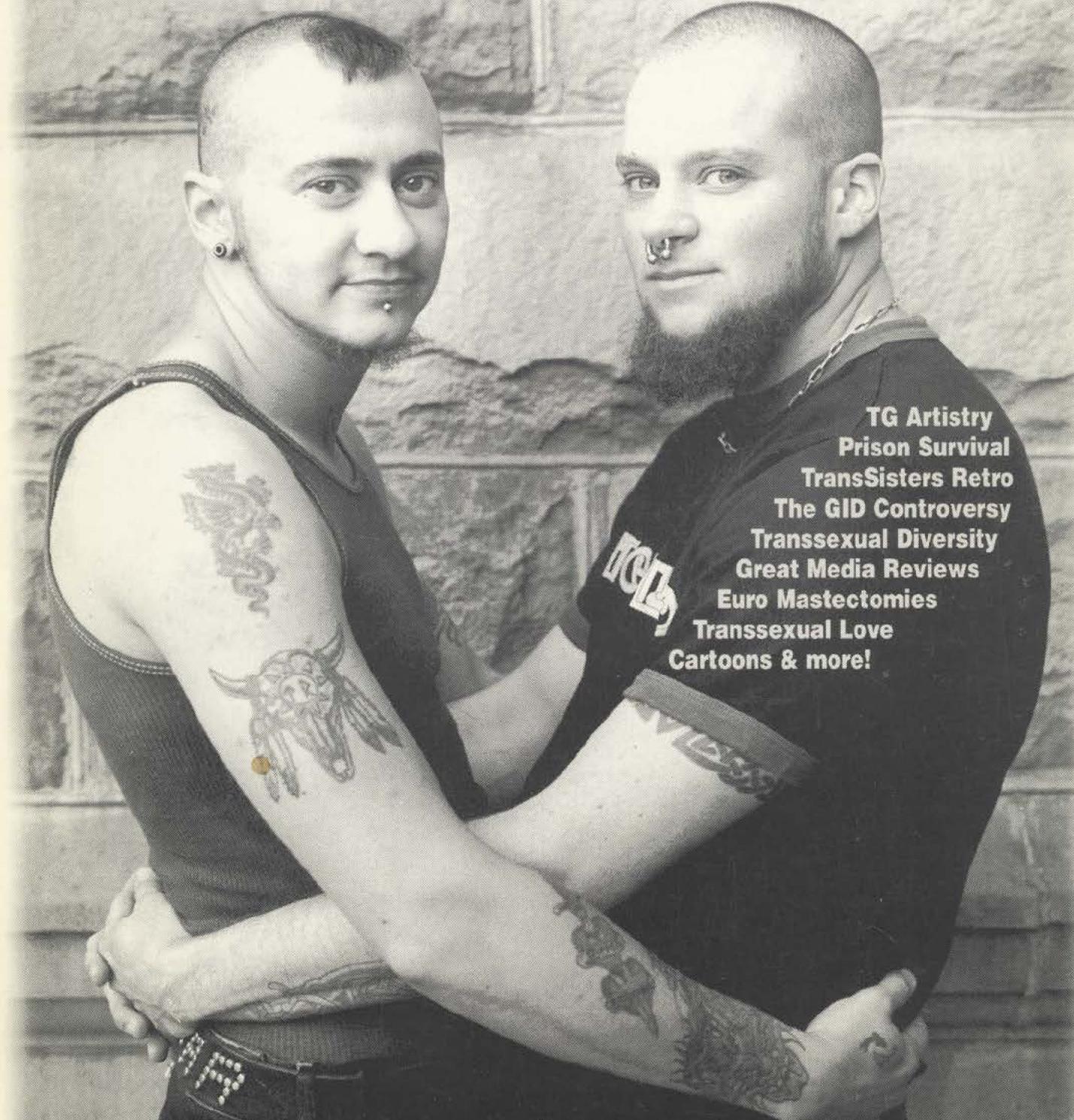


The Transsexual News Telegraph

The Magazine of Transsexual Life



**TG Artistry
Prison Survival
TransSisters Retro
The GID Controversy
Transsexual Diversity
Great Media Reviews
Euro Mastectomies
Transsexual Love
Cartoons & more!**

Summer 1997

Issue #7 \$5.00



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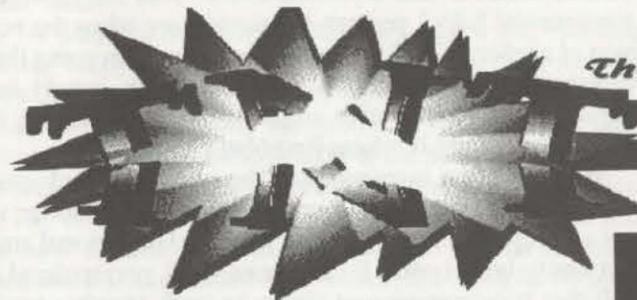
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 Dilemmas of Bisexuality -- June 27-29
 Couples Retreat -- July 11-13
 Vision Quest -- August 1-4, 1997
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1997 B & B Retreats

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"We are all longing to go home -- a place half remembered and half-envisioned... people to whom we can speak with passion without having the words catch in our throats... A circle of friends. Someplace where we can be free." --Starhawk



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Contents

- 4 Your Letters
- 6 Community News and Notes
- 9 Film Festival Transsexuals
- 11 Connie Norman Remembered
- 13 TransFag Drag Cartoon
- 15 Prison Survival Tips for MTF's
- 16 FTMs Building for the Future
- 18 The Variety of TS Experience
- 21 Poems by Camille Moran
- 22 European Mastectomies
- 24 Surpassing "Genetic" Love
- 26 The GID Controversy
- 28 GID and the Greater Good
- 30 Daphne Scholinski, TG Artist
- 32 GID and the Transgender Movement
- 34 A TranSisters Retrospective
- 36 Six Great Book Reviews
- 45 Oppression Moves East
- 47 The Last Page Cartoon

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GOOD NEWS: OREGON LABOR BUREAU PROTECTS TRANSSEXUALS

Oregon state trans activists scored a major victory last year when the Oregon Bureau of Labor and Industry (BOLI) ruled that transsexuals can seek protection under Oregon's law. Oregon's disability law, which is based on the federal Rehabilitation Act of 1973, protects transsexuality as a disability. The federal Act was amended in 1993 to exclude transsexuals. Though the Oregon state law was not been changed at that time, the protection of transsexuals has not been enforced until now.

But the BOLI gain may be short-lived. In a recent development, Associated Oregon Industries, perhaps the most politically influential lobbying group, introduced Senate Bill 482, a bill by Senator Derfler (R), which would conform Oregon's disability law to federal law, which excludes transsexuals. Transsexual rights activists, including Joanna McNamara, Margaret Deirdre O'Hartigan, and Candice Hellen Brown have been visiting state legislators to lobby against the bill in committee.

Several democratic senators have denounced the bill as "mean spirited". It is hoped that the bill will be killed in committee. The overwhelmingly Republican Senate is expected to pass it should it make it out of committee. The House is more evenly divided, and several Republican Representatives in the past have broken ranks to support key gay and lesbian Rights bills. The liberal Democratic Governor, a physician by training, may have to veto this bill in order to protect Oregon's transsexual workers.

ANOTHER OREGON VICTORY

In August 1996 Margaret O'Hartigan won a victory against the Seattle Bi-Women's Network (SBWN) for discriminating against transsexual women in violation of Seattle's human rights ordinance. O'Hartigan's charge of discrimination was filed in January 1994 after she was denied participation in the SBWN's meetings. The Seattle Human Rights Department Appeal Panel unanimously overturned a May 1996 ruling in favor of SBWN and remanded the original complaint back to Seattle's Human Rights Department for reinvestigation. The Appeal Panel noted that "the express grounds for the denial [of allowing her to attend the meetings] was [O'Hartigan's] status as a transsexual."

BAD NEWS: OREGON INFIGHTING

Last year, in a move which shocked and angered many in the transsexual community, activist Margaret O'Hartigan filed a violation of ethics complaint with the Oregon State Bar against transsexual attorney and fellow activist Joanna McNamara. O'Hartigan accused McNamara of, among other things, having claimed sole responsibility for the legal argument that ultimately swayed BOLI to change its policy. The complaint was quickly dismissed as groundless.

The controversy has never been settled. The Willamette Week credited O'Hartigan with the BOLI victory, while Joan Stevens-Schwenger of BOLI credits McNamara. One Portland activist put it this way: "Transpeople in Oregon have been hammering away at BOLI for years. It was like trying to unscrew a mayonnaise jar with a stuck lid. Everyone helped in loosening it but Joanna was the one who finally succeeded in getting it off."

The problem was exacerbated when George Eighmy, a Portland legislator, praised Joanna at a Gay and Lesbian Law Association affair as the person responsible for the BOLI reversal and Joanna (rather impolitically) didn't spread the credit around.

The use of aggressive tactics isn't

new for O'Hartigan, who is known for her contentious and downright nasty style of fighting. Although Margaret works tirelessly on behalf of transsexuals and has scored some major victories, she may be undermining future successes by alienating would-be allies, both transsexual and non.

MORE FOR LES SCORES BIG FOR LESLIE FEINBERG

A benefit to defray some of Leslie Feinberg's medical costs was held in San Francisco's eponymous King Street Garage on February 21, 1997. Over \$6,000 was raised.

At first we were leery of going. "It's not going to be transsexual enough!" we whined. "We're not going to know anybody there!" This kept on until we met dapper, sartorially resplendent Jordy Jones, one of the event organizers, at the ticket window. "It's even better than I hoped!" he said, dashing off and leaving us anxious to get inside and see what he meant.

On the way, we met Marlene, a lovely young transwoman we hadn't seen for over a year, who was then still living in her birth gender. She looked quite happy (perhaps due in part to the striking dyke she was with?)

Once inside we were struck by the size of the crowd. Noted gender

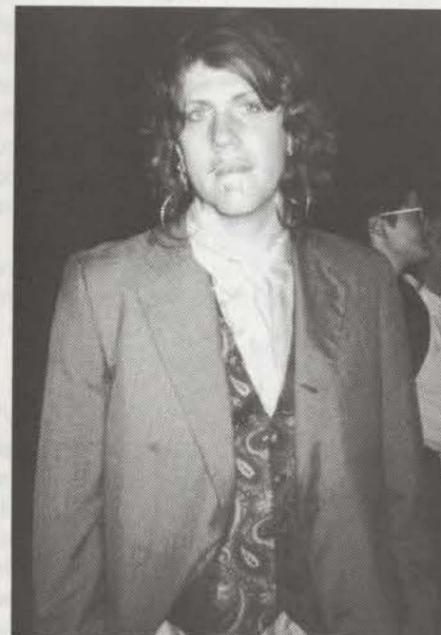


The winner--Duke!

outlaws Mr. Stafford and Jordy Jones had outdone themselves. We were even more delighted when we realized



"Trapeze Girl"



Susan Stryker--drag king

that the turnout was almost all trans-folk of various kinds.

We chastised ourselves for the whining we had done earlier, which had caused us to miss the drag king fashion show. However, we were in time to catch Gretchen Phillips (formerly of the band Two Nice Girls). In between sets the crowd was entertained by a woman wearing only a g-string and a nylon mesh body suit performing on a trapeze suspended in the middle of the garage.

The highlight of the evening was the Drag King of San Francisco competition. Emceed by local star Elvis Herselvis, thirteen drag kings participated, including Soave Bolla, Big

Daddy Morgan, Rock Candy and Genia Simmons (whose Kiss costume included a blowtorch strap-on which toasted marshmallows). A Joey Buttafuoco impersonator chug-a-lugged a beer during the talent portion of the show. "Fuck-in' Joey!" Elvis Herselvis proclaimed at the end of Mr. Buttafuoco's display. "FUCK-IN' JOEY!" the crowd roared back.

In the end, Duke, the crowd's favorite, was crowned Drag King. He will reign until the next Drag King contest which in trans time will occur anywhere within the next 6 months to 3 years.

Finishing up the show was music by lesbian icon Phranc. We were by this time too exhausted to stay and reluctantly headed home, tired but happy.

TRAVESTY OF JUSTICE IN BOSTON

In a ludicrous verdict, a Cambridge, Massachusetts jury ruled in May 1997 that William Palmer was guilty only of assault and battery and not guilty of voluntary manslaughter or murder in the November 1995 death of male-to-female pre-operative transsexual woman Chanelle Pickett.

The decision was reached despite the fact that Chanelle had been strangled for at least eight minutes. Several witnesses testified that Palmer frequently associated with transsexuals and had even remarked that Chanelle was "the best" he'd ever seen. While Palmer testified that he had given Chanelle "a quick jab" to the jaw to stop her biting his finger, and then sat

on her for 10 minutes until she calmed down, Gabrielle, the sister of Chanelle and also transsexual, said that "Her face was so badly beaten, it looked like she had been beaten by more than one person." Palmer will be sentenced on May 15 to not more than 2-1/2 years in prison.

Nancy Nangeroni of Transsexual Menace said, "In this case, it looks very much like money and homophobia bought the verdict. I mean, what does it take? Chanelle died by strangulation in the room of this guy, but because he had a fancy lawyer, he got off. It speaks to the fact that being transsexual means being less of a person. Rich white boy kills poor black transsexual girl, and the white boy gets a slap on the wrist."

TG SINGER WINS CABLE CAR AWARD

Congratulations to Veronika Klaus, a transgendered blues singer, who won San Francisco's Cable Car award for Entertainer of the Year 1997.



Entertainer Veronika Klaus

TRANSSEXUAL AUTOBIOGRAPHY RUSE

SF Bay area author and columnist Beth Elliott has written an autobiography with a twist. Unlike some other transsexuals who have used ghostwriters to help craft their autobiographies, Beth's was written using a ghostsubject. She claims her book, *Mirrors*, published by Rhino Books, is the true story of transsexual lesbian, Geri Nettick, as told to Beth Elliot, (who appears in the book as a trans-friendly genetic lesbian). But Beth's many contemporaries, to whom her transsexuality is no secret, can easily recognize *Mirrors* as the story of Beth's rather unique life. Beth has been doing readings to promote the book and has explained the absence of Geri Nettick by claiming that Geri "likes to keep a low profile," and some people even claim to have met Geri, which is impossible, since Geri doesn't exist.

One "netizen" who has seen Beth promote her autobiography (and fictitious non-transsexual identity) online commented, "'I don't know why she's doing this, but it's hard not to feel violated by her dishonesty. Her gender history isn't the issue; I just don't like being lied to."

You know, not long ago I read a newspaper column by Beth in which she ridiculed preoperative transsexual women for trying to achieve tolerance within the lesbian community. She was *real* cold. Personally, I think it's wrong of her to play on bigotry and encourage lesbians to ostracize a marginalized group. The fact that she won't admit that she is transsexual herself just adds to the sleaziness of it for me. It's like a gay person pretending to be straight and then lobbying straights to deny other gay people their rights.

I believe in the right to privacy, but Beth is in the public eye by her own choice, and she uses the media to influence people on a regular basis. If she is going to comment publicly on transsexual issues, shouldn't she at least be honest with her readers?"

SAN FRANCISCO HUMAN RIGHTS COMMISSION TAKES STANCE ON GID

On Tuesday, May 20, 1997, the Lesbian, Gay, Bisexual and Transgender Advisory Committee (LGBTAC) of the San Francisco Human Rights Commission adopted a series of recommendations relating to transgendered youth.

After listening to a heated public debate, the committee voted unanimously to adopt revisions proposed by Shannon Minter, an FTM and staff attorney at the Center for Lesbian Rights. The committee had invited public comment in response to criticism by members of the transgendered community that earlier recommendations had condemned the negative role of Gender Identity Disorder (GID) diagnoses in psychiatric abuse of LGBTQ youth without addressing the positive role of GID in allowing some transsexual youth to obtain hormone therapy and sex reassignment surgeries. Recommendations adopted included to "Mandate education about the health and mental health issues of transgendered and transsexual youth for providers receiving City funds, and to fund public health services for trans youth, including access to hormone therapy, while simultaneously recommending that no public funds be used "on mental health treatments or programs that use GID or any other diagnosis

to administer involuntary or unwanted counseling, psychiatric medication, behavior modification, or other treatment designed to change or manipulate a youth's actual or perceived homosexuality, bisexuality, transsexualism, or transgenderism."

Christine Tayleur, who had been a vocal opponent of the original recommendations, also opposed the revised version and began shouting at the panel. After being given three warnings to stop interrupting the proceedings, Ms. Tayleur was escorted from the building by police officers.

TROUBLE AT GENDERPAC

In recent months the Gender Public Advocacy Coalition (GenderPAC) has been plagued by a number of internal problems, prompting some staff and Board members, including JoAnn Roberts, Angela Gardner, G-PAC's first president, and Gary Bowen of American Boyz to resign or threaten resignation in protest. They allege that the Executive Committee has been making decisions without the necessary approval from the Board, that new directors have been added without input from current Board members, and that G-PAC's recent establishment of state chapters violates a compromise reached with *It's Time America!*, wherein G-PAC pledged it would work only at the national level and not enter local and state politics, the forte of ITA with its 35 state chapters.

When contacted by TNT, both Riki Ann Wilchins and acting President of the Board, Tony Barreto-Neto, declined to comment on the allegations.

CALIFORNIA UNITY '97

The 11th annual IFGE convention "California Unity" occurred from April 15-20, 1997 on the Queen Mary ocean liner drydocked in Long Beach, California. While the convention was successful, it almost didn't happen. It seems the significant others and wives of the heterosexual crossdressers (the mainstay of IFGE) were uncomfortable sharing space with FTMs, so much so that at one point the entire convention was almost cancelled. Only a compromise saved the day, with the guys staying on one side of the boat (the nicer side) while the cross-dressers had the lower decks all to themselves. Despite this, the conference was a huge success, with more bi-directional focus than in previous years. It was reported to TNT that the hit of the show was a drag queen show by FTMs.

THE HERO'S JOURNEY- THE 3RD ANNUAL FTM CONFERENCE

The 3rd Annual FTM Conference of the Americas is scheduled to take place in Boston, Massachusetts from August 8-10, 1997. Registration is: \$60 from July 1-31 and \$75 after August 1 and at the door, hotel and meals excluded.

The conference, subtitled 'The Hero's Journey' will take place at the Massachusetts College of Art on Huntington Avenue. Registration begins at 6:00 p.m. with the opening reception thereafter. Saturday workshops are scheduled from approximately 10:00 a.m. to 6:00 p.m. while Sunday workshops are scheduled from 10:00 a.m. to 4:00 p.m.

Continued on page 21

Film Festival Transsexuals



Steven MacIntosh and Rupert Graves in *Different for Girls*

Three fairly good movies about transfolk appeared at bay area film festivals in the past year. Each one showed insight into our lives and an awareness of transsexual/transgendered reality.

Different for Girls (written by Tony Marchant, directed by Richard Spence) from England explores a love affair between a non-transsexual man and a transsexual woman. This movie got off on the right foot by 1) having the transsexual woman played by someone who actually manages to look like one (more on that later), and who, 2) had a believable job as a writer of greeting card verse. It was such a relief that she wasn't cast as a prostitute, a football player or a glamorous supermodel!

In the story, Paul Prentice (Rupert Graves) is a motorcycle messenger in London. After being knocked off his bike by a taxi in which Kim (Steven MacIntosh) is riding, he recognizes her as a pal from high school. "Didn't you used to be ..." he asks. At first Kim denies knowing Paul but eventually admits that she does.

Their relationship is believably portrayed as developing gradually over time. One scene, in which Paul takes Kim to a restaurant and proceeds to ask thoughtless questions with complete sincerity, his heart clearly in the right place, rang particularly true.

Paul is 34 going on 17, acting first and thinking later, and also the kind of guy who'll stand up for what he thinks is right. One of his stunts results in both of them being arrested. On the way to the police station, Paul is brutally beaten by the police and ends up charged with a serious crime. The rest of the movie hinges on whether Kim will back Paul up in court.

One of the best things about the movie was that, while Kim looks good, she doesn't pass, and the film is accurate in its portrayal of the reactions of others, whether they be co-workers, policemen, or passersby.

