

Angel and Buck Davis star in *Alley of the Tranny Boys*, a new porn video by C. Lee. At the *Roxie*, SF, June 27. Photo: P. Wise

## FTM on FTM

by Alex Sousa and Eric Peterson

**Alex:** The first time I met Eric I was struck by how much I really liked this guy. There was something about him that really fascinated me, and at that time I could not figure out what it was. Since I have always been attracted to very feminine women, it was beyond my realm of thought that Eric could be a potential lover. I was stuck on being a heterosexual male at that time. I recall thinking to myself, after Eric and I had parted ways after our first meeting, that he was one of those people I wanted to know better. In essence, he was a "keeper" as a friend.

Roughly two weeks later we met again at a New Year's party in Long Beach. It was then that I realized there might be the potential for an intimate attraction to him. There was something provocative about him, inspiring about him; his energy was endless. He is a thinker, and gradually I found myself becoming attracted to him on a deeper level than just friends during the course of our weekend-long stay in Long Beach. It wasn't until the end of the weekend that I realized there might be something serious going on. The last night in Long Beach I remember profound connection to his energy. It felt like we had known each other for a long time, and this weekend was our chance to rekindle a once-known fondness. There was something truly familiar to the energy I felt, yet I remained stoic, mainly out of fear of voicing my attraction to him.

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## FTMs and Hormones:

QUESTIONS AND ANSWERS by Jed Bell

Dr. Richard Cherin, one of the most popular endocrinologists (hormone specialists) in the San Francisco Bay Area for both FTMs and MTFs, was invited to speak at the first FTM Conference here in 1995. There he made the most thorough presentation on testosterone and FTM endocrinological issues that many of us in the audience had ever seen. Dr. Cherin agreed to meet with me for an interview to answer a number of questions about testosterone and the masculinization process in FTM bodies. (Part two of this interview will appear in FTM #42.)

**JB:** Tell me about your background; how have you arrived at the knowledge of FTMs that you have?

**RC:** I've been in practice about 20 years. Shortly after I went into practice an FTM came into town and needed an endocrinologist and a urologist and a gynecologist, and approached me. I had had no training at all, and by trial and error we saw enough patients that we came upon something that worked. There's very little published, and other than Gooren in the Netherlands there are very few people who have enough patients that they can come to a consensus. So I just tried something, and what seemed to work is what we stayed with. Actually, most of the initial patients were MTF. Then gradually the FTMs started to come by. Interestingly, most of the MTFs who come are local, whereas most of the FTMs come from further north (San Francisco and the Peninsula.)

*I was curious why Los Gatos had an endocrinologist for FTMs.*

I think it was because I was willing to see the patients, and I think other endocrinologists who were approached either wanted more specific guidelines that didn't exist, or were just uncomfortable with the whole concept.

*How many FTM patients have you seen over the years?*

I've never really counted them; over the years, 50 to 60, probably.

*How have endocrinologists arrived at the standard dose of testosterone that FTMs get?*

We're really just duplicating the shot we give to a biological male who's deficient—and that's been well worked out. They've looked at 200 mg every two weeks, 300 every three, 400 every four, kind of come up with some optimum schedule. What they've done is looked at doses by shot, and then more recently by patch, that would duplicate a blood level equivalent to the normal male range.

*But isn't there quite a bit of variation in that range?*

Yes. If you see normal as 300 to 600 or 700, maybe more, they're shooting to get a level of 5–600 milligrams of testosterone per deciliter of blood. It's a blood concentration; we've got to look at how many milligrams injected at one point in time will lead to a blood level that seems to stay in this mid-normal range. The shot is an amount; the blood test gives a concentration. The 500–600 level is purely statistical. That's what men who have no disorder have as their level.

*And that's the normal daily average of the level of testosterone they have throughout the day?*

In other words, granted there is some fluctuation—morning to night or day to day, it's not that much. And therefore when you look at levels, they've done studies where they would take blood every ten minutes for 24 hours. They've done studies where they would take blood every day at the same time and see how much fluctuation there is. That's the ballpark that they shoot for.

*Are there big differences in the amounts of testosterone from one genetic man to the next?*

There's not so much difference from man to man. One man may be at 300 and be perfectly all right, and another man may be at 500 or 600. Again, you're

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# Tribute Song for my brothers

by Ahimsa Timoteo Bodhrán

This is a tribute song  
for my  
for my  
brothers  
now gone.

This is for all u who have passed  
not due to AIDS  
but due to:  
breast cancer  
cervical cancer  
ovarian cancer.

Due to:  
gettin pregnant  
havin the baby  
b-in in the hood  
havin ta marry the "father"  
not ever once b-in able ta  
b/speak yr truth.

This is a tribute song  
for my  
for my  
brothers.

Who got killed trickin  
tryin ta get enuf money  
ta pass  
ta get the mones  
ta get the food  
ta get the housing  
the job ta get the food n the mones n the housing  
their woman-body wouldn't let them get  
not in this society anyway.

Who got killed in the womb  
before conception  
baby just  
twitchin  
twitchin  
twitchin  
from his/her papa's sand syndrome  
his/her momma's drinkin.

Crack crack baby  
born with a dent in its head  
never got ta hold nobody  
b held by nobody  
but some ICU unit  
or some nurse if lucky  
if bitch lucky enuf ta have health care  
or liteskin  
or some soft pussy  
the doctors can fuck before delivery  
knowin that woman  
ain't gonna remember a damn thing  
n who give a fuck if she do  
she just some crack addict bitch on welfare  
who gonna listen ta her if she live  
n sorry I forgot  
this is post-welfare  
bitch ain't got shit.

Child remember if it lucky  
if it not tangle/strangle on its own cord  
curl its own hand round its own throat  
n pull  
sometimes sudden infant death syndrome  
is when we put the baby on the window sill  
n c if it roll in  
or out  
that way we know if it supposed ta live  
or not  
sometimes baby stop breathing  
cuz it don't think it life too good  
sometimes we stop its breathing  
cuz we know it ain't got a chance in hell.

Papa's pregnant  
n that ain't even the beginning  
of our health issues.

This is a tribute song  
for my  
for my  
brothers.

Who passed  
trying ta get by in the hood  
never held by nobody  
never-ever got the chance ta hold nobody  
no brotha  
no sista  
no brotha-sista/brista.

This is for all u sex-workin bitches  
who done passed yr body off as a woman  
cuz it the one u born with  
cuz it the one thing u got for collateral  
on that down payment  
for that boy-body  
so u can finally b a man  
inside n out.

This is for all the John's out there  
killed by some john  
n for all the rest of u out there  
who don't got no name in the books  
or "The Book"  
written in "The Language."

This is for you killed by the coyotes  
killed by the cucharachas n the lead paint  
the toxic waste  
the mis-education  
the misogyny-nation.

This is for all the brothers denied shelter  
for all the brothers  
who don't know the option exists  
who don't know no other options exist  
who don't know where ta turn  
when they b-in beaten up by their man  
their woman  
the police  
the community they supposedly represent  
cuz the bruises r not always physical my brothers  
the punches n the jabs not always on target  
cuz the litmus test of pain n legitimacy  
will turn u from pink ta blue  
n back again.

This is for all the brothers  
who died in the rape  
targeted by some whiteman  
targeted by some of their own  
targeted cuz u a bitch with tits n cunt  
in their eyes  
eyes I now want ta gouge  
take back their pretty vision  
make soup y chorizo/blood sausage  
slide it down their now-slit throats  
bleeding on this carpet.

This is for all u brothers  
born by some miracle  
with some small ounce of privilege  
growin up so far from some of yr own  
growin up thinkin u somebody else  
n u know damn well I'm not talking bout gender  
who couldn't take it no more  
not knowing  
who they r  
who they b  
where they from  
where the fuck they gonna go  
n so decided ta make a trip/a date  
one-way ticket  
with a rope  
some pills  
a revolver  
the ledge  
hoping in some small-big way  
ta find some release.

This is a tribute song  
for all my  
all my  
brothers  
now gone  
but not in memory.

This is a tribute song  
for all the ones who not gonna hear this song  
not gonna listen for their own sweet lyrics  
not even able ta read the words on this damn page  
nor comprehend the music flowin outta my mouth  
not gonna make it ta the bookstore  
not gonna find that hotline  
not gonna c n b seen by another  
not gonna make it.

This is a tribute song  
for my  
for my  
brothers  
gone n still going  
alive n still living.

Thrive n keep breathing  
rise n keep screaming.

Cuz u know  
we all gonna die soon someday  
n not necessarily  
from AIDS.

# Trans SEXUALITY: Gonna Pump You Up!

by Michael M. Hernandez

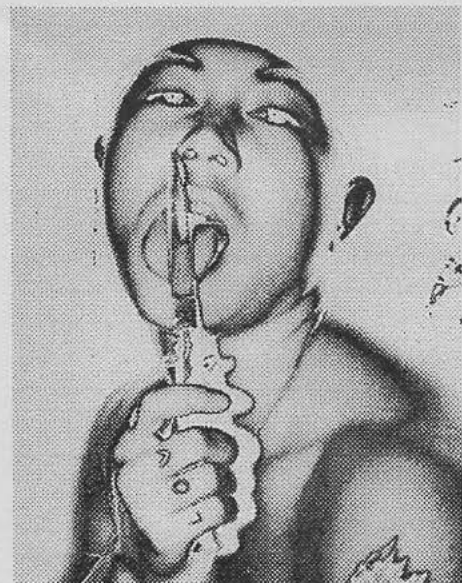
I have changed the title of this column from "Sex and the New Man" for two reasons. It was pointed out that the phrase "New Man" by its terms excluded those who had spent some time in the "community" and had already addressed "newcomer" issues—as well as excluding those members of the community who identify as other than man or male. Exclusion was never my strong suit. Hopefully, the new title will instill the sense of inclusion and openness that I originally envisioned. Now, on with the show.

The last article dealt with masturbation. This one deals with the penis pump. Penile enlargement via the use of a vacuum pump is called hyperemia and is used to treat erectile dysfunction in bio-males.<sup>1</sup> Why are we even discussing this, you may ask? Well, because (1) it adds variety to masturbation and (2) as a size-increaser it appears to work for some people.

## EXPECTATIONS, REASONABLE AND OTHERWISE

One theory as to how the pump works is that the vacuum causes the suspensory ligament of the penis (or dick or clitoris) to stretch. That increased pliability results in the appearance of greater length. Another theory is that the pump works in a fashion similar to muscular development. Blood enters the area and engorges the tissue. The increased blood flow results in better circulation which in turn results in greater erection. (Yes, we do get erections).

Don't get too excited, you aren't going to grow 4" or anything like that fantasy number that may be floating around your grey matter. Mileage



"Got Testosterone?"

The art exhibit *GenderAsian X* runs June 1–30 at the Chat House, 139 Eighth St., SE. Photo: I H Kuniyuki.

varies from user to user. No one can guarantee that it will work or that your money will be well spent. In fact, improper usage can do more harm than good. Ligaments are capable of being torn, tissue can be bruised or abraded. Before deciding whether to make an investment in one of these products, you should analyze a variety of factors.

Now don't get me wrong, I'm not exactly buying into that phallogocentric size-queen mentality, but I do believe that just about anything (within reason and the law) that increases pleasure is worth trying. If the added perk is the potential for growth, how could I pass it up?

I, on my own, would never in a million years have thought to use a dick enlargement device. Imagine my surprise when someone mentioned that this was a possibility. I was instantaneously possessed by the idea. The intrigue did not take long to culminate in action. Within a couple of days I had my own pump. The potential for growth and the variance in masturbation were enough selling points for me.

