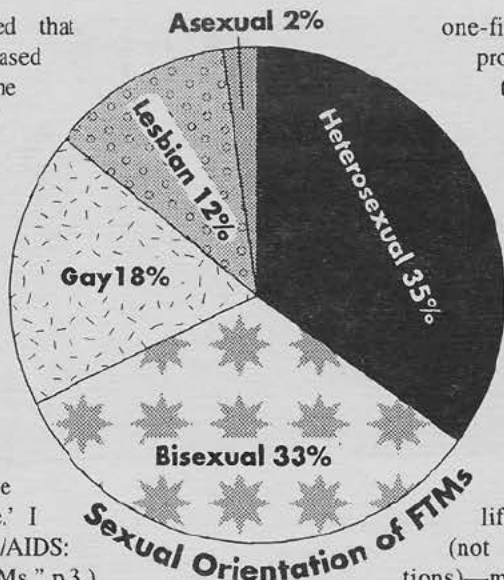
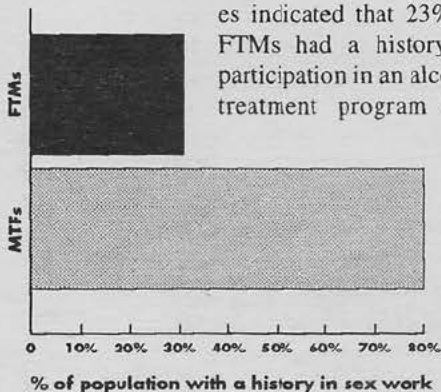
wees also believed that testosterone increased their sex drives and the sexual risks they were willing to take. One respondent said, "For gay FTMs, we might be willing to do something with someone that's less than safe, because it's like 'Oh my God, an opportunity to have this gay experience.' I feel that." (See "HIV/AIDS: Some Issues for FTMs," p.3.)

In the past six months, only 7% of FTM participants had receptive anal intercourse but 56% of these individuals had unprotected sex. Of the one-fifth who had receptive vaginal intercourse, 67% didn't use a condom. Receptive oral sex was reported by 21% of FTMs, with 73% of this group having unprotected sex.

In the qualitative study, many MTF respondents stated that "they have unprotected sex with clients if they are paid more to do so. Some also stated that if they insisted on condom use they could be physically abused by their clients." The important relationship between sex work, discrimination, economic necessity, incarceration, and drug use was discussed by an MTF participant: "I cannot go to school because I'm HIV-positive, and I'm going end up being a prostitute again, get arrested, lose my apartment. If I sell my body or use drugs I don't have my self-esteem...this whole circle." The issue of low self-esteem and unprotected sex was significant for both FTM and MTF participants. One MTF said, "For those of us who aren't prostitutes, if we get recognition by a man as being a woman, sometimes you just grab onto that, and maybe ordinarily you would be cautious. In a case like that you just let it all out, cause someone's accepting you as female."

▼ DRUGS AND ALCOHOL

Alcohol and drug use question responses indicated that 23% of FTMs had a history of participation in an alcohol treatment program and



one-fifth in a drug treatment program. Lifetime non-injection drug use was common among FTM respondents with 89% reporting marijuana use, 67% reporting LSD use, and about half reporting use of cocaine, speed, and/or "poppers." Marijuana was the only drug used frequently in the past 6 months (43%). About a fifth (18%) of FTMs surveyed reported lifetime injection drug use (not including hormone injections)—most commonly speed,

heroin, and cocaine—and a very high number of these individuals shared syringes (91%). A small percentage (4%) indicated injection drug use in the past six months. One respondent from the qualitative study discussed a significant service gap for FTMs related substance abuse issues: "A lot of FTMs in the community are dealing with drug and alcohol issues, and there is no in-patient—or really adequate out-patient—treatment to meet the needs of FTMs." Eighteen per cent of MTFs reported recent injection drug use. Another respondent from the qualitative study discussed the importance of addressing alcohol and drug recovery needs of the transgender community: "If you get people off the drugs and the alcohol...you're gonna cut down on both the STDs and AIDS. And I'll tell you right now that there is not a truly transgender friendly recovery program in this city." [But this is changing. See *Positive Resource Center* listing, p. 23.—Ed.]

▼ HIV RATES

The study found an alarming HIV prevalence among MTF participants. Over two thirds (35%) tested positive for HIV. Thirty-five per cent of those who tested positive in the study learned of their HIV-positive status for the first time. The rate of infection among African-American participants (63%) was more than double that of other racial/ethnic groups. Most people who knew they were infected were receiving HIV health care (78%) and more than half were receiving some type of drug therapy. However, over a quarter of those with T-cell counts less than 200 were not receiving any form of HIV drug therapy. The two FTM individuals who tested positive were aware of their HIV status and were receiving medical care.

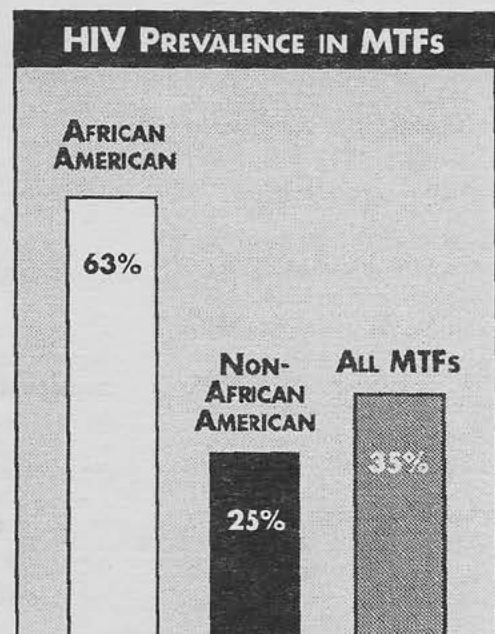
Participants of the qualitative study who were

living with HIV felt that transgender individuals needed more client advocacy and case management, particularly in terms of health care: "A lot of my transgender girlfriends here in jail are HIV-positive, the care they receive here is adequate enough, but a majority of them have no resources when they hit the streets to maintain this care, and they go straight down the tubes again as far as their health, their weight, their taking care of themselves."

▼ CONCLUSIONS

From this data, researchers concluded that there is a low HIV prevalence and few current risk behaviors among FTM respondents. Researchers did comment that the reports of unprotected anal sex and needle sharing suggest that FTMs who have sex with men and those who inject drugs may be at risk and should be targeted during outreach. For MTFs, the data indicate that histories of sex work, unprotected anal sex, and injection drug use together with a high level of recent risk behaviors "suggest continued transmission of HIV among MTF individuals and their sexual and drug using partners." These data suggest that MTF populations are an especially high risk population in San Francisco. Interventions should emphasize sexual and injection risk, and special efforts should be made to reach African-Americans as the HIV prevalence among this population is extremely high.

For a copy of the TCHP findings write: Kristen Clements, MPH • AIDS Office • 25 Van Ness Avenue, Suite #500 • San Francisco, CA 94102 or email: kristen_clements@dph.sf.ca.us.



Coming Home

by Anthony Nehs

The room is just as I left it. I bite my lip anxiously, feeling the heaviness of the dark cherry wood and the presence of the girl who occupied this space. Familiar smells drift down the stairs from the kitchen, and the barking dogs signal the beginning of my stay. Upstairs, my family is waiting for me. "You cut your hair again, huh?" I nod and sit down at the dinner table, waiting for the evening to fall. A stranger has come to visit.

*

Alone in the dark of night, I pull down the soft floral-print comforter to expose pastel pink sheets and a matching bed ruffle. They all come off. The mahogany jewelry box on the nightstand finds a new home, and the stuffed horses and cat journey from the bed to the top of the bookshelf.

*

The boy inside moves out of hiding. The others have gone to sleep, but I prowl around in the bathroom upstairs searching for something to dress my twin bed. I return to the room holding blue baseball sheets that were once my brother's. They go on first, followed by a white cotton blanket and a forest-green checkered throw. The pink pillowcase is replaced with white, and the renovation brings a sad smile.

*

I'm enjoying the boyhood I never lived—the soft nights under blue sheets dreaming in my longjohns. I look forward to growing up, from my voice changing to the very first razor I buy. I ache for the day when my body matches my gender. My chest will be flat and smooth with fine brown hairs. My muscles will be firm and strong, and my face will be angular and kind with eyes that are finally at peace. The revelation will be grand.

Poem

by Alex Hagen

If I altered who I am
changed my attraction
would you still love me to
to your satisfaction

If I changed my physique
became leaner to my bone
would you still love me
though I'm more toned

If my voice became deeper
my face now had hair
would you still love me
or would you gawk and stare

If my muscles became stronger
my chest became none
would you still love me
or would you poke fun

If I was still a woman
but began to look like a man
would you still love me
for who I am.

RESENT

by Stanly M. Crass

I don't know where to go
Or what to do
And how to be
When around ANY of you

I don't know who to like
Or who to trust
Don't know who to date
And who to FUCK
Or even how to

I'm a genetic defect
And a family secret
Dehumanized
by the social NORM

No matter what I do
And how I act
Who I AM
And what I'm worth
Is ENTIRELY up to you

"I'D SAY IF AN ADVOCATE READER DOESN'T HAVE A KEEN ENOUGH SENSE OF JUSTICE AND STYLE TO BE GRATEFUL FOR THE PRESENCE OF THE TRANSGENDERED, HE OR SHE IS NOT PART OF THE QUEER MOVEMENT."

—Eric Blair, executive director
of the Brick House Trannyboyz



This "poll" is my response to one that appeared in the national gay and lesbian magazine The Advocate. I was glad to see the popular magazine feature the transgender movement in its May 25 issue. Their six articles on transpeople included fine work by and about transmen Loren Cameron and James Green, among many others. Still, I was infuriated to find that their traditional Advocate Poll undid much of this good work. Of all the important concerns raised in the magazine, the poll chose to ask the readers' opinions on this one question: "Should transgendered people be part of the gay rights movement?" The poll included a picture of Log Cabin Club director Rich Tafel along with his statement: "I'd say if a transgendered person doesn't have a gay orientation, he or she is not part of the gay movement." This is not only the wrong answer, but the wrong question. To frame the question in this way does us damage: our rightful place in the movement is not and should not be up for debate. The Advocate should be polling their readership on how, not whether, to get transgender rights passed along with other queer rights.—Jed

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POLL
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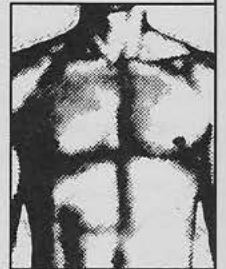
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GOT BLOOD?

by Dame Celexa

Amidst the brooding urban shadows and nighttime playgrounds of pre-millennial San Francisco lurks one of the most brutally awakening, culturally vivid, and transcendently sexy pieces of erotica that this queen has ever experienced: Christopher Lee and J. Zapata's definitive gothic porn, *Sex Flesh in Blood*. Starring a cast of irreverent goths and playful sodomites including *Alley of the Tranny Boys* veterans Angel and Jade-Blue Eclips, this homage to genderfuck has something to offer everyone of the Generation Sex crowd, from boot licking to ball slapping, public sex to anal sex, copious leather to corsets—but perhaps most thrilling of all for the jaded set like me—a refreshing marriage of Hong Kong kitsch sensibility (complete with Mandarin voiceovers and subtitles) with a surprisingly sophisticated queer porn aesthetic.

I know of no other video like this. Lee and Zapata's already-pioneering debut video, *Alley*, represents one of the only films (porn or otherwise) to approach the topic of FTM sexuality head-on, and on its own terms; it has a cast and crew made up of a majority of people of color in an industry that is famous for its milky whiteness; it portrays controversial situations like abduction and S/M with an almost casual openness; and it also just happens to be good porn. *Sex Flesh in Blood* picks up where *Alley of the Tranny Boys* left off, seeking to challenge while providing a good, clean charge. *Sex* strives for a dark mood that turns out to blend curiously well with a quasi-familial intimacy. You sense that the actors and directors know each other well, and reveal themselves accordingly, yet at the same time the settings for these disclosures are the anonymous backdrops of the municipal underworld: a cemetery, a public bathroom, a trainyard.

A series of brief vignettes, *Sex Flesh in Blood* rounds out the Oedipal dystopia of the goth fixation on death with a healthy dose of sexy fuck-you punk. In one scene, for example, Angel gets a blow job amidst the spectrally androgynous hues of a graveyard at dusk. As he moves to hold his cocksucker's head down over his substantial tranny dick, his eyes are caught briefly by the camera. For a fleeting moment, Angel meets our gaze, flashing us a sublime smile of acknowledgement, and then matter-of-factly returns to the business at hand. Later, when the camera pans in on the two as they pose against the muscular pillar of a stout

mausoleum cross, Angel flips us the finger and laughs. In another scene, skinhead Otto Erotic practices the art of giving and receiving with the elegant Johnny Blade. For *Sex Flesh in Blood*, death is a kind of leitmotif.