Steven Mackintosh, the actor who plays Kim, is not transsexual, so the post-op nude scene of Kim was most likely done with special effects.

While not perfect, *Different for Girls'* sympathetic and realistic portrayal of a transsexual woman and her life is much better than anything else on screen and definitely worth seeing. Now we need a movie showing the same honesty with a transsexual man!

Shinjuku Boys (directed by Kim Longinotto) presented the lives of three *onnabe* (male impersonators) in Japan. Each embodied different aspects of the gender border: Tatsu was the closest to what Americans would call a butch lesbian, while Gaish and Kazuki were more trans. Gaish binds while Kazuki takes hormone injections and lives with an MTF transsexual.

Much of the film takes place at Club Marilyn, where the three perform for Japanese women. Each woman, as one puts it, thinks we're her special boyfriend. The filmmaker portrays the public and personal life of each *onnabe*, but doesn't try to explain what role they, and Club Marilyn play in Japanese society, with its social conformity and limiting roles for women and men.

Living a life of gender non-conformity is never easy, yet Gaish, Tatsu and Kazuki are shown as coping very well with their choices. It would be interesting to see a follow-up about the three ten years from now. One element that was particularly appealing was the respect all three *onnabe* had for each other's personal choices. It's an attitude that deserves to be imported.

Finally, *Transsexual Menace* by gay German filmmaker Rosa von Praunheim, explores the growth of grass-roots trans activism in the U.S., and in doing so, illuminates the class divisions of American society. Activists are almost all white, relatively well off, and able to attend political conferences. Street transies, however, are almost all people of

color, poor, and cannot afford the luxury of conference get-aways. This is not to suggest that the leaders shown in this film are racist or classist; my personal experience in talking with them is that most of them are acutely aware of these inequities. How the trans community responds to these problems will determine how we will fare in the future.

TNT spoke with Rosa shortly before he returned to Germany after a stay in San Francisco:

TNT: What initially attracted you to transsexuals as a subject for a film?

Rosa Von Praunheim: *It was when I heard that organizations like Transsexual Menace existed. I wasn't interested in doing another exploitative film about a group. Transgender rights seems the most interesting emancipation movement in a long time. Here were people who were mostly seen as victims and freaks coming out as human beings and fighting for their own rights instead of letting other people fight for them.*

TNT: How is the trans scene different in Germany?

RVP: *There are a lot of organizations and while the law is very good [in terms of rights] there is much less self-esteem. I think there is less desire among transsexuals to come out openly and fight for their rights.*

TNT: Why do you think that is?

RVP: *I believe it's because there isn't as much of a (grass roots) movement. In Germany, organizations are done from above. The state or city government gives money to a group -- an AIDS group, for example, and says, 'Here, now you can fight.' People don't get so much involved because they don't take it personally. It is handed to them. There is also a lot of infighting in the TS scene in Germany because people don't have same sense of pride.*

TNT: I would think that another problem would be that, in terms of money, that the government could always take it away again.

RVP (firmly): *No, that won't happen. The state or city, once it grants money, doesn't pull it away. It's more because the organizing is coming from the top down rather than the ground up.*

TNT: How do German gays and lesbians see transsexuals?

RVP: *That's very difficult to say. Transsexuals are not very noticeable except for show business. They are not really noticed in daily life.*

TNT: Transsexuals often lead desperate lives. Did anything personally upset you while you were filming *Transsexual Menace*?

RVP: *No, no. It was just the opposite. I was very surprised by how open people were-- i don't know if it was because I was known as a filmmaker or why, but it was a great great experience for me and still is.*

TNT: What have you been doing during your stay in Northern California?

RVP: *I've been doing two films. One is a continuation of *Transsexual Menace* with mostly FTMs. The other is a film about San Francisco and will be part of a film*

showing about 100 years of the queer movement. San Francisco will be the end of the film as a view of the future.

TNT: What have been the highlights of your stay here?

RVP: *What I found most impressive is the diversity in the city. Usually people behave very similarly to gay, lesbian and trans scenes in other cities and countries. San Francisco is a place where many, many different looks and sexual interests and preferences are visible.*

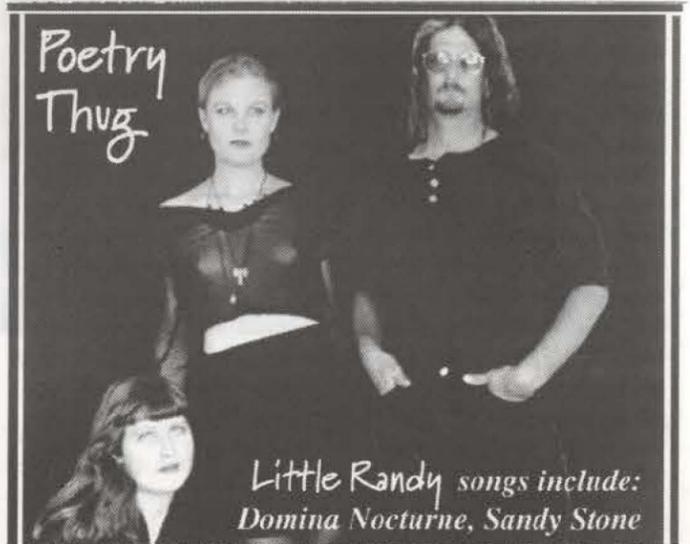
TNT: What were the low points?

RVP: *San Francisco, as I observe it, is not artistically that inspiring. It's much less artistically interesting than Los Angeles or New York. However, it is much more politically and socially inspiring in terms of progressive lifestyles, sex and living together. San Francisco is very advanced, much more so than any other city I've encountered.*

TNT: Has being with all these transfolk affected your identity as a gay man in any way?

RVP: *No. I learned a lot, and am very thankful to the many people I met. It was a great learning experience. Transgender people are more individualistic than gay people. Gay people get into groups -- the muscle group, for example -- and the groups are very similar to those in other cities. Trans people are all different. Each person has a different sexual expression...I like that.*

The Transsexual Menace was shown on French and German television during an entire night of transgender programming. The film and the entire evening was very well received by the audience.



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Remembered by Robin Podolsky

Connie Norman was one of the signature figures of Los Angeles's radical AIDS treatment-access movement in the 80s, a proud tranny, and one of ACT UP L.A.'s founders and leaders. In more than one of Los Angeles' multitude of queer communities, Connie and ACT UP still stand for the terrible and wonderful alchemy of the 80s; for all that was gained along with the lives that were lost.

The explosion of queer identity, the embrace of ambiguity and mutability -- the new club scene, the reconciliations of lesbians and gay men, the entry into the queer public spotlight of transgendered street fighters, leather-people, femmes and dudesses -- these phenomena are linked to the wake-up call of AIDS, to multiple reminders of our mortality and of our collective expendability in the eyes of the straight world.

Connie hosted southern California's first queer talk show, *Queer Radio* and appeared on countless other broadcasts. Eventually, she became a member of LIFE AIDS Lobby, negotiating -- and building some friendships -- with state and national legislators.

At one of ACT UP's overnight vigils at Country USC hospital in 1989, Connie told a circle of new admirers: "I'm a tranny, a sex-change. That's who I am." This with almost no support community, when the psychiatric establishment's pressure on her sisters to invent birth-assigned girlhoods was enormous. Before she began to devour theory concerning the constructedness and fluidity of desire, Connie, the proud cockhound, confided to that circle of near-strangers after someone had asked what they took to be a question that only applied to her pre-op experiences. "Honey, right after the surgery, I just about stuck to women. Because, sugar, I was sore."

As Connie became an accomplished public speaker, she found books like Will Roscoe's *The Zuni Man-*

Connie Norman

1949 - 1996



Woman and Judy Grahn's Another Mother Tongue. She thought hard about how to enact, in contemporary ways, the role of the Two-Spirit, the intermediary between genders who also serves to bridge other divides in her/his community. After Governor Pete Wilson's veto of AB101, the bill that would have protected Californians against discrimination based on sexual orientation, the queer communities of L.A. erupted and took the streets every night for two solid weeks. Connie was there, calming people in the face of mounted police, cracking jokes on the bullhorn. When events culminated in a rally in Sacramento, Connie was featured

at the mike. She called on all the "butch lesbians, the nellie fags and drag queens, the leather dudes and dudesses, the transies" to come forward and stand with her on stage. Speaking for the ones who can't pass, the borderwalkers, she told us, "We are your magic." After the Rodney King beating and subsequent uprising, Connie spoke at the Rally in the Valley -- the only post-uprising rally at the Simi Valley Courthouse, organized by the Black Gay and Lesbian Leadership Forum, GLAAD and other queers, saying, "Every time they talk about 'looters' on TV, they'd better talk about hungry babies and mothers taking milk and Pampers."

As a self-taught working-class intellectual, Connie was as proud of where she'd come from as of how far she'd gone. Without fanfare or apology, Connie Norman identified as "trailer trash." As a teenage street queen hustler, she'd had her face pounded into the sidewalk by policemen who assured her that she'd "never look good in drag again." (As usual, they were wrong.) As an adult activist, she served as mentor and example to hundreds of her "Tranny babies" at L.A.'s Gay and Lesbian Community Services Center, telling them the story of her life and offering thoughts about pride and analyses of context that would help them to embrace their own

My feminist education contained huge silences about transgender issues. What I didn't know was only slightly less appalling than what I thought I knew.

lives more eagerly. Before she died, Connie, who had no advanced degrees, lectured at universities about Native Two-Spirits and contemporary transgendered people.

Ironically, while helping those who knew her confront the essentialist reflexes that limited thinking about gender, Connie was also instrumental in helping many an L.A. ACT UPer deconstruct whatever precluded a queer spiritual life. Many an academic came out as a witch, partly because of her influence.

Within the Radical Faeries, Connie combined those roles to shine in ceremonial, iconic splendor. After her transition, demanding her place as a Two-Spirit in circles that had been limited exclusively to gay men took all kinds of guts. To then ally with the group that invited lesbians and bi-dykes to their rituals took true clit. And believe me, when you've danced on the beach, beneath a full moon, with a bare-breasted, bass-voiced red-headed MTF chanting the "Isis, Astarte, Innana" song, you are as far outside of the hegemonic, patriarchal-imperialist father's law as you are likely to be in this life.

Connie Norman was more than a groovy, sentimental earthmother. Her deep belief in the power of love was tempered by a knowledge of life's rougher edges and a sense of humor that incorporated such knowing. One of the stories she regaled us with at the hospice was about something that happened to her when she was a small child living in a Texas trailer park. She showed us a snapshot, taken in those days, of herself as a ringletted, blond cherub, calling it her "they should have had a clue" picture.

Connie Norman was the first transgendered individual with whom I built a friendship. I believe that from the beginning she knew, although she never said, that my feminist education had contained some huge silences about transgender issues and that the extent of what I obviously didn't know was only slightly less appalling than what I thought I knew. (A condition that

I'm still, almost ten years later, working to rectify.)

Connie never "confronted" me. She just continued to treat me with that inexorable kindness of hers, to which almost everyone who knew her would inevitably succumb. When she decided that it was time, she began, very gently, to push -- often by involving me in situations where I was the only birth-assigned female in the room.

During her last days, Connie continued to go through changes. She started growing her beard. Once she mused "You know, in a different world, I wouldn't have had to cut off my dick to act as nelly as I wanted." The point wasn't the missed dick. Connie had done well with what she had made. The point was society had demanded an impossible choice from Connie: male or female.

At one of the last Faerie circles I attended at her home, the only birth-assigned female cradling between my legs a little statue of Kali that a loving faggot placed there, Connie led us in a chant: "Not-man, not-woman, we are many genders; some-man, some-woman we are many genders..."

It's hard to lose her just as life-extending drugs are becoming realities, as the divide between gay and trans issues is being bridged. She might say that we had her just long enough to help accomplish those things. Then again, she might say, "Well, if all these assimilationist, complacent, homosexual asswipes and all the hysterical, louse-picking, pc activists who can't get together long enough to agree on lunch

When you've danced beneath a full moon with a bare-breasted, bass-voiced, red-headed MTF you are as far outside the patriarchal father's law as you are likely to be in this life.

and all the rich closet queens and lipstick lesbians who can't pull a painting off the wall and sell it for the cause had managed to work just a little harder, you might have had to endure my loud-mouth, pushy self for another few years!"

As to her own future, Connie often insisted, she didn't want to come back as human anymore, or even as a warm-blooded life-form.

She wanted to return as a star. ■

The Strange Adventures of Trans Jig Drag No. 1

by Julie Anne



Survival Tips for the MTF Transsexual in Prison

by V. Vernon /
Mikki Maulsby



What I propose to do here is suggest some practical and time-tested solutions to the increasingly difficult task of remaining both physically and mentally healthy while being a TS in prison. I myself am a totally out TS with over a decade in a maximum security prison. Part of my coming out process was an article I wrote on the subject for Boston's *Gay Community News*. Since, as in most prisons, incoming mail and publications are screened, there can be little doubt as to my "outness".

Mother Nature herself takes a hand in our protection, at least in most cases, when we are deprived of our hormones, especially if we are pre-operative. Our bodies go through the expected changes as our hard fought gains slip away. While this is a truly tragic event, one that sears the soul, it must be seen as a help as well. As a prison inmate, the faster you "disappear" into the crowd, the safer your situation will become. On paper, every prison has rules that are to prohibit harassment and abuse, either by another prisoner or a staff member, but you *must* always keep in mind that these rules will be administered at the whim of the very people that may be abusing you.

Another point to consider is that, in most cases, if the abuser is a fellow inmate, it is very likely that the staff will "look the other way". If the abuse leads to crippling or death, only then will something be done about it. The most usual action will be to transfer you to some other prison, where your lot will probably be worse.

I do not paint this grim picture to depress the reader, but to make it painfully clear, to rub your nose in the fact, that prison is a truly dangerous place for the TS, who is a minority of a minority in prison--seen as the oddball fringe of prisoners who are gay. If the TS happens to be a person of color, the odds of survival drop radically, depending on the

level of racism tolerated in your particular prison. Don't fool yourself as to how much help and support you will get from the gays in prison. Most have all they can do to survive themselves, and will, sadly, be happy with any respite they may gain while you are the center of attention.

*Reality equals survival in prison.
If that gets through your skull,
then you'll be much better
able to work towards
your survival.*

If you walk into prison acting like you just came from a PRIDE weekend, prison will eat you alive. You will be politically correct, but end up so abused and used that it will be of little comfort to you. Reality equals survival in prison, if you can get a handle on just how precarious your position can and will be. If that gets through your skull, then, from your first step into prison, you will be that much more able to work towards your survival.

One of the classic survival steps is to attach yourself to a "protector", usually another inmate with enough clout or position to protect you from abuse by other inmates. The flip side of this is that the protector gets carte blanche to abuse you himself for this service. Many use this method to minimize the number of possible abusers, feeling that this is a lesser of several possible evils that may be in the offing. To be honest, this may be your only way out of a bad situation. But in that same spirit of honesty, I must also point out that, if you are coming into prison with the effects of your hormones still evident on your body, your desirability will

fade as these effects from the hormones fade. This will leave you in a position where you will, in time, have to find another protector, with a body that is less desirable. Your options will be much more limited, and the excesses performed upon you perhaps much more distressing. Another pitfall of the protector system is that your protector may have other vices, such as drugs or booze. Since you will be a valuable asset, your services may be loaned out to pay for these things. I mention this so that you can be aware of how it really is before you engage in such an arrangement.

Some of us try to get placed into some sort of solitary confinement where, hopefully, the abusers will not be able to reach. This is also a workable solution for some, again depending on your prison. In most cases, they will wait until your first rape to place you into such an arrangement, which is why most rapes are such group affairs: the predators *know* they will probably only get the one shot at you, at least for awhile. Once in this solitary confinement, you will have to deal with staff members who will, in all probability, be both homophobic and transphobic. You will also be in a position where these biases can be more readily expressed, as there will be few, if any, witnesses.

What seems to work best, for most of the folks like us in prison, is to just *keep our gender orientation to ourselves!!* I am not advocating that you lie about it, just that you keep that information between you and those you trust. If your prison does not offer a way that you can maintain your hormones (most don't), then they have no reason to be privy to your business. Flamboyant gestures or other trappings you *may* have gotten used to while free will just have to go into "storage", to be used again when free. Who and what you are reside within the soul, and not in the external trappings. The outer bit is the least important. What's in your heart and

*Who and what you are
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mind are what are most critical to preserve. Few, if any of us, go to prison without warning. *Use this time* to your advantage. As much as you can, adapt your body to the gender of the prison that you are entering. This will enable you to enter prison in a way that will allow you to do your time with only the ordinary horrors to deal with, without having to worry about being singled out for special attention. Prison will still be a dangerous place, but *much* less so than otherwise.

Another survival tool is the outside contact. This comes straight from the tactics of Amnesty International. A person in prison who has regular contact with friends and others on the outside is much less likely to be harassed as the prisoner who has no one out there. It is not that the prisoner is in any way better regarded by the staff. It is just the simple fact

*They may wait until your first rape to place
you into solitary confinement. Most
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that someone on the outside may get curious about the inmate, asking questions no one wants to answer. It's just wise policy to leave those prisoners more alone.

Another, even more important facet of having friends on the outside is a mental one. With the suppression of the exterior manifestations of who you are, it becomes critical to express yourself some other way. Letters to and from your friends can be a wonderful way to accomplish this. It is a forum where you can truly be yourself, among people that care and that you can trust. Some of us amplify on this, using art or writing, such as poetry or stories, to express ourselves. Some of us even write articles on the subject. We are all different, so the level of this expression will vary from person to person, to their individual needs.

I myself learned all of this the hard way. When I came to prison, I was openly gay, over six feet tall and well over 300 pounds. I had to go through years of often painful therapy and self-discovery to learn who I really was. I lost *many* friends when I came out. My gay friends were often just as transphobic as my straight friends. Suicide was, early on, an often considered option. In time, I began to realize that the gal I was, while unconventional, had just as much right to exist as anyone. It was not an easy transition, but it was survived using some of the methods mentioned here, after a *lot* of trial and error.

The upshot of it all is that now I am happy, at least as much as is possible here, and remain mentally healthy and sane. The friends I have on the outside are genuine ones now, who know exactly who I am. Since I'm out, if a gal needs help or advice, at least she can come and ask me. I do not sugarcoat my words, but feel that at least I've been able to ease the suffering, at least of the gals willing to listen. I could ask for no more. Hopefully, some gals heading to prison will read this, and avoid the place all together. If not, at least they will be better prepared for their arrival

One can at least hope... ■

THE 2ND FTM CONFERENCE BUILDING FOR THE FUTURE

REPORTED BY JAMES GREEN
PHOTOS BY JAMES LOUWEN

Three hundred eighteen registrants attended the 2nd FTM Conference of the Americas, held August 9-11, 1996 in Seattle. The energy and enthusiasm was much like that experienced at the first conference last year. Co-Chairs Jason Cromwell, Spencer Bergstedt, David Schreier, and Mikhail [redacted] worked hard, along with committee members Kory Martin-Damon, Adrian [redacted], Billy Lane, Kai McBride, Ken Morris, Dan [redacted], Dragon Xcalibur, JT [redacted], Lee [redacted], Dean Kotula, Kaz Susat, and Significant Other Coordinator Sarah [redacted] (as well as many wonderful volunteers, including Kate Bornstein) to put together programs and workshops that would stimulate and educate participants. Highlights of the opening ceremonies were a reading by Max Valerio and an all-FTM "fashion" show, both of which were good for laughs and inspiration.