If you have had phalloplasty or metaoidioplasty, my suggestion is that you either pass on this or consult your physician. There is really no telling what effect pumping could have on scar tissue. Impatience and an overzealous nature are also indicators that this activity may not be for you as the likelihood for overusage and injury increases. If you have limited spending cash, are saving up for surgery, or are looking for guarantees, you may want to reconsider spending your money.

Growth will depend on how consistently you use the pump and what you had to start with—and genetics don't hurt any either. I polled the mailing lists on the internet and received only one response, so there seem to be no figures available as to what you can reasonably expect. I know that I gained a 1/2" in diameter and near approximately 3/4" in length before becoming rather lazy about pumping. These changes have been permanent and in my eyes worth the \$80 that I spent.

## A LITTLE ANATOMY

Discussion of the clitoris in this section refers to tissue prior to enlargement caused by androgen usage. Both the clitoris and the penis contain two corpora cavernosa composed of erectile tissue.<sup>2</sup> The glans or head of the clitoris contains tissue similar to the corpus spongiosum located in the glans of the penis.<sup>3</sup> And like the penis, the clitoris is held in place by a suspensory ligament. The Kinsey Institute New Report On Sex states: "[W]e all start out with gonads that have a potential to become either testicles or ovaries, and two sets of ducts that can develop into either the male or female reproductive tract, depending on the hormones present during fetal development. It is the hormones produced by the gonads that determine the way in which internal reproductive organs and external

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# NEWS

## Announcing "Gender Education & Advocacy": AEGIS and ITA to Merge

After six months of deliberation, the Boards of Directors of the American Educational Gender Information Service, Inc. (AEGIS) and It's Time, America! (ITA) have agreed to merge and form a new organization, to be named Gender Education and Advocacy (GEA). GEA will be a national organization dedicated to education and advocacy for all gender-variant people. GEA will continue the educational, political and non-political advocacy functions of its two parent organizations. GEA will consist of a 501(c)(3) policy-making Institute which will act as a "think tank" and a 501(c)(4) Network of state chapters, which will do much of GEA's political advocacy and educational work. The Institute and Network will be linked by by-laws and a Joint Operating Agreement (JOA), which are currently under development. GEA's Mission and Values statements and a list of core functions have been completed and approved by the boards of both AEGIS and ITA. GEA hopes to begin operations by the end of 1998.

## Gender Hate Crime Bill passes CA Assembly committees

Sacramento – AB 1999, by Assembly Member Sheila Kuehl (D – Santa Monica) and sponsored by LIFE Lobby, was passed by the Assembly Committee on Public Safety. The bill then went before the Assembly Appropriations Committee which also passed it.

Current California law provides penalty enhancements for violent crimes which are hate-based and motivated by a victim's actual or perceived race, color, religion, ancestry, national origin, disability, gender or sexual orientation. AB 1999 would clarify that a violent crime committed against a transgender person because of their gender identity is a hate crime based on gender under California law. This bill would also California's hate crime statutes by adding "gender" to the sections where it is missing.

According to the First National Survey on TransViolence (1997), a landmark study by GenderPAC,<sup>1</sup> incidence of violence against transgender individuals is much greater than violence against the U.S. population in general. For example, the rate of attempted rape committed against transgender individuals in 1996 was 2.7%, as compared to .13% in the Bureau of Justice Statistics' National Crime Victimization Survey. Moreover, the rate for assault against transgender individuals in 1996 was 16%, nearly double the 8.2% reported in the National Crime Victimization Survey. AB 1999 is crucial legislation that will work toward ending the violence against the transgender community.

AB 1999 goes before the full Assembly next. Send letters of support to Assembly Members Sheila Kuehl and Carole Migden, and to your own representative.

<sup>1</sup>GenderPAC. 1997. First National Survey on TransViolence, Waltham, MA: GenderPAC.

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# What You Missed at the Butch & FTM Day of Dialogue

by neon Díon So! If you missed the Butch/FTM Building

Coalitions Through Dialogue conference on March 28 at the San Francisco Public Library, you indeed did miss out. Here's an account of discussions that took place in the morning session, before people broke out into smaller workshops. First off, as you entered the lobby, you were greeted by first-rate volunteers and noted the crowd of 200 or so to be a great mix. The day began with various intros, then the panel speakers convened on stage with a watchful audience.

Adelle Morrison, identifying as a butch, was the moderator. She set the framework to get things rolling! The panel was three butches & three FTMs. First up to bat, Marj Plumb. She read from her March '98 *Girlfriends* article; on being butch she said "I am not role-playing, this is who I am." Her article was about her personal decision to have a breast reduction, and about questioning her identity throughout the process. She commented that for her being male did not equal being butch. "I realized gender wasn't a continuum when I met an FTM who couldn't be described as butch in any way...When I put on a dildo I feel male. I know that there are butches who don't feel that way, and femmes who do. I *don't* know what that means!" She added there are many unanswered questions & she's ok with that.

Next, Marcelle Cook-Dariels, who ID'd (identified) as a butch/FTM/metamorph/etc. transsexual. He told his story, which began with his turning point at 11 years old in seeing a Christine Jorgenson interview. Marcelle said he doesn't fully ID as male. He said he is no longer seen as a threat (as he was as a butch) but is now seen as a middle-aged suburban husband, which feels kind of invisible. He made a similar point to Marj: that making the decision to transition didn't answer all of his questions, but opened up more questions—there were lots of nods and laughter in agreement to that!

Leah Arellano identified as a Chicana, writer, teacher, butch lesbian. She says she takes getting called "sir" as being in the eye of the beholder & enjoys pushing the lines of gender. She told a story from a butch's experience of the ordeal of her First Holy Communion. She offered the funny visual of her Communion dress, starched so it stood all by itself...more laughter!

Stephan Thorne introduced himself saying that in 1970 he identified as a butch lesbian & in 1993 came out as FTM. He said he had always felt male-identified, yet feminism influenced him to retract his maleness. He was surrounded by lesbian feminist separatists! He talked about how coming out involves a deep sense of grief and loss. He's lost some dear friends and others continue to struggle because they love him. Stephan mentioned last year's First Annual Femme Conference here in SF. He was at a femme/FTM workshop and remembered two speakers, who shared very deep feelings. One butch expressed a sense of loss & betrayal regarding butch friends transitioning. One femme shared feelings of rejection with butches transitioning, and grieved the loss of loving butches. Hearing this resulted in Stephan's dedi-

cating himself to this Butch/FTM dialogue. His experiences as a butch woman were filled with pain, and added to that was the dirty secret of his male identity. Separatism promoted rejection of a part of himself. He said that the boy inside, arrested as a kid, is still alive and well. In bringing out the boy, he struggles for wholeness. After over five years he continues to come out at his job as a police officer, and in the world, because he believes transnies need to be seen. He also believes invisibility continues the shame & that's why he is out!

Following Stephan came Ali Canon...IDing as a Jewish butch who came out in the early 80s. She spoke about how she enjoys passing and shared some stories. She stated she believes in alliances and likes that they challenge the dominant culture. She spoke in favor of building alliances to further push margins of gender & sexuality.

## 10 things

by Matt Rice

Ten things I learned at the Butch/FTM dialog conference:

1. All women are good.
2. All men are evil.
3. All men oppress all women.
4. Misogynist butches are cute.
5. Feminist faggots are the oppressor.
6. Men must deal with their unresolved issues with women.
7. Women must harbor their unresolved issues with men.
8. Putting hormones in my body did something to you personally.
9. My pain is not important.
10. I am now a rapist.

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And lastly, there was Thomas M. Kennard—a 48-year-old FTM, in transition seven months. Thomas told his story and said he was always angry around gender stuff. He said he's experienced his greatest ups & downs in the last two years, and is sad about the losses he has experienced while transitioning. Thomas identified simply as queer.

An open dialogue followed. The first question was around gender perception, and if FTM transitioning brings up more questions?! Stephan answered: he continues to struggle; he doesn't identify as a woman & doesn't ID as a man. He's had a hard time integrating in the world of men, feeling different from them. Before transitioning there was a place for him in the women's community & he's lost that now. Not fitting into "normal"

or some box is ok because he doesn't want those strictures on him. As a TS male he lives with a great deal of ambiguity that a lot of people don't deal with. He has a hard time but it is also exciting.

Adelle directed a question to the butches, asking "whether FTM identities bring up questions for them as far as their own butch identity?" Leah answered: her reaction was discomfort and with so little info she didn't know how to respond. She said she loves her body as female but also finds male anatomy very

appealing & is open to exploring permission to love all bodies. Her basic belief is that we come into the world without rigid limits and that freedom can open more & more expressions of gender. Marj answered that this subject remains a constant question for her. She deeply identifies with butch/femme female groups. After having had a breast reduction, she doesn't feel like she has breasts—but when she looks in the mirror what is reflected conflicts with that. She has become comfortable in accepting the confusion which she said "feels like I'm *in* transition, not transition *to*." Ali said she connects w/FTMs...that we're bonded around love of women & around commonalities.

The next comment came from someone who said she had a femme friend with a beard and wondered whether hormones &/or surgery were about cosmetic choice with FTMs. Stephan replied simply that the word "cosmetic" is inaccurate. Later in the day Matt Rice said in reply, that unfortunately people don't honor an identity that they don't see. That he's more comfortable socially this way & in his own body...that it has made a huge difference. He said he also wanted to support transnies that are noho (not on hormones) and/or no-op, & butches that struggle with similar issues.

Next, someone who identified as a butch lesbian said she was angry because she didn't understand the whole thing. She wanted to but didn't & was frustrated. She felt betrayed, aggressive, & protective of the women she dates (femmes). She said fear was the biggest problem. And if they (FTMs) had regrets in leaving the women's community, why turn away from the community? Thomas replied "regret" is not a word he'd use. Marcelle answered that he doesn't feel he's turning his back on the community. It was too narrow for him to fit in. It wasn't a choice to move away but a choice to be who he is. When his mom asked, "Why do you do this?" he replied, "I'm the same me you've always known but now living for myself & who I am and not for you." He sees himself in a respectful caretaker role, not wanting to be sexist. "My community is the community that accepts me for me." Stephan agreed saying he is actualizing who he really is & fulfilling his identity. Being lesbian or trans is the same; it's not a decision, it's identity! An analogy: he feels like he was rejected/disowned by his family, in a way, having been raised by feminists and then having come out to his family. And

# After the Butch/FTM Conference

*Why Not to Give Up on Butch/FTM/Trannyboy Coalition Building* by Jaron Kanegson

I'm a transgendered person who identifies as both Butch and FTM. A faggy "Butch" who typically dates Butches/boy-dykes/FTMs, an FTM cross-dresser who responds to a range of pronouns, a bio-female who frequently passes, and partially identifies, as male, I can't squeeze my gender identity into one category.

As such, I felt excited, even relieved, when I first heard about the Butch/FTM Conference. Finally, I thought, a forum that would logically include genders which, like mine, incorporate elements from both the categories of Butch and FTM. And, I was happy that a spectrum of people from communities that sometimes overlap—more, I think, than many would like to admit—would be coming together to work towards change. I figured we'd have a lot to talk about regarding discrimination from the larger society, identity questions, health care, employment, sexuality, racism, etc.

I am saddened to report that while some bridges were built, others were broken, particularly during the "Betrayal—What Makes It Hard To Trust Each Other" workshop. I believe that structural aspects of the conference contributed to the conflict in that workshop, and detracted from the progress that might otherwise have been made that day.