One of the hottest scenes opens with Svetlana masturbating in a Chinese cemetery. Pantherlike, Jade-Blue Eclips and Hung Hai Yee slip into view of the camera and abduct the girl from her midnight revels. When they've got her in to their lair in the back of a convertible, Hung proceeds to supervise while Jade bends Svetlana over the seat and does her with a strapon. During this scene, Jade, who is on a leash held by Hung, works up a well-earned sweat while Hung, bitchy and nonchalant, applies make-up or from time to time eggs the two on.

Sex Flesh in Blood is vintage neo-gothpunk, accompanied by an amazing custom soundtrack of "ambient industrial bossinova" techno-punk by Vularian Lezboi, music by Slow Club (featuring Leslie Mah of Tribe 8), and tracks from the *fabulous* debut album by the Taiwanese all-girl punk band Ladybug (available in the U.S. on Shock Records). *Sex Flesh in Blood* is the antidote to modern low-budget porn and the bland homogeneity that passes for sexy in the '90s. This video has everything a smart guy/girl/transgender/transpecies horndog could ask for, and then some. It confounds attempts to pigeonhole, a truly original work.

I remember when I was a small child and my father ran a dusty corner antique-shop full of the standard old books, rusty jack-knives and one-armed Kewpie dolls. One day Dad came in with a huge mounted Mammoth-jaw, the actual jaw of the actual prehistoric mammal, and placed it on the counter. He pondered it for a while, his pen poised reflectively over an index card, no doubt cowed by the awesome responsibility of determining a price for such an ancient and unusual object, by his middleman's power to assign value to the highly liminal and even prophetic in the mundane world.

Eventually he arrived at a decision, scribbled something on the card, and put the whole ensemble out in the display case. The card read simply: "Be the first on your block. \$500."

Sex Flesh in Blood premiered at the SF Lesbian and Gay Film Festival. You can look for it online at <http://members.aol.com/trannyfest>, or send a money order for \$39.95 to Christopher Lee at P.O. Box 14354, San Francisco, CA 94114.

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MALE, FEMALE OR OTHER:
THE XENOGENESIS SERIES

• • •

Review by Dawn Atkins

Adulthood Rites: The Xenogenesis Series
Dawn (1987), **Adulthood Rites** (1988),
AND **Imago** (1989)—\$5.99 EACH
OCTAVIA E. BUTLER (NEW YORK: WARNER BOOKS)

"It looked eka in the true meaning of the word—a child too young to have developed sex. That was what we both were—for now...It could literally go either way, become male or female. I had always known this, of course, about both of us. But now, suddenly, I could no longer think of Aor as she. It probably would be female someday, just as I would probably soon become the male I appeared to be. The Human-born rarely change their apparent sex. In my family, only one Human-born had changed from apparent female to actual male. Several Oankali-born had changed, but most knew long before their metamorphosis that they felt more drawn to become the opposite of what they seemed." (p. 13, *Imago*)

It was five in the morning and I should have been asleep hours ago. Instead I was reading a book with a flashlight under the blankets. Yes, I did this a lot when I was young. But this was only a few months ago, I am thirty-seven now and I was using the flashlight so I wouldn't keep my partner awake. I just couldn't put the book down. Or the second or the third. In fact, the second and third were better than the first. The Xenogenesis trilogy by Octavia E. Butler is imaginative, well-written, and original.

Octavia Butler's talent is overwhelming. She has published ten novels, won both Hugo and Nebula Awards (the top science fiction awards), and been awarded a MacArthur Grant. She describes herself as a "feminist, a Black, a former Baptist, an oil-and-water combination of ambition, laziness, insecurity, certainty, and drive." She has also pushed the bounds of literature. If you think science fiction is all flash and no substance, you haven't read Butler.

Butler has all the essential elements of good fiction: characters you empathize with and understand, plots that are engaging—real page-turners. She combines these classic literature elements with classic science fiction at its best—a reality that challenges our ideals and is so internally consistent that we suspend disbelief.

In Butler's Xenogenesis series, the aliens are the Oankali. The Oankali are collectors of genetic diversity who survive by merging genetically with what they see as "primitive" species with new genetic characteristics. They find a dying planet

where an intelligent but warlike race has unleashed nuclear holocaust. Intrigued by the life on this planet, they follow their own irresistible urge to heal the planet and preserve the genetics structures they have found. But what to do with the warlike race? This race has a beautiful but dangerous genetic combination of high intelligence and hierarchical tendencies; they are doomed to commit suicide (or planeticide) if allowed to repopulate the planet. The Oankali decide to combine with this species and create a new combination—one with the beauty and power of both races.

The problem is that the humans in question don't agree.

Butler uses this dilemma to explore many powerful ideas. Most of the humans who survived the holocaust lived south of the equator, and race and racism are important elements. How will a species that turns on each other over such small differences of genetics react to a completely alien race? Xenophobia, homophobia, and a kind of genderism all combine to fuel the hatred of many humans for this strange alien race. For besides having different senses including "sensory tentacles," the Oankali come in three "sexes"—male, female, and ooloi (neither). The ooloi are genetic mixers who take the genetic material from the male and the female and combine them with their own special genetic marker to create new life.

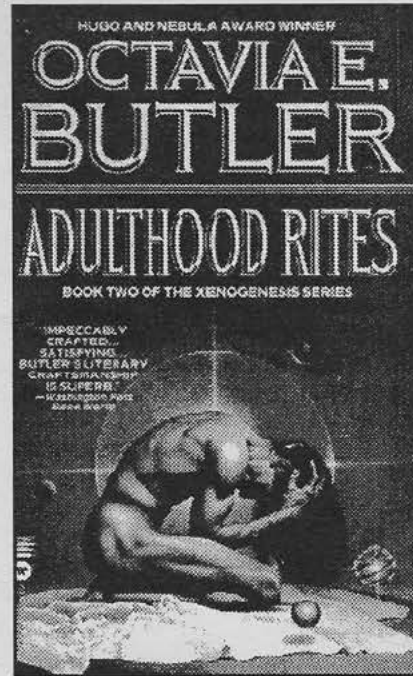
Humans, especially males, usually assume the ooloi are male and react homophobically to the "seductiveness" of those ooloi who seek them as mates. Humans are also confused about the genders of male and female Oankali, since males are usually smaller—as well as the lack of the human-equivalent secondary sex characteristics. The Oankali traditionally have a family structure of three adults and a number of offspring. The "new" hybrid structure is five adults: an ooloi, a male Oankali, a female Oankali, a human male, and a human female. The children of Oankali, even the hybrids, are not sexed at

birth but develop their sexual characteristics (as well as other traits) when they go through transition. The new sex is not determined by a conscious choice but by an affinity to an adult parent whom they pattern after.

But the Oankali are not so evolved that they are without their own faults. They believe so much in their own understanding of genetics that their ethics don't allow for free will. They impose their plans on humans in order to "save them" from extinction. It is the next generations—the Oankali/human hybrids—who will understand both species and seek to reconcile the conflicts within their societies as well as within themselves. How will they restore humanity's free will without leading to their destruction? How will they convince the Oankali to allow humans to risk planeticide again? How will they come to terms with the conflicting heritages within their own bodies?

The larger story is carried by the personal stories of the main characters whose lives the reader becomes caught up in: Lillith, first awakened, and destined to be traitor to humanity or mother of a new race; Akin, hybrid child kidnapped by human renegades, who must chose between human survival and his own future; and Jodah, first hybrid ooloi whose abilities to destroy are as powerful as its ability to heal—while neither is in its control.

I was particularly impressed with the way Butler was able to think outside the human norms on so many levels, but not fall prey to the idea that "different" means utopian. Her aliens are not evil monsters to be defeated, nor perfect beings to show up humans. Like many science fiction writers, she does use them to make points about the human condition. But like the best of writers everywhere, she is also a marvelous storyteller.



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TRANSITIONS: MAKING SENSE OF LIFE'S CHANGES

Review by Riley Morgan

Transitions: Making Sense of Life's Changes
 WILLIAM BRIDGES
 (NEW YORK: ADDISON-WESLEY, 1997) PAPER: \$14

When I took my first conscious steps toward changing from female to male, the word "transition" just didn't seem big enough to encompass everything I was experiencing. That period of my life was full of crisis, confusion, and conflict. It seemed as if every old personal paradigm, every old survival tactic, and every old friendship was shakier than the San Andreas Fault. So many aspects of my life seemed to be ending and—because I didn't know how to best move forward—I felt lost in a no-man's land where I no longer felt 100% female, but I certainly didn't feel 100% male.

Eventually, I realized I couldn't handle my crisis and confusion alone as I had always done before this time. It seemed this new and monumental transition would require me to handle many parts of my life in new ways. So, I began to slowly reach out to others, especially to other FTMs.

When I began to make personal contacts with members of the transgender and FTM communities—either socially, at meetings, or on-line—I began to realize that I was not alone in my experiences. I heard my voice and my life reflected in each person's personal story. The joy the sheer joy of that connection well, I just wanted to shout out to the world, "I'm not alone!" with all the enthusiasm that a second puberty can bring.

Shortly after I began taking T, a book with the title *Transitions: Making Sense of Life's Changes* caught my eye for obvious reasons. The book's cover promotes it as offering "strategies for coping with the difficult, painful, and confusing times in your life." However, I found the book provides the reader

with much more. The book, in fact, details the process inherent in any transition or period of social adjustment.

By connecting with members of the transgender and FTM communities, I found that I have much in common with them. And, by reading *Transitions*, I realized that these communities have much in common with anyone who is facing a change in their life, whether it's a change in your personal relationships, in your home, in your work or finances, or in yourself.

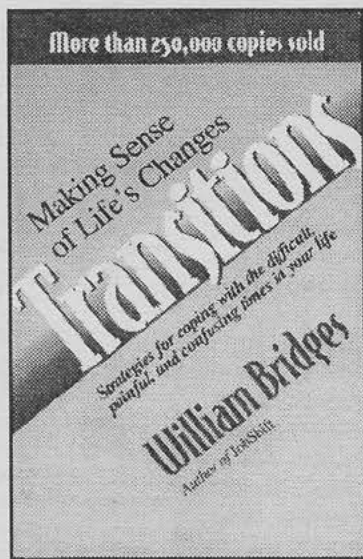
The first part of the book concentrates on rules common to all transitions, common transitions that occur as we age, and the impact that personal transitions have on our love and

work relationships. The main premise highlighted in Part I is that, with any type of transition, there is "(1) an ending, followed by (2) a period of confusion and distress, leading to (3) a new beginning." Bridges further illustrated his main premise by exploring his own experiences with transition, as well as the challenges faced by members of his first "Being in Transition" class. Throughout the book, Bridges uses the Greek epic of Homer's

Odyssey and the myth of Psyche to further explain each step of transition in greater detail. In doing so, he explores experiences common to endings, methods of not only handling the "neutral zone" but using it for positive growth, and the subtlety of beginnings which give birth to new priorities and goals.

In tackling the subject of endings, Bridges discusses how they are a necessary—though difficult—part of our lives. He sees endings as comprised of four different aspects: "disengagement, disidentification, disenchantment, and disorientation." Disengagement occurs "at times of inner transition [when] a person needs to be separated from the familiar place in the social order." A friend of mine once said that she's just come to expect that when anyone she knows goes into his FTM transition, she won't see him for about a year. As I read this book, I found myself amused by her observation of disengagement in her FTM friends.

"In breaking the old connections to the world, the person loses ways of self-definition," and this is what



Transman Faces Custody Battle

by BilliJo Wolf (billijo@frontiernet.net)

Andrew Miller is a transsexual man involved in a fight for the custody of his daughter. As Rochester NY NOW chapter Lesbian Rights Chair, I've been working with him on media as well as legal and financial support. Because of the nature of this case (and the mentality of the judge), plus Andy's financial situation, we are in need of help beyond local support. The case appears to have landmark qualities in several areas (trans, lesbian and women). Andy's local attorney is skillful but has underestimated the response to trans issues in by the courts. Andy is willing to seek whatever attention is needed to win his case and further trans rights and protections. I am lending my services for free because of my own experiences caused by being lesbian and intersexed. Here are the bare facts:

On May 12 in Rochester, New York, Miller appeared in Monroe County Family Court before Judge Paul I. Miles to fight to retain joint parental rights to his nine-year-old daughter. Miller was married to Leroy Peasley for nine years, and during this time gave birth to his daughter. When they were divorced in 1994, Miller won joint custody. Since, Miller has transitioned and had surgery.