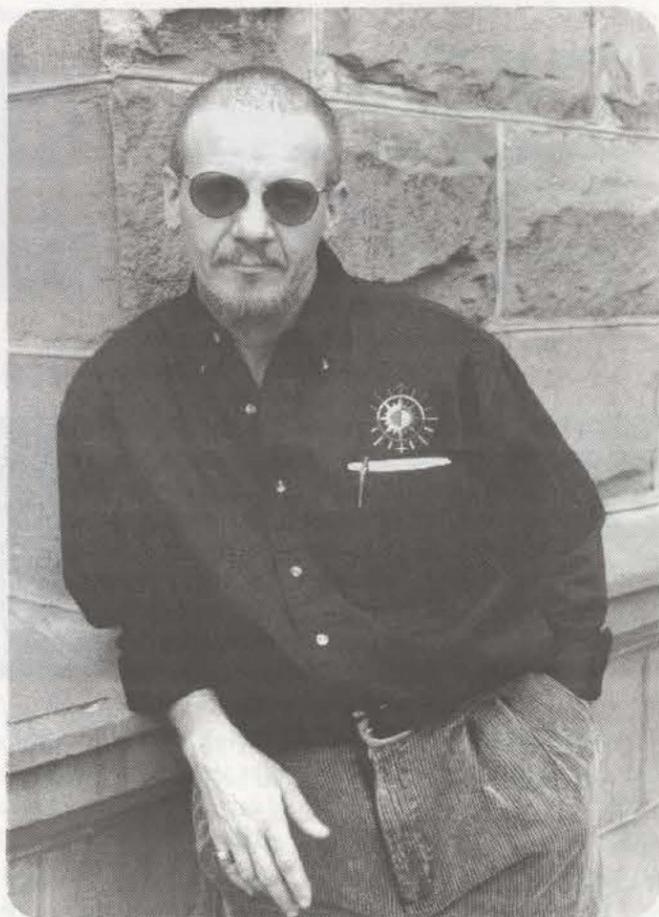
The highlight of the closing ceremonies were the presentation of two new community awards. The first, the Lou Sullivan Memorial Award, given in recognition of long-standing service to the community, was awarded to Mr. Jude Patton, one of our leading pioneers who came out in the 1970s and helped establish the self-help network that exists today in the form of numerous gender community organizations. The second, the Special Achievement Award, given in recognition of a unique contribution to the community, was presented to Mr. Aaron Davis, who was the first to set up an electronic bulletin board for the FTM community, leading to the burgeoning internet communication network of transsexual men.

In between the opening and closing events were 20 different workshops, panels, and rap sessions, 5 hours of presentations and discussions with physicians, surgeons, and therapists, numerous social events. These included dining, dancing, play parties, cafe society, and an FTM art exhibit filled with wonderful and moving photos, paintings, sculpture, and mixed media pieces. When the stimuli

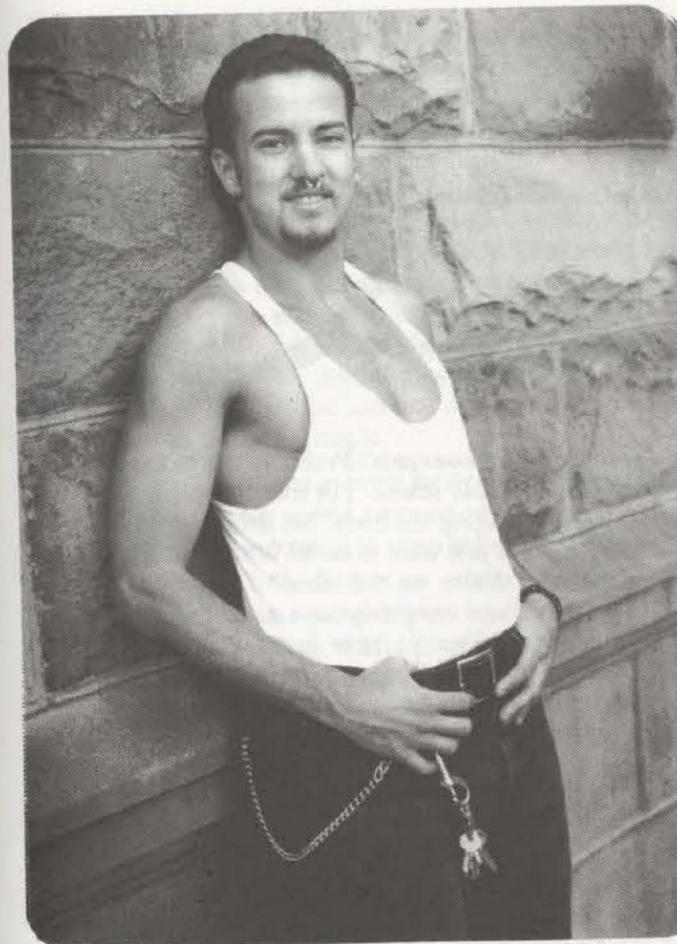
was too intense, ongoing videos allowed conferees to veg out in front of the tube and catch up with the FTM-related talk show episodes and films we hadn't had an opportunity to see before.

Phyllis Frye of ICTLEP (International Conference on Transgender Law and Employment Policy) attended this year, and was impressed by the intensity, intellect, diversity, and resourcefulness of the FTM community. She told me she had learned a great deal by coming to check out our world, not only about us as transmen, but also about creative ways to run a conference that would reduce costs for participants and allow more people to attend.

Not that there weren't problems at this conference. Men of color were upset that the "people of color" and "fighting racism" panels had been merged into one. These are two distinct topics with very different focus points, and merging them meant that no one's needs were met. And some female partners of FTMs were unhappy with the way they were excluded from some of the discussions of sexuality and surgery -- topics that concern them as well. I, for one, am hopeful that people will turn their negative feel-



Conference Co-Chair Jason Cromwell



Organizing Committee Member Billy Lane

ings into positive energy to create a better conference experience for all participants in the future.

Now that we've had two successful conferences in a row, a group of experienced conference planners have formed a Washington State non-profit corporation called FTMCEP, or The FTM Conference and Education Project. This group wants to assist conference planners in other cities in bringing the FTM conference to your area, so that local planners won't have to reinvent the wheel each year. If you think your group would like to host an FTM conference, or if you would like to be a facilitator or contribute any ideas for future conferences, contact the FTMCEP to find out more about what they can do to help you, or to be included in their resource and idea database. Write to FTMCEP, 1202 E. Pike #1070, Seattle, WA 98122 (email: FTMCONFER@AOL.com). FTM International applauds this coordinating effort.

Please note that FTM International does not "own" the FTM Conference; we were simply the original hosts. It was our hope from the start that others would see the possibilities, use their talents and pool their resources, using the confer-

ence as a vehicle to enrich and empower our community. We believe the FTM Conference belongs to the whole community. Get involved and make it happen!

This year's conference was not recorded, however, you can still order audio tapes of the first (1995) conference (\$100.00 for the complete set of 14 cassettes, add \$25.00 for international shipments; or contact FTM International for ordering information for single tapes, priced at \$10.00 each), or you can plan to attend next year's conference in the Boston area -- dates to be announced. For more information, write to FTM '97 Conference, The Officers Club, c/o IFGE, 123 Moody Street, Waltham, MA 02154 (email: FTM97@PlanetQ.com).



Speaker Police Officer Tony Barreto-Neto

James Green can be reached at:

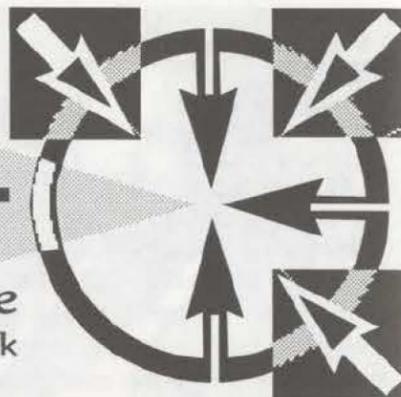
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MANY PATHS

The Varieties of Transsexual Experience

by Rachel Pollack



"A woman trapped in a man's body."

Who first said those words? Was it Harry Benjamin, trying to get his colleagues to understand that yes, such a thing as a "transsexual" existed, a person who really did not think or act homosexual, or dress up to satisfy a fetishistic obsession? Or was it some anonymous patient, trying to explain her overwhelming sense of herself as female--whatever the form of that "piece of meat" between her legs?

"A woman trapped in a man's body". Where do the words come from? Do we hear as much of men trapped in women's bodies? Would it mean the same thing? Or are the terms "men" and "women" not the mirror image we think they are, so that we cannot simply switch phrases and concepts from one side to the other? Consider for a moment that drag queens refer to themselves as "she" but few butch lesbians (is "drag king" a modern invention?) prefer "he." And while most transsexual women want nothing to do with anything labeled as male, many FTM's try hard to keep their connections with the lesbian world.

"A woman trapped in a man's body". If we grant that these words describe some people's feelings about themselves, just how many people is that? What percentage are they of those who show up in doctors' offices and support groups, seeking a "sex change?" And if the expression does sum up only a portion of those people taking hormones, cross living, and getting surgery--who are all the others? Are they "secondary" transsexuals? Confused cross-dressers? Confused homosexuals?

 What makes someone transsexual, the desire or the deed, and do we desire the deed only because we know about it?

We all know what homosexual means--or do we? Does it just indicate who you sleep with? Then why do we refer to certain people as visibly homosexual when they're walking in the street or sitting in a cafe, and not sleeping with anybody? Is homosexual a gender expression (to use Leslie Feinberg's term,) like cross-dressing--and transsexuality? And what of homosexual men who do not act feminine, or homosexual women who do? Are they not true homosexuals because they do not act the part, do not perform it, as Kate Bornstein might say? Should we call

them secondary homosexuals? Probably not to their faces.

Trans-sexual. Cross-sexed. For most people it involves, at some level, changing the body. but does the person need to actually do it, or just want to do it? What makes someone transsexual, the desire or the deed? And do they stop becoming transsexual once they have done it? Are they now "real" women and men? I have heard people argue that transsexuality exists only on the operating table. How amazing that a person can enter and leave an entire category of human identity while completely unconscious!

Do we desire the deed only because we know about it? Talk to older transsexual women, those who reached some level of self-awareness before December, 1952. They may tell you that they hated their bodies and their genitals, always wanted to be girls didn't imagine they could do anything about it, until that incredible moment when they read the newspaper or heard the talk, or saw the photograph. One I spoke to remembered the headline: "Ex-GI Turns Into Woman." And she remembers buying the paper and shaking so hard she had to brace herself against a lamppost (they had lamp posts in New York in 1952) before she could read it. For here was someone who had figured out what to do about it, and found the doctors who could follow her desires

Was Christine the first transsexual? What of the others who could not formulate the idea themselves? Did they become transsexual as soon as Christine had done it, and the act existed in the world. Only--the word did not exist until later. So what were they before Harry Benjamin published *The Transsexual Phenomenon*? Before they, and everyone else, could put a name on it.

What of those who cannot get surgery for any number of reasons? They may want their bodies changed, yearn for it, dream of it, but cannot do it, for lack of money, or good health, or the natural gifts (good looks and a talent for deceit) to slip past the gate-keepers. Do they not qualify as transsexual? Or does desire count for all? In that case, what of those who simply recoil at the thought of a knife?

And what of the men, the FTMs, who reject bottom surgery simply because the doctors cannot do a good enough job to make it worthwhile. Many men have said, in effect, that having gained, through other surgery and through hormones, the shape of a man, and man's place in the world, they account themselves satisfied and will keep

their genitals to themselves. Do we call them transsexual, or must we use another name? Trans-genderist? As far as I can recall I have not heard any FTM use this term for himself. The distinction between transsexual and transgenderist apparently belongs to the women.

And yet, actions alone do not define people. Sometimes our differences lie more in consciousness than in deed. Three people, all anatomically female, pass as male. One of them does so as a drag king, playing with the experience of gender roles. The second thinks of herself as a passing woman, using a socially male identity to get a better job or fight in the navy. The third thinks of himself as male and wants to live fully in that identity. Are they doing the same thing, but as different people



I have never heard an FTM use the word transgenderist to apply to himself. Apparently, the distinction between transsexual and transgenderist belongs to the women. Actions alone do not define us. Sometimes our differences lie more in consciousness than in deed.

The FTM acts from a place of inner conviction. "I know I'm a man and I want to change my body to express that." Part of the wonder of transsexuality lies in this purity, this belief that goes against all the evidence.

But does every transsexual experience such conviction? And do they all experience it in the same way? Here are three examples of transsexual women, none of whom grew up thinking of themselves as trapped in anybody's body. None of them hated her penis and wanted it gone at all costs. All of them enjoy their lives as women. Two were my friends, years ago when I lived in London. The third is myself.

Joanne. Joanne had lived for years as an effeminate gay man, enjoying the bar scene and life with her partner. As she got older, she began to find her life restricted. Her role in her world, the role she had created, depended on being young and pretty, and when she questioned that role she questioned her life as well. She went for counseling, and after some discussion the counselor said, "Have you ever thought of becoming a woman?" As far as I can remember (I have not spoken with her in over 20 years) she said no, she never had thought of that. But now she did. She thought about it, and played with it, and tried it out, and discovered she liked it very much. When I met her, she had been taking hormones and living as a woman, and was on her way to surgery, and felt comfortable and happy in her life. Her only sadness lay in the possibility that her partner might leave her, for after all, he was a gay man.

I can hear the protests now, from gays and even transsexuals. Joanne was not really transsexual, they will say, she was just suffering from gay oppression and sold out for a place in the straight world. But consider this: Joanne did not rush headlong into that straight world. She took the

time to enjoy the process, the changes in her body and her awareness. And she did not just become a woman. She became a transsexual woman. She joined the London community of transsexuals, learning their ways and enjoying their company. She began a career as a home electrologist. And she started an affair with another transsexual woman. Joanne told me once that she thought lesbianism was almost inevitable for any transsexual woman who would allow herself the possibility.

Della. I never asked Della for details of her history, but she made the shape of it clear from her comments and from articles she wrote. Della was a cross dresser, wearing women's clothes for sexual pleasure, enjoying the company of men and women. At a certain point she began to take hormones, primarily because the idea of breasts excited her. As her body became more feminine, she began to live as a woman, discovering that she enjoyed that life, with all its possibilities. Finally, she decided to have surgery. She told me that the night before her operation she lay in a hot bath and composed an ode to her penis, in honor of all the good times they had had together. I knew her after her surgery. She was in her 50's, elegant, smart, and clearly relishing her life. While still bisexual, she focused more on women. Once or twice she seduced curious young lesbians by offering to show them her operation.

I found, not the desire to be a woman, but a passionate belief, a sense that I already was one, and anything I might do in terms of clothes, or social roles, was just an expression of that knowledge



Rachel. I crossdressed from the age of around four. Cross-dressed and sometimes fantasized about being girl, or more precisely, being treated as a girl by others, especially my family. This was not a matter of roles. "Treated as a girl" did not mean playing with dolls. It meant special attention, and kindness, and love for who I really ... as. But I did not think of this often. In fact, I did my best not to think of it at all. I try hard to be a boy, to believe in myself as a boy. Everything, including my body, told me that that was who I was. And since I liked certain boy things, such as cowboys and Indians, and adventure stories, it was not too hard to ignore those other feelings. The crossdressing, and the overwhelming need to do it, frightened me. I tried to shut it away in some hidden corner of my mind.

Except it wouldn't stay forgotten. There was always a sexual charge to it, even when young, and this increased with puberty. If I had known all the categories I might have thought of myself as a heterosexual crossdresser. I fell in love and got married, and like so many others I did not tell my wife, partly because I didn't want to think about it myself, partly because I wanted to believe it would go away once I had a partner (since, after all, it was a solitary experience), but mostly because I had never told anyone, never

believed I could tell. Within three months I told her, unable to bear the pressure.

Over the next year we didn't talk about it much. I became depressed, tense. But something was happening with my partner as well. She was exploring radical feminism and wanting nothing to do with men. We were moving towards each other without realizing it

 **The gatekeepers seize the power of life and death by demanding that transsexuals satisfy their arbitrary standards.**

One weekend I took an LSD trip (this was the early 70's) and found myself tense the whole time, fearful that if I relaxed and allowed my emotions and fantasies to open up would discover I wanted to be a woman. And then, as I was coming back to a more stable frame of mind I decided I would let myself look after all. I found, instead of a desire, a passionate belief, a sense that I already was a woman, and anything I might do in terms of clothes, or social roles, was just an expression of that knowledge, rather than an excuse or justification.

Did I become transsexual from taking a drug? Not likely. Did I declare myself a woman to satisfy my partner's desire for a lesbian relationship? Some twenty-five years later I can safely say I was following a true path. (My partner and I stayed together for twenty-two years and finally parted for reasons having nothing to do with gender identity.)

Declaring myself a woman, dressing openly, playing with all the things I had forbidden myself, I discovered, like many others, that the intense sexual energy dissipated, or diffused, spreading throughout my life as a simple joy in being myself. I had no plans for surgery. I saw no need for it. I did, however, begin taking hormones within a few months after moving to London (where the doctors, happily, did not require a surgery path before dispensing any pills). I thrilled to the changes in my body and thrilled as well to living among women. The desire, finally, to have surgery did not come with the same sense of revelation as discovering myself female. Instead, it no longer seemed appropriate to have a penis. I never hated my genitals. Like Della, I had enjoyed sex, remaining active throughout my transition (in what I considered a lesbian manner of delighting in the whole body; intercourse as a man did not interest me). I did not feel compelled to have surgery. It just seemed time to move to that new stage of becoming myself.

Does all this mean that I did not take my transsexuality seriously? From the earliest days of my transition, when I had declared myself a woman and begun to follow that path, I could not bear the thought of doing anything--wearing masculine clothes, cutting my hair--that would disguise who I was and label myself as male. And once I had decided I wanted surgery, I wanted it immediately, and celebrated joyously when I received approval.

Three women. None of us fit the profile of the "true" transsexual. None of us grew up thinking of ourselves as transsexual, not if that means hating your body, wanting surgery at all costs, feeling trapped in the wrong body. And yet, all of us can trace our transsexuality to deep roots in our childhood.

Let me make something clear. I am not dismissing those who do grow up feeling trapped, who cut themselves because they cannot afford surgery, or would rather die than stay alive in a body they hate. I'm certainly not saying that they do not count. Instead, I'd like to see us get away from the whole idea of the true and proper transsexual.

What sense does it make to label some people as true transsexuals, and others as secondary, or confused, or imitation? Whom does such an attitude serve? I can think of no one but the gatekeepers, those who would seize the power of life and death by demanding that transsexuals satisfy an arbitrary standard. To accept such standards, to rank ourselves and others according to a hierarchy of true transsexuality, to try to recast our own histories to make sure they fit the approved model, can only tear us down, all of us, even the ones lucky enough to match that model.

My friend Joanne found the way open before her because she happened to fit many of the doctors' fantasies of a proper transsexual. That is, she was young, feminine, had never crossdressed for sexual gratification, and desired men. She could have glided through the system with ease. Instead, she chose to experience her life. When she spent time with transsexuals, she endangered her doctors' approval. They did not believe in transsexual identity. If they had found out she was sleeping with another woman they would have disqualified her, probably shaking their heads at the loss of such a promising prospect. She did it anyway, knowing that life is about exploration, not stereotypes.



Rachel Pollack

Rachel Pollack is the author (at last count) of 20 books, most recently the novel GODMOTHER NIGHT and the non-fiction book THE BODY OF THE GODDESS. Her various articles on trans-gender issues have focused on the connections between transsexuality, passion, and spirituality. She lives in a small town in upstate New York where she is working on a biographical novel about a famous transsexual actress.

The God of Whips

I saw the god of whips go down like thunder
and a cry fall across his long body of sorrow.
I saw the desecration of his beauty and the
powerful arms of his supreme sex weaken and
become fragile as petals and vanish into air.

Why should a slave of love have to rage
because the strength of the world was shoved
into a box of fire, when I would have remained with
a vocation of whispers in his room of dominion forever.

Sometimes these dreams of the infinities of love
are bigger than crashing stars and timeless matter,
and holes that swallow illusions of reconciliation.
I turn to all he beautiful eyes that are not his and
my body hungers for his sweet pain on my back.

-- Camille Moran

Away from Me

Touch my body into blossom
as we move among the dead
imagining the paintings without hands
and counting the rainfall of their numbers.
Touch me as we walk through worlds of lost visions
remembering the sweetness of their hard bodies
and the sad eyes that wandered away and moved
through the prophecy of the pain of their bodies
as if it was air or stone.
While we have mouths and bones in the light
and watch their ashes float into some other sky
touch my skin and we will honor the dead of our own.
They are dead with passion and you have become
all that I have ever loved in them.
Kiss my body on earth with the consolation of sex
for a communion of remembrance in their names.
I need you, and they have gone away from me.