Though I had briefly worked on planning the conference, I quit because I was convinced that the conference was not being planned in a constructive way. During the six-week period that I was involved in planning the conference, I attended both a general meeting and panel-planning subcommittee meetings. I also took part in conversations with various conference organizers, potential panelists, curious friends, etc. In my circle of friends, Butch and FTM describe not only categories that at times blur, but also groups that, along with femmes, MTFs, bio-fags and others, often relate as friends, lovers, roommates and members of a larger community. So, I expected the Butch/FTM Conference to build on the base of shared community that already exists, to a certain extent, in San Francisco. Instead, I found that some of the other organizers seemed to see Butch and FTM as two inherently separate, distinct, and perhaps even naturally hostile identities.

One area where I saw this mindset demonstrated was in the planning of the morning panel. I thought that, of the five or six panelists, at least one should be a person with an identity specifically incorporating aspects of both Butchness and FTMhood. I suggested a number of boy-dykes and dyke-fags, all of whom identified as transgender. In response, one organizer, a Butch woman, expressed her frustration that I was "muddying" things. She stated that I was "Not respecting that the conference (was) supposed to be about Butches and FTMs." That conversation marked the end of my involvement. Ultimately, although some gender ambiguity certainly crept into the panel, no panelists with the type of gender identity I had lobbied for was included.

Transfags and people younger than their mid-thirties were also absent as panelists, and all of the FTMs seemed to be former Butches. That unfortunately reinforced the idea that every FTM "gained" is a Butch "lost" and the misconception that all FTMs are straight. As well, though I know gender-flexible people of all ages, my personal experience is that younger queers are more used to the idea of alliances between dykes, fags, trannies, etc.

There were other aspects of the conference that did not seem to be designed to bring people together. One example was the wording of the Harvey Milk Institute catalog course description. Originally, it described Butches and FTMs as

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**Butch and FTM describe not only categories that at times blur, but also groups that (along with femmes, MTFs, bio-fags and others) often relate as friends, lovers, roommates and members of a larger community.**

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"competing for dwindling resources." While this and other potentially inflammatory language was ultimately removed, other revisions aimed at making the language more inclusive did not stick. For example, I suggested at the general planning meeting, along with others, that we list a wider range of relevant gender identities—including a more culturally diverse range—in the course description. That way, people who identified only with certain aspects of "Butch" and/or "FTM" would know that the conference was about them, too. Five of us spent half an hour at that meeting's end rewriting the course description to specify that the conference was not strictly about "Butches" and "FTMs," but also about boy-dykes, transfags, bull-daggers, cross-dressers, anabes, marimachas, etc. While the line "All genders are welcome" stayed in the course description, the idea that the focus of the conference was about a range of gender identities was excised.

Finally, while the course description set the tone for the conference, as well as drawing a particular audience, the workshop topics themselves were not conducive to alliance building. In particular, the smallest of the three afternoon discussion groups,

"Betrayal: What Makes It Hard To Trust Each Other?," ended in an emotional explosion that I fear may have left many hurt, bitter, and, worst of all, convinced that conflict between Butches and FTM is inevitable. Unfortunately, the title of the workshop alone virtually guaranteed it would be painful. The focus was negative, and on difference. I am not suggesting that there are no underlying tensions, nor that these tensions should not be talked about. However, I think a more positive context—such as a workshop focusing on the oppression Butches and FTMs face from larger society, including some discussion of the pain we cause each other—would have been more likely to lead to a sense of a community.

Obviously I have a difference of opinion with many of the conference organizers about just who should be included in the categories of Butch and FTM, and how the conference should have been structured and focused. I do not want, however, to discount the hard work they did, nor do I want to gloss over the fact that I have heard hateful remarks about FTMs from dykes, and sexist remarks about dykes from FTMs. However, I believe that as people our society labels queer, and as people (usually) born in "female" bodies expressing masculinity, maleness and/or gender non-conformity, we have a lot in common. We also have a lot of work to do together and a lot of fun to have together. Despite my critiques, the Butch/FTM conference was an historic first effort towards community building. As someone with a foot—and friends—in each community, I hope that process will keep going.

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## Oppressor and Oppressed

by Shadow Morton

The word (and concept of) "choice" is used frequently by many non-transsexual people who grapple with the concept of who I am. I find these people offensive and oppressive. They indicate to me a set mind; a rigidity of fixed ideologies. They don't seem to want to dialogue about our differences so much as they want to argue about them. They profess a desire to understand; yet they spend more time talking than they do listening. Or passing judgment instead of asking questions. The number of people who do this who have suffered these same kinds of insensitivities, and should know better, astounds me. Of course I am speaking of my experiences with many people from the lesbian and gay community in relation to my being transsexual. Those most quick to attempt to oppress who I am are oftentimes many women from the lesbian community. To them I have somehow opted for the position of privilege, betrayed them as women, and have chosen mutilation over loving my own woman's body. On a daily basis I witness Nietzsche's theorem in active glorification. The Oppressed have become the Oppressor.

This position in life that some lesbians have taken that

➤ 10

genitals will develop."<sup>4</sup>

During sexual arousal, the primary tissues affected in the penis are the corpora cavernosa and the corpus spongiosum. These tissues become engorged with blood. It is no different for clitoral tissue. Testosterone causes this clitoral tissue to enlarge and become what Jake Hale has called "FTM-specific erectile tissue." The most significant results tend to be noticed within the first year on testosterone, although there have been reports of growth after that time period. Pumping is a relatively new practice for FTMs. But if it works for non-trans men, it should work for us as well.

## PRODUCTS

The pump is generally comprised of two components, the vacuum device itself and the cylindrical tube in which the erectile tissue is placed. This cylinder is composed of plexiglass or an industrial-grade clear-cast acrylic and contains a plastic coupler that allows it to be connected to the pump via a long rubber tube.

There are a number of pump manufacturers, but just two basic types: manual and electrical. For purposes of this article, we will limit ourselves to the manual pumps. The electrical devices tend to be expensive (\$300+) and, frankly, scare the hell out of me. There are two types of manual pumps, those that can be operated single-handedly and those that require two hands to operate. The two-handed pump is made of brass and has rubber seals. It looks like a bicycle pump, only wider. The single-handed pump is plastic and looks like a brakeline bleeder. I recommend the plastic unit because in addition to the convenience of using one hand (which allows you a free hand to situate the cylinder), it has a trigger which allows you to relieve the pressure if you over-pump. The double-handed pump requires that you twist the plastic end of the cylinder to release the vacuum pressure. The pumps are actually somewhat reasonably priced, running from \$30 to \$35, and are sold separately from the cylinders.

There are a variety of cylinders that can be purchased for use with the pump. There are nipple cylinders, foreskin stretchers, and the penis cylinders. The nipple cylinders have flush ends and tend to come in smaller diameters and lengths. The foreskin stretchers have flared ends, are slightly larger and come in intermediate diameters. The penis cylinders also have either flush or rounded ends and come in a variety of diameters. The concern is not so much with diameter but with the fact that the length of the cylinder adds to its weight and can break the seal. Since we have less tissue to deal with to compensate for the added weight, using a cylinder designed for a penis may prove frustrating. Depending on your current configuration, you may want to start out with the nipple cylinder. The largest nipple cylinder is 1" in diameter. The smallest foreskin stretcher is 1" in diameter. If you are within the first year of T, especially within the first four months, buy larger. The changes are the most pronounced during that period of time. If you've reached a plateau then it's up to you.

Please note that there most vendors have "NO RETURN" policies on the cylinders. This means you bought it, you keep it. Check before you buy. Nipple cylinders are most often sold in sets, but not

always, and prices range from \$50-\$55. You may need to buddy up with a friend to buy the nipple attachments for maximum cost savings. The largest nipple cylinders which are sold are 1" in diameter and 3-4" long. This will more than likely be your starting or intermediate size if you have already started taking testosterone. If you have no intention of taking T, Good Vibrations in San Francisco carries a clitoral enlarger and sells single cups in shorter sizes. Bigger is not better and in fact, if you purchase something too large, the weight on the end may interfere with your ability to maintain a seal. Too short or tight will pinch and be uncomfortable. Make sure that what you purchase is at least 1" in length or 2" if you are taking T.

Once the largest nipple cylinder becomes too small, the next size up is the foreskin stretcher. It is

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**I know that I gained a 1/2" in diameter and near approximately 3/4" in length...These changes have been permanent and in my eyes worth the \$80 that I spent.**

---

similar to the nipple cups, but has a plexiglass ball which is removable. You really don't need the ball, but may want to keep it around as it makes a wonderful cat toy or may prove useful for those of you who enjoy the sexual company of men who are interested in stretching their foreskins. The cost of cylinders ranges from \$40-\$65 for the cups, depending on size and whether sold singly or doubly. Don't be afraid to comparison-shop. See "Sources" section below. If you don't want to buy via mail order, you can go to one of the local sex or leather shops (usually the gay shops) and will more than likely be able to find this product locally. If you don't know how to find these stores check your local gay and lesbian yellow pages.

## USE

Now that you know what to buy, how the heck do you use the thing? Connect the cylinder to the pump. Use mineral oil or some other lubricant to thoroughly coat the inside of the cylinder. Always use lubricant to prevent abrasion. I tend to like the oil-based lubricants for this use since there is no penetration or latex involved. (Always use water-based lube with latex for safer sex.)

It is best to be sexually aroused before beginning to pump. You want blood flowing into the erectile tissue so as to enable you to form a seal. Place the cylinder on your erectile tissue. Once the cylinder is in place pump slowly and gradually until you feel pressure. If you feel pain, back off. An intense pinching sensation means that either you need to resituate the cylinder or it's time to move up in size. Remember, pain is an indicator that there is something wrong. If you feel pain, stop immediately and release some of the pressure.

Here's where the one-handed pump comes in handy. If there is no pain, leave the cylinder on for so long as it feels comfortable, but do not exceed 5-10 minutes. You can expect to feel pressure or perhaps a very slight pinching sensation on the underside of your member. Release the pressure then rest for 5-10. Repeat once. As you get familiar with the device and

the reaction of your body, you can work up to a second repetition. WARNING: Over-exuberance will result in injury<sup>5</sup>.

The formation of a vacuum may be prevented if pubic hair gets in the way. One alternative is to use vaseline around the area of skin that comes in contact with the cylinder. That supposedly creates a seal. The other alternative is to shave.

Go slow and easy. Soreness is an indication that you need to take a break for a day or so. It is imperative that you listen to your body. When you are done pumping... well, I don't need to tell you how to scratch that itch. After use, clean the cylinder with a liquid antibacterial soap and water. Do not use alcohol or alcohol-based products as that tends to cause plexiglass and other acrylics to shatter. Happy pumping.

Please write and let me know how this has worked or not worked for you so that the information can be shared. Your identity will remain strictly confidential. Any questions, suggestions, topics or requests for further information are greatly appreciated. Please write to Michael Hernandez at P.O. Box 390288, Anza, CA 92539 or via email at Lbear@koan.com (a new e-dress).

*Note: The information in this article is provided by its author in the interest of informing readers, and is not intended as a substitute for any treatment prescribed by your health care provider.*

## SOURCES

Good Vibrations  
1210 Valencia  
San Francisco, CA 94110  
(415) 974-8890  
(800) 289-8423 orders only  
goodvibe@well.com - <http://www.goodvibes.com>  
Good Vibrations does not have the single-handed pump, but they do have smaller cylinders.