The current petition before the court was brought by Peasley, who is seeking sole custody—and limited parental rights for Miller. The petition states Miller is unfit as a parent due to his gender reformation and pursuit of a homosexual lifestyle; though transgendered, Miller identifies as lesbian.

Miller comments: "Though I have lost everything (house, job, family and friends) of importance to me, as a mother the loss of my daughter is unacceptable to me...being a mom is a role of love and trust, not a gender. I was gifted with this role at her birth...I'll always be her mother." Miller further states his daughter has complete acceptance of his transgenderism and is hurt by the hate and animosity of the custody battle.

As to the judge, Miller adds: "Judge Miles appeared to be confused by my gender expression...and seemed to express a belief against joint custody, linking it with the recent tragic violence by youths in our country." Said Miller's attorney, Lawrence Krieger, a long-time local GLBT advocate, "Not only is this a uphill battle requiring competent skillful legal representation, but a task of educating the plaintiff and courts that transgenders are capable humans entitled to equal rights as a parent, not discriminated against on the basis of gender identity or sexual orientation."

Miller, who has exhausted all his resources, has made an impassioned plea for legal and financial help to continue his fight for parental rights.

Miller can be contacted through his attorney:

Lawrence Krieger, Attorney
 The Wilder Building
 1 East Main St. Suite 400
 Rochester New York 14614
 716-325-2640 800-719-3260

GENDER LOVING CARE

• • •

Review by James Green

Gender Loving Care: A Guide to Counseling Gender-Variant Clients

RANDI ETTNER

(NEW YORK: W.W. NORTON, 1999) PAPER: \$25

Chicago celebrity psychotherapist Randi Ettner is both charming and very smart. Her first book, *Confessions of a Gender Defender*, presented an extremely compassionate view of trans people, focusing primarily on the MTF experience as viewed by the concerned therapist. This is her second outing, and it is a much stronger work.

In *Gender Loving Care*, Ettner presents an extremely cogent and informative history of transsexualism, with information drawn from both the U.S. and northern Europe, where the bulk of available data has originated. She does an excellent job presenting the diversity of trans experience, showing examples of trans people existing in many cultures and throughout time, and I believe she has tried mightily to improve the amount and quality of her FTM-specific content. Her limitations are imposed to great extent by her focus on the medical/psychological history, which largely ignores FTMs. Still, the history she gives is well worth reading.

Ettner is speaking in this book to her fellow psychotherapists, so there are times when the language is complex and jargon-laden. But for the most part, she is comprehensibly clear and emphatic in her empathy and support for trans people—urging therapists to refer clients when they don't understand the issues, and giving examples of situations in which therapists did their trans clients disservices.

Be sure you read this book before giving it to someone else. This is the kind of book that you could give to your family and friends to read—providing they were sophisticated enough to realize that Ettner is presenting psycho-medical theories that have since been disproved, and anti-trans rationales that need to be examined and not latched onto and believed. In other words, you have to read the whole book to get the whole picture. Still, it's a clinical focus that is sometimes harsh and objectifying in the way it treats transsexual people as other. I believe Ettner should be forgiven for this because she is not speaking to trans people or their families, but to clinicians who

have little or no experience with trans people. She must speak their language and develop a rapport with that audience if she is to win over their understanding, and eventually their compassion.

Ettner herself is wonderfully appreciative of the trans people she has worked with and otherwise become acquainted with over the years. She truly understands the diversity in our community, and the often painful process many of us go through in dealing with transsexualism and transgender identities. Her focus, again, is the psychological one of coming to grips with one's identity in the face of horrific opposition, and then surmounting the obstacles placed in one's path once the goal is visible. In this realm she is on pretty solid ground and holds her own. When she gets into the surgery parts, though, she basically gives a quick overview of the names of the procedures for both MTF and FTM; this is not very informative to those not acquainted with the procedures. Her worst error, however, is that she perpetuates a fundamental misunderstanding of the metaoidioplasty procedure, quoting Hage et al. from a 1993 article in which he and his co-authors state that "most FTMs desire the ability to urinate standing more than sexual ability," leading that team of authors to believe this is why FTMs choose the metaoidioplasty (p. 135). Most FTMs where? It is well known in the FTM world that the cultural differences between Amsterdam and the US, as well as differences imposed by our separate medical systems, have done a great deal to shape the FTM transsexual narrative.

Dr. Laub in California and Dr. Hage, the talented lead plastic surgeon at the gender clinic in Amsterdam, were the leading advocates/practitioners of the metaoidioplasty procedure for many years. Hage's focus in developing his metaoidioplasty technique was always on urination, where Laub's focus in the U.S. was predominantly on sexual

function (see my interview with Hage in FTM Newsletter #26 and also my article "Getting Real about FTM Surgery" in *Chrysalis* Vol. 2, No. 2). Also, Laub has perfected his urethral extension techniques in recent years, and Meltzer has been doing this procedure as well). One has to be cognizant of the interpretation of the words "sexual ability" as Hage refers to it in his 1993 article. If it means ability to engage in deep penetration with the penis, that is true—it is not possible. Stimulation of a partner to orgasm, however, is possible; even penetration is possible, just not deep penetration. Many partners of FTMs are very happy with the small phallus, and many FTMs are interested in this procedure because (1) it is so

much less invasive and disfiguring than phalloplasty, and (2) full sexual functioning in the form of natural erections is possible. The ability to have an erection and orgasm are extremely important to most FTMs. Plus, we know there are lots of other ways to have sex besides putting a penis in an orifice, so the implication that FTMs are not interested in sexual ability is a fallacious presumption which I don't believe Ettner intended to propagate. But, there it is, and I could not let it go by without remarking on it. Also, one other minor flaw: FTM International's web address has a typo in it, omitting the "l" in www.ftm-intl.org.

Apart from these specific problems, Randi Ettner has done herself—and the trans community—proud. The information in the first half of the book is a fascinating read: how Harry Benjamin got started and his communication with Christine Jorgensen, plus the professional arguments that raged against providing transsexual treatments. Finally, her advice to therapists is reassuringly excellent. This book is a must for any serious library collection on transsexual issues.

BOTTOM OF THE HEAP:
FTMs AND PROFESSIONAL
CARETAKERS

• • •

Review by Joel Levine

Transgender Care: Recommended Guidelines, Practical Information and Personal Accounts

GIANNA E. ISRAEL AND DONALD E. TARVER II, M.D.
(PHILADELPHIA: TEMPLE UNIV. PRESS, 1997) \$39.95

I started reading *Transgender Care* with great anticipation and high hopes. The subject had been on my mind a great deal: I had heard stories from many transgender people about the varying inconsistencies and scope of the medical care and attention they were receiving, especially in the beginning stages of taking hormones. I am disappointed to say that the book not only fell far short of my expectations, but proposes a set of guidelines that—with some exceptions—I find to be out of step with the needs of the transgender community in general and the FTM community in particular.

Transgender Care is divided into two parts: one by its authors, outlining their Recommended Guidelines, and the other a collection of essays by professional and/or transgender people. The first part contains an introductory chapter and chapters on mental health, hormone administration, surgeries, HIV and AIDS, cultural diversity, and transgender youth. At the end of each of these chapters is a summary of the Recommended Guidelines pertaining

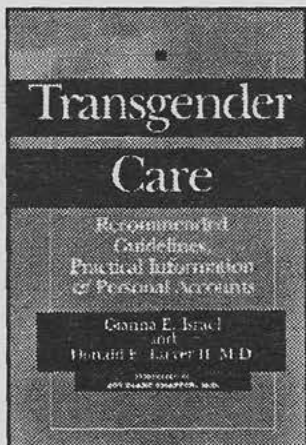
BOTTOM OF THE HEAP from page 10

to the subject of that chapter. There are two final chapters in this section, one on support tools and one on support scenarios.

The first question that arises when reading *Transgender Care* is who is the target audience? The text wanders between addressing the professional caretaker and the consumer, and is rarely successful at addressing both at the same time. The chapter on mental health presents a good example of this problem. Much of the chapter is concerned with describing psychiatric diagnoses, psychoactive medications and crisis intervention, and is presented in such a dry, textbook-type manner that it was difficult to wade through. I kept wondering why I needed to know about borderline personality disorder, among others. This material seemed at once to be too rudimentary (for the professional) and too technical (for the consumer). Throughout this chapter, and the entire book, I kept wondering if the authors were talking to me or about me. It made me very uncomfortable as a reader.

There is also a question of the accuracy of factual information in the text. One mistake that I found was in the chapter on hormone administration. In the Sample Hormone Administration Consent Form (and not mentioned or clarified anywhere else in the text), the generic name of Depo-Testosterone is given as methyltestosterone, and the generic name of Virilon is given as testosterone cypionate. This is exactly backwards. (Depo-Testosterone, or testosterone cypionate, is an injectable form of the hormone. Virilon, or methyltestosterone, is an oral form.) This may seem a small error and, indeed, the mistake would be cleared up quickly at the pharmacy; but is it the only error in the book? Is it the biggest or the smallest error? I was able to catch it because I was already familiar with these products. However, this book is aimed (I think) at educating people who are unfamiliar with these topics. The authors have a paramount responsibility to be sure the information they are giving out is correct and precise, no matter how small the detail.

I also have problems with the book on a more subjective and philosophical basis, and with the many inconsistencies in the text. To begin with, though making a distinction between "gender" and "biological sex" at one point, the authors go on to define "transsexuals" as "individuals who feel an overwhelming desire to permanently fulfill their lives as members of the opposite gender." The use of the term "opposite gender" at the end of this so-called definition clouds the issue to the



point of making the definition gibberish. That is, the authors themselves refer to hormone treatments and surgeries as "gender-confirmation procedures." Can one really want to confirm one's gender and want to live as one's opposite gender at the same time? In my mind a more viable and clear definition of transsexual is one who wishes to bring his/her body (the external) into alignment with his/her gender identity (the internal) in order to live a more congruent life.

SURGERY

On the subject of surgeries, the authors have divided them into two categories: aesthetic and genital-reassignment. This seems to me to be an area where MTF and FTM issues may diverge. In the Guidelines, all chest surgeries, whether for MTFs or FTMs, are considered to be aesthetic or cosmetic. The authors' idea is that "cosmetic" surgeries do not require evaluation and recommendation by a therapist as genital reassignment surgeries do; thus, chest surgery could be had on demand, which would be beneficial for FTMs in particular. That seems true on the surface, but it's not the complete picture.

It makes sense to me that breast augmentation for MTFs be considered cosmetic. With female hormone administration MTFs do get breast growth, a much-desired female characteristic that contributes to their feeling of well-being and female identity. The size of the breasts is an aesthetic consideration, as it is for any woman. For the FTM transsexual it's a different story. Breasts do not disappear with male hormone administration, yet breast removal is a necessity for many FTMs for their feeling of well-being and male identity. If this surgery is a necessity, it does not seem reasonable to me to consider it merely aesthetic. (I do not discount, however, that some MTFs may also deem chest surgery to be a necessity for themselves.)

Furthermore, lower surgery is not an option for many FTMs, even if they consider themselves to be transsexuals and not "transgenderists" (the term the authors use to describe transpeople who take hormones but who have not had "genital reassignment," regardless of the reason for not having surgery). As Israel and Tarver point out, female-to-male lower surgery is simply not as advanced as the male-to-female counterpart. And then, of course, there is the overwhelming cost of FTM lower surgery—far

beyond the reach of most. (This is not to say that MTF surgeries are particularly affordable.)

So where does that leave the FTM individual who identifies as transsexual and plans on having only chest surgery? If chest surgery is considered aesthetic and lower surgery is out of reach and not yet perfected, does that mean the FTM who's had chest surgery but not lower surgery cannot officially be called male, even though he has an outwardly male appearance and demeanor and a desire to be recognized socially and legally as male? I say no. We live in a culture that says (unfortunately, perhaps) that breasts make the woman, so much so that I believe they could be considered to be genitals. So, if one has had one's breasts removed for the purpose of looking male and one so desires, why not be able to legally call one's self male? In my view, as long as genital reassignment surgery remains a requirement for legally changing one's sex (as on a birth certificate), FTM chest surgery should be classified as a form of genital reassignment surgery. This change would also address the issue of the cost of surgery once insurance companies cover genital reassignment (a time that is hopefully coming). After all, cosmetic surgeries are not generally reimbursable by any medical insurance, but medically necessary procedures are covered.

(I will not go into arguments here about whether or not surgery should be required at all for a legal change; nor will I address the issue from the MTF perspective, not being MTF myself.)

ACCESS

This brings us to the issue of accessibility to desired procedures, whether they be hormones or surgeries. Here, in my opinion, the Recommended

While somewhat more flexible than the Benjamin Standards... these guidelines still put a third party in between the transgender person and the medical professional.