---Camille Moran

Community News and Notes continued from Page 8
Showings of the movie You Don't Know Dick are planned as well as ongoing workshops for wives, partners, parents, family and friends as well as rap sessions. For more information call 617-899-2212. The conference website can be accessed at: <http://members.aol.com/tgpride97/tgpride/herosjourney.html>.

TRUE SPIRIT CONFERENCE A SUCCESS!
The True Spirit Conference, held at Laurel, Maryland on February 22-23, 1997 drew over three hundred people over two days. It was the first transgendered conference to be held in the Washington-Baltimore area and the third national conference of FTMs. The conference featured speeches, workshops, panels, informal caucuses, a dance with live music by transgendered musicians, readings by Cecilia Tan, editor of Genderflex and the cast of The Berdache, and an exhibit hall with vendors and educational exhibits. The conference's Native American theme addressed the Spirit within each of us which grants us visions of who we are.

Leslie Feinberg, author of Transgender Warriors and Stone Butch Blues, keynoted the conference in a speech rich with detailed analysis and passionate conviction. She/he urged his listeners to understand the deep connections between all oppressed peoples, and pointed out the synergy possible when such groups unite for joint action.

Gary Bowen, Conference Chair, said: "It was a tremendous outpouring of support, affection, and information. Everyone came away revitalized and prepared to take the next steps in community development and obtaining civil rights."

Organizers plan to hold the next annual True Spirit conference at the same hotel the third weekend in February.

OTHER UPCOMING CONFERENCES
Southern Comfort Conference, October 1-5 at the Atlanta Central Holiday Inn, 418 Armour Drive, Atlanta, Georgia 30324. 404/939-0244 or <http://members.aol.com/sccatl>.

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An Overview of European Mastectomy Techniques

by Armand Hotimsky (translated from the French by Joelle Yzquierdo)

There are many surgical techniques for breast removal but when one studies them closely, few are valuable. For successful surgery, one must take into account the size of the breast, the suppleness, thickness, elasticity and color of the skin, the fats, the size of the areola as well as that of the nipple itself. One must also consider your goals -- whether you wish to follow with a phalloplasty later or have it performed at the same time as chest surgery. One may, for instance, use the skin removed at the areola to cover the arm if both operations (mastectomy and phalloplasty) are performed simultaneously. It is up to you whether you wish to reach the pinnacle immediately -- a dangerous choice -- or if you are willing to wait to improve the work with later touch-ups and incur less risk. One should give this serious thought, because the result of the surgery will make it possible for you to walk around bare-chested or not. One must also understand that, depending on individual morphology, it may always be possible to detect that something was done (such as extensive scarring, a hollow due to the ablation of the mammary gland or other such physical evidence).

It is difficult for the surgeon to know in advance how much the skin will retract after the removal of the mammary gland. Thus it is preferable not to remove too much, otherwise a catastrophe may ensue.

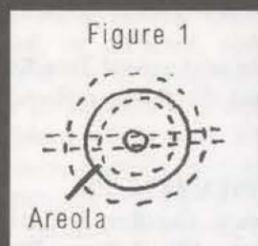


Figure 1 shows a stretching of the scars in a widening direction, leaving behind a deformed areola, cracked and covered with stretch marks, as well as bigger, white scars. Only a repigmentation of the skin may attenuate this result.

Surgeons are often at fault in these kinds of incidents, striving for a perfect operation in spite of the dangers incurred by the patients. One must therefore carefully choose a surgeon. Trust is most important. We must always prefer the surgeon who will explain precisely what he will do and indicate all possible risks. It is our life, our freedom, to go shirtless when the weather is warm or when we want to tan. We have the right to choose our surgeon and must choose carefully.

In the Round Block technique, necrosis can occur during the removal of the mammary gland and the reduction of the areola and its reimplantation, causing a loss of sensitivity of the areola. If successful, however, the result is impeccable.

The nipple itself may be deformed, and/or white scars will show upon the darker color of the areola. (The dotted lines indicate where the incision is cut first, then the areola).

To avoid a much too visible hollow due to the removal of the mammary gland and the fats at the pectorals, it may be necessary to undergo liposuction to flatten out the fat. If the skin is thin, it has more suppleness and elasticity, and thus is more likely to retract later. It will retract less if it is thick, thereby diminishing the hollows.

The technique which is the least risky, as the surgeon is cutting roughly outside the areola in a half circle. It may be performed along with liposuction, which is advisable for small and medium-sized breasts. A second operation after a minimum of one year may always be performed to remove unnecessary tissue.

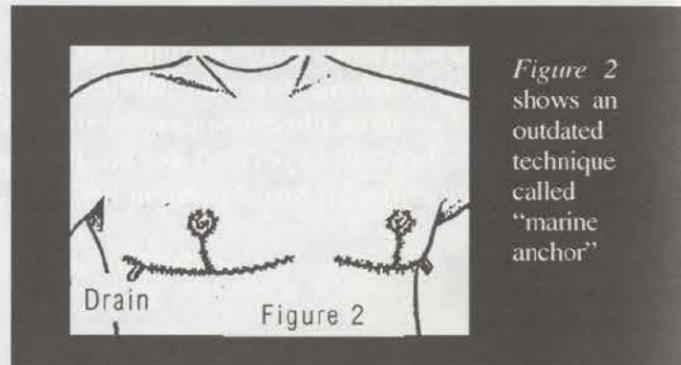


Figure 2 shows an outdated technique called "marine anchor"

In order for chest surgery to be perfect, the surgeon, after removal of the mammary gland, must bring the areola to a new position, which implies that it must be completely cut out in a circle, the risks of which are exposed above.

While some surgeons choose to leave the mammary gland partially in place in order to avoid a hollow and to shape the area into a "pectoral" style, a collapse or displacement of the gland can occur and cause problems. A satisfying outcome may only be obtained through frequent muscle-building sessions. But be careful not to jump on your free weights immediately. I would also not advise weight-training prior to surgery, as the hollow may become more visible with muscular development of the torso.

There are many other techniques. For instance, there is the removal of the nipple, suctioning out the mammary gland and sewing back on of the nipple. In this method the rate of nipple rejection is high. Also, for very small breasts, the possibility of suction from beneath the armpits exists -- but there may be problems with this too.

The duration of the hospitalization may vary according to the technique used. Four days is average. The operation time varies from 1 to 3 hours, depending on the chosen technique and the breast.

As far as bandages and showering,, each surgeon has a different opinion. Some advise their patients to take hot baths to facilitate reabsorption of the hematomas while others ask that you not shower.

The bruises disappear in a few days, going from yellow to green. They should be no cause for concern; it is common and benign in cosmetic surgery. The removal of stitches should not suffer delay, or they might leave traces of imprints. Some time must pass for the skin of the chest to be reabsorbed, taking into account the size of the mammary gland and the quality of the epidermis. Surgeons often neglect to provide or recommend scar balms. It is up to you if you wish to use them or not.

This is only a quick overview of various chest surgery techniques. It is my hope that others will further elaborate on this topic.

Your Letters continued from page 3

The food trays in the rooms used for the transsexual patients all had their mirrors removed. Whenever I would ask for one, they would claim there wasn't one to be had. I'd waited over 20 years, and paid thousand of dollars for this new vagina; I wanted to see it. Eventually I got a tray with a mirror. I perched my legs on the tray and looked at my surgical site. I was expecting the redness and swelling, but all the tissue from the front vaginal wall to the clitoris, was yellow. Dead.

I got scared. Every chance I got, I asked either my surgeon or the nurses to examine me. They would always tell me that I was healing better than most patients.

One day I was sitting in bed eating when a man appeared and told me that I was scheduled for surgery (I later found out it was to debride my dead labia). On the way to the operating room we passed my surgeon in the hallway, and the man told him that I didn't know about the scheduled surgery. The surgeon smiled at me and said, well, now she does.

I was placed on a table and this man tied my legs in the stirrups, but spread them too far apart. I kindly asked him to move them closer together, but all he said was that I hadn't complained during my first surgery (I was unconscious from anesthetic then). I tried to climb off the table but my feet were tied. He kept telling me to be still.

The surgeon was unable to operate with me moving around, so eventually they moved my legs closer together. I started relaxing and waited for the anesthetic. However, my surgeon just started cutting and suturing. living tissue. It hurt like the dickens and I started trying to climb off the table again. He said something like don't be such a baby, this isn't hurting, with a lot of hate in his voice. I realized that I wasn't going to be able to kick myself free, so I tried to steel myself to get it over with as quickly as possible. We ended up in a rhythm where my surgeon would cut, I would flop around, my surgeon would suture, I would flop, and so on. Afterwards, I had a large red bruise on my right groin. That area is still numb.

One day a nurse was catheterizing me and thought thought she saw pus. An RN came in, took a peek from halfway across the room, and said, that's normal for my surgeon's patients. My surgeon had me in the operating room, cutting away, with the infection right in his face, and he never said or did anything.,

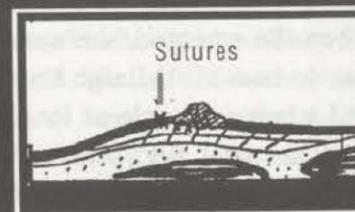
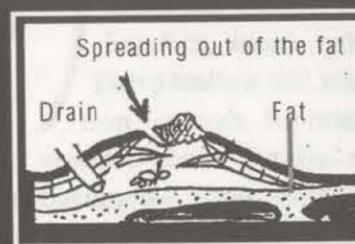
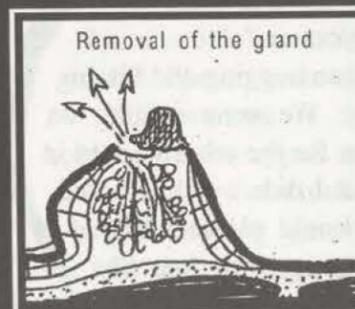
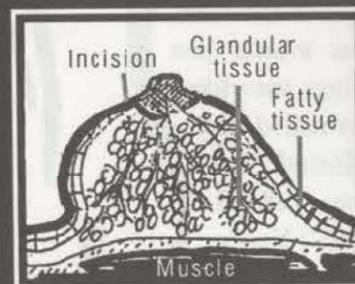
When he discharged me, he said I was doing fine. When I got home I had to urinate and urine came out from above my clitoris. I waited two hours until I could ask my mom if there was some over the counter medicine I could use (my surgeon had given me Neosporin). She took one look at me, said, that's staph and told me to get to the emergency room. It turns out that I did have a staph infection. The emergency room doctor said that if we had waited just three days, I would have died.

The past two years have been pure hell. I can't get out of the house, and quite frequently can't even sit up. My mind is foggy from pain medication, and as the scar tissue contracts and more adhesions develop, the future looks even bleaker.

This isn't everything that happened to me. However, I don't like to think about them much. May you go in peace, and may your experiences be better than mine.

Vicki [redacted]
Modesto, California

One Technique of a Belgian Surgeon



Surpassing the Love of "Genetics"

Her presentation at the conference was scheduled to begin. She arrived at the last minute, striding quickly up the aisle. Long black skirt, blue silk tank top, and no bra, (I couldn't help but notice.) When she saw me in the audience, she came and put her arm around me. To my surprise, she half-kissed, half-bit my ear. I felt suddenly off-balance. Was it her hug, or that kiss, I wondered?

She began to speak, and I listened intently. There was so much she knew, so much I could learn from her. How amazing it was to have found her, an openly transsexual woman in my profession. I kept thinking about her greeting -- was that just the way some lesbians were with their friends?

She was over 15 years post-op. Although I was passing easily, thanks to hormones and electrolysis, I had not yet gone full-time. We had met only two months earlier, after I had at last gotten up the courage to call and introduce myself. Though she was actually a few years younger than I, she was a generation older in woman-age. Still, we were both happy to have found a transsexual colleague, and there was a sense of sisterhood and mutual respect that transcended our differences.

After her lecture, she introduced me to another presenter at our conference and the three of us ate dinner together at the hotel. We talked of our work, and of our paths to womanhood, well into the night. Her friend was falling asleep; but the two of us were in the mood to go out dancing.

Back at her room, she pulled on a tank top and shorts. Then she took me in her arms, kissed my ear, and whispered, "You're cute-to-die-for, though I know you'll never believe it." She kind of likes me, I thought, and she's in a playful mood; we're going to have fun tonight.

I dressed to match her and we drove to a well-known lesbian club. We had to push our way through the crowd to get to the dance floor. I had never been to a women's bar with her before; would she dance with me part of the time, I asked? "Of course, silly," she answered, "that's the whole idea."

We were awkward at first, but soon she was holding me, her arms around my waist, pressing against me from behind as we moved to the music. Then she kissed me again, first tentatively, then deeply.

I began sobbing in my confusion, elation, and relief. She held me tightly. I was amazed at her strength. I asked her, in tears, if she would just keep holding me like that. She stroked my hair, comforted me: "Don't be afraid. You're safe. You're home. We're sisters. You'll never have to lie to me about who you are."

We began hugging and kissing passionately. We were putting on quite a show for the other women in the club, but I didn't care. I asked her if she would please take me home and sleep with me. She replied that she certainly intended to. I was floating on air as she took my hand and led me to the door. We walked to her car arm in arm.

As we leisurely made our way back to my hotel room, we paused many times to touch, to kiss. When we were alone at last, she waited while I used the bathroom; then it was her turn. When she emerged, she was naked.

She was so beautiful! Large breasts, slim waist, full hips, and a pubic triangle as lovely as any genetic's. I wanted to caress her; I wanted to *be* her. She beckoned to me from bed. I disrobed except for my panties, and slid into her arms.

We spent the next three hours kissing, holding,

fondling. She was gentle, yet energetic and playful. She was as big as I was, and apparently stronger. I was amazed and delighted to feel her power. For once I could use all my strength, and yet still she was in control. Soon I was trembling and moaning, ecstatic at my helplessness before her.

We paused many times that night to rest and talk. I told her the story: of my childhood, my years of yearning and indecision, my fear of stepping off the edge of the cliff into the free-fall of transition, and about my conviction that not to do so would be to lose my life. She understood all.

She wanted to fall asleep holding me, wrapped around me, our legs intertwined. Soon I began moving gently beneath her, and she roused. She took control, grinding against me hard and fast. When she was finished, she rested, satisfied. Her pleasure was also satisfaction enough for me. What a good femme you've become, I said to myself, smiling.

When the sun came up, we awakened, snuggled, talked. She had to leave early that morning. Impulsively, I dressed in her clothes. They fit perfectly, as I knew they would. We had discovered that night that we were twins: same height, same weight, same dress size, same shoe size. I lent her a favorite dress, asking her to wear it a lot, and not to wash it; I wanted it to smell like her. An hour later she was gone. I wore her clothes all day. The changer and the changed, I mused.

A few days later and a few hundred miles away, we were lying together in a cocoon of dark, varnished wood. She had rented a Catalina 34, and invited me sailing. It had been an act of trust on my part: I knew nothing of boats, and was more than a little anxious. Whether she could have single-handed it, I'm not sure; but under her instruction, I had learned enough to help. The image of her standing beside me at the helm, strong yet soft, the wind in her hair, would be indelible.

That night was subtly different. Her strength was undiminished, but something had changed. She told me of her own fears, her disappointments, her struggles with rejection, both by mainstream society, and even by many lesbian sisters. Earlier that day, she had given me one of her necklaces, hung with a double venus and a labrys. She said she no longer wanted to wear it, though she knew that I would like to. Now I understood.

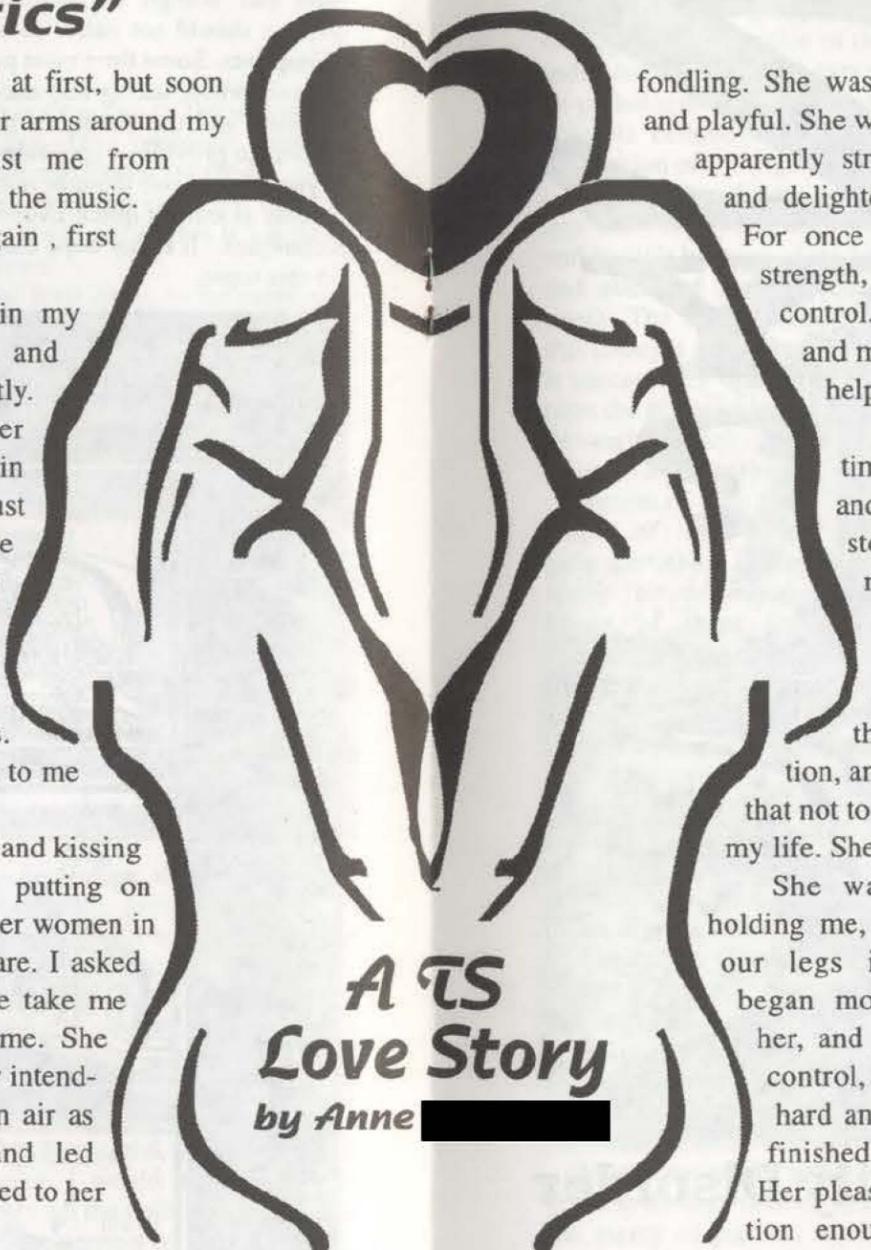
Both of us were awed by how alike we were! We turned to literature, poetry, and history. Intellectually we were peers, a rare event for us both. Could ever another woman understand me as she does, I wondered? Perhaps she was wondering the same. I thought of Lillian Faderman's book, and whispered, "Surpassing the Love of Genetics." Of course, she got it at once.

Again she was deeply passionate. I was as well, although months of estrogen treatment concealed most of the evidence. Perhaps to rouse me, she spoke of our future: "We don't have to sink to the lowest common denominator of drabness and conformity. We can wear dresses and make-up if we want to. You can be pretty for me, you know." I knew.

That night it had been her turn as we peeled the layers of the onion away. She confided her fear of unarmoring her naked self, only to be crushed. I held her and said: "A wise woman once said this to me, and now I offer it to you: Don't be afraid. You're safe. You're home. We're sisters. You'll never have to lie to me about who you are. And I love you."

"Who told you that?" she asked, in all innocence.

"You did," I replied gently; and we fell asleep in each other's arms. ♥



A TS Love Story by Anne [REDACTED]

are we all CRAZY?