Image Leather  
2199 Market Street  
SF, CA 94114  
(415) 621-7551  
My recollection is that they only had the cylinders in small (1 3/4") through jumbo (2 3/4")  
• \$59.50 pump

Jaguar Books  
4057 18th Street  
San Francisco, CA 94114  
(415) 863-4777  
• \$28 pump  
• \$58 pair of nipple cylinders, 3/4" or 1"  
• \$58 foreskin stretcher, large or small

The Leatherman, Inc.  
111 Christopher Street  
New York, NY 10014-4222  
(212) 243-5339;  
(800) 243-5330 orders.  
• \$55 pump  
• \$25 foreskin stretcher, large or small  
• \$69.50 nipple cylinder, 3/4" or 1"

Mercury Mail Order  
4084 18th Street, Dept. CR  
SF, CA 94114  
(415) 621-1188  
• \$30 pump (one-handed, plastic)  
• \$55 nipple cylinders



# Ritual for Passage into Manhood for a New Man

by Garuth Chalfont

## Creation of Sacred Space

With a compass establish the cardinal points. Set down on the ground one unlit candle at each cardinal point. Gather the participants inside the defined space. The man and the celebrant stand in the center of the space facing each other, the man facing west, the celebrant (ritual speaker) facing east. The participants gather around them. Call in one at a time the spirits of the four directions, lighting each candle as the spirit is welcomed.

**Celebrant:** We beckon the Great Spirit of the North to be with us, to bring to us clarity from the icy blue waters, strength from the frozen glaciers, and peace from the deep, dark nights of the wintery North.

**All:** Welcome the Great Spirit of the North!

**Celebrant:** We beckon the Great spirit of the West to be with us, to bring to us courage from the snow-capped mountains, rugged character from the ancient canyons, and an adventurous spirit from the birds that soar and the cats that prowl far above the timberline.

**All:** Welcome the Great Spirit of the West!

**Celebrant:** We beckon the Great Spirit of the South to be with us, to bring to us the fiery passion of the desert sands, the loving warmth of tropical rains, and the fierce redemption of the hurricane.

**All:** Welcome the Great Spirit of the South!

**Celebrant:** We beckon the Great Spirit of the East to be with us, to bring to us the light which illuminates all things, the dawning of hope and enlightenment, and the rising sun upon this your rising son.

**All:** Welcome the Great Spirit of the East!

## Invocation to the Ancestral Spirits

**Man:** I hereby ask that my male ancestors be present with us to receive me into the male lineage of our family. I ask especially that [names of departed male ancestors with whom the man had a particular affinity or respect] be present with us now.

**All:** Welcome to the ancestors!

## Statement of Purpose

**Celebrant:** The purpose of this gathering is to mark the passage of [man's name] into manhood. This is merely the beginning of a lifetime journey. He will travel inward into his heart and mind to unlock, explore and honor the full expression of his male identity.

It is also the beginning of a journey outward into the world of people, perhaps his own family, who may challenge his identity as it threatens their own, who may stiffen the winds of fear and prejudice that make the world at times a cold, cruel place.

It is above all the beginning of a journey of intimacy with friends and lovers and a family of brothers, who shall affirm over and over again that he is cherished and respected as a unique and courageous man. Let us now in each other's presence

and in the presence of our friend affirm our role in witness to his passage.

## Affirmation of Witnesses

**Celebrant:** Let it be known to the world that we support, love, and affirm [man's name], born female, throughout his most difficult and privileged passage into manhood,

**All:** We support, love and affirm you.

**Celebrant:** Let it be known to the world that we support, love and affirm [man's name] in his rightful roles as brother, father, son, uncle, nephew, boyfriend and husband.

**All:** We support, love and affirm you.

**Celebrant:** Let it be known to the world that we support, love and affirm [man's name] as he endeavors to make his way in the world, to overcome adversity, to gain acceptance, to display patience and compassion to the slow and bewildered, to spread information to the ignorant, to maintain a healthy good humor, and above all, to set a dignified example for all brothers and sisters who follow him in this path to self-actualization and spiritual alignment.

**All:** We support, love and affirm you.

## Participant Contributions

An offering of anecdotes, prepared readings, poetry, music or dance

## Man's Response

A time for him to speak.

Dismiss the male ancestors.

**Man:** To my ancestral spirits with heartfelt thanks for your presence and participation with us in this moment, and for your recognition and acceptance of my spirit among the male lineage of our family, we are deeply grateful and we now release you.

## Dismiss the Great Spirits of the Four Directions

**Celebrant:** Thanks to the Great Spirits of the North, East, South and West for being present, for their help in the creation of sacred space and for their witnessing of this ritual of manhood. We thank you and release you!

**All:** We thank you and release you!

(Whoever is closest to each of the candles blows it out.)

## Blessing

**Celebrant:** Go forth into the world with our blessing.

**All:** Be brave! Be strong! Be happy! Wear sexy clothes! etc.

## Celebration

Applause and cheers followed by dancing, drumming and celebration.

**Note:** This ritual may be adapted for more than one man.



"The Brandon Teena Story," a new documentary film, will be screened at the Castro Theater, June 23rd at 7pm, co-sponsored by FTM International and the Int'l Gay & Lesbian Human Rights Commission, as part of the SF Int'l Lesbian and Gay Film Festival. Tickets are \$7.50. Advance purchase strongly recommended. Call 415-863-9802.

## PUMP from page 6

- mail order, \$59.95 for a pair
- \$55–65 approx. foreskin stretcher

665 One # Short of Hell  
8722 Santa Monica Boulevard  
West Hollywood, CA 90069  
(310) 854-7276

- \$49.95 pump (one-handed, plastic)
- \$55 foreskin stretcher and other cylinders
- \$60 nipple cylinders (pair)

The prices listed above may have changed.

## ENDNOTES

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# Good News in 20-year Hormone Study

by Jed Bell

This winter, the journal *Clinical Endocrinology* printed the results of a study of more than 1000 transsexuals over a 20-year period ("Mortality and morbidity in transsexual subjects treated with cross-sex hormones," 1997 47, 000-000, Paper 260, pp. 1-6). The study took place from 1975 to 1994 in Amsterdam at the Free University Hospital's Andrology Department, and was conducted by Paul J. M. van Kesteren, Henk Asscheman, Jos A. J. Megens and Louis J. G. Gooren. By the end of the study 816 MTFs and 293 FTMs had participated, ranging in age from 17 to 86 and ranging from 2 months to 41 years on hormones. The FTMs in particular ranged in age from 17 to 70, with an average age of 34 (mean). The authors of the study describe their clinic as a university teaching hospital which provides the sex reassignment treatment for 95% of all transsexuals in the Netherlands.

Cautioning readers that the only control/comparison group used in the study was the general Dutch population's health statistics, and that the study had a 95% confidence interval, the researchers said that "only general conclusions can be drawn."

## GENERAL FINDINGS

This study of the effects of hormones on transsexuals' health looked both at morbidity, meaning the relative amount of disease, and mortality, meaning the number of deaths. The researchers concluded that "In both the M→F and the F→M transsexuals, total mortality was not higher than in the general population and, largely, the observed mortality could not be related to hormone treatment...No serious morbidity was observed which could be related to androgen treatment in the F→M transsexuals. Mortality in male-to-female and female-to-male transsexuals is not increased during cross-sex hormone treatment." In other words, the study's results show no higher risk of disease or death for FTMs

taking hormones than for the general Dutch population.

## HEALTH ISSUES FOR FTMS

The research group conducted physical exams every three months for each participant's first two years on hormones, and afterward at least once every two years (94% of FTMs were compliant with these follow-up exams). FTMs were also tested at least twice a year for liver enzymes, and were given other lab tests as needed. Among the FTMs in the study, there were two deaths (one due to colon cancer and the other to alcohol-related gastric bleeding). Among the MTFs there were 39 deaths, 13 due to suicide. As for medical issues in FTMs, most notably 33 of the 45 cases of elevated liver enzymes could have been caused by the



hormone treatment. But no FTM participants showed any signs of liver tumors. Side effects found were described as "minor" for FTMs (e.g. acne), though not for MTFs. Table A shows the incidence of health problems found in FTMs in the study.

The research group also found that "Mortality due to cardiovascular disease (CVD) followed the pattern in the general population." They commented that "This is a somewhat puzzling finding because estrogens are associated with a decrease of the risk of CVD, while androgens are associated with high CVD rates." Noting that risk factors associated with CVD—lipid profiles, insulin resistance, etc.—are affected by the hormones, the authors concluded that more long-term follow-up was needed "to assess possible effects of the slow process of atherosclerosis."

In their article, the researchers compared the results of their own study with previously reports from other researchers. They mention a 1978 article describing one case of liver tumor(s) in an FTM, but attribute the tumor to the fact that "This subject took methyltestosterone, which is now regarded as obsolete for androgen treatment." Likewise, in another study, "A high frequency of abnormal liver scans was found in F→M transsexuals taking 17 $\alpha$ -alkylated steroids...The latter types of androgen are now obsolete and have not been prescribed in our clinic."

TABLE A

	No. observed
Observed morbidity in 293 FTM transsexuals treated with long-acting testosterone esters (250 mg i.m. every 2 weeks) or with oral testosterone undecanoate (160 mg per day):	
Myocardial infarction	1
Angina pectoris	1
Hypertension (>160/95 mmHg)	12
Elevation of liver enzymes	45
Transient (<6 months)	13
Persistent (>6 months)	20
Alcohol-related	3
Other causes	12
Acne	80
Venous thrombosis (postoperatively)	1
Oedema	5

## JOGNN Cites New Model of Treatment

The *Journal of Obstetric, Gynecologic, and Neonatal Nursing* has published an editorial—Karen B. Haller's *When John Became Joan*, 27 (1):11—which cites with apparent approval the new model of treatment guidelines for intersex births offered by Diamond and Sigmundson (see ref.) and by ISNA. The most important features of the model are an avoidance of non-consensual genital surgery on infants and children, and honesty with parents and patient. The JOGNN editor encourages readers to "pull the report by Diamond and Sigmundson from the library; and then download the ISNA's recommendations for treatment of intersex infants, along with a complete bibliography on intersexuality, from the Internet (<http://www.isna.org>)."

The editorial accompanies a review article which presents without criticism the traditional medical model of management of intersex births; indeed the author encourages nurses to help parents

invent falsehoods to conceal the child's actual condition:

"[S]tating that the infant is critically ill and in the neonatal intensive-care unit...will usually dissuade further questioning."

**The journal cites with apparent approval the new model for intersex births: an avoidance of non-consensual genital surgery on infants and children, and honesty with parents and patient.**

However, in what seems to be an afterthought, ISNA's "Recommendations for Treatment" are cited as a source of controversy. Interestingly, the editorial cites the review article's presentation of what continues to be standard treatment (secrecy and surgery) as "more information and different views" no more or less authoritative than Diamond and Sigmundson or ISNA.

## REFERENCES:

- Diamond, Milton, and H. Keith Sigmundson. 1997. Management of Intersexuality: Guidelines for dealing with persons with ambiguous genitalia. *Archives of Pediatrics and Adolescent Medicine* 151: 1046-1050.
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continued from page 3

NEWS



not going to see a perfectly normal person at 150. And there's really no upper limit that we tend to see. But even across ethnic lines there's not that much difference, and the normal ranges are not based on ethnicity. The normal range will diminish with age, and it may be that in young versus old you'll see a change but not necessarily white versus Asian, nor big versus small. Now very big—meaning obese, overweight—the high fat levels metabolize testosterone to estrogen, and then the estrogen can inhibit the pituitary and actually lead to lower levels of testosterone than you would otherwise have had. But now you're starting to invoke medical conditions that change it, rather than purely body mass.

*You said the normal, biological male testosterone range was well-documented; were those studies ethnically diverse?*

It's got to have been years ago so I can't quote you a study; generally they would look at all comers and they would try and subdivide their data by ethnicity. I'd have to do a literature search, but nor have I read that you should expect a different level in one group versus another.

These are studies that have got to be 20 or 30 years old. Generally when people study something like this they get a random sampling, and then they subdivide the data. I am unaware of differences—I should have been made aware that there were differences.