Guidelines once again fail the TG community. At the outset of the book the authors note the criticisms leveled at the Harry Benjamin Standards of Care for "being too narrow in scope and pathologizing to transgender individu-

als." So one holds out hope that the authors' guidelines will break new ground and empower the transgender person to make the decisions about when he or she is ready to have any desired procedure. But read just a little farther, and the authors also "commend those founding professionals (of the Benjamin Standards) who initiated safety measures...that undoubtedly prevented a variety of psychological and surgical mishaps."

So now it becomes clear that the authors are still concerned with safety issues and preventing mishaps. The way this is dealt with in the Guidelines is to require an evaluation and recommendation letter from a "Gender Specialist" to obtain hormones ("Gender

A THICK-SKINNED PEOPLE

Review by Jed Bell

Second Skins:

The Body Narratives of Transsexuality
(NEW YORK: COLUMBIA UNIV. PRESS, 1998)
PAPER: \$17



"All 'gender is a kind of persistent impersonation that passes as the real.'"¹

Jay Prosser's *Second Skins* takes on our critics and improves on our allies in the academic worlds of cultural studies, queer studies, and the brand-new field of transgender studies. Here in his first book, this FTM cultural critic re-reads some of the most influential queer theory writers from a new angle. Using transsexual autobiographies and transgender novels as his material, Prosser shows what's missing in current theories of gender and queerness. Prosser's first goal is to "foreground the body": to put our bodies, and our own sense of our bodies, at the forefront of these theoretical discussions. His second purpose is to ask "Why do so many transsexuals write autobiographies?" and "Why are we so good at it?" In other words, how does our need to create *stories* of our own lives fit into—even make possible—the transitions we take on?

For Prosser, his two themes—the body and the stories we tell about changing it—are connected because both give us a sense of place in our own skin. What's crucial about trans people is that we

create life stories that, like our skins, contain us, define the boundary between what is us and what is not us, and let each of us move forward as a whole being and touch the world. These stories he calls our "second skins." Prosser warmly defends this image of our solid wholeness, and our complexity, to an academic world that takes neither for granted.

POSTMODERNISM 101

To understand what's at stake and what the big issues are in Cultural Theory Land, you may want a quick intro to the some of the concepts used in the book. First of all, the argument in favor of **social construction** and against **essentialism** has dominated queer theory and cultural studies throughout the '90s. The idea of social construction is that all our identities and categories—male/female, white/non-white, etc.—are not an expression of some inner unchangeable *essence* of a person. Instead, these categories are *constructed* in social existence. This doesn't mean that particular people on a committee somewhere are setting out to build these identities; they are constructed by and through larger social dynamics. In other words, we learn by a series of codes (such as clothing, speech, hair styles, acceptable behaviors, status, jobs, etc.) what a man is, what a white person is, what an adult is, and so on. Because they are not natural and built-in, these codes change from place to place and time to time. For example, the idea of "man" differs from "woman" because of men's social position and training, not because of some essential "male nature."

Essentialists, on the other hand, believe that some qualities are naturally or biologically built into certain types of people. They therefore support the essential existence of the categories the constructionists dispute. Lots of FTMs are constructionists, lots are essentialists, and lots are neither or are some kind of mix.

Postmodernists and **poststructuralists** are typically the champions of the social construction view, and use an analytical technique called **deconstruction** to point out what they see as false opposites (male/female, inside/outside, me/not me, etc.) and other falsely "natural" categories in art, theory, and life. Most theorists in queer and cultural studies are postmodernists, so you might hear a queer theorist refer to herself as a "pomo homo." To complicate things further, postmodernists are not exactly identical to social constructionists. In recent years, postmodernists have attacked even the construction-vs.-essentialism battle itself as too simple—another pair of false opposites. And while Jay Prosser falls pretty squarely in the "pomo" camp, it is some of the most postmodern, queerest, most cutting-edge proponents of the **constructionist** side that he takes on—and takes further—in *Second Skins*.

LIARS, DUPES, AND MONSTERS

Among postmodern theorists, we have our detractors and our champions. Both should be viewed with suspicion, says Prosser—and I

agree. On the detractor side are the people who seem to keep proliferating in academia while the rest of the world catches a clue and moves on. One example is Bernice L. Hausman, who as recently as 1995 wrote *Changing Sex: Transsexualism, Technology, and the Idea of Gender*. Says Prosser (p. 7), this book "represents itself as supplanting" Janice Raymond's hateful *Transsexual Empire* "only to replicate its key points." Hausmann once again casts us as deluded, lying beings—"dupes of gender"—only this time with a postmodern spin. She argues that we would not be transsexual if not for the hyper-inflated role of technology in our twisted lives and psyches. According to Hausmann and the many who agree with her, transsexuals are people who have mistakenly taken the "construction" of gender literally and tried to build our own genders with medical technology. As Prosser points out, Hausmann's argument rests on the transphobic and illogical idea that transsexuals are somehow *more* socially constructed than everybody else: the Frankenstein's monsters of gender.

OR QUEER HEROES?

Next, *Second Skins* takes on one of the most complex and trans-friendly theorists of queerness and transgender: Judith Butler. The crucial factor in the birth of modern queer theory, Prosser says, was the joining together of feminist ideas with the questioning of heterosexism, and the joining of lesbian studies and gay men's studies. He argues that the idea of transgender was what allowed these two camps to come together under the "queer" rubric—and that Butler's influential 1990 book *Gender Trouble* is one key example of this use of transgender to create "queer." *Gender Trouble* looks at drag and camp to support its thesis that all gender is like drag in that it is learned and performed, not innate. Everybody, says Butler, learns how to act like a member of a certain gender by watching other people do it, putting it on, trying it out. Drag simply makes this process obvious, whereas "normal" heterosexual behavior hides it. But everyone's gender is learned and performed, not natural.

Prosser's problem here is with the "homo" aspect rather than the "pomo": that is, he agrees with the basic idea that gender is not naturally inherent, but takes issue with Butler's use of transgender to typify queerness. In Butler's book, transgender gets collapsed into queerness: "transgender appears as the sign of homosexuality, homosexuality's definitive *gender* style" (*Skins*, p. 30). This is a familiar problem to many FTMs, whether on hormones or not, who may be seen as simply queer when actually we are transgendered: queerness is most visible when it expresses itself as gender-crossing behavior. But not all transgendered people are queer, either in the gay/lesbian/bisexual sense or in the "gender rebel" sense. In fact, many trans people of every sexual orientation are the opposite of this postmodern idea of queer gender: ➤ 17

Canadian FTM Reverses Law

From Dale Altrows (new member of the FTM International Board of Directors): As I have written previously in the FTM Newsletter, I have been involved in a major battle with the Quebec government regarding civil status (name and designation of sex). After over two years, it is finally over. There are many details, but for the purposes of getting this out to everyone who may be affected, I am sending this summary. There are many FTMs who have moved out of Quebec, but nevertheless had to have their birth certificates altered here. They too were unable to do so unless they underwent surgeries that are now no longer required. If anyone needs more info, feel free to contact me at: tada@sympatico.ca or 514-830-6740. Thanks.

Dale Altrows completed his gender transition at the Gender Programme of the Montreal General Hospital, one of three Gender Clinics in Canada. He has had hormone therapy, a mastectomy, and a complete hysterectomy: the interventions required by the Director of Civil Status. In December 1996, Altrows applied for a change of designation of sex status.

After months of bureaucratic wrangling, the Name Change Bureau informed Dale Altrows that a vaginectomy would be required before a gender change could be legally recognised. Several experts and surgeons in the field of transsexuality intervened, and the Bureau withdrew this demand—only to insist upon the need for the “construction of male sex organs” a full 10 months later!

On March 24th, 25th and 26th, the hearing of Altrows vs. Guy Lavigne was to take place at the Superior Court of Quebec in Montreal. For the first time a decision of the Director of Civil Status concerning the change of designation of sex was being challenged. Mr. Altrows was being opposed by the Attorney General of Quebec, who had intervened to represent the Director of Civil Status, Mr. Guy Lavigne.

On March 3rd, the Director of Civil Status decided to revise his previous refusal and to accord the change of designation of sex. This decision therefore clarifies a law that was wrongly being interpreted. The decision disables the transphobic attitudes of the bureaucrat who arbitrarily imposed such unreasonable demands, and also prevents such happenings in the future.

The interventions which are therefore now legally required to change one's name and sex status are: hormonal therapy, mastectomy, and a complete hysterectomy. These were the interventions that were required before this nightmare began!

Thanks to all who gave their support! This is a victory for us all!

TG Day in Japan

April 4, 1999 was Transgender Day in Tokyo, a day aimed at promoting public understanding of people who change their sex. The Kyodo News Service reported on a lecture “Transgender and Human Rights” given at Toyko's Sugunami Ward. Support groups for transgendered people have become especially active in Tokyo since last October, when the first legal sexual reassignment surgery was performed in Japan (see FTM #42), on an FTM. Japan's first legal MTF reassignment surgery was performed this year.

Teen Suicide in Cleveland

Fifteen-year-old Nicole Seely identified as a boy. “She decided that her outside persona was more like a boy,” said her mother, Elaine. “She presented this to the world and said, ‘This is who I am.’”

The Cleveland *News-Herald* reports that, since third grade, Nicole had “gravitated toward masculinity” according to his father, Greg. He wore short hair, boys' clothes, and acted like a tomboy. For defying gender norms so blatantly Nicole paid the price at school. Classmates taunted and ridiculed him. The problems grew worse in eighth grade. Life became miserable.

“It wasn't just guys, it was girls too that were harassing her,” said his mother. Nicole kept his problems to himself. School officials say they were unaware of the severity of the

NEWS > 15

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NEWS BRIEFS

Southern Arizona Group Forms!

SAGA arose out of a need in the Tucson community for political and social representation for gender variant people. Tucson had transgender groups for the masculine and feminine ends of the spectrum, but there was no communication and cohesiveness between them. Three individuals, who we call our founding fathers and mother, got together and created SAGA to bridge that gap.

SAGA serves as a resource for Tucson. We help members of the community form the support groups they need, help coordinate meetings, and get their message out. We are trying to serve as an umbrella of support and communication for anyone in town who wants or needs it.

Within SAGA, several organizations have found a home: Dezerz Boyz (FTM & butch), Dezerz Girlz (MTF & femme), and our significant others support groups. Through these groups we have reached a large contingent of the TG/TS community.

Transgender people are still misunderstood. While people debate whether or not we are part of the gay community, we have to live our lives. SAGA is attempting to offer all gender-variant people a way to do that with the support and resources they need to succeed.

Lobby Day Victory Story!

On June 14, Congresswoman Jan Schakowsky (9th District, Illinois), became the first Member of Congress to officially recognize gender-variant people when she amended her office nondiscrimination policies to include "gender self-image or identity."

The 9th Congressional District of Illinois encompasses the North lakefront neighborhoods of Chicago as well as Evanston and other Chicago suburbs. Evanston is the only city in Illinois which has a Human Rights Ordinance protecting gender variant people from discrimination in employment and other situations.

The new policy was enacted following a meeting with representatives of It's Time, Illinois, a political action organization for the transgender and gender variant community in Illinois. The meeting took place on May 25 during GenderPAC's National Gender Lobby Days in Washington. GenderPAC is a national public advocacy coalition for gender, affectional and racial equality. The annual Lobby Day event involves two days of lobbying Congressional representatives on issues relating to transgendered people and other sexual minorities. This year's efforts were focused on issues of employment discrimination and hate violence.

WHAT'S GOING ON

in your part of the country (or the world)? Besides your group listings and events, we'd like to get articles and stories from subscribers all over. You can describe your group, talk about what events you may have put on, issues you are struggling with, topics of discussion that come up, etc. If you're not sure about your topic, feel free to contact Jed Bell (the editor) first—the contact information for FTM International is on page 2. Things to remember when sending in a submission:

1. You do NOT have to have any special writing skills to write for us. This is YOUR newsletter. You can write by hand, type, or email. If you have something to say but don't want to write, let us know: we'll interview you!
2. There is no set length for articles, but 600 to 1200 words is a good goal.
3. Pay attention to the current deadlines, which are always on page 2 of the most recent issue of the newsletter. If you need more time or have late-breaking news, it's a good idea to contact Jed before you contribute.
4. Include contact information: editorial questions WILL come up.
5. Keep a copy for yourself since we can't return originals.
6. We especially love pictures—photographs, drawings, etc.!
7. We are committed to printing work by people of color, youth, older people, rural dwellers, gay/bisexual FTMs, SOs, and everybody else, too!

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Bridges means by disidentification. Perhaps you've dealt with a time in your life, like I have, where you didn't know how others perceived you. I wondered constantly if they saw me as male or female. It was a vulnerable period in which the indicators of my old identity were disappearing only to leave me with a kind of non-identity. Bridges explains this with a humorous sign seen hanging over a bar that read: "I ain't what I ought to be, and I ain't what I'm going to be. But I ain't what I was!"