Illustration by Daphne Scholinski



The Controversy over Gender Identity Disorder

An Overview by Nancy Nangeroni

The debate in the transgender community over whether or not Gender Identity Disorder (GID) should be de-pathologized has raged for some time. However, recent activity from within the larger queer community adds a new dimension to the debate, and even threatens to overwhelm those transgenders who favor continuation of GID as a bona fide psychiatric diagnosis. For the sake of furthering reasonable discourse, and in hopes of promoting a solution that disadvantages none of us, I will try to present clearly here some of the considerations, and one possible solution.

The most vocal supporters of continuing GID as a recognized pathological condition seem to be transsexuals who seek insurance payment for their SRS expense. Insurance companies generally require requests for any medical expense reimbursement to include the DSM-coded diagnosis for which treatment was provided. Those who reimburse for SRS specifically require this DSM-compliant diagnosis of GID. The removal of GID from the DSM threatens these transsexuals with loss of insurance repayment for their surgery expense. Those TS folk I've spoken with who advocate for continuation of GID believe that insurance coverage is the only way to cover the cost of their surgery.

I haven't heard another argument for the retention of GID. It may, I suppose, benefit the crossdresser who seeks to end his distress over the practice through psychiatric help. I'll ignore those who find ways to use it to their financial advantage, like service providers who try to "cure" people of gender nonconformance.

On the other side, some CDs, TSs and TGs would like to see GID eliminated as a mental illness, in order to further reduce the stigmatization of transgender folk. This is the logical continuation of the movement towards greater individual freedom of expression which has previously de-pathologized homosexuality and transvestism. Many activists believe that this is a necessary step towards acquisition of full rights and respect for transgender folk.

The ongoing debate on this issue has recently taken a new tack, as gay and lesbian activists joined the call for an end to GID because of its use as a basis for incarceration and abuse of gender-variant, "potentially homosexual" youth. The book *Gender Shock* [reviewed elsewhere in this issue] is probably the leading vehicle for this interest.

It successfully dramatizes the plight of gender-variant youth, providing a disturbing collection of case histories of boys and girls mistreated in the name of normalcy. Many of them are incarcerated in mental institutions and "treated" with what are clearly abusive regimens, ranging from gross psychological manipulation to routine application of drugs and electroshock -- often without supporting psychotherapy or counseling. Ms. Burke also relates interviews with contemporary practitioners of such "therapies" who continue to this day to prescribe abusive and ineffective treatment for transgenderism most often, apparently, in futile effort to ward off future homosexuality.

The call by *Gender Shock* for an end to GID diagnoses is compelling. To this transgender reader, the book is extremely disturbing, and highlights the needed reform of both our psychiatric services and our children's upbringing and very rights. It remains to be seen just how great will be the reach of this work, but it will surely advance the cause of those who argue for the abolition of GID.

Most transgender folk I've spoken with agree that the greatest damage is done to us when we are young, and at the mercy of parents, teachers, and peers. Without that abuse and repression, we would surely reach our middle years in much better shape than we do currently, and be much less in need of reparative services. Indeed, I suspect that the demand for SRS might decrease if genitals ceased to be a reason for social discrimination, but that is pure speculation on my part.

There is no doubt that the acceptance and even encouragement of young people's gender variation would yield much happier transgender (and non-TG) adults. An obvious component of that change in attitude is a change in the assignment of pathology in cases of gender transgression. Clearly, it is the parents whose own guilt and fear for their gender appropriateness causes them to ignore the hurt

they cause their children in blaming them for the pathology. It is their insecurity as parents and their mistaken beliefs which cause them to hurt their children in the name of "normalcy" and "good parenting". Likewise, it is the doctor's homo- and gender-phobia that makes them accomplices in the evil acts performed in the "child's best interests".

As more transgender people become visible, we are presented with more examples of those whose lives are not ruined by their transgenderism. We are accumulating evidence that transgenderism itself is not a problem. It is becoming increasingly clear that the problem is other people's treatment of transgender folk. In response to this clarity, we need to relocate the pathology from the gender-

We need to relocate the pathology from the gender-transgressive individual to the person upset by that transgression...

transgressive individual to the person upset by that transgression. To fail to do so would be to continue the insane practice of blaming the victim for failing to satisfy the bully's demands.

At the same time, what about the person young or old who will clearly benefit from surgical intervention, but who cannot by themselves muster the resources needed to accomplish the feat? Currently, surgery on intersexed young people to make them "more normal" is a mostly unquestioned insurance reimbursement. While this practice deserves, like GID "therapy", to be exposed for the butchery it most often is, it shows the willingness of insurers to pay for gender-corrective measures. Clearly, insurance companies are willing to pay for surgery which is beneficial to a person's welfare, even when the problem to be corrected is not life-threatening. At the same time, they draw the line at cosmetic surgery: No matter how ugly you are, they will not pay for a nose job or face lift performed for strictly cosmetic reasons. Here, then, we have found an inconsistency in policy. Because a nose job or face lift or liposuction or whatever can in some cases demonstrably improve the quality of one's life. This is the same goal as that of SRS and intersexual surgery. Why is intersexual surgery reimbursed when cosmetic surgery is not? Because it's been medically established as a bona fide need, while the need for a nose job has not. Part of that established need occurs because intersexuality is mysterious and involves unmentionables, while a nose job is as plain as what's between your eyes. The mystery and fear allow the doctors greater latitude in diagnosing a disorder and performing a procedure for which they will get paid.

SRS, on the other hand, got a bad name a few years back, thanks mostly to some doctors at Johns Hopkins. They conducted a study that showed that TSs were no happier after surgery than before. Of course, they were

continued on page 46

In recent years the myth has developed that a medical profession inimical to the best interests of transsexuals has inflicted us with a diagnosis of mental illness. "We are like a colonized people," states Susan Stryker in the pages of *Mother Jones*. "Transsexuality is a medicalized phenomenon," Kate Bornstein complains in her book, *Gender Outlaw*.

Recognition of transsexualism as a mental disorder, however, came about as a result of transsexuals lobbying the medical profession for recognition of our need for medical intervention -- hormone therapy and sex-reassignment surgery. We were included in the DSM in 1980 absent scientific evidence that our motivations had a physical basis. Establishing a psychiatric diagnosis for us was the best the medical profession had to offer at the time, and in offering this diagnosis the American Psychiatric Association took the enormous step of legitimizing the medical treatment addressing our claims to be women.

Inserting transsexualism into the DSM put the reputation of a prestigious medical establishment behind our demands to have our condition accepted as real. No longer were those treating us considered to be outside the mainstream of medical opinion. In recognizing transsexualism as a mental disorder with a prescribed course of treatment, the APA removed hormone therapy and SRS from the realm of the purely experimental -- and precluded the emphasis of electroshock and incarceration in mental institutions to which many of us had previously been subjected.

At the same time, recognition of transsexualism as a mental disorder imposed the stigma this culture accords those labeled mentally ill. Individuals may turn up their noses in disdain if they like, but to those of us persecuted as effeminate pariahs due to our inability to conform to society's expectations for males, the second-class citizenship of the disability was actually a step up in status. Prior to receiving the APA's imprimatur of mental illness, we were perceived by legal authorities to be perverts and criminals.

Individuals promoting the demedicalization of Gender Identity Disorder -- the DSM IV's term for transsexualism -- are promoting their own rehabilitation from the stigma of mental illness at the expense of those without the high-paying jobs which make possible the private acquisition of sex-reassignment surgery.

Consider Phyllis Frye's and Martine's Rothblatt's proposed Standards of Care. In addition to redefining

G.I.D. and the Greater Good

By
Margaret
O'Hartigan

*Arguing that some
must be sacrificed
for the greater good
raises the question:
"Whose?"*

transsexualism as "not in itself a medical illness or mental disorder", these champions of white, middle-class privilege proclaim: "Providers of health care (including surgical) services have a right to charge reasonable fees for their services: and "to be paid in advance."

Name an insurance company which pays for medical care prior to the provision of services. For that matter, name an insurance company which provides payment for anything not considered medically necessary. Then tell me how many transsexuals make so much money that they can pay for their healthcare out-of-pocket?

By reducing a medical condition such as transsexualism to merely "the expression of one's gender identity", Frye and Rothblatt seek to turn back the clock on decades of hard-won progress, in effect subscribing to the discredited tactic originally employed by insurance companies which labeled SRS as "cosmetic" surgery.

When insurance companies first sought to exclude medical treatment for transsexualism, they did so by labeling the procedures "experimental" or "cosmetic" in nature. Decades of perfecting surgical techniques combined to remove the appellation of "experimental". Recognition of transsexualism and gender identity disorder by the APA established our condition as legitimate and prescribed a generally recognized course of treatment

consisting of psychotherapy and, if appropriate, hormones and surgery. In pronouncing transsexualism as "not in itself a medical illness or mental disorder" people like Frye and Rothblatt arm the insurance companies with a weapon with which SRS will revert from medical treatment to "cosmetic" surgery.

By what logic do opponents of GID presume to redefine SRS as elective? In the Winter '94 issue of TNT, Susan Stryker supported the Health Law Project's effort "to persuade doctors that it's not necessary to or desirable to pathologize transsexuality." She espoused the notion that "we have access to health care based on our unique needs as transsexual people, and not because we have some illness requiring treatment. A good analogy would be to argue that biologically reproductive women need access to obstetric or abortion services because of their unique human needs, and not because they suffer from a pathological condition known as 'pregnancy'." Unfortunately for Stryker's argument, pregnancy does indeed lead to pathology for some women-- as a result of complications that threaten a woman's health and sometimes her life.

Current efforts to eliminate GID ignore recent research indicating the cause of transsexualism lies in the physical structure of the brain. Research by the Netherlands Institute for Brain Research published in *Nature* last fall contradicts claims by Frye and Rothblatt that transsexualism is "not in itself a medical illness or mental disorder". Are we to also be asked to entertain claims that club feet and cleft palates are stigmatizing and therefore treatment should be the responsibility of the individual due to the naturally occurring presence of these conditions?

The disparaging attitude towards those of us for whom changing sex is a life-or-death matter stems from the hubris which comes with privilege. Among the opponents of GID are professionals in numbers disproportionate to the general population, let alone the common transsexual experience of unemployment and poverty. Is it any wonder that those to whom flow the benefits of higher education and societal status -- to say nothing of enough to eat and decent housing -- object to being perceived by their peers as less than perfect?

The current accessibility of hormones and sex-reassignment surgery is the direct result of the efforts of those of us who fought long and hard over a period of decades to have our medical needs recognized and met. Those accomplishments -- won with no assistance from the critics of GID -- are in danger of being reversed -- and in some cases, have already been rolled back. Last year, for example, Minnesota prohibited public funding of sex-reassignment, reversing nearly two decades of public policy won by those with the courage and tenacity to stand and fight.

It is one thing to offer empty rhetoric proclaiming transsexuals' "right to express their gender identity through changes to their physical appearance" as Frye's proposed Standards of Care puts it, and another to build on experience and past accomplishment to challenge the barriers to our health care. Not one of the GID opponents has ever successfully sued or lobbied for our health care, a fact lost in the blizzard of press releases touting events which accomplished nothing more than "visibility".

In attacking the diagnosis of GID, Diana Scott of *The Transsexual Menace* has asked: "Who gets sacrificed...those fighting child custody and other legal battles or those who can get insurance and other coverage for their needs?" Talk of sacrificing ANY transsexuals should raise warning flags. We cannot afford to abandon the most vulnerable to spare the most privileged the embarrassment of being labeled mentally ill.

Ignorance, prejudice and class privilege motivate many of those clamoring for the elimination of Gender Identity Disorder. Their ignorance is evident in their lack of knowledge concerning the history of the transsexual struggle for medical recognition, evident as well in their failure to

comprehend the importance in having that recognition now and for the future. Their prejudice is towards the mentally ill and physically disabled, evident in their attempt to dissociate themselves from stigma by attacking not the stigmatization of pathology but the concept of pathology itself. Their class privilege is evident in their effort to remove sex-reassignment surgery from the reach of all but those with the ability to purchase it, as they seek to impose upon all of us their opinion that changing sex is a "choice".

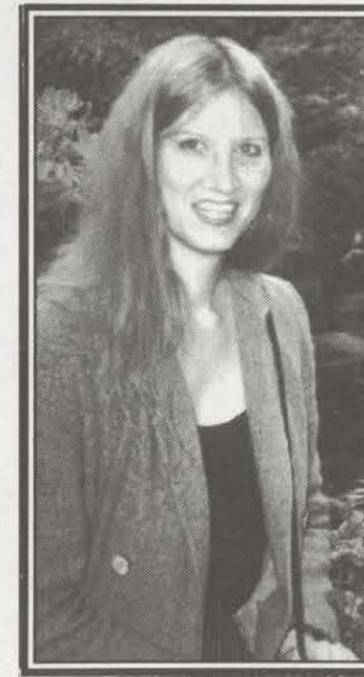
Critics of the existing medical diagnosis for transsexualism seem amazingly ignorant of transsexual history. Those of us made to jump through hoops of experimental surgery programs at universities in the '60s and '70s

didn't do so because we enjoyed being treated like rats running a maze, but because the alternative was to subject ourselves, with little or no oversight, to individual practitioners whose medical skills and motivations were, at best, questionable. Those who sued to obtain sex-reassignment didn't do so because we enjoyed having the best years of our lives devoured by lengthy litigation; they sued -- and won -- because their lives depended upon receiving health care deemed medically necessary.

Protecting the current medical model of transsexualism while we consolidate research indicating a physical basis for transsexualism does not preclude the privileged few from undergoing sex-reassignment surgery by choice at their own expense. Arguing that some must be sacrificed for the greater good raises the question: "Whose?"

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transsexuals should
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We cannot abandon the
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On June 22, 1996
Margaret O'Hartigan
received *Pride Northwest's* 1996 "Spirit of
Pride Award" for her
"tireless advocacy for
the trans community and
for trans consciousness-
raising within both the
less/bi/gay and general
straight cultures."



DAPHNE SCHOLINSKI

an artist with a message

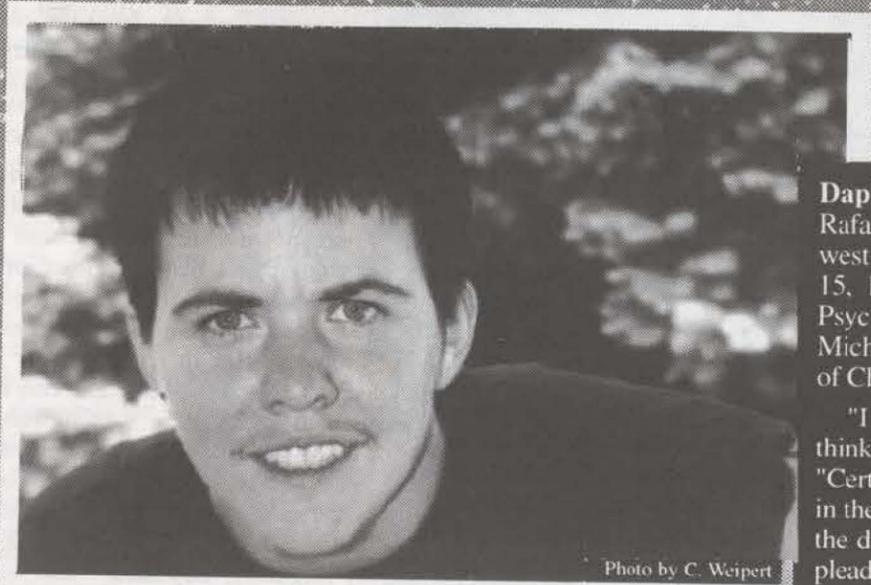


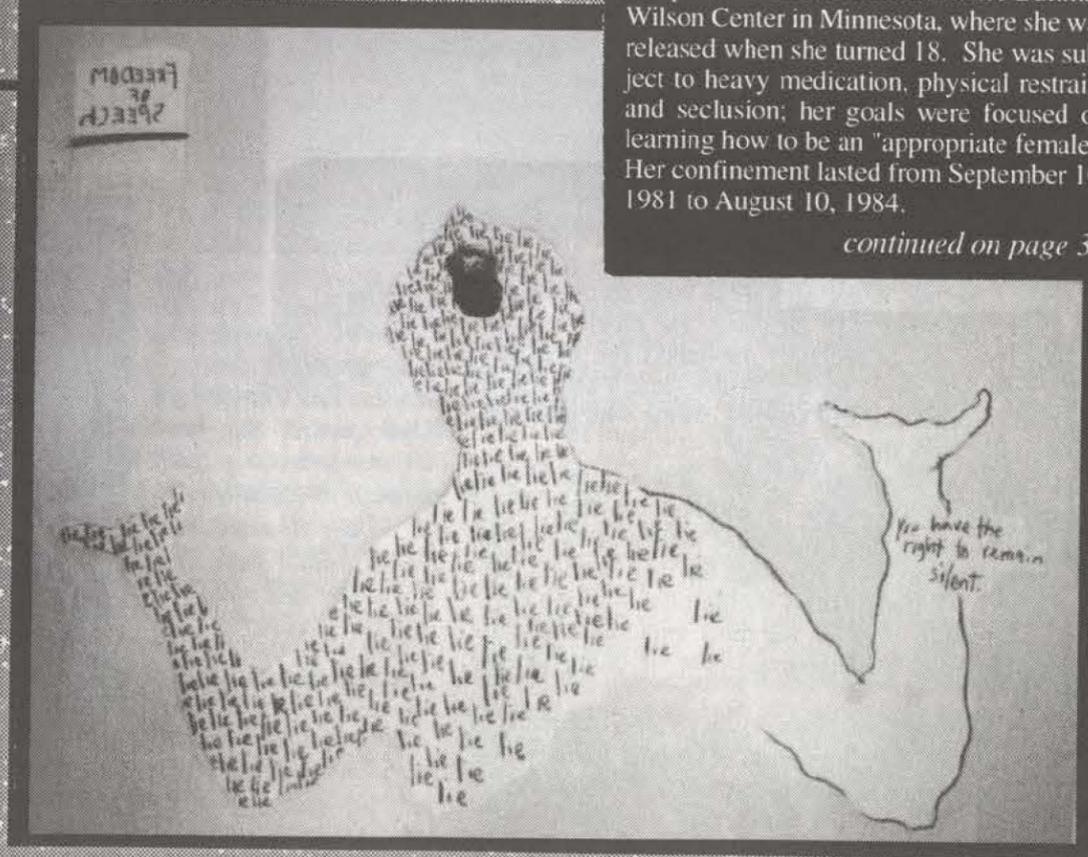
Photo by C. Weipert

Daphne Scholinski was born in San Rafael, California and moved to the mid-west when she was a year old. At the age of 15, her parents had her committed to the Psychiatric and Psychosomatic Institute of Michael Reese Hospital on the south side of Chicago.

"I thought we were only looking. I didn't think I was going to stay," Daphne recalls. "Certainly it wasn't my intention when I got in the car. I had a feeling at one point during the drive about what might be happening. I pleaded with my father to not take me there."