*I find a lot of guys are suspicious—why are we all getting the random same dose?*

But it's true of impotent men. They are all getting pretty much the same dose. And that's because you are treating to an endpoint rather than a certain blood level. In an FTM you're treating to hair growth, you're treating to beard, you're treating to muscles; in an impotent man you're treating to potency. We don't care what the [testosterone concentration] number is.

Now when the patches came out for impotent men, they tried to sell it by saying that with the shot the blood level of testosterone goes too high for a while, and then it may go too low before the next shot. Is there a harm from being too high? We don't know. Maybe. So the patch is very even in blood level and may therefore have a theoretic

advantage. But in general doctors treat to an endpoint. Patients with impotence know when the shot has worn off, and come in and say "It's only lasted me two and a half weeks." So based on that I may go to a smaller amount every two weeks. Once in a while I'll do bloodwork and I'll measure testosterone right after a shot, one week after, and two and three weeks after, and see what the fall-off is. In an FTM, too, generally we're going to go 200 to 300 every two or three weeks. There's some variability based on success rate.

*What about taking half the dose once every week, or some smaller than full amount every 10 days?*

What you'd be doing is the more frequently you take a shot of a smaller amount, the more likely you will not have too high a level after the shot or too low a level before the next. So that theoretically would be better, and that would start duplicating the advantage of a patch—where you

**A lot of guys are suspicious—  
why are we all getting  
the same dose?**

have the same level day in and day out. But these are deep intramuscular shots and most people would not want to be stuck with that frequency.

Other than the potential for abscess and local problems with the shot—infection, pain, hitting the sciatic nerve, things like that—if you have no distaste and none of those problems occur, there's no harm, and there may be some good, in going to a smaller amount more frequently.

*Let's talk about the different forms of the testosterone: patches and pellets, for starters.*

Patches have come out in the last several years; the first one was a scrotal patch which had to be balanced against the shaved scrotum. You can understand why that wasn't all that popular. Then came the transdermal patches, and they're good. They're about 5 mg a day, but the blood levels of testosterone end up the same. So the patches work. I've only tried them on one FTM, but theoretically it makes sense. But they have drawbacks: they cost three bucks a day versus pennies a day and some people get a terrible, blistering rash at the site of the patch. It's a small per cent, but if you look at a million people on the patch that's 100,000 people potentially.

*Any prospect of the price going down eventually?*

Now you've got two companies making it and if one were smart they'd lower the price, or maybe they are smart and they'll price-fix it! Once they

lose the patent [in about seven years] it can be made generic, yes. But the technology is such in the transdermal preparations that I don't expect the price to come down soon.

Generally if insurance covers injections it will cover the patch, too.

I don't have personal experience with the pellet but the idea there is to have a much longer-acting testosterone so that you don't need frequent shots, you don't need daily changes of a patch. The advantage is that you don't have to pay attention to it. The disadvantage is that if there's a problem you have to surgically remove the pellet. It's implanted, as far as I understand, in a brief, doctor's-office procedure. But whereas you could do your own patch or shots, here you're really dependent on the physician putting it in. I'm not sure how long the pellets last but I would think three to six months. There is also a very long-acting shot, testosterone fusillate, that they have in Europe and we don't have here. That would be an every-three-month shot.

*Why don't we have it?*

Because to put anything through the FDA is more than \$100,000, and small companies don't have the money, or don't feel that it's worthwhile spending the money on it. All of the oral forms of testosterone in this country are methylated testosterones: they can hurt your liver, and are not recommended. There actually is an oral testosterone that's safe in Europe—testosterone undecanoate—it's not available here. Same reason. That would be a good preparation—at some of the endocrinologist meetings where there's international representation they mention it, but we can't get our hands on it.

As to differences between the shots, they are just different salts and they're very close to being equivalent. When I was in training they preferred the enanthate because it tended to hang around a little bit longer; one of the issues with testosterone is the fall-off, so you may get a few days more of a good blood level. The depot forms are generally what's recommended because the aqueous testosterone's good only for a day or two. "Depot" means basically that it's in oil, and therefore the absorption takes days. The testosterone stays, say, in your butt, in the oil, and only a little bit leaks out at a time into the bloodstream. So you have a very prolonged absorption. Aqueous means it'll get into your bloodstream right away, and unless you're taking a shot every day or every other day, it'll be gone. So that doesn't make sense as a good long-term treatment. Enanthate, cypionate, and propionate would be the three salts.

*What do the salts have to do with the testosterone molecule?*

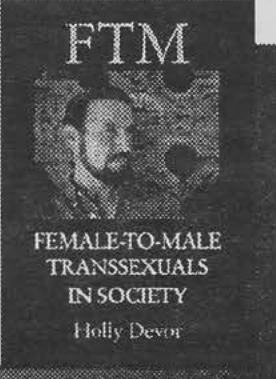
Testosterone is bound to these; it becomes like a salt. And what it complexes with is either the enanthate, cypionate, and propionate, and then it breaks apart from that

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being an FTM is wrong or threatening, and has caused them hurt, is astounding to me. They choose to see my life as a choice. Right here, before my very eyes, in full operation, I witness the rigidity of a binary system that has been handed down to us all. There is only a binary system for these folks—man/woman, male/female. Sounds like the patriarchy at work to me! In the words of Stephen Jay Gould from his recent book *Questioning the Millennium*, "And no strategy of classification cuts deeper—while providing such an even balance of benefits and difficulties—than our propensity for division by two, or dichotomy."

It seems that these women's choices to find distress in the decisions made by one person about their own life and body are akin to the panic that religious right-wingers express about gays and lesbians making horrible choices to be sexual with a person of the same gender. People should not be allowed to exist, it seems, if something they do goes against other people's sensitivities or beliefs! How about that for freedom? And what makes their actions worse is that these women should know

**The concept of cosmetic choices is targeted also. Some of the changes I employ are cosmetic. Many people seem oblivious to my need for safety, and for comfort, and to be able to walk in this world without having my skull crushed...**

better. You see, the right wing does not care if we use the label lesbian, gay, bisexual, transgender, or transsexual. We're all the same to them! They actively work to deny any of us the basic human rights that are ours. Some of the orations that have come from the gay and lesbian communities against trans and bi folks would stir a standing ovation from a right-wing gathering.

I wonder if the lesbian community as a whole is ready for the fight with the medical community around their lesbian identity. It seems, according to a medical study that was recently reported on in the *Advocate*, that men can be genetically proven gay. (This is wondrous in itself: we all have to be provable in order to be valid! As a transsexual I had to get letters from psychiatrists proving that I actually am who I say I am. But I mustn't forget; this is a privilege!) My point is that lesbianism, in such studies, is called a choice born of the need for nurturing; and possibly as a refuge from the oppression of the male-dominated society. So the argument that one chooses who one is is also directed at the dyke community.

The concept of cosmetic choices is repeatedly targeted also. Some of the changes that I seek out and employ are cosmetic in nature. Many of the people who have argued about my choices so vehemently seem to be oblivious to my need for safety, and for comfort, and to be able to walk in this world without having my skull crushed or being shot down or stabbed repeatedly or bludgeoned to death because someone doesn't like the way I look. Sound dramatic? Well, it's more traumatic than dramatic. I live these possibilities every day. So do other transsexuals and transgender folk. And why is it so damning that I might choose some of these options for reasons of personal comfort? So I have options in this day and age! So what?

And don't lesbians make cosmetic choices? I know several dykes who have chosen breast reduction surgery because they felt their breasts were too large. And do they have to wear their hair so short? We all know that if they just wore dresses, let their hair down and acted like ladies they wouldn't be targets out there in the world! I have fought for years for the rights of women to make choices in regard to their own bodies. For whatever reasons! I may not understand some of those reasons or even like them, but their decisions are their own and do not affect me. It's their body, not mine! They affect the person making the decisions. What business is it of mine? Conversely, I have to wonder what buttons my choices are pushing for these people that they should be so upset with my choices about my body! Does the slogan "Keep Your Opinions Off My Body!" sound familiar? Seems a little hypocritical that it's okay for one group of people and not okay for all groups of people. Again the Oppressed becoming the Oppressor.

I'm not even 40 years old yet and I'm tired of the sense of futility I derive by watching the human race continue to repeat some of the worst aspects of history. This Low-Turd-on-the-Shitpile syndrome is deepening my sadness at our inability to break away from patterns set down through time. And those of

us who are of the so-called minority status should know better! But we keep scrambling through the shit and jockeying to stand on someone else's neck in order to avoid the full brunt of focus from the dominant culture.

I'm tired of the petty squabbling about who gets to have certain rights and who doesn't. We all have rights in this country! And until all of us are given the full accord to those rights there is an inequality that must be righted. I believe every creature on this planet has the right to live its life with respect from others. That's why I don't fight just for TG rights—I fight for a better

existence on this planet for all of us who are a part of this enclosed bio-system. No wonder we are destroying our planet when so many in the human race have so little respect for members of its own species! How can we respect the other creatures of this planet, or the planet itself, if we do not respect ourselves?

So to the people out there who want to shake their fingers at the FTM community and rave about our opting for the point of male privilege, I would like to point out that by doing so you are

expressing your own point of privilege over another group of people and how you are oppressing our voices and our points of view.

For those who want to learn, I invite you to think about the language you use when forming your questions, the tone of voice you use in that delivery, and your posturing while delivering the questions. Otherwise I invite you to shut up and listen. Not just with your ears, but also with your hearts. Any student (whether professional or amateur) of psychology, anthropology, mathematics, religion or any other science knows that to gain more knowledge of the average or "norm," one must first seek out and understand the so-called deviation. But remember—nature is infinitely diverse. We have become so arrogant in ourselves that we have forgotten that we are a part of nature. In the words of J.B.S. Haldane, nature is "not only queerer than we suppose, but queerer than we can suppose." And folks! I'm as queer as the day is long!

You do not have to understand who I am or why I make certain choices in order to hear my struggle or to rejoice in my victories. If you could listen long enough to realize what my struggles and victories are that would be a great step in and of itself. Otherwise it is clear that your mind is set, and your only intention is to denounce who I am. And who are you to be in that position?

If there is one thing that reinforces my belief that we did truly evolve from the ape along the lines of evolution, it is our amazing capacity to mimic the actions of others. Nietzsche was right. The Oppressed do become the Oppressor.

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# TRUE SPIRIT KEYNOTE SPEECH by Yoseñio V. Lewis

*Writer's note: following is the text of a keynote speech delivered at the 1998 FTM, Significant Others, Family, Friends and Allies True Spirit Conference in Laurel, Maryland. It is customary for caucuses to be closed for particular groups or issues. But the rule of thumb for True Spirit conferences is that, unless specifically stated, all events are open to everyone.*

I'd like to thank Gary and the Conference Committee for inviting me to give this speech. I'd also like to thank the Conference Volunteers, hotel management and staff and all of you for coming and making my first True Spirit Conference such a welcoming event. For those of you who know me or know anything about me, you know that I am not one for convention. I always like to put a twist on whatever I do.

To that end, I wanted to let you know that this speech is going to have some interactive elements. It's my belief that people learn more when they actively participate in that learning. What that means is that you will also be a part of this speech. You will give your thoughts and ideas and help inform this discussion on the topics of diversity and inclusion. But first! In the Catholic mass there is a moment called the Sign of Peace, where the parishioners have the opportunity to share community by shaking hands or hugging and saying "peace be with you." I'd like for us to open tonight's speech by engaging in a modified version of the Sign of Peace. I'd like us to share community by raising our imaginary glasses in a toast to ourselves for showing up after a full day of workshops and roller-coaster emotions, as well as a toast to those who, for a variety of reasons, couldn't be here. Bet you didn't know that you just engaged in an act of diversity and inclusion, did you? Honestly, by raising your hands, how many think that diversity means ensuring that you have people from the four major food groups—I mean the four major ethnic minority categories: African-American, Asian and Pacific Islander, Latino and Native American—involved in everything you do? My belief is that having people from all communities involved in the process is important, but that is only one aspect of addressing the issues of diversity and inclusion.