While disenchantment's feeling of loss involves the understanding that "some significant part of your old reality was in your head," disorientation is an important but thoroughly distressing "time of confusion and emptiness when ordinary things have an unreal quality about them." Bridges writes: "one of the first and most serious casualties of disorientation is our sense of and plans for the future." The disenchantment and disorientation process of my own transition involved a re-thinking of my life that went right to my core; not only was my gender in transition, but the rest of my life was as well. I began to take time to be by myself and

TIPS ON HOW TO MANAGE THE "NEUTRAL ZONE"

1. Find a regular time and place to be alone.
2. Begin a log of neutral-zone experiences.
3. Take this pause in the action of your life to write an autobiography.
4. Take this opportunity to discover what you really want.
5. Think of what would be unlive in your life if it ended today.
6. Take a few days to go on your own version of a passage journey.

rethink what was important to me in everything from friendships and love relationships to career choices. This process of internal reorganization led me to what Bridges calls "the neutral zone."

The neutral zone is basically an empty period, in which one's old view of the world seems transparent and one's life feels completely

unstable. I'm sure that many of you can relate to this experience! The most significant idea I got from the book's discussion of the neutral zone was that—even though this may seem like a time in which little is being accomplished—there is a huge amount of inner work that is happening at this stage in the process. What I enjoyed most about this discussion was that Bridges provided concrete suggestions on how to deal with this difficult neutral zone and, thereby, how to shorten its length.

According to Bridges, out of the chaos and formlessness of the neutral zone comes the energy necessary to create a new beginning and a new life. As you move down this new path, you must do things in ways you have never done before. For instance, you might have to reach out to others for the first time, just as I began to reach out to other FTMs for information and support. These beginnings can also be extremely subtle. Unfortunately, no one comes along with a map to your life and says, "Ah yes, now that you've done X, Y, or Z, you are ready to start down a new road in your life." Even with my FTM transition, although there have been a few fog-covered signs that hint at a new direction, I find that there are no bright and blinking neon signs indicating whether I am still in the neutral zone or have moved onward to a new beginning. Perhaps Bridges is right when he says that you have to follow the road a little further in order to see where it's headed.

As a whole, *Transitions* is quite an easy read, with its anecdotal style and thoughtful presentation of basic information on the process inherent in any type of transition. It is refreshingly based in highly applicable psychological theory—without the pretense and arrogance sometimes found in more academic works. Furthermore, Bridges offers concrete questions and exercises to help readers assess and move through their own transition processes. Whether you are going through the FTM transition or any other form of transition—including your personal relationships, home, work, finances, or inner self—I highly recommend this book as a traveling companion on your journey.

situation. On October 13 Nicole could take it no longer. He killed himself using his father's .22 rifle.

"She pulled the trigger... because she felt it was the only way she could escape the torment inflicted on her by her classmates," said June Shiplett, a friend of the family. "Every day she went to school was torture for her and she didn't know how to stop it."

MTF Wins \$755,000 Lawsuit

On April 16, a federal jury in San Francisco found in favor of MTF woman Victoria Schneider in her lawsuit against the city, the sheriff's department, and two deputies. Schneider was illegally strip-searched and humiliated on orders from sherriff's deputy Fred Lew to confirm her gender after an arrest for prostitution. After a similar incident in 1992, Schneider had brought documentation of her female status to both the sherriff's department and the police hall of justice—on the instructions of the sherriff's chief of staff. The city is expected to appeal the decision and the size of the award.

Maryland Passes GLB Law But Leaves Out "Trans"

Maryland's House of Delegates passed an anti-discrimination bill March 24 that provides protection from discrimination in employment, housing and public accommodations for gay men, lesbians and bisexuals. However, House Bill 315 does not cover visibly gender-variant people.

The bill originally contained language fully inclusive of trans people. During hearings for the bill, the House Judiciary Committee adopted "compromise" language, stripping the trans-inclusive language from the bill.

1999 marks the fourth time in five years that attempts to pass transgender-inclusive civil rights laws in Maryland have failed. FTM International President James Green commented, "Trans people have once again been treated as expendable in the process of recognizing the civil rights of other members of the GLBT community." In a front page article in the March 20 *Baltimore Sun*, Delegate Dana Dembrow was quoted as asking his fellow House Judiciary Committee members, "So why are we saying it's OK to discriminate against transsexuals?"

SHOW ME JUSTICE: Missouri Enacts Trans-Inclusive Law

On July 1, Missouri Governor Mel Carnahan signed into law a hate crimes bill that includes sexual orientation, gender and disability, making the "Show-Me" state the only state this year to take such action. Through the definition of sexual orientation, the bill also brings transgendered people under the scope of the law—making Missouri the fourth state to do so. This year, 26 states have introduced hate crimes penalty enhancement measures. Legislators in only Missouri and New Mexico approved the measures, but in New Mexico, the bill was vetoed by Gov. Gary Johnson.

TS Menace Protest GID

At the May 25 annual meeting of the American Psychiatric Association (APA) in Washington, D.C., the street action group Transexual Menace called for reform of Gender Identity Disorder (GID). GID is a diagnosis supported by APA that is used to "cure" gender-variant children and required of all transexual-identified people seeking gender-related services. No reporters covered this protest.

Protesters handed out fliers and carried signs reading "Gender Euphoria—NOT Gender Dysphoria," "Stigmatize THIS," and "Pink and Blue ARE NOT the only colors."

ANNOUNCEMENTS

FTM PARTICIPANTS NEEDED

For ethnographic study of FtM perspectives on the body, identity and community in the San Francisco Bay Area.

Transgendered / Transsexual / Transmen. All points of transition, including with or without hormones and/or surgery. (Particularly need to talk to more guys of color and/or guys who are "mainstreamed": i.e. not activists and not out to the world about who they are.)

I am looking for participants for my dissertation research with FtM people. As part of this work I hope to interview FtM people currently living in the Bay Area about their experiences and viewpoints, and to attend meetings and social events sponsored by the TG community. Since diversity is important, I would like to work with people of all ages, and especially welcome people of color and people with disabilities.

Initially I am conducting two-to-three-hour interviews, and I need volunteers to participate in the interviews. Some participants will be asked to participate in follow-up interviews over a one-year period. My style of research is "reciprocal ethnography"—meaning participants will be given the opportunity to choose the names they are represented by, and to give feedback on the project throughout the process.

To contact me:

Email: dawn_atkins@earthlink.net

Phone (voicemail pager): (510) 765-5240

Mail: 190 El Cerrito Plaza #244, El Cerrito, CA 94530

Note: If you do not currently live in the Bay Area, thank you but I cannot include you in this project. This is an area-specific study.

HORMONES & COGNITION STUDY

Hello! My name is Danah Beard and I am currently trying to understand how the hormones given to transsexual individuals affect their cognitive processes. I am hoping that you may be able to help me out by sharing stories that you have experienced. If you have started hormone treatment (either estrogen, testosterone or any other hormone), I would greatly appreciate it if you would be willing to answer a few questions. You need not have completed hormonal treatment to answer this survey. All of the information gathered through this survey will remain anonymous (unless you specify otherwise).

If you have any questions or concerns regarding the intentions of my survey, please contact me at dmb@cs.brown.edu. The survey is available at: <http://www.cs.brown.edu/people/dmb/Survey.html>

Thank you. I truly appreciate all the help!

SURVEY VOLUNTEERS NEEDED

Hi Guys! My name is Michele Angello and I'm a doctoral candidate at the Institute for Advanced Study of Human Sexuality. I live in Philadelphia, have a great affinity for TG issues and would so appreciate any help you can give me in fulfilling one of my Ph.D. requirements. I need to have 100 people of a "homogeneous population" fill out a sex survey. The survey itself was developed about 20 years ago, so is ancient in terms of valid/reliable research, but it is TOTALLY anonymous and it's a prerequisite before officially beginning design on my dissertation. Then I can move on to my "real" interest in developing valid/reliable psychometric instruments that are more appropriate for use with TGs.

Thank you so much for your assistance! The survey can be found at: <http://www.ren.org/survey.html>

THIS BRIDGE CALLED MY BACK 20 YEARS LATER

Gloria Anzaldúa and I are co-editing an anthology, *THIS BRIDGE CALLED MY BACK, 20 YEARS LATER*, marking the 20th anniversary of *This Bridge Called My Back: Writings by Radical Women of Color*.

One potential topic: Where do we go from here? What can the political visions, the calls for revolutionary change, and the desire to create new forms of coalition articulated in *This Bridge* teach us as we enter the 21st century? How might *This Bridge* help us to envision change?

We welcome contributions from people of all colors and genders. Papers (approximately 10 to 30 double-spaced pages for essays) by August 31, 1999. Send two copies of all submissions, a short bio, and disk versions of both (Wordperfect or Microsoft Word).

Send to: AnaLouise Keating • English • Aquinas College • 1607 Robinson Rd. SE • Grand Rapids, MI 49506-1799

For additional information please feel free to contact me at alk@yucca.net or 505-359-1622.

WORKPLACE ISSUES GUIDE

The Human Rights Campaign has created a guide that examines transgender workplace issues, including a discussion of the law and strategies for dealing with transitioning on the job.

Among the subjects covered:

- * Preparing management and coworkers
- * The extent of legal protection for workplace gender nonconformity
- * Talking points for seeking managements understanding and cooperation
- * Preparing a fallback plan

Transgenderism and Transition In The Workplace was written for HRC WorkNet by Dana Priesing Esq. All the HRC WorkNet tools are posted at <http://www.hrc.org/worknet>.

The manual can be found at: <http://www.hrc.org/issues/trans/dana2.html>

Note: The HRC still does not support transgender inclusion in the proposed federal Employment Non-Discrimination Act!—Ed.

THE WHITE BOOK



Brandon Teena, trans man, murdered 1993—this book is in his memory, and to make sure it never happens again.

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- Having babies and telling children
- Book reviews
- Tips on "passing"
- How to explain yourself to someone you want to sleep with

THE WHITE BOOK

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

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

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says Prosser, many transsexuals want to *be* a gender, not to *do* one.

He finds deeper problems with Butler's second book². Here, she continues to champion *transgender* as subversively queer, but treats transsexuals as limited in our ability to thwart the two-gender system. In her chapter "Gender is Burning" Butler looks at Jenny Livingston's 1990 film *Paris is Burning*, which follows the lives of several transwomen in New York City. One woman in the movie, Venus Xtravaganza, is a sex worker who is murdered before she is able to have the genital surgery—and the married suburban life—she badly wants. But Butler values Venus *because of*, and only as long as she has, the non-op body that endangers her own life and happiness. As Prosser puts it, "Venus holds out for Butler the promise of queer subversion, precisely as her transsexual trajectory is incomplete. . . . Butler's essay locates transgressive value in that which makes the subject's real life most unsafe" (*Skins*, p.49). If this is how queerness is defined and valued, asks Prosser, why would transgendered people want to be included under "queer" anyway? Are we being used to keep "queerness" queer, at our own expense?

"A SKIN OF ONE'S OWN"

This is the title of Prosser's next chapter, in which he creates his own theory of the transsexual body. My favorite moments in this book are here, where Prosser talks about his favorite subject: skin. On page 65:

Bordering inside and outside the body, the point of separation and contact between you and me, skin is the key interface between self and other, between the biological, the psychic, and the social. It holds each of us together, quite literally contains us, protects us, keeps us discrete, and yet is our first mode of communication with each other and the world. . . . the ego, the sense of self, derives from the experience of the material skin. . . . The body is crucially and materially formative of the self. . . . all psychic structures stem from the body, the skin ego returns the ego to its bodily origins in Freud.

Prosser goes on to point out the moments in transsexual autobiographies when the authors break into blisters, cut their skin, or simply feel restless or imprisoned in their own skin: "'Since my body is not my own I cannot feel the warmth of it, so I am cold, very cold on the inside. . . . I could simply never be comfortable and warm in my own skin.'"³ And he argues for the central importance of skin sensation, even compared to vision: skin ego gives you your sense of place in the world (proprioception), an internal sense more important than mere body *image* could ever be.

What's really interesting is the way Prosser uses this as an argument for the primacy of how

we feel ourselves to be versus how we appear to be—the very reality that transsexuals are always trying to explain. How do we sense who we are despite all clues to the contrary? He calls this gut sensation "the strange materiality of transsexual wrong embodiment" (p. 65), the deeper realness of what you feel than what they see:

Together they suggest why the transsexual's gender identity, originally invisible but deeply felt, can wield such a material force: why "feeling like" in the face of such opposition from the visible body can be experienced as a core self.