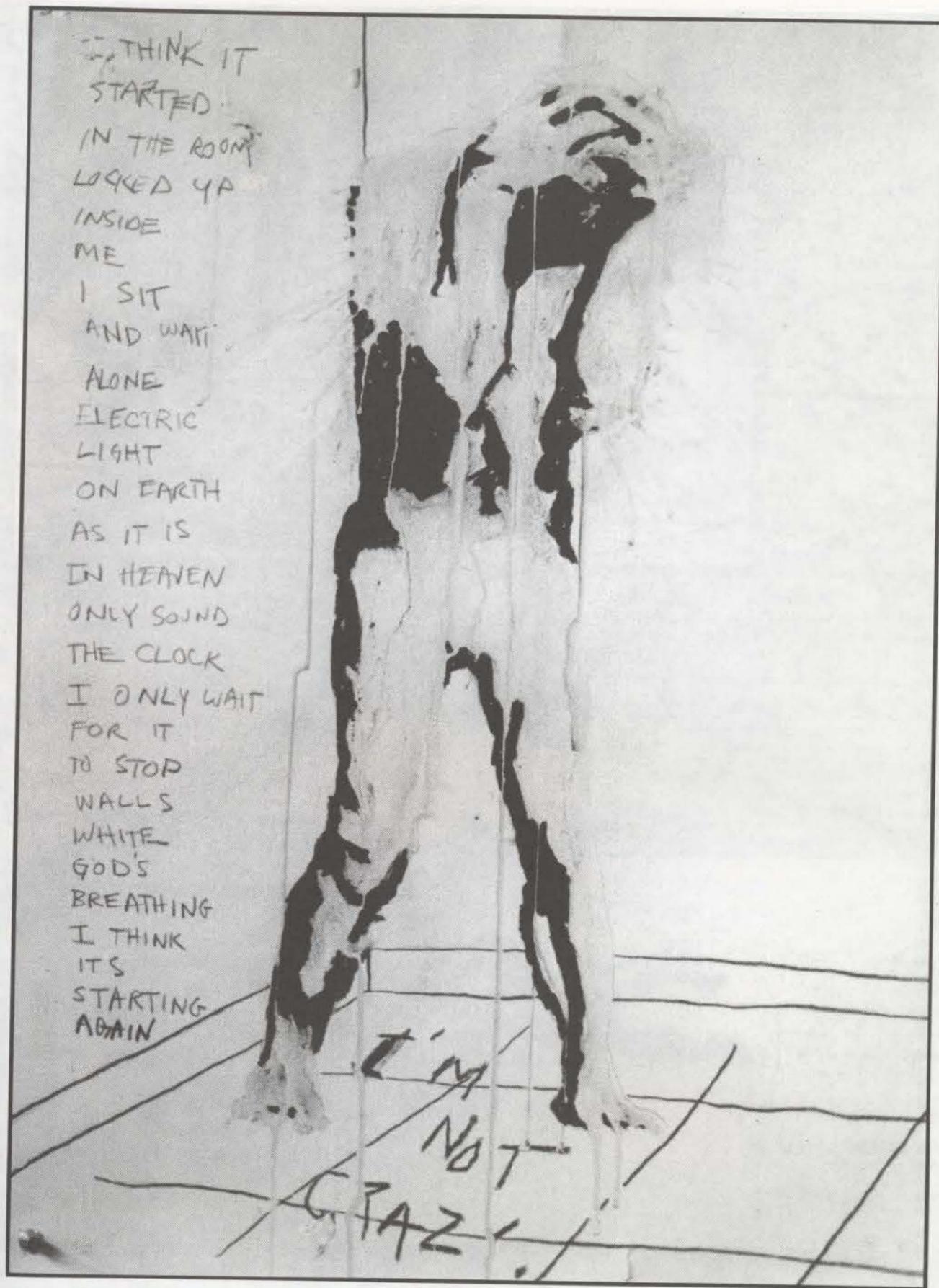
She was in Michael Reese for almost eight months, then was transferred to Forest Hospital and later to the Constance Bultman Wilson Center in Minnesota, where she was released when she turned 18. She was subject to heavy medication, physical restraint and seclusion; her goals were focused on learning how to be an "appropriate female". Her confinement lasted from September 10, 1981 to August 10, 1984.

continued on page 35



Above: Reaching Shadow
Below: Floor Figure Prone
Bottom Left: Remain Silent





Gender Identity Disorder and the Transgender Movement

A JOINT STATEMENT BY THE INTERNATIONAL CONFERENCE ON TRANSGENDER LAW AND EMPLOYMENT POLICY (ICTLEP), AND THE NATIONAL CENTER FOR LESBIAN RIGHTS (NCLR)

The existence of GID as a psychiatric diagnosis raises complicated and important issues. Unfortunately, much of the discussion around these issues has become polarized. In the past two years, both ICTLEP and NCLR have been criticized by some transsexual activists who believe that we advocate an immediate and wholesale elimination of GID without regard for the potential impact on access to hormones and surgeries, reimbursement and other issues. Given the importance of these issues, we want to correct this misconception and provide a joint statement on GID.

The diagnosis of GID in children explicitly targets lesbian, gay, and bisexual as well as transgendered youth. GID is used to identify so-called "pre-homosexual" and "pre-transsexual" children and young people for the purpose of preventing them from growing up to be gay or transgendered. The treatment for GID in children and youth is typically behavior modification or other therapies designed to eliminate cross-gender behavior and identification.

We recognize that GID has different implications for transsexual adults, for whom a diagnosis of GID is usually necessary to get hormones and surgeries or to get reimbursed for transition-related care. We also recognize that GID has been used to gain anti-discrimination protections for transgenders in some jurisdictions, under the aegis of laws prohibiting discrimination against people with psychiatric disabilities. Because we understand these realities, we do not advocate an immediate, blanket elimination of GID without an alternative means of ensuring continued access to and reimbursement for hormones and surgeries.

We strongly believe that transsexualism should become a medical rather than a psychiatric status. The existing system of access to and reimbursement for transition-related health care is grossly inadequate, because it vests psychiatrists with far too much power over access to hormones and all corrective surgeries, because that power is far too often abused, and because the vast majority of transsexuals are excluded from any hope of reimbursement for transition-related care. We believe that shifting transsexualism from a psychiatric to a medical status will help to alleviate these problems. We also recognize that achieving this goal will be difficult. In the meantime, we believe that it is not only appropriate but essential for transgendered people to demand more accountability from the psychiatric professionals who wield so much power over our lives.

We also believe that transgendered people need and

deserve explicit civil rights protections. For a number of reasons, we do not believe that the disability rights model is either the only or the most effective way to win civil rights protections for transgendered people. First, GID is explicitly excluded from the Americans with Disabilities Act and from the Federal Rehabilitation Act. GID is also excluded, either explicitly or through judicial interpretation, from most state disability laws.

Second, legal protections based on GID as a psychiatric disability have serious drawbacks, not the least of which is the perpetuation of the stereotype that transgendered people are inherently disturbed or unstable. Accepting the notion that we are mentally ill in order to gain some limited protections on the basis of disability will not protect transgendered parents who are denied custody or the right to adopt on the basis that they have a mental impairment which renders them unsuitable parents. Nor will it necessarily provide transgendered people with comprehensive protection against job discrimination. Even under the ADA, the extent to which employers must accommodate people with mental illnesses is highly contested and unclear.

Third, the disability model invests mental health professionals with tremendous authority to define appropriate treatment in any given case. In the context of prisons, for example, this drawback has already had devastating consequences. While some transsexual inmates have won legal cases holding that transsexuals have a right to treatment based on a diagnosis of GID, courts have consistently deferred to the professional judgment of prison doctors and held that psychotherapy, tranquilizers, and even "hormone replacement therapy" (i.e., testosterone therapy for male-to-female transsexual prisoners) are sufficient to satisfy this legal right.

Finally, the strongest argument against exclusive reliance on a disability model is the growing number of jurisdictions that prohibit discrimination against transgendered people without reference to GID. These include Minnesota, San Francisco and Santa Cruz, California, Seattle and Olympia Washington and Cedar Rapids, Iowa. At the international level, the European Court of Justice recently held that employment discrimination against transsexual people violates the fundamental human right to be free of discrimination based on sex. We believe that these victories are the beginning of a new era in transgendered civil rights, and solid evidence that we have the potential to move beyond the disability model to a more comprehensive civil rights agenda.

continued on page 44

TransSisters
The Journal of Transsexual Feminism
Issue # 5
Summer 1993

Fool's Parade
An Interview with **Kate Bornstein**
Plus: Reviews of **Book, Gen. Outlaw: On Women and**
Best of Us and Her New Play, Virtually
Also: A Rose Is a Rose: the Nomenclature of Sex and Op
Lesbian Separatist Identity Crisis • What Sex Are
Lesbians Who Date Transsexuals • Blossom of Bouben
Walks, She Talks, She Crawls on Her Belly Like a Rept
Grande Alliance • ICTLEP vs. HBIGDA • and more

TransSisters
The Journal of Transsexual Feminism
Issue # 9
Summer 1995

THE POWER AND THE PASSION
AN INTERVIEW WITH **RACHEL POLLACK**
Plus: Archetypal Transsexuals • The Suffering Behn Prentiss • Minnie Bruce Pratt's • Overcoming the Stigma of Disability • Meet the New Boss Same as the Old Boss • and more

TransSisters
The Journal of Transsexual Feminism
Issue # 2
Spring 1990

Interview with the Transsexual Vampire: Sandy Stone's Dark Gift
Michigan: Womyn at Womyn's stival

A TransSisters Retrospective

by Jessica Xavier

Early in my transition, I subscribed to a journal called *TransSisters* which was written by and for others like me. The first articles I remember reading were "The Importance of Being Outspoken", and "Transsexualism and Transcendence", both written by the editor, Davina, Anne Gabriel. These essays literally changed my way of thinking about myself. At the time, this was heady stuff for me. It was a hop on a witch's broom which flew in the faces of conventional MTF wisdom and traditional non-transsexual feminism as well. Each new issue opened doorways to a spiritual sisterhood. It was the elixir of the goddess. Wiccan Wine.

Transsexual feminism. Once an oxymoron, suddenly a reality fed by a chorus of great writers. Like other transsexual women, Davina had been scarred by her ostracism from her local women's community. Her own turning point came when reading Sandy Stone's magnificent essay "The Empire Strikes Back: A Post-Transsexual Manifesto". Davina envisioned a journal that would extend Sandy's ideas, offering us a means of redefining ourselves in our own voices.

TransSisters' mission became an exploration of the uncharted middle ground between two radically different perspectives of transsexualism. At one extreme sat the real Transsexual Empire, the male-dominated, modern medical world that psychoanalyzed us and then surgically transformed us. into Stepford Wives with dirty little secrets that forced us to feel perpetually paranoid, living life one step ahead of our shame. At the other extreme, with daggers for eyes, was a cultural feminist viewpoint that sought to cast us out of its midst with its mistaken, immoral mandate. These academicians and their disciples saw transsexualism as the

triumph of male arrogance, patriarchy's plot to subvert feminism, diluting and polluting the women's movement from within. *TransSisters* would bridge the extremes, creating new understanding of our selves and our place in feminism.

So when issue #1 appeared in the fall of 1993, transsexual feminists suddenly found something that crystallized our thoughts, focused our rage and gave us a voice. Rather than quietly acquiescing to the self-hatred implied by cultural feminists like Raymond and Daly, we could explore ways of resisting them. Rather than seeing ourselves as enemies of feminism, it became possible to be empowered by our own variety of it. By de-constructing and debunking the two external viewpoints of ourselves, pride, at long last, became a possibility.

While the crossdressers had *Tapestry* and the academicians had *Chrysalis*, transsexual women seized upon *TransSisters* as our own in our fight against assimilation into transgenderism. The TG word was spoken carefully here, if at all, for everywhere else it seemed to be trampling our transsexual identities into the earth. With the emergence of the transgender community, transsexual women were being dismissed as assimilationists, our sex reassignment surgeries recast as the ultimate pandering to the bipolar gender paradigm. In spite of its short life span and limited number of subscriptions, *TransSisters* became our chief resource in a war to stop the "Incredible Shrinking Transsexual Identity" from disappearing.

TransSisters hosted many controversies, some of which became quite personalized and nasty. Some writers seemed to take delight in trashing each other. Certainly every trans-

sexual woman feels strongly about her identity, since each of us pays such a heavy price for it. Some of us were fortunate enough (or unfortunate, depending on the length of your "enemies" list) to write about it in *TransSisters*.

Perhaps the trashing was a necessary phase in our growth as a community. More often than not, the truth behind a contentious issue would eventually emerge, eliciting some hurrahs and a few dismays. I expect this journal to age very well, in part because it will likely serve as a reminder of the importance of humility. At some point far in the future, any one of us may pick up a well-thumbed copy, read it, and laugh at how seriously we all managed to take ourselves.

The covers of *TransSisters* featured Leslie, Kate, Rachel, Sandy, NWC and the Michigan Womyn's Music Festival protests. Indeed, with its in-depth coverage, *TransSisters* came to embody a certain MTF obsession with access to women-only space and particularly with Michigan's infamous womyn-born-womyn only policy. Issue #5 is a classic remembrance of 1994's Camp Trans, perhaps the single greatest collective action ever taken by a group of transsexual/transgendered activists, from the raising of the first tent, to the triumphant march across The Land.

Davina set high standards for her writers. And what writers they were! Christine Beatty, Candice Brown, Cheryl Chase, Rene Chiquapin, Adrienne Davis, Dallas Denny, Leslie Feinberg, Jamison Green, Kristine Holt, Merissa Sherrill Lynn, Denise Norris, Anne Ogborn, Margaret O'Hartigan, Rachel Pollack, Lisa Rose, Mustang Sally, Lynn Walker, Janis Walworth, Riki Anne Wilchins. Please forgive me if I've overlooked you.

Rather than seeing ourselves as enemies of feminism, it became possible to be empowered by our own variety of it.

In March 1995 Davina decided to cease publication of *TransSisters*. In a letter to her subscribers she stated that, beyond her concerns for her health, she had become "increasingly disillusioned with the course of the transgender movement" and that she believed "the overwhelming majority of the transsexual community is simply not interested in feminism or feminist values."

Although I cannot share Davina's pessimism, I do understand it. We transsexuals are very individualistic persons with complex and wildly diverse conceptualizations of our selves. We are a people for whom agreement is rare and contention ubiquitous. We are a young movement, however, growing in numbers and awareness, and it is simply too early for me to abandon my hopes for transsexual feminism.

Beyond the temerity of our convictions in our own identities, nothing in our lives is surety. Yet, we somehow managed to treat *TransSisters* as a given, when in truth, from the first issue to the last, it was a gift from the goddess. ■



Jessica Xavier is an openly bisexual, transsexual woman, activist and singer/songwriter. She is a director of *It's Time, America!*, the first nationally-organized grass roots political action group for transgendered persons, and spokesperson for *It's Time, Maryland!*, the lead group for the first gender identity specific employment anti discrimination bill introduced at a state level. She also is the founder of *Transgender Nation - Washington..*

An Artist .., continued from page 30

"Conveniently, on my 18th birthday the insurance money ran out. At that time the doctors considered every other diagnosis I had been given to be in remission except for Gender Identity Disorder. Multiple diagnoses are standard -- it makes it easier to bill for insurance payments. Gender Identity Disorder was the only thing I was consistently diagnosed with throughout the entire time."

After her release she began attending Triton Community College but left school after eight months and moved to Minnesota. She graduated from St. Cloud State University in Minnesota in 1990 with a B.F.A. in drawing and printmaking. She later obtained a Masters of Fine Arts degree in painting from the Pratt Institute in 1992. A year later she moved to San Francisco.

"Throughout this entire process of going through school and trying to find my place in life, I tried to tell people what happened in the hospitals. But no one was really interested in what had happened or how it happened. I think one of the reasons I was pulled to San Francisco was because this is such a transient city, some part of me knew I would find acceptance here. When I told people here what had happened to me, it was like, 'Wow, what did they do?' People finally wanted to know more about it."

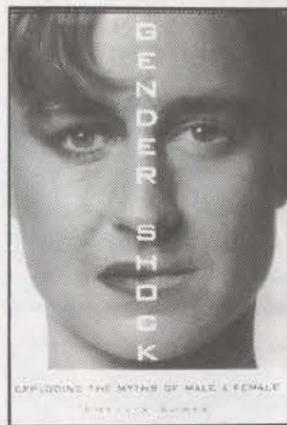
"Some people don't believe this kind of thing happens any more, but it does. It's hard for people to speak out about it because of the stigma of being an ex-mental patient."

"At my exhibits, people often tell me that they're so glad I'm out here expressing myself, because the same thing happened to them, or their sister, brother, or friend.... Many people don't make it on the outside after being institutionalized and commit suicide."

"I have been very busy lately writing my autobiography. Now that I have finished it, I hope to spend more time in my studio. Painting continues to be my lifeline. In addition, I hope to continue to speak out and educate about psychiatric abuse of LGBTQ youth. I will not be free until we are all free to be free."

Daphne Scholinski's autobiography, *The Last Time I Wore A Dress*, is being published by Riverhead Books and should be available October 1997.

Book Reviews



Gender Shock: Exploding the Myths of Male and Female

by Phyllis Burke
New York: Anchor
Books/Doubleday, 1996
\$23.95. 303 pages.

Reviewed by C. Jacob Hale

To Heck with Iron John

What a disappointment! From on-line reports about *Gender Shock*, I expected a scathing critique of child abuse enabled by the Gender Identity Disorder (GID) diagnosis in the American Psychiatric Association's Diagnostic and Statistical Manual (DSM). Instead, this book is a poorly organized exhortation to androgyny, justified primarily on the humanistic grounds that relaxing about traditional gender role behaviors would help all humans tap our true potentials.

Journalist and novelist Phyllis Burke, to her credit, stakes out her personal investments in this project. As a lesbian raising a boychild with her partner, Burke found herself needing to work her way past repeated charges that she was doing a disservice to her son's masculine gender development by raising him without a father. She accepted these accusations on their own terms and tried to answer them on their own terms until an audience discussion at a lecture she gave at a Unitarian gathering provided her with a "reality check". When an elder of the congregation cited Robert Bly's writings on Iron John and the deep masculine, Burke tried to reassure him -- and herself -- that she would provide her son with men as the need arose. Another member, a woman in her sixties, took both Burke and the elder to task. Of Burke, she asked: "What kind of mother can you be, if you think because you are a woman that you are incapable of raising your own child?" while to the elder, she retorted: "The heck with Iron John" (xvii).

This refusal of terms and underlying assumptions, which Burke characterizes as "a powerful experience of gender shock," motivated her "to look at everything about gender" to better understand herself in relation to her son. *Gender Shock* would have been more satisfying -- and shocking -- had Burke consistently applied the technique that the Unitarian woman taught her: that of refusing to accept criticisms on their own terms and shifting terms and underlying assumptions, rather than answering criticisms as they are framed.

The debate about whether to push for removal of GID from the DSM is, arguably, the hottest single most contro-

versial political issue among transsexuals today, so I'll focus on the section of *Gender Shock* which addresses GID.

The chapter entitled "Behavior," totaling over half of *Gender Shock*, is taken up almost entirely with a journalistic account of social science research about childhood gender variance and gender identity formation in children that is framed by stories of children treated under gender variance diagnoses. These stories are both horrifying and absurd. It is horrible reading about children subjected to involuntary hospitalization, electro-shock therapy, and less severe but still appalling behavior modification intended to forestall risks of homosexual, transvestite, or transsexual developments. Some of the psychiatrists' views and the government-funded studies she reveals are downright absurd. Who, can take seriously Richard Green's (1995) quip, "Barbies at 5. Sleeps with men at 25" (p. 59), or George Rekers' (1978) study, funded by the U.S. Public

The debate about whether to push for removal of GID from the DSM is, arguably, the hottest single most controversial political issue among transsexuals today

Health Service and NIMH, of gender-differential book- and backpack-carry behaviors (p. 29-30)? I was troubled to learn that research such as that carried on by Rekers, Richard Green and others at the UCLA Feminine Boy Project in the 1970s (p. 32-50) is not a relic of the past. Such treatment, according to Green, continues at St. George's Hospital in London, under the direction of Domenico Decegile, and at other sites throughout Europe (p. 120). It also takes place at the Clarke Institute of Psychiatry in Toronto and Susan Coates' clinic in New York City, which Burke reports are the two largest centers in North America where children are subjected to such experiments (p. 160). Equally disturbing is the role played by the Clarke Institute's researchers in revising GID for DSM-IV: the subcommittee on this section was chaired by Susan Bradley, who founded (along with Kenneth Zucker) the Clarke Institute's center for treating gender identity problems in children and adolescents. Zucker and Ray Blanchard (also of Clarke) were also members of this subcommittee (p. 266).