A true incorporation of diversity and inclusion requires introspection. It requires a removal of the safety net that organizations like the Ku Klux Klan and the Promise Keepers provide for well-intentioned people to distract them from evidencing their own racism, sexism, classism or other -ism. As I sat in the "Why Can't I Order the Men in the Catalogs?" workshop I found myself being blinded by all the light bulbs going off in my head, light bulbs that represented the shattering of pre-conceived notions I had about people, their experiences and my ability to relate to them. It was a very uncomfortable time for this so-called liberal, progressive individual to recognize that I still carry a lot of phobias and need to work on them.

The difference is, I showed up for my phobias; I acknowledged them, allowed myself to be in that uncomfortable and embarrassing place, and pledged to actively change my mindset. So here's where audience participation happens again. Ready? How many of you attended the people of color caucus? How many who are not people of color attended? For those of you who didn't, how many of you didn't because you believed that because it was titled "people of color" it wasn't meant for you? From the description of the "Men in the Catalogs" workshop I believed that it wasn't meant for me; there was absolutely no reason why I should go. I'm not gay or bisexual, I'm not sexually attracted to men—so why would I go to a workshop that focused on that topic? I went initially to support a member of my new family. As the discussion ensued I became cognizant of the fact that I needed to be there to listen, to honor, to recognize. I needed to be there to face some hard truths about myself; truths that I didn't even know existed. I was so unaware of my phobias, of my pre-conceived notion that I had nothing to learn, that I almost denied myself the exquisite opportunity to grow.

For those of you who chose not to attend the people of color caucus, I say that you denied yourself the exquisite opportunity to grow. You fell into the trap of believing that discussions about the issues specific to people of color have nothing to do with you. And yet, they do! How can we ever really expect to be a diverse and inclusive community if we are not sitting together in a room discussing the excruciating topics of racism, sexism and classism? You may think that because we're here at this conference, because this dark-skinned Latino is giving a keynote address, that we are being diverse and inclusive. I challenge you to think beyond this moment. I challenge you to think that if there was a competing event occurring right now, some of

you wouldn't be here because "diversity and inclusion" is not "my thing," because "I have Black friends and Native American friends and once I even had a lover who was Pacific Islander!" I challenge you to step outside of your belief that you are all-accepting. I challenge you to go into a space where you are not in the majority. I challenge you to show up for your pre-conceived notions; I challenge you to acknowledge the institutionalized racism, sexism and classism that permeates your life; to go to that uncomfortable and embarrassing place and pledge to actively change your mindset.

That is how you can be more diverse, more inclusive. That is how you can really make a difference in your life, how you can see that our lives are intertwined and that just as people of color cannot take race and class out of their gender experience, neither can you! Taken as a whole the issues of diversity and inclusion can seem daunting and insurmountable. But if you break them down into committing yourself to learning more about a topic which you believe has no relevance to you, you'd be surprised at just how instrumental you can be in effecting change. Throughout this speech you've seen me taking sips of water and pouring sips into this empty glass. The empty glass was to represent those who could not be here. The glass is no longer empty. And here is yet another exercise in inclusivity and diversity—because now they are here with us. Thank you!

**PLEASE SUBMIT ARTICLES AS SOON AS POSSIBLE FOR CONSIDERATION FOR FTM #42. ADS AND LETTERS DUE 7/15.**



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**Eric:** Each night that we roomed together in Long Beach that weekend, Alex and I would end up lying awake talking for hours. On the last night, leaning off our air mattresses with our heads close together so we could talk quietly, I suddenly became aware of a strong mutual attraction. I didn't say or do anything about it at the time, for fear of making Alex uncomfortable. Although maybe I expected to fall for a femme, I was open to something with Alex, so,

### My attraction to Eric has nothing to do with his butch/FTM identity, and everything to do with his energy

a day or two later, I emailed him and told him what I had noticed. After that we were together. It was at most a couple of weeks more before I knew that I could fall in love with Alex. What I didn't foresee was the particular gendered nature our relationship would go on to develop.

**Alex:** It is funny how one falls in love when one least expects it. I was roughly 10 months into my transition when I met Eric. I was going through a stage in my transition where dating and intimacy seemed impractical. I was not looking for a relationship, nor did I have any expectation that one would blossom with Eric—or anyone, for that matter. I think this was important in the development of our relationship as I got to know Eric on a very basic, very human level. This was the first time I had developed strong, passionate feelings for another person without the emotional interference of physical intimacy. My attraction to Eric has nothing to do with his butch/FTM identity, and everything to do with his energy.

**Eric:** While I agree that our attraction is based on a very universal connectedness, I want to add that our both being trans adds to our relationship because we know what the other experiences. Because Alex and I understand one another, I am not forced to protect my body with layers of clothing when we make love. Although I don't really enjoy being the recipient of sexual attention, I do love to be physically close to Alex. I trust him completely with my body. Also helpful is that because we know what the other is going through, we are able to support each other in our transitions. It's a relief to have the safety of Alex's empathetic understanding.

**Alex:** I am in shock by how natural the dynamic of our relationship feels to me. I am Eric's sissy boy, and he is my butch. Since we began dating there have been a lot of "firsts" for me sexually. My sexual identity is somewhat of a mystery to me at this point, however I enjoy a special connectedness with Eric that has enabled me to expose a vulnerable and very weak side to myself. In the past I was afraid to let this part of myself show, but with Eric I feel safe expressing a vulnerable and weak side to myself. I am comfortable asking for what I want with regard to sex, and have accepted that I can be needy without being selfish. Eric's pleasure is derived from satisfying my desires, and thus the dynamic of our relationship is such that our sexual needs and desires are not mutually exclusive but rather complementary.

**Eric:** Aside from finding Alex's queenie behavior extremely sexually attractive, I am deeply satisfied to be his butch. Believe it or not, it took some courage for me to speak up and say that this is what I wanted. I am very happy with the way things have developed now that we have talked about our deepest desires. Alex is an extremely strong, capable and independent person, yet I enjoy taking care of him and playing the gentleman to him. So, while Alex doesn't literally need my help, I'm confident that he appreciates my attention as much as I enjoy giving it. I love Alex and feel extremely privileged to have found him.



*James Green accepts the IFGE's 12th Virginia Prince Award in Toronto last March 28th as Dr. Virginia Prince herself and Nancy Nangeroni (IFGE Executive Director) look on.*

some can accept it and some can't.

From the audience Jed wanted to acknowledge that not every FTM comes from the dyke world & some ID'd as fags, bi, straight, etc. He added that for a variety of reasons not all FTMs change their body, and they call themselves noho &/or no-op. He wondered how body type influences how we identify, noting that many boy-dykes & fag-dykes have a skinny or flat-chested body type. Is it already said by their body that they're a boy? He pointed out that two genders aren't enough anyways. He also wanted to hear FTM fags more audible.

Another participant brought up LOC (lesbian of color) invisibility and noted feeling in the middle: between being butch & FTM. That being mistaken for a man daily is just the way it is. The thought of transitioning to an African American man is not too appealing because of the way black men are looked down on & treated. She also spoke of not getting recognition from her own community and not feeling accepted. Marcelle responded that he absolutely identified with her remarks.

A few random thoughts spoken during the day: It's not anti-woman, anti-female when making the decision to transition...Someone commented that this was a historical event and it was to be expected to be difficult...Marj mentioned a saying that the most political act for a lesbian is to raise a boy—"And now we're here saying, 'Guess what? It's a boy!'" Others said this conversation has to continue; please let's dialogue everyone together, not "us & them." There were sign-up lists for just that. Stephan ended in saying that this was a wonderful day, an amazing day and we look forward to the next!

Disclaimer: I'm *not* a writer so keep in mind this is my first article. If I slipped or messed up some details cut me some slack. Huge thanks to FTM Int'l, Harvey Milk Institute & all those whose work & actions contributed to making this event happen!!!

*Thanks, Dion. And by the way, everybody, you don't have to consider yourself a writer to send in contributions to the newsletter. We like to get submissions from people who don't usually write, or don't think they can write. —Ed.*

## FTMs Honored at IFGE

At the 12th Annual International Foundation for Gender Education Convention, held in Toronto March 24–29, 1998, FTM International President James Green was the recipient Virginia Prince Award. The Prince Award is given each year to honor lifetime achievement in contribution to the transgender community. James is the first man (or male persona) to receive the award, and the third transsexual person. Previous transsexual winners were IFGE founder Merissa Sherrill Lynn and Sr. Mary Elizabeth, longtime TS activist and support provider. While on stage, James used his allotted time to honor others with awards from FTM International: the Community Service/Outreach Award was given to Masae Torai of Japan for his brave perseverance in providing support and education for and about transsexuals in his country. And the FTM Pride award was given to Dr. Stephen Whittle of England, in recognition of his contribution as a husband, father, educator, and legal and social advocate for FTM pride. Both of these men deserve much gratitude and praise, and FTM International is proud to honor them.

once it's getting into the bloodstream. Then it's just the pure free testosterone. The enanthate, etc., is really just the binder that holds it together. It's like sodium chloride, sodium bromide, sodium fluoride; they are all different compounds, but they are all sodium.

So the significant difference between enanthate, cypionate, and propionate is not which oil the testosterone is suspended in, it's just how much each salt binds to the testosterone, and how easy it is to let go and get into the bloodstream. So the better it holds the testosterone, the slower the absorption.

*But it doesn't affect the testosterone itself as it's being absorbed into the bloodstream?*

No, it's just a vehicle. And because of that it doesn't quite matter which one you use, other than the time-course may be a little different.

*Some guys have noticed a fairly dramatic difference between the enanthate and the cypionate.*

They like the enanthate better?

*The perception we have is that it causes slower changes, but has fewer side effects.*

Again, you would think that any difference would be very subtle, but it's probably real. The brand name "Depotestosterone" is actually testosterone cypionate, but they're all depot testosterone.

*I was talking to a guy from Germany. He and some people there and in England are using a testosterone that has the brand name is Sustanon; testosterone decanoate? He was saying that they found it to give a better mood, faster beard growth, and faster dick growth.*

I think that's just a variation. The undecanoate can be formed into an oral form that gets absorbed well.

It's not available here; the *Physician's Desk Reference* only lists cypionate and enanthate. Propionate is even shorter-lasting than the cypionate, so it would have less benefit. So we only have those available.

There's only one testosterone. It's very hard to separate out the placebo effect--what you want to be happening. In terms of the rate of beard growth that could be quantitated. In terms of emotional aspects, those are hard to quantitate. Because if you take someone who's never been on shots and you say we're finally going to put you in the hormonal environment that you feel you should be in, I bet you even if I gave a placebo and you thought that you were now in the right environment there would be some benefit. And certainly if I gave you any testosterone.

I don't find that testosterone makes an FTM more aggressive or anything. Maybe it mellows you out, because you're kind of where you belong. These guys you mention may be very sensitive to their bodies and they may be right, or some of this may be expectation as well.