It's a gripping argument about how the transgendered self is formed. The second half of the book addresses Prosser's other crucial ingredient in our self-formation: our "second skins," the stories we tell. In his reading of transsexual and

In the trans world everything is up for discussion by everybody... I call on trans theorists to bring this dynamic back into academia.

transgender autobiographies, autobiographical novels, and even photographic portraits, Prosser emphasizes our role as constructors of our own stories and therefore our own lives—rather than as passively constructed beings. He everywhere defends not only the emphasis on the body as crucial to the transsexual sense of self in transition, and but also the fierce strength and coherence of that self.

PROBLEMS—


AND A TRANS-WRITING MANIFESTO

I have four problems with Prosser's book. (1) I would have liked him to spell out a few more of the Trans 101 basics early on: that there are gay, lesbian, and bisexual transpeople; that there are non-hormonal, non-op transsexuals; that chest surgery is a far more common option for FTMs than genital surgery, etc. (2) Likewise, and more seriously, Prosser generally limits his definition of transsexuals to those seeking to alter their bodies, usually surgically and especially genitally. But there are people (I have been one) who define themselves as transsexual before or without deciding

to change their bodies. No-ho, no-op transsexuals, despite going through many other forms of gender transition which utterly define them, do not fit into Prosser's scheme—this means the scheme is flawed. (3) Similarly, his idea that the transsexual begins to create himself when he first tells his story in the doctor's office is truly insightful. But the concept that our narratives precede our existence as transsexuals needs to be made flexible enough to cover those of us who get hormones, surgery, and/or support without having to go through a doctor or therapist, and who may therefore develop non-narrative approaches to creating our transsexual selves. (4) This is an intensely academic book. I loved a number of Prosser's ideas, but I would like to have seen them expressed more plainly. I know his audience is other academics, but one great thing about the trans world is how much ideas matter: everything is up for discussion by everybody, and no one knows a hell of a lot more than anyone else. I call on trans theorists to bring this dynamic back into academia and write in such a way that non-academic transies want to read their work and give them feedback, so that the ideas continue to circulate outside the academic world and we continue to have power over the tales people tell about our lives.

Still, I am very grateful to Prosser for keeping the insights of the pomos, homos, and feminists. He does not give away the complex understanding they have fought for because he does not simplify us all into "essentially" male or female. And I am grateful to him for adding something new to those insights: he shows that we know more about gender, not less, than our critics. He shows how strong and purposeful and complicated and human we are in making ourselves up out of thin air and thick skins.

- 1 Judith Butler, *Gender Trouble* (New York: Routledge, 1990), p. x, quoted in *Second Skins*, p. 30.
- 2 Judith Butler, *Bodies That Matter* (New York: Routledge, 1993).
- 3 Raymond Thompson with Kitty Sewell, *What Took You So Long?* (London: Penguin, 1995) *Second Skins*, p. 73.



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That was predictable: I'd already had a sense she was uncomfortable using the "he" pronoun and only did so begrudgingly, trying to keep the book palatable to the mainstream market. She reverted to "she" when Brandon's pants came down, following the typical belief that you're not a man without a dick—whether that dick is surgically constructed or original equipment.

Trans activists are also totally slammed by the author. Can things get more blatantly ironic? This commercial writer, whose book shouts "Soon to be a major motion picture" on its cover, accuses us of somehow attempting to cash in on Brandon's death! And the author claims to have written this book as a tribute to

Brandon. What does she expect us to do, passively sit here and watch, doing nothing, while one of our own is brutally murdered? And while law enforcement is criminally inept? The cops enabled the murders to occur by sitting on the rape charge. That is, if the cops had picked up the rapists and brought them in instead of allowing a whole week to go by, there would have been no way and no reason to attempt a cover-up, and the murders of all three people would never have happened. I'm sure countless hours were spent in gathering and transcribing material for this book, as it is thorough, but I believe this book reinforces some of the worst stereotypes about transpeople in the mind of the mainstream reader.

Two interesting passages from the book:

"In her fifth month of pregnancy the baby wasn't growing sufficiently... JoAnn Brandon [Brandon's mother] agreed to treatment, saying, 'They gave me hormone shots or something, and they were so thick, a thick serum. They would give one in each

cheek and pretty soon you couldn't sit either way in bed. I went through this for two weeks, and then she started to grow and I didn't seem to have more problems'" (pp. 27-28). And on page 83: "On Feb. 6, 1992 (Teena) Brandon was discharged from the crisis center after the Mental Health Board met and decided she should go into outpatient treatment. Her discharge diagnosis: axis I, transsexualism; axis II, personality disorder. There was one item listed in the discharge summary evaluation that

JoAnn Brandon would later deny: 'Mother does report patient was born hermaphroditic. At birth, mother requested patient be female.'"

There has been a lot of debate about Brandon's gender identity, with both

butches and FTMs claiming him as one of their own. But Brandon went to every kind of trouble to present as male, and I take that into account. Some people draw a lot of attention to anti-lesbian comments made by Brandon, and call his male identity into question, suggesting he was in fact a dyke. Based on his homophobic surroundings, who can know the motivations for any kind of statements he made—were they possibly survival-motivated, macho-image-motivated, an effort to pass as male, etc.? When we're insecure we may tend to act out macho male stereotypes. But saying someone who's presenting as male is motivated simply by internalized homophobia is itself transphobic. I wonder if Brandon had lived in a big city and was middle-class and college-educated, and had said the same things, would people have questioned his identity so much? Brandon wanted to be respected as male, and I give him that respect.

I wonder if Brandon had lived in a big city and was middle-class and college-educated, and had said the same things, would people have questioned his identity so much?

NEWS

Supreme Court Rejects Lotter Appeal

by Gwendolyn Anne Smith

The United States Supreme Court has declined to hear John Lotter's appeal of his February 21, 1996 Nebraska conviction in the murder case of Brandon Teena (aka Tenna Ray Brandon), Phillip DeVine, and Lisa Lambert. The court offered no explanation for not hearing the appeal.

John Lotter, was convicted of murdering Brandon Teena, 21, Lisa Lambert, 24, and Phillip DeVine, 22, based partially on testimony from Marvin Thomas Nissen, Lotter's accomplice. Nissen, who had previously pleaded guilty, received three consecutive life terms. Lotter was sentenced to death.

It is believed that the two killed Brandon Teena, who lived as male though born female, to cover up their rape of Brandon a week prior. Lambert and DeVine were killed because they were potential witnesses.

In Lotter's Nebraska trial, the judges indicated that the death penalty was merited as he was involved in both a multiple murder and a cover-up.

Drag King Convention

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Come to the first ever International Drag King Conference and Showcase! This is the first time that such a diverse group of people will gather together to discuss the subject of female-to-male drag culture. This event will bring forth many different perspectives on FTM drag and create a space for collaborative performances of kings from all across the world. And because it is being hosted by those dreamy boys from H.I.S. Kings, it is sure to be nothing short of 100% Pure Fun! The cost will range from \$25-\$50 based on a sliding fee scale: work exchange/scholarships available. Call Donna at 614-263-6616. Email: donnatroka@hotmail.com or Julie at 614-262-3125/QuLery@aol.com.

Right: Fresh Barry White is elected S.F. Drag King '99 after he brings down the house at the fourth annual Drag Strip Drag King contest in San Francisco, May 9, 1999. Photo: Erin O'Neill.



BOTTOM OF THE HEAP from page 11

Specialist" being a proposed new category of professional of unclear academic qualifications), and two letters for genital reassignment surgery (the second letter being a supporting evaluation letter from a "Senior Gender Specialist"). While somewhat more flexible than the Benjamin Standards, giving these specialists more leeway to determine with their client such issues as timing, these guidelines still put a third party in between the transgender person and the medical professional whose services are being sought. The guidelines thereby deny the transgender individual direct and ready access to those services in order to "protect" him/her from potential mishaps or ill-informed decisions. Let's be honest here. It's not truly the TS person who is being protected, but the confused non-TS person and the surgeon. And is this really protection, anyway? Anyone who wants these procedures can "learn" the right answers to give and the way to behave in order to convince the therapists that it's right for them. Must we deny ready access to procedures to a whole class of people in order to protect what surely is a minuscule number of people?

On the one hand, Tarver and Israel speak out strongly against the pathologizing of transgender people—yet this is exactly the result of putting the therapist in such a position of control. It is saying "You (the TG person) cannot be trusted to make these decisions on your own." What is this if not pathologizing? The only way I see of truly depathologizing TG people is to completely remove Gender Identity Disorder from the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (an issue not even addressed in *Transgender Care*), and to allow treatments on demand. How refreshing it would have been to see this concept put forward in this text, which aims to improve the treatment of TG people.

To their credit, in the second section of the book, Israel and Tarver have included a number of good essays that encompass a variety of topics and points of view—not all of which agree with those of the authors. Authors in this section include such notables as Susan Stryker, Ph.D., writing about transgender studies in the academic world, and Larry Brinken, of the San Francisco Human Rights Commission, writing on the legal rights of transgender people in San Francisco. Some other essays are "Insurance and the Reimbursement of Transgender Health Care," by Lisa Middleton, M.P.A.; "From the Perspective of a Young Transsexual," by Alexis Belinda Dinno; "A Midlife Transition," by Heather Lamborn; and "The Therapist Versus the Client: How the Conflict Started and Some Thoughts on How to Resolve It," by Anne Vitale, Ph.D. The essays cover a broad range and help to round out the content of the book.

One essay that I particularly appreciate is by Rachel Pollack, M.A., called "What Is to Be Done? A Commentary on the Recommended Guidelines." Among other things, Ms. Pollack believes that hormones and surgeries should be available to the transsexual person on demand, and has written an excellent piece putting forward her views (which in large part, but not completely, diverge from the the Guidelines). Of everything in the book, her perspectives most closely mirror my own. I respect Israel and Tarver for including it and others that in some ways disagree with them.

In general, another disappointing aspect of *Transgender Care* for me is that, while trying to be inclusive of both MTFs and FTMs, the text decidedly leans towards the MTF experience. This comes through in several ways. In the list of persons on the "independent review committee," a group of people enlisted by the authors to give input before publication, of 21 people only three are obviously male, and I recognize only one out of the 21 as being FTM. This proportion also holds in the selection of essayists: out of 13 I recognize only one as FTM. Even if there are a couple of FTM-identified people in these groups that I did not pick up on, the balance is still with the MTF side. In the text itself this comes through: almost all of the personal stories related in the book are told by or about MTFs. The chapter on HIV/AIDS (one of the longest chapters in the book) does not even mention FTMs in any substantial way. There are six stories and/or interviews in this chapter, and not one is of or with an FTM. How about at least some mention in this chapter of gay FTMs and the issues they face?

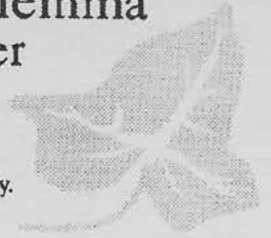
While I certainly do not wish to discourage work of this kind, I cannot recommend this book to anyone. While the intentions of the authors were good, I cannot say the same for the results.

The Uninvited Dilemma A Question of Gender

by

Kim Elizabeth Stuart

Research Supplement available separately.



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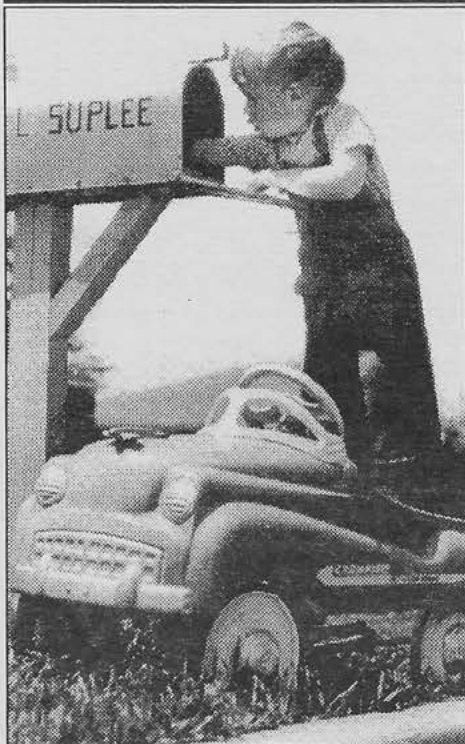
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EAST COAST FEMALE-TO-MALE GROUP

ECFTMG (see back page for more info) is holding its August 8 meeting on "Passing during physical activities and exercise." Many of us have abandoned activities we used to enjoy, before our FTM consciousness. Swimming, dancing, jogging, biking, working out, sports—how can we engage in them and still pass with a sense of our true selves?

MALEBOX



HELLO FROM GERMANY..