Transsexuals who favor retaining the GID in the DSM-IV should have little quarrel with Burke over this issue. She clearly states her goal is "to see the removal of the diagnosis of Gender Identity Disorder in children from the world's psychiatric manuals" (p. xxiv; italics mine). Nowhere does

Book Reviews continued

she even hint that the GID should be removed entirely from the DSM-IV. Rather, her construction of the issue is entirely felicitous to transsexuals who believe that removing the GID from the DSM-IV would hinder adult transsexuals' ability to access medically regulated technologies for sexed re-embodiment or obtain insurance coverage for using such technologies. Burke writes: "The fusing of these [childhood, adolescence, and adulthood] diagnoses has...unfairly pitted those who wish to prevent the involuntary gender treatment of children and youth against adult transsexuals who must have this diagnosis before they can receive treatment" (p. 64). As the preceding sentence indicates, those of us who favor removing GID (as it applies to adults) from the DSM-IV are the ones who have a bone to pick with Burke here. She constructs transsexuals as monolithic, united by common need to keep this psychiatric diagnosis and overlooks the fact that transsexuals are deeply divided on this issue. Burke ignores attempts, such as Dallas Denny's, to find ways to justify treatment without psychiatric diagnosis. Denny proposes that pregnancy already provides "a model for medical benefits without sickness." (*1) I would suggest, further, that pregnancy is also a model for medical benefits without regard to the degree of human freedom involved in the condition's genesis: no one suggests that elective pregnancies, because elective, should not be treated or covered. While this chapter has some fruit ripe for activists' plucking, most of its crop is still green. Since the stories Burke recounts are truly horrific, and since I am not only sensitive to issues of child abuse but also quick to anger in face of gender norm enforcement, this chapter should not have had me yawning, flipping pages to see how far I still had to read, hunting for just the perfect radio station, playing with my cat, or making grocery lists. Burke rambles, on and on and on, not quite keeping her focus, never quite getting to the heart of those problems she raises.

Some of Burke's descriptions of experimental subjects' behavior seemed artificial and dubious to me. For example, she is incredulous that therapists at Lister Center's Camberwell Child Guidance Unit in London could have taken a five-year-old boy draping tea towels over his head as cross-dressing (p. 109-110). Many young children use towels, sheets, and blankets as "let's pretend" or "make believe" long hair, head-dresses, robes, and gowns, so this provides outlet for some young boys' desires cross-dress. Burke also accepts at face value the retrospective statement of seven-year-old Kraig that he, when he began treatment at UCLA at age 4, wanted to be a girl so he would not have to go to Vietnam and be killed (p. 35) -- despite recognizing the effects of "hindsight bias" (p. 217) and the pervasiveness of gender-shame in teenage Kraig's life (p. 43) -- and immediately concludes that "this was not a prehomosexual or a pretranssexual desire being expressed" (p. 35). Two pages later, Burke claims that there is nothing in Kraig's record to support the claim that he "wanted to cut off his penis, or that his feelings about being a boy, or a girl, had anything what-

soever to do with his body" (p. 37). She resuscitates Kraig's "strong self-preservation instinct which told him he did not want to die in war" (p. 37) to ward off possible interpretation of Kraig's behavior that points toward a transsexual future. Such strained interpretations, along with occasional citations of inauthoritative sources -- the *Los Angeles Times* is the source for Burke's statement that 10% of adult men worldwide crossdress, and that 90% of those are heterosexual (p. 151) -- strongly incline me to suspend judgment

Burke's vision of gender independence: Women still look like women (no jockstraps) and men still look like men (no dresses), but girls and boys can both grow up to be great chess players.

about her interpretations of scientific studies. Burke, however, provides an extensive bibliography, particularly of experimental work on gender-variant children, which could be quite helpful to other writers.

Would that Burke had remembered the 60-year-old Unitarian woman who gave her her first experience of gender shock! Burke openly expresses anger at scientists' homophobia, but she never remarks on their transphobia and never echoes "to heck with Iron John!" In addition to stretching my incredulity by insisting on behavioral interpretations to counter researchers' claims that their subjects were prehomosexual or pretranssexual, Burke never once asks, "What would be so wrong with letting kids grow up gay or transsexual?" In response to Richard Green's "Barbies at 5. Sleeps with men at 25" quip, Burke remarks on the "extraordinary, absurd leap" in Green's logic (p. 59). While I agree that this is a leap of logic, leaving it at that reinforces the gay abjection of the effeminate boy (to borrow Eve Kosofsky Sedgwick's phrasing)(*2) and, further, perpetuates the notion that it's bad to let your kids grow up gay or trans. A better response would have been: "So what if my boychild sleeps with men as a 25-year-old gay man or as a 25-year-old transsexual woman? So what?"

The anti-transsexual bias in this book bristles right below the surface, only infrequently rising into plain sight, such as in the following quote from Sally Hunt and Burke's comment on it: "Transsexualism recognizes two rather distinct genders. Transvestism does not. The point is well taken." (p. 158). Despite this suggestion, echoed elsewhere

Book Reviews continued

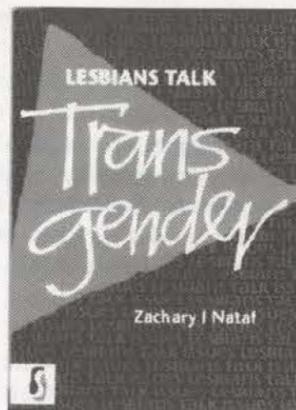
in *Gender Shock*, that we should abandon a two-gender system, Burke backs off from both this idea and any hard analysis of what it would mean to end gender oppression. Burke foregrounds gender roles as blocking access to our true identities and potentials, rather than gender as a system of oppression, and further re-naturalizes traditional gender norms with the comforting assurance that "[g]ender independence does not mean that women will be wearing jockstraps, that men will be wearing dresses, or that everyone will be in trousers" (p. 184). Rather, if we would only relax about the gender appropriateness of our own behaviors, we would be free to develop a wider range of strategies for dealing with diverse situations, be freer of depression, live longer, have fewer eating disorders (p. 234-237), spend less money on penile implants (p. 238), commit suicide less often (p. 239), have greater cognitive complexity (p. 240), have better long-term heterosexual relationships (p. 244), and be more creative (p. 247-249).

Burke never once asks, "What would be so wrong with letting kids grow up gay or transsexual?"

This is Burke's vision of gender independence, as I read her: Women would still look like women (no jockstraps) and men would still look like men (no dresses), but girls and boys could both grow up to be great chess players. Burke's humanistic vision of androgynous heaven on earth is, to my mind, no valuable antique or sacred relic to be recuperated after a thirty year snooze. During those thirty years, many of us came to examine structures of gender oppression and invent strategies to combat those oppressive structures. Any adequate account of how gender works, any vision of how to overcome its oppressions, must take into account feminist, queer, and trans critiques of gender--and it must be willing to say, "To heck with Iron John!"

* 1. Dallas Denny quoted in Susan Stryker, "Delusions of Gender" *Out* (October 1996), p. 34.

* 2. Eve Kosofsky Sedgwick, "How to Bring Your Kids Up Gay." In Michael Warner, ed., *Fear of a Queer Planet: Queer Politics and Social Theory*. Minneapolis: University of Minnesota Press, 1993, pp. 69-81



Lesbians Talk Transgender

by Zachary I. Nataf.
London: Scarlet Press,
1996, 64 pp., \$8.95.
From Inco, Logis
Publishers Consortium,
1436 West Randolph St.,
Chicago IL 60607

Reviewed by C. Jacob Hale

Lesbians Talk Transgender, the sixth volume in Scarlet Press' "Lesbians Talk Issues" series, presents a brief overview of controversies surrounding relationships between the lesbian and transgender communities. At first glance, this book looked to be a collection of sound-bites: it has only 50 pages of narrative text and contains quotations from 23 lesbian and transgender theorists, writers, artists, and activists illustrating, expanding, and at times contesting Zachary I. Nataf's interwoven text. Among those quoted are Kate Bornstein, Leslie Feinberg, Della Grace, Judith Halberstam, David Harrison, Spike Pittsberg, Cherry Smyth, Stephen Whittle, and Riki Anne Wilchins. The sophistication and marvelous variety of the quotes, however, along with Nataf's skill in connecting them and providing an adept exposition of his own views, makes this book an incisive "must-read" for anyone interested in the boundaries (and thus the cores) of lesbian, masculine female, female-to-male transsexual, male-to-female transsexual, and other genderqueer subjectivities and communities

Boundary-marking has been crucial to the making of lesbian identities and communities, and marking those boundaries that transsexuals appear to threaten has been one integral part of this process: witness, for instance, the fights over the road separating Camp Trans from the entrance to the Michigan Womyn's Music Festival or more local skirmishes about who counts as a (lesbian) woman and is eligible to attend leatherdyke play parties or participate in lesbian potluck clubs, reading groups, and sports clubs.

Nataf, who lived for 20 years as a butch lesbian and is now emerging into the transgender community while retaining "ties with the lesbian community which had proved to be a fertile ground for subverting patriarchal gender norms" (p. 6), provides a short synopsis of transgender terminology, classification and boundaries (p. 9-16). Like any attempt to provide a taxonomy of transgender, Nataf's will be unsatisfying to some whom it classifies. For a landscape sketch aimed primarily at a (mostly non-transsexual) lesbian audience, however, Nataf does an admirable job, giving some useful historical and cross-cultural information as well as pointing out some of the contemporary

Book Reviews continued

variations of transgender experiences and self-identifications in Europe and the United States that exceed familiar psychotherapeutic, medical, and legal definitions. The lack of adequate references will be frustrating, though, for readers who wish to follow up on some of the statistics Nataf offers.

There are considerable overlap -- actual, potential, and contested -- between lesbian and transgender communities. For example, many male-to-female transsexuals identify and live as lesbians, many non-transsexual, masculine females attracted to other females identify as transgendered, and many female-to-male transsexuals have lesbian histories and treasure our continued connections and identifications with lesbian communities and political activism. We have relationships to these structures distinctly different from those had by non-transsexual men. Further, transgender communities share some issues and strategies with lesbian communities, such as empowerment through self-definition, community-formation, and political activism. Nataf writes of the personal significance of seeing a sign reading, "I am not a transsexual, I am transsexual;" this experience enabled him to undergo "a subtle shift from feeling like a freakish object to recognizing transsexuality as a human phenomenon and identity, followed by the realisation that being gender atypical and part of a small marginalised community does not mean transgendered people should be denied their humanity" (p. 16). While this change from nominal to adjectival grammatical form may not carry the same weight for some transgendered people that it did for Nataf, it illustrates well the points with which Nataf ends his first chapter: self-naming and self-definition undertaken in conversation with others can prove freeing for those who must distort themselves badly if they are to fit themselves into already existing transsexual and transgender molds, and for some of us the psychotherapeutic, medical, and legal constructs of The Transsexual constitute "yet another narrow and oppressive category" (p. 16).

"New genders and pansexualities" (p. 17-34) successfully debunks many stereotypes of The Transsexual; allowing diverse transgendered voices to speak accomplishes this. One especially interesting point that emerges is that the sexualities named in the litany "lesbian, gay, bisexual, and heterosexual . . . are just the tip of the iceberg and are inadequate to describe the subjective experience of most people" (p. 32). This is particularly true for transgendered people whose genders often defy simple classification, and whose erotic desires and practices are often badly distorted by squishing them into a categorizing scheme that gives primary weight to the genders, understood in simplistic man/woman terms, of those they desire. Furthermore, current sexual orientation categories and terms always assume a non-transgendered paradigm -- non-transgendered people's subjectivities and embodiments are always the reference points for these categories. For those of us for whom trans, genderqueer, third gender, or any cate-

gory other than simply *man* or *woman* forms a large part of our self-identifications, to fit ourselves into those categories is to capitulate to non-transgendered power. In this chapter, Nataf does a praiseworthy job of beginning the work of unpacking the subtleties of sexualities that exceed or resist categorization as lesbian, gay, bisexual, or heterosexual.

A sign reading, "I am not a transsexual, I am transsexual;" caused Nataf to recognize transsexuality as a human identity.

Relationships, especially those fraught with anxiety, between lesbian and transgendered peoples' communities are the focus of "Lesbians and transgender since the transsexual empire" (p. 35-53). Some of the factors underlying such anxieties that come to the fore are the threat posed to lesbian-feminist purity/authenticity discourses by the apparent ease with which sexed embodiments can be altered, lesbian fears about loss of shared identity, sensibilities, values, political purpose, and safety as community edges fray, the consequences for the lesbian identity of a transsexual's partner, the impact of female-to-male transsexuality on butch identity (p. 36), and mutual accusations of anti-feminist biodeterminism (p. 44).

I found the resolution of the issues *Lesbians Talk Transgender* raises provocative but unsatisfying. The final chapter, "The future: the postmodern lesbian body and transgender trouble", comes down unequivocally in favor of deconstruction and proliferation of genders, sexes, and sexualities. Nataf's concluding sentence reads: "The ongoing contestation and deconstruction of the monolithic gender system and the politicisation of the third gender category means that there will no longer be transsexuals and that lesbians as we know them will also cease to exist" (p. 59).

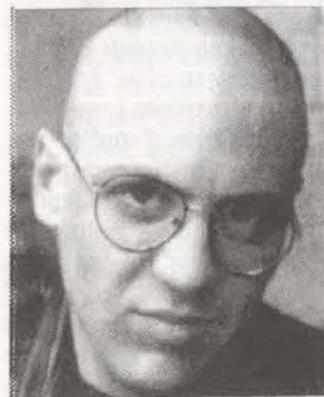
While I am personally compelled to explore post-transsexual genderqueer self-identifications, I am disturbed that this chapter contains no dissenting voices. No one speaks about how profoundly and positively experienced identifications as woman or man are for many politically progressive lesbian and transgendered people. No one raises the alternative strategy, well-known in feminist contexts, of redefining, revaluing and reconstructing the concepts woman and man -- or extending this cluster of strategic moves to the concept transsexual. No one worries about problems with a third gender. This construct could well turn out to be a homogenized, colonized Other structurally functioning to reinforce the oppressive strongholds of the Two, a theme articulated by post-colonial feminists rejecting their production as Third World women. Further,

Third Gender might reinforce the paradigmaticity of male-to-female transsexuality as the culturally recognized alternative gender, squeezing the rest of us into an ill-fitting model. Several of my female-to-male friends and I have been taken to be male-to-female transsexuals when wearing "Transsexual Menace" or "Transgender Menace Southern California" t-shirts. During my several years of extremely gender ambiguous self-presentations, it was not uncommon

**Transsexuality unmarked is
always male-to-female
transsexuality**

for people to try the following ordered list of gender attributions for me: man, woman, male-to-female transsexual. Once, immediately after a man had made the third attribution, he attempted to force his way into my house with the obvious intention of rape. Transsexuality unmarked is always male-to-female transsexuality and insofar as there are three gender attributions available in U.S. culture now, the third appears to be male-to-female transsexual.

Finally, Nataf's last chapter is blind to how hard it is to make reliable predictions about strategic success in a complex economic, social, political, cultural, and historical force-field. The gender force-field has proven highly elastic by responding in conservative, normalizing ways to subjectivities and embodiments that would threaten its multiple oppressions, including the oppressions of those it classifies as women. I would like to suggest that the best strategy is not just one. Instead, we should pursue multiple strategies such as deconstruction, proliferation and redefinition, revaluation, reconstruction, and learn to live with and from the creative tension this engenders.



Jacob Hale was the first FTM to receive tenure at a university. He is assistant professor of philosophy at the University of California at Northridge.

STONE BUTCH BLUES

by Leslie Feinberg,
301 pages, \$10.95,
ISBN 1-56341-029-X
Firebrand Books,
Order 607/272-0000



Speaking Truth -- Sade, Leslie Feinberg and David Harrison A Narrative by Max Wolf Valerio

Halfway through *Stone Butch Blues*, I was reminded of the Marquis De Sade's *Justine* (aptly subtitled *The Misfortunes of Virtue*) where the self righteous, preachy heroine is buffeted and blown about by so many oppressive disasters that you're relieved at the end when she's finally killed off by a divinely driven bolt of lightning. Justine is a fanatic do-gooder, a stone Christian who always forgives her assailants who attack with random lust-drenched glee, but in the end even God can't stand her puritanical ways.

Reading *Stone Butch Blues* I began to feel the same sense of disbelief, as disaster after disaster occurred to Jess, the hapless heroine. First, rejected by her parents because she is perceived as "different" while only a small infant in her crib, Jess is miraculously taken in and blessed by a traditional Dineh (Navajo) grandmother and her Dineh women friends, who happen to be living across the hall in working class New Jersey. Later, she is gang-raped by six boys on the football team, savagely beaten by cops on a number of occasions, seriously injured and then fired from her factory job. Nearly every chapter has another fresh misfortune for poor butch Jess. One friend dies of cancer, someone burns her house to the ground, her motorcycle is trashed, her jaw is broken by bashers, there's the sad suicide of a stone butch friend who has begun to take hormones and live as a man (implying that choosing to take hormones and live as male equals self-destruction and death)

All these assaults, diseases and misfortunes multiply and commingle into a black comedy of errors. I knew something rotten was going to happen in every chapter and waited with baited breath: what next? Hoping to get a decent job, to no longer be harassed as a gender ambiguous "he/she", (and with some nebulous "body discomfort" thrown in for good

measure), Jess begins hormones. She grows a beard and passes as male, but feels lonely, life is still tough. Being a man presents certain, peculiar challenges. The first time she goes into a men's room stall to pee she accidentally overflows the toilet when she flushes it and rushes out wet and cold with soaked jeans. Jess finds herself lonely for dykedom, the comfort of butches and femmes, being a man feels like a lie. Even so, she has a mastectomy and is pleased with the results but treated like a pariah at the hospital, thrown out after her surgery by a disgusted staff.

Disillusioned in her new life, Jess quits hormones and decides to go back to the safe enclave of the lesbian butch/femme world which she now realizes is her true home. Attempting to come to terms with her female anatomy, she gets her first pap smear and even considers picking up a copy of the feminist health manual, *Our Bodies, Ourselves*. Finally, hope dawns with the beginning of the Gay Liberation movement, the Feminist movement and Jess's increasing understanding of Communism. The Dineh women who lived across the hall come back to her in a dream with a magic ring (you can always throw in a few Native Americans for a politically correct, mystical touch). The novel ends as Jess watches a man releasing pigeons into the air! At least it wasn't Jonathan Livingston Seagull.

Although *Stone Butch Blues* is a fictionalized autobiography, it appears to be long on fiction and short on any kind of credible autobiographical truth telling. By the time I got to the rape of virgin Jess by the football team I was beginning to laugh with a halo of black humor tipping over my head. After all, Sade hallucinated satire in order to blow naive humanism and pompous religiosity out of the water and expose the hypocritical underbelly of both do-gooders and puritanical authority figures. Feinberg, however, presents herself as serious. She is Justine, innocent, trampled, a complete victim. With the possible exception of a few moments of skillfully rendered feeling, *Stone Butch Blues* is one of the most unoriginal and trite narratives about gender to ever see print -- melodramatic, sentimental and nearly baroque in its Marxist cliches and its black and white cavalcade of evil oppressors and sweetly pure victims

In spite of its limitations, or perhaps because of them, there are actual repercussions to Feinberg's work. With its reliance on many of the stereotypes and cliches which people use in their arguments against transsexual men it undermines the very radical idea of changing sex. Changing sex is radical because it is extreme, far fetched, and magical, not because of any imagined alliance to any particular political ideology. Her tale is finally a comforting panacea to all those lesbians who are losing their friends or lovers to the ever growing specter of FTM sex change.

Stone Butch Blues claims to enlarge the scope of lesbian feminist discourse about gender but actually upholds the anti-sex change status quo of much of feminist literature. Feinberg manages to rehabilitate the once maligned butch and femme, and does this in the name of creating a new

space for "stone butch" in lesbian feminist culture. She creates a centrality for butch as a defining identity for the new "FTM lesbian transgender" sensibility. However this identity is actually not new at all. "Butch", although maligned by the second wave of feminism, is a traditional lesbian identity which has gone through a number of incarnations over the course of recent lesbian and feminist history. Fifties "Stone Butch" becomes seventies/eighties androgynous flannel shirt wearing "Woman-Identified-Woman", becomes nineties "transgendered FTM" lesbian. They are all essentially the same animal. This startling idea became clear to me when I heard Feinberg announce at a personal appearance a few years ago that the man's suit she was wearing was actually a woman's suit, since she, a woman, was wearing it. When Feinberg stands up dressed in a suit and tie and says, 'I am a woman. (therefore) this is a woman's suit ...' she is repeating the same line as the "woman-identified woman" -- that women must self-define without reference to traditional categories of male and female, i.e. anything a woman does or wears is what a woman does or wears, regardless of whether it is traditionally considered such. Therefore, these identities are actually equivalent, variations on a definitive theme of female empowerment, transgression and sexual self definition. These ideological permutations of lesbian life, however useful they are to lesbians or feminists, have little to do with the reality of actual transsexual men who successfully and passionately undertake the process of sex change.