*A lot of people are interested in the option of taking a partial dose of testosterone.*

That's a tough one because you can't finesse testosterone as much as you'd like. If you have a patient who has not had any gonad surgery, so there are some sex hormones, then theoretically there's a continuum of how virilized you will be based on the dose. Some people--and this may be ethnically determined--will get a low of hair growth on 50 mg, and some may get very little on 100. Breast atrophy, same thing. You'd probably need a big dose. But if the main reason for taking testosterone is hair growth, if you take less you'll probably get less, but you'll get some. And that some may be less than you want or more than you want. It's just really hard to finesse. If you have someone who has had surgery and there's no

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**I don't find that testosterone makes an FTM more aggressive. Maybe it mellows you out, because you're where you belong.**

---

ovaries, you need hormones or you're going to thin out your bones. You need enough replacement hormones to meet your needs. And if you choose not to take the testosterone, you may be making a mistake if you don't go back to estrogen. And if you don't want the estrogen, you should take enough testosterone to protect the bones.

*What about Estratest and hormone "cocktails"?*

The Estratest would be protective, that would be okay. Most biological women on Estratest do not get hair growth and do not get virilized. I don't know that that would be a good solution in an FTM patient; the only reason that gynecologists use it is to stimulate libido in menopausal women.

*It's not always an issue of whether or not you grow a beard, but for example thinking that a mixed-gender appearance is more who you are, or wanting to look boyish rather than mannish, a lot of different*

*reasons. My understanding is that if you take enough testosterone to stop menstruating you're in the same situation as someone without ovaries and you may be not taking enough overall hormone into your body.*

I would suspect if you had enough to stop your periods you probably have enough to protect your bones. Since it hasn't been looked at no one can prove it. Obviously you've developed a high enough blood level to do something, to affect your pituitary, and therefore your body is seeing almost the equivalent replacement. It's seeing testosterone as a replacement and therefore won't stimulate estrogen. That should be enough to stimulate hair growth, though.

*Then if you can take enough of a dose to do that, there's not a danger. What about some amount less than that?*

As long as you've got ovaries, and you take any dose along the continuum insufficient to completely masculinize, I can't imagine you hurting yourself. But I don't know what you'd be achieving. And if you started very low and worked your way up until you achieved the in-between look, you probably would still not be hurting yourself.

*Some endocrinologists for FTMs work up to a full dose over time. What do you think about that?*

Again, none of us have been guided by anything published. The more trepidation you have, the slower you go with anything; that may be what we're seeing. I think they're more afraid of the harm of a full dose than responding to some necessity for easing into it. To me, it doesn't make any difference. Those people who want to see results sooner therefore go to full doses sooner.

*Does your voice change differently if you start off on a lower dose?*

I don't know the answer. I've not thought about it before your mentioning it. You would think that the change in the vocal cords would be related to the length of time that they've seen testosterone rather than to the rate of change.

*(Part 2 of this interview will appear in FTM #42.)*



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# MALEBOX



## FTM:

I've been receiving the newsletter for more than ten years and I have been noticing a disturbing trend in the newsletter the last year or so. That trend is the dreaded **POLITICALLY CORRECT** drivel.

Last summer someone had a long involved article about some street person which escalated into charges of "verbal abuse" being leveled at some "white guy." While the street drunk in question was given the title of "african american." If someone calling you a faggot is enough for you to go whining to the police, and if the police actually have the time to take such shit seriously, then I ask:

Are you people all crazy down in San Francisco? Are you really a man?

I have also noticed an alarming trend to white-bashing. I find this the most disturbing trend of all, I am white, and I do not appreciate my race being vilified by politically correct nits. This is the most pathetic reverse racism possible and I do not want to see it in this newsletter. Yet, virtually every newsletter has something pertaining to anti-white racism. You should live in Vancouver, where massive immigration from asia has made white man bad—everyone else good. English is hardly heard, nor respected, neither is our country or culture.

Then a recent newsletter that caught my eye immediately; it had on its cover, the photo of three lesbians, one with pencilled on moustache! COME ON! What kind of games are these people playing at? I've never seen anything so ridiculous or embarrassing. Can we keep these assholes out of the paper? You are either a man or a woman. Or transsexuals would not exist.

Jason  
British Columbia

Dear Jason,

I figure the purpose of the Newsletter is to reach and appeal to and show as many parts of the FTM world as possible. This includes Asians, African-Americans, white guys, gay men, street people, and all the rest of us—including you, and other FTMs who have criticisms of what's printed here. I don't see it as white-bashing when we print the writings of FTMs of color, or when white or non-white FTMs discuss racism, or when people write about the interactions between FTMs of different races.

While I don't have the space here to address every issue your letter brings up, I do want to start by clarifying two things. First, the story last summer involved our then-editor getting

PLEASE NOTE: The FTM Newsletter is now quoted in books and magazines outside the FTM community. Your words here may be quoted elsewhere. If you don't want your name to appear in another publication, use a false name (or no name) when you write in to us.

called a "faggot"—which I think is just as important as any of us (gay or not) getting shurred in the streets for being trans—and standing up for himself. One of the points of his article was that the man he'd been defending was injured, not drunk. Second, the cover of FTM #39 depicted, among others, transman Christopher Lee.

In general, I believe the issues that immigrants, lesbian/gay/bisexual people, and non-white people face are directly related to transgender and transsexual issues—for two reasons. (1) Many trans people are not white, not heterosexual, or not born in North America. (2) Power, wealth and freedom are unequally distributed in this world. The idea that one language should dominate to the point where others are obliterated, or one race dominate while others remain impoverished, or one sexual orientation get forced down everyone's throats while the rest remain unmentionable—that some people have more right to be here than others—affects trans people all the time. It affects our ability to get work, to get health care, to pursue a love life, to get called by our true names, to walk home without getting bashed. This idea often governs our decisions and movements: a lot of people think we are wrong to be here, we're not fit for this world, and we should all just be run down in the street.

To address your final point, I'd say that not everybody is a man or a woman. Some people define themselves by one of these two terms and some don't. In fact, I can name you a number of transsexuals who don't go by "man" or "woman." Myself, I believe that two genders are not enough to describe everything out there. This newsletter aims to cover the broad range of people who define themselves in or alongside the FTM identity.—Jed

## DEAR JED:

I received my FTM Newsletter yesterday and devoured it over lunch today. Lots of good stuff! I was especially interested in the interview with James Green, and the note that it was reprinted from another newsletter. I live in upstate New York, seven miles west of the Vermont state line and 30 miles south of the Adirondacks, and I've never heard of TRANS Magazine. Do you have any information about it? This sounds like a mailing list I should be on.

Peace!  
Evan Lawrence

Dear Evan:

Thanks for the compliment. We've been unable to reach Jess Bell, the author of the article. Jess, if you're reading this, can you contact us at FTM with the information about TRANS? Thanks!—Jed

## DEAR FTM:

Can anyone out there give me ideas on how to go about changing my first name in the state of Pennsylvania? I've been told by lawyers that they want at least \$350 to do it. Seems like I should be able to change a first name without a lawyer. How complicated can it be?

Mick  
Pennsylvania

Dear Mick:

One option is to go to a law library (try city hall or a university, and sometimes there are business law libraries in major cities) and ask the librarian for help in looking up the statutes applicable to name change. That will let you know how to proceed. If Pennsylvania law is anything like California's, it is not all that complicated; where it gets tricky is if you want to change gender designators, such as on a birth certificate. Alternatively, you can send \$25 plus \$2 shipping to attorney Spencer Bergstedt at 1122 E. Pike #1070, Seattle, WA 98122 (MstrSpence@aol.com) and get his book on legal procedures for FTMs, which covers the requirements for this sort of thing in all 50 states. (He has a book for MTFs, too). Good luck! —James

## DEAR STEVE N:

I tried the device as you described in FTM #40. I am having

## MORE MALEBOX

difficulty in making it work. I would very much like to have you teach me. My phone number is available from FTM International. Or email et-felici-@worldnet.att.net. I come to San Francisco often and would like to meet you if possible. Thanks!

Elee Tsai

### DEAR FTM:

I really enjoyed this most recent newsletter. I always look forward to it. There is always something very interesting to me in it. However, this one was cover to cover interesting and entertaining. Thanks.

J.D.

### TO THOSE WHO WERE THERE WHEN I NEEDED THEM:

My name is Dale Altrows and I am a Female to Male transsexual. I was born with a female body, but with the help of medical intervention and supportive people in the field, I was able to transform my body to correspond with how I identified: as a man. After several extremely difficult years of coming to terms with the reality of what was involved to acquire my true identity: several years of therapy, several surgeries and their consequent complications, as well as my lifelong dependence on hormonal therapy in order to maintain my present state, I am not given the right to live as a man, based on a criterion which is both unreasonable, unfair and founded on irrational and unethical bases.

In Quebec, prior to 1994, hormonal therapy, a bilateral mastectomy, and a hysterectomy with an oophorectomy were required to have one's legal status changed from Female to Male.

I will deliberately leave out the legal details of this situation, because the procedure for legal change of sex as well as the judicial system vary depending on the location (state, province, country, etc.) of the applicant.

In December 1996, after having undergone all the aforementioned medical interventions, I applied to the Name Change Bureau to have my status changed. For several months I was given every possible reason as to why my application would be refused—including being told that a three-page surgical report specifying the reason for my surgery (transsexuality), my physical appearance (totally male) and descriptions of what exact surgeries and how they were performed was not an actual letter from a doctor and therefore invalid. (Which they later had to retract, seeing as they had previously told me that this would be acceptable documentation. Not to mention the fact that by the time they had changed their mind, the surgeon in question had retired.) They then claimed that a phalloplasty is required. (This too had to be retracted once I had gotten the "expert" who they claimed had recommended this to rectify the matter.)

These numerous bureaucratic interventions, phone calls, and countless arguments had taken up almost a year. And then, finally, they pulled out their new criterion. They were now going to enforce a recent regulation that makes it mandatory to go through a vaginectomy in order to have one's legal sex altered. I was devastated and frustrated. I will not go into the reasons why I choose not to have a vaginectomy as they are irrelevant in this context. And I certainly do not oppose anyone's decision to have one, but to enforce one in order to change one's legal sex change status is cruel and inhumane for several reasons, amongst which are:

- 1) The vaginal tissue is often used for the construction of a penis during phalloplasty.
- 2) A vaginectomy is a dangerous operation, and like any other surgical procedure is invasive and carries risks.
- 3) If one chooses not to have a phalloplasty and/or derives sexual pleasure from their vagina, to remove it would be inhumane, as it would be to remove any non-transsexual's functioning sexual organs.

At the 15th symposium of the Harry Benjamin International Gender Dysphoria Association held in Vancouver in September, 1997, not one other centre reported hearing of such an obligation for FTMs.

Because transsexuality is such a specialised field, there are very few experts and people within a given location who can help us out medically, psychologically, legally, and in any other areas in which we often need assis-

tance in order to be able to live our lives. These were the very people who I needed for help.

It took me quite a while to find a lawyer who would take on this case. When I contacted several lawyers, the mere mention of what was involved made them shy away, knowing nothing about transsexual issues. Others were afraid that they could not help me as much as I deserved.

And so, I thank my lawyer, Noel, and his assistants for fighting this on my behalf. They are getting paid very minimally through legal aid. They have committed themselves to this case because they see it as an important human rights issue. This was the first time they had worked with an FTM and I thank them for taking the time to learn about our lives and

helping us. I am especially thankful to Denis B. for being a devoted mediator, for dealing so well with my frustration and for the countless number of dialogues we've had about the oppressions that we face in our lives. He is one of the most empathetic non-transsexual men that I've met. And to Guy, I give thanks for trying to keep my morale up as well as to devote so much to this case. His help has been immeasurable.

I would also like to thank a fellow FTM who has given me his support, time and energy, and expertise. To J: you gave me an ear to whine in, directed me to other individuals involved in the field of transsexuality, which in turn opened the doors of professionals who were otherwise reluctant to help in this battle. You are a dear friend, a true friend. Your help has been invaluable.