I have seen your link in the German Transmann pages. To introduce myself, I am a transgendered man. My name is Damian and I live in Cologne, Germany. At the end of this year I will make a trip to San Francisco. So it is my wish to get in contact with some people. In Germany I am a part of some self-help groups (DGTI: German Society for Transgender and Intersexual People: www.dgti.org and the newly founded Transmann: www.transmann.de/).

To make connections for my societies (and for me) I like to meet other ftms in California. Please write me if you are interested in getting in contact with German groups for transgendered people.

Greetings from Germany,

Damian

[redacted]@aol.com

Hello, Damian! We are definitely interested in being in touch with German transgender groups! I contacted DGTI and their information can now be found on our back page.

With any luck some of the local readers of this newsletter will respond to you by email. You might also try sending an email to these addresses:

MTMInfo@aol.com

The baboyz list for Bay Area FTMs (see page 22)

The trannyfags list for gay and bisexual FTMs

(see page 22)

Also, we have FTM meetings in San Francisco on the second Sunday of every month from 2 to 5 pm. Just contact the FTM International office again when you know when you will be visiting (contact information is on page 2). Many international trav-

elers have come to these meetings when they are in town. Please feel free to stop by!—Jed

TENNIS ANYONE?

Hi, I'm looking for another FTM living in Marin/Sonoma County (or willing to commute part of the time) who would like to weightlift and/or play tennis together on a regular basis. I'm intermediate at both, and not overly intense on either—just enjoy doing them! If interested, please call Ro at [redacted]

DEAR FTM:

I was surprised and disappointed to see that, in your insert for FTM #44, you asked readers to visit Amazon.com from the FTM International website in order to make an automatic donation to FTM. Can't we support the independent booksellers—gay, lesbian, bi, trans or otherwise—that Amazon.com is driving out of business?

Sincerely,

J. S. Aron

Absolutely, and thank you for writing. I'd like to clarify that Amazon.com has donated money to FTM International in the past, and that we intended this message for those who live in communities where they will not be able to get the books from independent booksellers. As the son of two people who have made their living from small press books, I even have mixed feelings about our advice to go through Amazon.com at all. You can always buy books through the mail directly from the publisher. I agree that keeping LGBT, progressive, and other independent bookshops alive and healthy should be a top priority.—Jed

DEAR SIRs:

I am a gynecologist working with the South Australian Gender Dysphoria Unit (a state government-approved professional body).

I have had a curly question addressed to me by an endocrinologist colleague and I need an answer for both him and me!

This concerns the administration of high dose testosterone to the F2M and its effect on the endometrium. In theory it should suppress the endometrium but I have noticed on occasion that with fresh implants there may be a minor vaginal bleed (most unwelcome as you might imagine). The worrying explanation might be that some of the testosterone is being aromatized to estrogen and therefore stimulating the endometrium. If that were the case, then it would constitute unopposed stimulation of the endometrium with the long-term risk of endometrial carcinoma. Should one then use some progestogen, either on a long-term daily basis or intermittently as a "progestogen challenge test?" If one was not to choose progestogen (and it is not without its side effects) then perhaps it would be acceptable to do a yearly ultrasound examination (again, however, this would not be too reliable if not done transvaginally—and I

would be reluctant to inflict that on the F2M).

An additional question is the effect on the ovary. I seem to recall a comment about metaplasia or even dysplasia affecting the ovary when exposed to long-term testosterone.

This is all a bit worrying as it points the way towards ablative surgery and I'm generally inclined not to rush into hysterectomy and oophorectomy. The hormone production of the ovary is so easily overcome by the doses of testosterone that I use (testosterone implants 800 mgm. +/- per 5-6 months) that removal of the ovaries is not a priority I believe.

I would be most grateful for help on these two questions and am entirely happy to have this message and my contact details passed on to anyone who may be able to help.

Thank you for any help you can give,

Robert A. Jones

Memorial Medical Centre

South Australia

Dear Dr. Jones,

Thank you for writing to us here at FTMI. While we are not physicians and do not purport to be practicing medicine, we have certainly had experience with the conditions you describe. However, we do not use implants for hormone delivery as a rule here in the U.S., so that could be a factor. In general, from what we have been able to observe and collect in anecdotal evidence, testosterone does indeed shut down ovarian function. However, it also causes a great deal of physical change throughout the body, and there is no reason to assume that some of those changes would not be internal. Significant cellular growth and change occurs in the FTM with the introduction of testosterone: increased muscle mass, increased hemoglobin, skin changes, hair growth, bone density changes, all of these factors indicate a systemic change that should also be affecting the ovaries and uterus in ways beyond just simply "turning them off." Many FTMs known to us have experienced increased fibroid growth, endometriosis, and aggravated ovarian cysts after the introduction of testosterone.

Your view appears to be that the cessation of menses and cessation of estrogen production are the only desired effects of the testosterone, and since these occur you see no need to remove the organs. But I wonder why you are reluctant to remove organs that are non-functional and may be causing problems for your patients. Granted, not everyone will develop problems, and not everyone is anxious to undergo yet another surgery, but for those cases in which problems are manifested and there is no desire to retain

PLEASE NOTE: The FTM Newsletter is now sold in bookstores, and quoted in books and magazines outside the FTM community. Your words here may be quoted elsewhere. If you don't want your name to appear, let us know when you send us your letter.

the organs, I wonder why you are reluctant to remove them? Treatment with progestogen seems like a masking tactic that may ultimately compound any problems, but I would rather hear from an endocrinologist on this strategy than offer any substantive theories or solutions. It is a shame that more research has not been done on this issue.

There seems to be an assumption inherent in your position of the primacy of the body in its original form. That is, if the body has a uterus and ovaries, that should be its natural condition. But introducing testosterone disrupts this natural condition, and preserving the organs should be important in maintaining the naturalness of the patient. Thus, if any problem develops, the inclination is to assume that it is caused by testosterone and it is the administration of testosterone that should be stopped—as opposed to removing the obstacle to the testosterone, the introduction of which was itself determined to be crucial to the patient's well-being. If the patient needs testosterone for his psycho-social well-being, and testosterone is the enemy of the uterus and ovaries, the logical question seems to me to be: does he really need the uterus and ovaries? When seeking solutions to problems, I think it is important to examine one's underlying belief system as part of the process, because old beliefs often obstruct new thinking.

I have forwarded your letter to several physicians that I know to see what their opinion is on this matter. I trust they will contact you directly, though I hope they will also share their responses with me. Again, thank you for writing.

James Green (President, FTM International)

HEY, EVERYONE,

Imagine this scenario: A co-worker tells your boss that they object to you, your sexual orientation, your crossdressing, your gender-role...that they object to *you* because you are GLBT, and that there is a Federal Law which would require the employer to therefore fire you, or your landlord to evict you because of this objection. There is such a law now working its way through Congress.

Jay Sekulow, Chief Attorney for Pat Robertson's the Christian Coalition, brags openly that this law would enable Christians to rid the workplace and our schools from the "gay agenda"; that a Christian who was offended by the presence of a GLBT or perceived GLBT co-worker would be able to have that person fired.

This law would shred many of the protections of dozens of local and state GLBT civil rights laws. It carries the title Religious Liberty Protection Act (RLPA) and it prohibits states from "placing a substantial burden upon a person's religious exercise." Conservatives like the RLPA because it strengthens the place of organized religion in society. Liberals like the bill because it would protect minority religions in, for example, the wearing of beards, turbans or yarmulkes, or taking off religious holidays. Nearly half the original sponsors are Democrats. And RLPA is backed by a coalition of some 70 religious, professional and

political groups from across the spectrum.

But now the ACLU, originally a strong supporter of RLPA, has withdrawn from that coalition after careful study, charging that RLPA is "a devastating piece of legislation on sexual orientation, marital status and the like that would upset the balance of civil rights laws at the state and local level...an applicant for a job or housing might have no state law protection against answering such questions as: "Is that your spouse? Are those your children? Are you straight or gay? Do you have HIV?" A number of original RLPA sponsors have taken their names off the bill due to concerns about how it would affect gay rights laws.

Judiciary Committee member Nadler offered an amendment that would prevent RLPA from overriding local civil rights laws. But it was defeated on a voice vote in subcommittee. That's why all major national gay rights and AIDS organizations oppose RLPA in its current form, as do NOW and other groups. Sadly, the Beltway liberal lobbies are divided on the issue. For example, People for the American Way continues to support RLPA and opposes the Nadler amendment, preferring to seek a "compromise" when the bill reaches the Senate and to rely on the courts to sort it all out.

This argument is doubly flawed. (1) The Nadler amendment is already a compromise, for it would still allow discrimination against gays in owner-occupied housing, small businesses and religious-run institutions. (2) The track record of our courts on such cases is discouraging. Moreover, if RLPA passes, the gay movement could be bankrupted by the costs of defending against court challenges to gay rights laws, which Christian right groups testified to Congress they would bring.

RLPA is opposed on states' rights grounds by 13 "libertarian conservative" GOP Congress members and by a few conservative groups. But Democrats are disunited. Democratic House Judiciary staffers predict that if the House votes on RLPA without the Nadler amendment, it will pass easily.

There's no time to lose. The full Judiciary Committee again defeated the Nadler amendment and favorably voted out RLPA on June 23. RLPA's chief Senate sponsor, Judiciary Committee chair-

man Orrin Hatch, has promised to schedule hearings in July. Contact your Congressperson today to insist on a vote against RLPA (HR 1691) unless it includes the Nadler amendment.

Dianna Cicotello

P.S. You can find your representative online: <http://www.visi.com/juan/congress/ziptoit.html>.

PEN PAL PLACE

The Pen Pal Place is a malebox feature for FTM readers looking for pen pals, and for people who want to be pen pals. For safety, no street addresses will ever be printed here unless specifically requested. To become a pen pal, call the Pen Pal coordinator, Kris Kadin, at 510-531-5516, or write to him care of the FTM office (address page 2).

DEAR FTM INTERNATIONAL:

My name is Micole Stokes and I'm writing inquiring some information as to how I may be able to correspond with other FTM people. As you may know, it's very difficult to be acceptable as who we are. Yet in my situation, it's even more difficult to communicate which is why I'm reaching out for help, and hope and pray that someone can hear my plea. I very much need someone to correspond with, someone who can relate to what I'm feeling. I hope and pray that you will be able to assist me. Thank you.

Micole Stokes
P.O. Box 1027
Marion, VA 24354

HELLO!

I am the new Interim Director at Alternative Family Project in San Francisco, and just saw your latest newsletter in which you posted information on a support group for significant others of FTMs (which no longer meets at AFP). I wanted to let you know that we have a TG Parents' Support Group going on, and plan to continue this one or begin a new one if we have enough interested parents.

We are also interested in connecting with FTMs with counseling backgrounds who might be interested in either an internship in our counseling program, or who may want to help lead one of our parents' groups. If you want more information about these opportunities, call me at [redacted] or email me: [redacted]@baylinks.com.

We also offer individual, couples, children and family counseling to the TG community. Would you consider adding us to your list of resources?

Thanks,
Carol Pedro-Cirabisi

WILLIAM A. HENKIN, Ph.D.

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Holistic Acne Treatments

Several folks have asked me lately about acne treatments that are holistic. There are several of them. Here is one method that has helped. What are other strategies people have found?

I have been working with holistic remedies for folks with acne, and I've had good results. Diet, exercise, and herbs all help your body's ability to decrease the acne. Acne is caused primarily by the blockage of your sebaceous gland ducts, and the resultant inflammatory response caused by a form of bacteria living in the gland. So, any treatment can be helpful if it reduces the toxicity in your system in general, helps reduce the bacteria, or strengthens the skin directly. I have found that when people clean their systems out, the acne improves! I have found the following to be helpful:

1. Get plenty of exercise: This helps release toxins through your lungs and pores, it can help unplug the pores, and it stimulates the movement of lymphatic fluid (which speeds up the release of toxins in your body).

2. Healthy diet: Avoid fatty, rich, junk foods, red meat, and pork. Avoid milk from cows who have been given lots of hormones and antibiotics, and avoid chocolate. All these foods contain fats or hormones which may aggravate acne by creating more obstruction in the glands.

3. If tetracycline doesn't work for you, or you get side effects from the drug, try the herb goldenseal instead. It is a natural antibiotic which helps the body kill bacteria and can actually strengthen the immune system. The usual dose is 15 to 20 drops of the glycerinated goldenseal for six to eight weeks.

4. Clear-ac, a product made from the potted marigold flower (known as calendula) is often useful for the treatment of acne. Rub it on the affected areas with a piece of cotton or Kleenex twice a day. Many people find that the clear-ac helps kill offending bacteria, strengthens the skin's ability to fight off the inflammation, and is very soothing. When it works, results are seen in two to six weeks. Clear-ac can be obtained from local herb shops or directly from Standard Homeopathy (1-800-234-8879).