**Feinberg's tale
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sex change.**

The space Feinberg writes out for actual sex change is stereotypically dismal. Sex change is cast as a process of last resort by desperate, unhappy women who are attempting primarily to escape the oppression of living as gender ambiguous and female. They do it to get good jobs, to escape harassment, or to gain access to male power, not primarily to live out an inner conviction that they are men. The

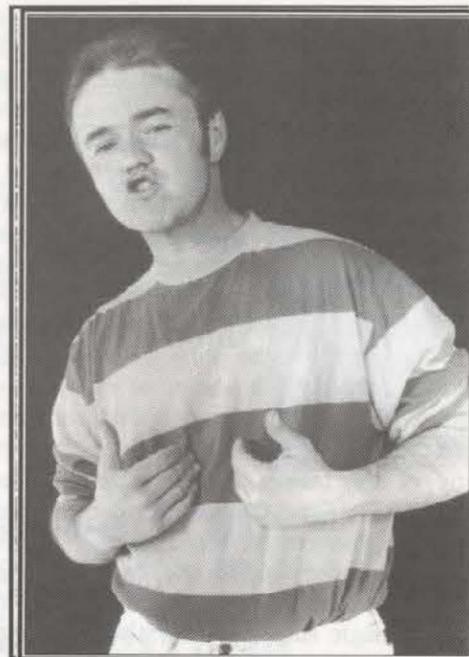
Book Reviews continued

transitional process is depicted as lonely, miserable and nearly pathetic. Jess returns home to her lesbian life after feeling like a sad impostor in her life as a man. She is born-again, complete with an emerging Feminist/Marxist consciousness, as her old butch self and welcomed with tears and relief by many of her old lesbian friends. Although Feinberg does not claim to be a transsexual, it is easy enough for the average person to confuse her story in *Stone Butch Blues* with that of a genuine transsexual, since she relies on the tale of an aborted, preempted process of sex change to articulate her confusion and angst at the "bi-polar gender system". Finally, because of its reliance on these shallow and negative cliches *Stone Butch Blues* is actually a revisionist lesbian feminist fairy tale about sex change. A comfort to those who don't want us to do this, and a highly pitched cautionary tale for all those who might attempt it.

David Harrison's one man play *FTM* is a welcome relief. Unlike *Stone Butch Blues*, it is not a soggy, saggy litany of despair, a laundry list of misfortunes that twitch and moan to a comic pitch. Harrison's play is instead the deeply thought out and lived story of a genuine transsexual man's process of self-discovery, self-questioning and the beginning of his physical transformation from one sex to another. *FTM* has what many recent gender theory and gender-based narratives lack: a believable and direct honesty which is tangible, magnetically sincere. Watching him perform, I never got the queasy feeling that he was altering or magnifying his experiences in order to enlist his audience in some trendy new gender bending club. I never felt patronized or talked down to. There was little that was preachy or unctuous in this play, no easy manipulation of the audience to tears or pity.

Although transsexual autobiographical narratives are slightly out of style now, and gender theory has taken center stage as the fulcrum of an emerging transgender/transsexual literature, our autobiographies are not written out. All that's needed are genuine writers (since nearly every transsexual autobiography has been ghostwritten by a non-transsexual), who can relate their experiences in compelling ways. Fresh voices that elevate and re invent the drone of the standard transsexual narrative ("I was a man trapped in a woman's body etc.") from a series of cliches and soothing sound bites into a confrontational engagement with our experience, an in-your-face montage that parallels our wildly perilous lives.

With David Harrison, we not only have a strong narrative voice which can render the details of transition with ease and integrity, we also have a performer. Harrison's play, (which is the first play about being a transsexual man that I can think of which is written and performed by an FTM) is certainly one of the first "new" transsexual narratives that exceed any that have been previously written. David covers a lot of territory: he relates childhood playground



David Harrison

experiences, a series of vivid dreams that catapulted him towards transition, the reactions of friends and family to his decision to change his sex, as well as his first mind opening experience with a transsexual lover, a woman named Veronica who died of cancer. We watch him talk about the pressures and joys of trying to pass in the first months on testosterone, his startled and confused reactions at being seen as a "pretty lady" by one person and a young man by another. David dances on stage and peers into an imaginary mirror with hope and fear, fascination at his changing body.

David plays both his mother and himself. His mother has breast cancer and is dying. In relating his mother's alarm at the virilizing effects of testosterone and the disfiguring scarring from her mastectomy, David is unsparing and vivid. He relates these painful memories of his mother's illness directly to his own conflicts and fears about taking hormones and preparing for FTM mastectomy. He exposes one of the most charged areas of our journey -- the connection that exists in the public's mind, and sometimes our own, between transsexual surgeries and mutilation. I applaud his courage to tell the truth of a transman's struggle to overcome fear and doubt, without any self-dramatizing flourishes.

I wanted David to move around more on stage. There were long blocks of time where he stood in one place and spoke. At times he seemed oddly removed from the material. However, the first performance of *FTM* took place within a couple of years of Harrison's beginning hormones. To stage a performance with his new physical self so soon into the process is daring. I know that it took me many years to get settled into my new voice when I performed my writing (only reading, not acting). My lower male voice made new demands on my body and what worked before didn't always

Book Reviews continued

work now. It will be interesting to see how another year or two affects David's acting and performance of his material. I'm casting my vote as a positive one because of his talent and obvious dedication to his craft.

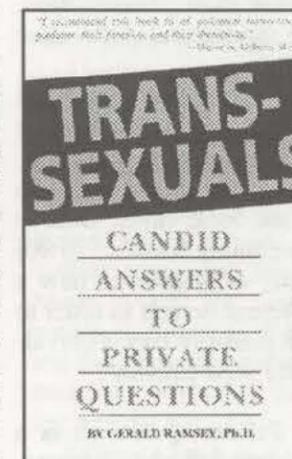
After the performance I went backstage and asked Harrison what his next play will be about. "SEX" he replied. Perhaps David can help to answer the intriguing question, "How does a lesbian become a gay man?" I look forward to a revealing, tantalizing and lucid exploration of transmale sexual adventures and fantasies.

What I loved most about *FTM* was its honesty. Without any reliance on melodramatics or socialist/feminist cliches, David is telling his truth. Truth is both relative and expansive within the circumscribed borders of its context. It is brisk, refreshing and always hopeful simply because when told, it is known and overcome. Attempting to locate his truth and tell it, we are invited in *FTM* to become a part of that moment of revelation. David is not a fanatic, a victim or a disciple. *FTM* accomplishes some of what art can achieve when not tethered to strident political agendas or rigid conceptions about right or wrong/us and them: an unerring and faultless magic that works on the audience without their realizing it. Which is why highly original, iconoclastic or visionary art is banned by extremists at both ends of the political spectrum and held in suspicion by religious fanatics worldwide. As Jamake Highwater, the American Indian poet and intellectual, writes in *The Language of Vision* concerning the extreme and authentic art of Jean Genet and Robert Mapplethorpe: "(their

He exposes one of the most charged areas of our journey -- the connection that exists in the public's mind between transsexual surgeries and mutilation.

homosexuality was not doctrine or creed or an agenda entirely in the service of the idea of homosexuality... Their idiosyncratic vision was not consumed by their sexual orientation... They were not the voices of a movement but the voices of individuals existing in a life that other people

made into a movement. Their work is about a life lived and not a life defended. And that is what gives their work great power and persuasion, while the efforts of those who strive to be the voices of a movement and the defenders of an idea usually fail to capture that vulnerable part of us that resonates to the part of them that is tormented and enraged by injustice and brutality and castigation."



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

Reviewed by
Kim Stewart*

TRANSSEXUALS, Candid Answers To Private Questions is a book written in the form of questions transsexuals, their families, and the general public have asked Dr. Ramsey over the years. What is gender dysphoria? What is a transsexual. Aren't transsexuals homosexuals? What is the treatment? What's the difference between transsexuals and transvestites. What about surgery?

Dr. Ramsey, a clinical psychologist, clearly understands that the forces which seem to inexorably drive transsexuals toward achieving some sort of harmony between their bodies and their internal gender identities are immutable, and not subject to amelioration through psychotherapy. He also makes it quite clear that sexual orientation, within the context of preferred gender roles, is a separate issue from gender identity.

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

Dr. Ramsey believes in putting transsexuals through hoops, and he says so in no uncertain terms. He believes that transsexuals can be assured of success only if they submit themselves to the rigors and judgments of a gender identity committee that is part of a gender identity program. He does not believe in hormone therapy in order to facilitate cross-role living in the initial stages. Although he doesn't necessarily think that transsexuals present with mental disorders

Book Reviews continued

beyond gender dysphoria, he is adamant that they receive psychotherapy for several years before sex reassignment surgery and beyond.

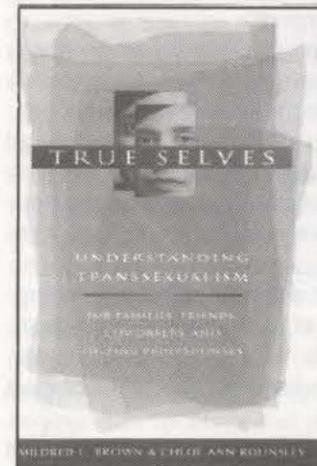
Dr. Ramsey states flatly that most transsexuals have very low sex drives and that they seldom masturbate when cross-dressed. That reminds me of a male to female transsexual I interviewed who related an experience she had when she approached a recognized gender program. When she indicated that she had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

Dr. Ramsey brings his personal interpretation as to what is a man or a woman to a setting that strives to convince everybody that it is impartial and scientific in its approach:

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

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

TRANSSEXUALS Answers to Private Questions is a very readable book and puts forth some valuable information. It also, very forthrightly, lays out an attitude that many transsexuals are faced with in the provider community. Consumerism and freedom of choice are not thoughts that even cross Dr. Ramsey's mind.



TRUE SELVES
Understanding
Transsexualism: For
Families, Friends, Co-
workers, and Helping
Professionals by
Mildred Brown, Ph.D.
& Chloe Ann Rounsley
ISBN 0-7879-0271-3
256 pp-\$25.00-Cloth
Order 1-800-956-7739
Reviewed by Kim Stewart*

TRUE SELVES

Mildred Brown, a sexologist who specializes in working with men and women who have gender identity problems, has written a book for the family and friends of transsexuals. Dr. Brown shares the insights she has acquired over two decades as a therapist working with transsexuals. Don't be turned off

by the thought that you're going to be confronted with a lot of clinical jargon to wade through. This book is user friendly and is written in clear, understandable English.

Dr. Brown certainly believes in The Standards of Care, but she appears to be flexible in applying those guidelines to individuals. She also points out that there is no such thing as a typical transsexual.

Many readers see stories in their newspapers that have some bizarre twist to them about transvestites, drag queens, transsexuals and homosexuals, and they tend to lump them all together in their minds as sexual misfits. The authors clarify these terms right from the beginning, so we are able to read about the feelings and experiences transsexuals have during their lives without confusing them with the very different feelings involved with issues about sexual orientation, or persons who just enjoy cross-dressing from time to time.

The authors begin with the feelings transsexuals experience at an early age and carry through into adulthood. Many of the stories told are poignant, and the book helps you, the reader, relate to the sense of incongruity transsexuals often feel from the time they become aware of themselves as individuals.

TRUE SELVES is thorough and comprehensive. The authors describe the process of transitioning from one gender to the other in terms of both the psychological and social adjustments which are necessary, as well as the various surgical procedures transsexuals typically feel they need. The obstacles many transsexuals have to navigate in order to achieve some sense of oneness with themselves are discussed in detail.

Perhaps most useful of all is the set of guidelines provided by Dr. Brown to help transsexuals and those who love them cope with these transitions which are, at best, difficult.

This is a serious and important book. If you know a transsexual, care about a transsexual or are interested in understanding transsexuality, then TRUE SELVES should be on your reading list.

* Previously published in the ETVC Newsletter.
Kim Stuart is the author of *The Uninvited Dilemma* and its *Research Supplement*, as well as a booklet entitled *A Guide for Male to Female Transsexuals Considering Shifting Gender Identity*. She can be reached online at kimstrophe@aol.com

GID and the Transgender Movement from page 33

If you are able to get online, check out the ICTLEP web page at www.abmall.com/ictlep or AOL Keyword ICTLEP. We also invite all non-attorney transgendered to participate in our 6th annual conference on transgender legal issues, 11-12 July in Houston. Our keynote speaker is a Commissioner from the United States Equal Employment Opportunity Commission (EEOC). Other speakers will include the Executive Director of the National Gay and Lesbian Task Force and possibly a Member of Congress.

Oppression Moves East

The Invisibles by Zia Jaffrey
Reviewed by Anne Ogborn

We transgendered people have historically been misused as a metaphor or symbol for various nontransgender needs and fears. We have been portrayed as sexual objects, as symbols of patriarchy, as exotic freaks of nature... as everything but people.

"The Invisibles", a new book by Zia Jaffrey, demonstrates this. She has gone beyond the usual omission of the TG voice, the usual misunderstanding of our lives, the usual twisting of our words, the usual prejudices. She has moved on to physical violence against her transgendered subject.

The Hijras, our transgendered sisters in S. Asia, have a rule I wish we had. There rule is that no one may speak to outsiders about the internal business of the community. It's a sensible rule that has stood the community in good stead for thousands of years.

The author has moved beyond the usual prejudices to actual physical violence against her transgendered subject.

It drives writers, film makers, reporters, and that ilk crazy - they will do anything to find out about the Hijras. Zia Jaffrey has demonstrated just what "anything" entails.

The Indian police are not nice people. They are corrupt, ill paid, and ill disciplined. The monthly pay of an Indian constable is 240Rs., less than what one can pay for a meal in a fancy restaurant. The average Indian officer supplements his income by accepting bribes and by extortion.

Indian justice is not so much unjust as slow. 'Undertrials' - persons awaiting trial - can languish for years waiting for their cases to be heard. To quote Amnesty International's report on India: "Amnesty International has several long-standing concerns about violations in India. These include torture and ill-treatment of detainees and prisoners, and unfair trials for political prisoners... Many people have "disappeared" after apparently being taken into custody by agents of the state. ... Torture of detainees in police and military custody remains endemic, often in an effort to extract confessions or information... People from this most vulnerable section of the population form the majority of torture victims: members of the scheduled castes and scheduled tribes..." Hijras were classified as a 'criminal tribe' by British colonial law.

India is also a fiercely classist place, and Zia Jaffrey is the daughter of famous cookbook author Madhur Jaffrey.

As such, she had social access to a Mr. Pavitran, the Police Commissioner for Hyderabad. At the time of the incidents, Pavitran was under investigation for corruption, and on suspension. He still, however, seemed to have considerable power within the ranks of the police.

Jaffrey tried to interview Kamal Baksh, guru of the house of Baksh, a hijra house in Hyderabad. She was invited in, according to her description, and given tea, but they refused an interview.

So Jaffrey went to her friend, Mr. Pavitran, and asked his assistance. He arranged that the hijras under Kamal Baksh's care be arrested and brought to the police station.

Writers will do anything to learn about the Hijras. Zia Jaffrey demonstrates just what "anything" entails.

Even when threatened with imprisonment and torture, Kamal Baksh refused to speak. So Jaffrey and the police deputy employed an old interrogation trick. The deputy began to 'talk for' Guru Baksh, and Jaffrey took down his words as Baksh's. Baksh found it hard to watch this man tell lies about the community, and interjected to correct the more egregious lies. In this way she was drawn into speaking against her will.

Jaffrey's book is a scattered narrative of her attempts to find evidence that Hijras kidnap children (No, sadly, I'm not joking). Her 'evidence' consists of rumors told to her by various people, a single newspaper article, and an interview with an 'American Hijra'. The rumors are just that. The India Today article is about a young Hijra, Vora, who left her Hijra family and subsequently accused her guru of forcibly castrating her. The case is incredibly weak - it seems more likely that Vora is seeking revenge, or is being pressured by her birth family. Jaffrey's interview with the author of the India Today article further undermines its credibility - the author's comments about the Hijras include such assertions as that most Hijra castrations are forced, because otherwise who would do it. The 'American Hijra' was me. I remember saying very few of the things attributed to me in that interview. Bogatin, Berchenko, and Corman are following this matter up with Pantheon.

This is a sad matter. Those wanting to protest this violation can write to:

Consulate General of India
3 East 64th St. (between Madison & 5th Avenue)
New York, NY 10021
(212)774-0600

Pantheon Books
Random House, Inc.
201 E. 50th St.
New York, NY 10022

sami mason
**Attorney
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TNT staff member seeks TS lesbians and their partners to help educate others in both communities by sharing information about their pre-op, post-op, or non-op sexuality through writing, photos, interviews, or questionnaires.

Please be: full-time in the female gender for at least four months, and willing to be scrupulously (even painfully) honest. This is a chance to share hopes, fears, joys and disappointments, and even do some informal problem solving with another lesbian woman. You do not need to have a partner to participate. Respond care of: TNT Magazine, 41 Sutter Street, #1124, San Francisco, CA, 94104-4903; (415) 703-7161, or write to: genlez@aol.com.

The GID Controversy continued from page 27
 just as closeted - by the advice of their doctors - as before. As we are now learning, out is generally (if not always) happier than not, so it's no surprise that closeted post-ops weren't a lot happier than pre-ops. But the researchers conducting the study overlooked that detail (and probably many others). The insurance companies followed their lead, and SRS has become mostly regarded as "elective", "experimental" and "of questionable benefit" and thus non-reimbursable. However, the new transgender activism has reversed the direction of the pendulum on this one.

So the current situation is, insurance companies won't pay for cosmetic surgery, but they will pay for quality of life intervention for a diagnosed condition, such as surgery on intersexed genitals. If we want them to pay for SRS, we need to give them a diagnosis. In fact, transexuality is not a gender disorder, it's a physiological sexual disorder. It's a need for a physical intervention, a surgery. To insist on the retention of GID as a means of obtaining coverage of SRS is like me insisting that my neighbor not cut down his apple tree even though the apples are killing his dog which is allergic to them, because some of the apples fall in my yard and I enjoy them. Instead, if I want apples, I should grow a tree of my own.

In order to provide insurance coverage of SRS for transsexuals, it would seem reasonable for us to create a DSM diagnosis of "transexuality". It could support the various surgeries that transsexuals want or need. This would allow the elimination of GID without hurting those transsexuals who need our help. A specific diagnosis of transexuality could provide a basis for specific body-altering procedures such as mastectomy and phalloplasty and vaginoplasty and orchiectomy and such.

Is the elimination of GID and establishment of diagnosable transexuality achievable? If we seek out and work with sympathetic medical authorities, if we go about it reasonably and with open minds, if we do our share of the legwork, if we persist until we succeed - it becomes inevitable.



Nancy Nangeroni hosts GenderTalk, the only weekly radio program by and about transgender people. It airs in Cambridge Massachusetts and can be heard at www.gender-talk.com. She is also a leading Transsexual Menace activist.

The Last Page Cartoon
 by Diana Green

WHEN WE COME OUT AS TS, MANY PEOPLE FEEL COMPELLED TO INFLICT ONE LOUSY JOKE AFTER ANOTHER ON US! YEAH, I KNOW, IT'S A DEFENSE MECHANISM, IT HELPS THEM DEAL WITH THEIR OWN INSECURITIES, BUT IT STILL KIND OF JERKS MY CHAIN! SO, IN THE SPIRIT OF RECLAIMING OUR POWER, HERE'S MY FAVORITE SRS JOKE!

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Sometimes knowledge comes cheap...

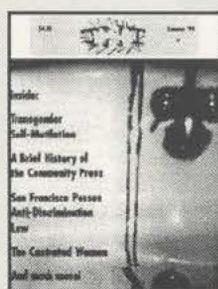
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