5. Finally, red clover is a mild blood-purifying herb which pulls toxins out of the blood and thus helps circulation. The "cleaner" your circulation, the healthier your cells will be. Healthy cells are much better at fighting the acne process. Red clover can be obtained at herb shops or health food stores—the usual dose is 15 drops, two times a day, for two to three months.

Vaughn [redacted]@aol.com

Please note: FTM does not offer medical advice. This article is for informational purposes only; see your health care provider for advice on your medical needs.

WEB NEWS

S.O. SUPPORT WEBSITE

I am currently soliciting material for a support page for the use of the spouses of TG/TS individuals. I hope to include links to other SO pages and consolidate whatever opinions I receive. The page will be published from the perspective of the spouse: the trials and tribulations that have been experienced, and how they were overcome. I am interested in what issues were important enough to seek out divorce as the only option, and conversely, what kept you together if that was the case. Please send your replies to: [redacted]@aol.com.

Note: This site may not be geared toward partners of FTMs, but may still be worth checking out.—Ed.

NEW SF BAY AREA EMAIL LIST

You are invited to join the new Bay Area Boyz mailing list! Baboyz serves the Bay Area FTM community i.e. those born female-bodied who now identify as male or masculine in some way (including transmen, FTM, F2M, boydykes, etc.) and their partners, friends, and allies. The Bay Area Boyz mailing list serves the FTM community of the San Francisco Bay Area, providing an announcement board for local events, as well as a discussion forum for local community issues. Anybody can participate on the Baboyz, regardless of their location, but the list discussion will focus on the "greater San Francisco Bay Area," which we very loosely define as the counties of Alameda, Contra Costa, Marin, Monterey, Sacramento, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, and Sonoma.

To subscribe you can go to the following web site address: <http://www.onelist.com/subscribe/baboyz>, or you can send (blank) email to: <baboyz-subscribe@onelist.com>. Questions? Please email: <baboyz-owner@onelist.com>.

SEE "REMEMBERING OUR DEAD"

...at <http://www.gender.org/remember/>.

We have lost so many people in our community to the hand of hatred and prejudice, yet we still are not seemingly willing to fight back.

Meanwhile, we die at the hands of a lover, of police, of medical practitioners, and even parents, while the news media calls us "freaks"—and worse.

In fact, the media's reluctance to cover our deaths lies near the heart of this project. It can be all-but-impossible to find honest, reliable media on the death of a transgendered person: It either does not exist, or it uses names that the deceased did not own, and pronouns that did not fit their reality.

—Gwendolyn Ann Smith

PROSTHETICS MAKER

www.phallusprosthesis.com (Amsterdam)

TRANNYFAGS MOVING!

Trannyfags, the email list for gay/bi/queer identified FTMs, their partners, SOs, allies, etc. is moving from AOL to queernet.org. My apologies to those of you who've been missing it and a welcome to anyone who wants to join. The list will be fully functional, automated and neat-keene on queernet. To subscribe to trannyfags, go to <http://queernet.org/lists/trannyfags.html> and click the "subscribe trannyfags" button. Everyone is welcome, but it is a list geared for queer/bi/gay FTMs.

—Matt Blakk, listboy: [redacted]@queernet.org

TRANSENSUALFEM

is a discussion list for femme dykes whose attraction is to transgendered butches and/or FTM transsexuals. This list is for us and about us, not solely as extensions of TG butches/FTMs, but as femme women. Discussion may include, but will not be limited to: our place in the queer community, support for partners of transitioning FTMs, our own transition (e.g. as femmes, as femmes who are "transitioning by association," etc.), outing, and other related topics. Transsensualfem is sex-positive and kink-friendly, and obviously trans-friendly. Questions?: contact owner-transsensualfem@queernet.org. To subscribe, send an email to majordomo@queernet.org containing the words "subscribe transsensualfem" followed by your email address. Or subscribe from <http://www.queernet.org/>.

EVENTS

SON OF CAMP TRANS

The pro-trans educational event near the Michigan Womyn's Music Festival, will be held August 13–15 this year. Said Riki Anne Wilchins, one of the Camp Trans '99 organizers, "Five years have passed, and while the whole queer movement has embraced inclusiveness and diversity, MWMF still wants to act as the Gender Police, judging who is 'woman enough' and who is not. This is a policy that cries out to be challenged." Organizers hope to arrive on Thursday, August 12, and set up camp. Anyone wishing to meet them there on Thursday is welcome. For more information, see the Camp Trans website at www.camprans.com.

FTM HEALTH CONFERENCE

On November 6, the Gender Identity Project of New York's Lesbian and Gay Community Center will present its Fifth Annual Transgender/Transsexual Health Empowerment Conference. This year's focus is FTM/Masculine Transgender Health Issues. For more information contact Ray Carannante at 212-620-7310 ext. 289 or Ray@gaycenter.org.

WEB AND EMAIL RESOURCES FOR TRANSGENDERED PEOPLE OF COLOR

Transgender People of Color list: To subscribe, send an empty email message to tgpc-subscribe@makelist.com from the email address that you will use to send and receive email. Please email the administrator at hab1bl@iname.com if you have any questions or problems.

Transgender Muslim Sites:

See <http://www.angelfire.com/fl/jalal/>. S/he also maintains a listserv for queer Muslim women and trans people, try the email from that page for info. Also see <http://www.angelfire.com/ca2/queermuslims/>. Note: not a maintained site, so email any comments to hab1bl@iname.com.

FOR HIV-POSITIVE TRANSPeOPLE IN S.F.

Positive Resource Center: Job training and placement for transgendered HIV-positive people. 973 Market St., San Francisco. Info: 415-777-0333.

INTERSEX RESOURCES

ISNA (Intersex Society of North America)

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

FOR SIGNIFICANT OTHERS, FRIENDS, FAMILY AND ALLIES

Bay Area Partners' group: see listing, this page.

SOFFA USA/SOFFA Voice:

Bimonthly newsletter. Subscriptions are \$10 (student/disabled); \$15 (regular); or \$25 (institution/university) to American Boyz: 212A S. Bridge Street, Suite 131; Elkton, MD 21921. soffausa@aol.com
<http://members.aol.com/SOFFAUSA/index.html>

The Straight Spouse Network for partners, spouses, and ex-partners of GLBT people can be reached at info@ssnetwk.org. Allied with PFLAG. 8215 Terrace Drive, El Cerrito, CA 94530-3058. Phone: 510-525-0200.

Email lists (send a subscribe message):

The email list formerly at FTMSO@aol.com can now be reached at FTMSOS@aol.com.
<http://queernet.org/lists/trannyfags.html> (see p. 22)
owner-transensualfem@queernet.org (see p. 22)

Family resources:

www.familypride.org
www.critpath.org/pflag-talk/
www.colage.org (for children of LGBT parents)
Our Trans Children booklet covers the Transgender 101 basics—a PFLAG publication. Copies are \$3 for three, 25 for \$18, 50 for \$34, etc. Also *Trans Forming Families: Real Stories About Transgendered Loved Ones*: \$13.95 each for 1-3 copies, \$12 for 4-9, lower prices for larger orders. All prices include U.S. mailing. Make your check out to Mary Boenke, 180 Bailey Blvd., Hardy, VA 24101-3528. 540-890-3957, MaryBoenke@aol.com.

S.F. FTM MEETING SCHEDULE '99

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

Closed

(Support)

August 8, 1999

October 10, 1999

Open

(Informational)

September 12, 1999

November 14, 1999

OTHER BAY AREA MEETINGS

ONGOING SAN FRANCISCO BAY AREA MEETINGS:

AFRICAN-AMERICAN BUTCH Support Group for women who consider themselves butch, no matter what type of butch. This support group will deal with the dynamics of being an African American butch in this country and in the lesbian community. Meets every first and third Tuesday at the Pacific Center, 2712 Telegraph St. (at Derby), Berkeley. Contact: Stacy at 510-389-3230. Email: pcvolunteers@gay.net.

BUTCH/FTM AA meeting. Not currently meeting; needs coordinator. If you're interested in facilitating, please call FTMI at 415-553-5987.

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

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

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

COUPLES' group. The FTM Couples Group will meet on the third Sunday of every other month at 2 pm. Same months as open FTM meetings. Contact Joel at 415-668-6124 or Michiko at 510-893-6329.

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

YOUTH: At LYRIC, 127 Collingwood at 18th (2 blocks from Castro Muni):

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

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

QUEER AND QUESTIONING YOUTH Support Group (ages 21 and under) meets every Saturday, 12 to 1:30 pm at the Pacific Center, 2712 Telegraph St. at Derby, Berkeley. Ph: 510-548-8283. Email: pcvolunteers@gay.net.

TRANNY TIME support for all transgender-identified persons, Monday through Friday from 4-6 pm. Info: 415-255-8272/ Tenderloin AIDS Resource Center annex, 183 Golden Gate Ave., San Francisco.

See back page for national and international groups.

FTM RESOURCES

UNITED STATES

California FTM International Contact info page 2.

Meets every 2nd Sun. in San Francisco—info p. 23.

Genderqueer Boyzzz, L.A. area Contact: Jacob Hale 323-665-1130. email: zeroboyjh@aol.com.

San Diego FTM Support Group 3rd Saturday of every month, 4-6 pm, at The Center, 3916 Normal St., San Diego. Contact: 619-692-2077.

SCOUT (Santa Cruz Organizing & Uniting Transmen). Supportive, non-judgmental environment. Every 2nd and 4th Mon., 7 pm. 2nd Mon. meeting is "closed" to those with gender issues (including butch-identified dykes). Info/location: 831-429-5663. 4th Mon. meeting is open to all—partners encouraged: LGBT center, 1328 Commerce Lane. Info: 831-425-5422.

Under Construction P.O. Box 922342, Sylmar, CA 91392-2342. Contact: Jeff Shevlowitz 818-837-1904. E-mail: littleshevy@juno.com.

Colorado FTM Support Group for TS, TG men and questioning females and their SOs. Every 3rd Sun., 6-8 pm, at the Gender Identity Center, 1455 Ammons St., #100, Lakewood, CO 80215. For info, contact the GIC at 303-202-6466 or e-mail Matt Kailey at FtMatt@aol.com.

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

Illinois See **FORGE** under "Wisconsin"

Indiana FTM Indianapolis: Meets at Diversity Center, Southeastern Ave. Ph: Holling, 317-539-7342 or virago18@hotmail.com. SOs welcome!

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

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

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

Ohio Trans Pride for transgendered people, allies, and friends. 3rd Fridays, 7 pm, Akron Pride Center, 71 N. Adams St. 330-263-2220. Or

email Lee Matthew Sanow at sanow@chemistry.uakron.edu.

Oregon Cocksure A primarily social group in Portland for trans guys, anyone on the FTM spectrum, and their significant others. By trans guys we mean guys who were born or raised as female but who don't presently identify as female. All sexual proclivities welcome. Drop us a line or give a call if you think the shoe fits and we'll get in touch. Cris (FTM) and Hillary (SO): 503-471-1515, Cocksure@hevanet.com.

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

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

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

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

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

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

Gemini Gender Group. PO Box 44211 Milwaukee, WI 53214. Voice mail #414-297-9328. The local "professional" TG program is Pathways. Offers a connection to endocrinologists, surgeons, etc. Separate FTM, MTF groups: 414-774-4111.

INTERNATIONAL

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

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

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

Canada British Columbia: **BC FTM Network**, Box 10, 1895 Commercial Dr., Vancouver, BC V5N 4A6. Ph: 604-254-7292; bcftmnet@hotmail.com. Advocacy; public education; outreach; info and peer support contacts for family, partners, allies of FTMs; contact info for FTM resources worldwide; and a monthly peer-run discussion/support group, FTM Etc. Info: email lukasw@direct.ca.

France CARITIG, B.P. 756, 75827 Paris Cedex 17, France. Phone/fax: +33 (0) 1 43 42 28 58. Extensive biligual website: www.caritig.org.

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

DGTI (Deutsche Gesellschaft für Transidentität und Intersexualität) dgti e.V., c/o Helma Katrin Alter, Godorfer Hauptstr. 60, 50997 Köln. Tel./Fax: 02236 - 839018.

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

The Netherlands Mannengroep Humanitas Amsterdam, Postbox 71, 1000 AB Amsterdam; tel. 020 5231100 or 0346 353495 fax 020-6227367; mannen@wgtrans.nl.

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

SEND IN YOUR MEETING TIMES! KEEP US INFORMED OF GROUPS, NEWSLETTERS & OTHER RESOURCES FOR FTMS AND SIGNIFICANT OTHERS.

Subscription information, submission deadlines, and contact information page 2.

"MALE IN" IT TO YA, BOY!

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