To Joshua: Another FTM—A friend with whom I share so much in common. You've been there for me and you've helped more than I could have hoped for.

Every individual who has written a letter and/or spoken up on my behalf objecting to the vaginectomy criterion has put aside time and energy in their already stressed schedule in order to help me and in turn help others. These people: doctors, surgeons, activists, researchers, friends, etc, by and/or speaking up, took a position on an issue that is a sensitive and often controversial one. This as done out of support for FTMs. Your help cannot possibly go unacknowledged. I thank you.

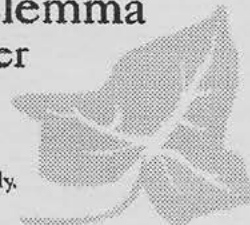
It is almost a year and a half after I applied. My lawyer had advised that before taking this case to the Superior Court—which

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## The Uninvited Dilemma A Question of Gender by

Kim Elizabeth Stuart

Research Supplement available separately.



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### U.M.H.S. COMPREHENSIVE GENDER SERVICES PROGRAM

The University of Michigan Health System Comprehensive Gender Services Program is dedicated to meeting the medical and mental health care needs of persons for whom gender and sexual identity and expression are primary issues. Full range of services, including primary medical and mental health care, and surgery.

DIRECTOR: SANDRA S. COLE, PH.D.

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E-MAIL: UM-CGSP@UMICH.EDU

would be very costly and time-consuming—we try and reason with the government, hoping that they would realise that they had made a grave error. Several experts spoke to the person responsible at the Name Change Bureau. They expressed their disapproval of this vaginectomy criterion. Then, finally, after impatiently awaiting their decision, I was given an official refusal of my application one and a half months ago. The reason given: I have not had “reconstruction of male sexual organs.” The pressure that was placed on the Name Change Bureau has obviously made them reconsider using vaginectomy as a requirement. They have, however, changed it to what is rumoured to be a metaoidioplasty for reasons that are just as immoral, and unjust.

It is hell not having ID match your appearance here. And unlike the States, unless you forge your ID—which is highly risky and illegal—you go through the embarrassment of having to be out all the time.

It means that at any job you get, they check out your social insurance number. You are registered as a female, and have to then deal with that at work. Passports cause all kinds of problems at customs. These are just examples. Basically, anytime you have to deal with police, employers, and medical personnel, you have to come out. I am waiting for this and so are my friends, so that we can look for work and go back to school!

Facing this situation has often made me feel angry, frustrated, and extremely depressed. I am drained beyond tears. I often feel like giving up. But then I hear about all the problems that my fellow FTMs have encountered by living in this legal limbo and the consequent problems that occurred, everything from embarrassments at

medical appointments to threats of physical violence. I realised that I must continue to fight for my sake and others’. All these people aforementioned, along with friends and family, have given me the strength to continue.

I am scheduled to appear in the Superior Court of Quebec on May 11th of this year to argue my case. With me I will bring all the support and help that I have gotten from all you individuals who have enabled me to get this far. I have chosen to write this before the Court has rendered a decision because no matter what the outcome, the help I have gotten has been greatly appreciated and my gratitude is immeasurable.

To those who were there when I needed them: Thank You.

Dale

*Thank you for your story and your struggle, and good luck in court! —Jed*

#### HELLO JAMES GREEN AND FTM:

Just a quick note. Apparently the FTMs in Colorado Springs must not know about our support group (as I have been the only FTM showing up at the meetings).

If you will, please list us in your issues of FTM. The support group is called S.C.I.R.T.S. and in association is T-GENTS for FTMs. We are going for a 501 non-profit eventually, but at present, the group is mostly social. Thank you so much. Your brother in Colorado Springs, Colorado,

Dalton C. Teczon — FTM of T-GENTS

*Thanks, Dalton. See back page for additional information about S.C.I.R.T.S. and T-GENTS. —Jed*

#### DEAR FTM:

I am writing in regards to Venus Bogardus's article “Femme with a View.” First let me make clear that I am not out to place blame on the author; the article was an eloquent and emotionally honest writing regarding the various facets—and consequences—of gender expression in our society. But what the article highlighted for me is an issue I have been grappling with for a long time—the sense that lumping together transsexuals and transgendered people actually invalidates the transsexual experience.

The author questions why someone would need to take hormones and points out that everyone has been uncomfortable with their gender—and therein lies the rub. You see I came into the world knowing I was a “he” (in Europe) before anyone told me what “he” or “she” actually meant i.e. what gender role I was supposed to have—I just knew that when someone called me “he” I felt at home, and when I was called “she” I felt unseen. But of course with no understanding of this simple biological fact, I eventually lost this truth. Moreover, because I had a very powerful and beautiful European-feminist mother who was in most ways stronger than my father, I set about creating a female gender identity—which my mother calls my “drag queen” days—but which fooled straight men and butch women who found me sexually attractive. Only (true) femmes were keen enough to pick up on the fact that I was “other” to them in some way. It took me years to let go of this socially supported identity and when I did I really had no one to relate to because “butch” to me was not the same as a genetic male; it was a gender role

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which—just like a macho genetic male—often included fears of vulnerability. For this reason I've always been one more step removed from butch females than I have from genetic males because at least with genetic males I have that underlying sameness I felt with boys as a child. As a result it has often been straight women I have felt most seen by because in me they saw what they needed—a gender blend of strength and vulnerability with the genetic oppositional chemistry of male.

So after years of having confused gender with sex, and believing that the body is just an irrelevant shell so it shouldn't need to be changed—I know that what I entered the world with was a simple genetic truth: that I am male on that most fundamental biological/cognitive level.

And so I am finally on my way home (after surgery and hormones) into that warm familiar body and voice I used to dream I would grow into when I was a child.

And yet often when I tell someone of my transition, I hear things like "I understand, I have a little boy inside me too," or "I had a transgendered friend who went on hormones and regretted it." (Often transgendered people like Leslie Feinberg go on hormones because society has a problem with the fact that they do not fit into a gender/appearance box, not because they have a biologically induced dysphoria between mind and body.)

These responses come because—as Venus said in the article—no one (or almost no one) is entirely comfortable with their gender. And in that sense everyone has gender dysphoria (which is why I do not use this term). But if gender roles

were wiped out tomorrow, that simple split between mind and body would remain for those of us who are transsexuals.

And that is my point: if gender distinctions were eradicated, the transgendered movement would be over but the medical condition of transsexualism would still exist and require treatment. Conversely, if transsexualism could be eradicated with biological screening, no surgery or hormones would be needed and we could all just fight our gender roles that were incongruent with our individual selves. But for me—until I have aligned my body and mind I do not even have the complete freedom to

**While many transsexuals may choose to be gender warriors, others may simply not be motivated to do so...**

play with my gender as that is a luxury reserved for those who are in the correct home.

I write all of this not to invalidate the various gender movements as they include the necessary warriors of the next millennium, but because those movements have often resulted in the invalidation of transsexuals by questioning why we need the medical transition and treating it as a choice among the gender continuum rather than the basic genetic alignment that allows us to be whole enough to even start making those choices.

Which brings me to my final point: while many transsexuals may choose to be gender warriors because the biological sex of female and male is societally linked with gender—and thus like gay men our awareness of gender roles is heightened as a by-product of who we are—others may simply not be motivated to be gender warriors because once their body is aligned, their own gender role ends up not being that much at odds with what is

expected by society.

Indeed just like that (stereotypic) genetic male war veteran, the (transsexual) man may choose to simply come home to his little house with the American flag, crack open a beer, and turn to his wife who loves him—regardless of his handicap.

Respectfully Yours, Dillon A. Khosla, esquire



*The FTM Couples Group meets occasionally in the San Francisco Bay Area. Contact Joel at 415-668-6124 or Michiko at 510-893-6329 for information. Next meeting takes place June 21. The group has potlucks and social time in addition to a more formal meeting.*

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## **NOTES** FROM THE FTM OFFICE

Brought to you by Yoseñio V. Lewis, Vice-President, FTM International, Inc.

- We are currently the custodians of five bags of clothing for males (shirt sizes 14 to 16, pants sizes 32–36 and other items). Next time you are in the office, please stop in and see if anything fits.
- The membership database continues to be updated by yours truly; we are bringing a little order to this ever-changing (and ever-growing!) list of members. Your newsletter envelope labels are also in the process of changing; we are in the process of updating them so that they will include not only your name and address, but also a subscription renewal date so that you will know when it's time to send in your renewal. We are also toying with the idea of sending out advance invoices, but this will depend on just how insanely over-worked the database manager (that would be me!) truly is.
- As spring has finally sprung in San Francisco, we know the days of warm weather are not long off. The FTM office provides its own sense of comforting warmth, but sometimes it can get a bit suffocating! If anyone has a fan, especially a standing and oscillating one, that they would care to donate to the office, it would be much appreciated.
- At the May 9 FTM Board Meeting, recommended changes to the by-laws were discussed. These changes will be published or inserted into the next newsletter for the membership to review and vote on.
- If anyone is interested in participating in an FTMs of color meeting, please leave a message on the FTM Int'l voicemail for me (see back page).

That's it for now. See you next issue!

# ANNOUNCEMENTS

## CALL FOR PARTICIPANTS: INT'L SURVEY PROJECT

My name is Tarynn M. Witten, Ph.D. and I am the initiator and co-director of the International Longitudinal Transsexual and Transgender Aging Research Project (ILTARP). This project is an attempt to address the lifecourse needs of the transgender community. It is the first an ongoing project to formally address these issues and has many component projects which will be detailed on an upcoming webpage.

One critical component of this project is an attempt to formally document the health care needs and experiences, experiences with violence and abuse, and general demography of the "T" community. For many years the "T" community has been silent and uncounted. What we call "invisible." While we are now coming out to claim our voice, we are still an unknown quantity and it takes numbers to make changes. We are trying to contact as many "T" people as possible around the world. Currently, the survey is being distributed in 10 countries worldwide. We are hoping to have 14 countries collaborating by the end of 1998. We have a comprehensive survey which we are trying to get filled out so that we can make an accurate international demographic description of the "T" community. "T" people include pre/post-op transsexuals, transgenders (individuals who live full-time in their non-natal gender) whether they are on hormones or not, cross-dressers, transvestites, agendered, individuals with other gender perceptions, dual spirits, and any non-Western-gendered viewpoints. We need to reach all races, all cultures, and all classes of the "T" community. Remember, many of us do not have access to the internet so please spread the word on the streets as well. We are also interested in collaborating with those of you are members of the "intersex" community.

I would appreciate your help in connecting with individuals in these categories. All work is medically confidential and is anonymous. Surveys come in stamped, pre-addressed envelopes so that the sender cannot be identified. The ILTARP has been approved by the University of Michigan School of Public Health Institutional Review Board. It is sponsored under the aegis of the Comprehensive Gender Services Program of the University of Michigan Medical Center.

If you feel you can assist in any phase of this project, I would greatly appreciate it. Please circulate this message to anyone who might have access to the aforementioned populations, to anyone who might be interested in filling out the initial demographic survey, to anyone who resides in another country who might help us make contact with "T" people in that country, and to anyone who knows anyone who might be interested in furthering the cause. Please send your email address or phone number if you wish to be contacted by us. To receive the survey, please send a complete postal address. All addresses are treated as medically confidential. If you would like copies of the reports based upon the ongoing survey, please send me a note to that effect, with a postal address so that we can send you the reports. There are currently four reports available.

For further details, you may contact me via any of the following:  
phone: 313-936-2102 (also has confidential message machine)  
email: wittenm@umich.edu tarynn\_nightwing@hotmail.com  
web: <http://www.personal.umich.edu/~wittenm>  
post: Tarynn M. Witten, Ph.D.

ILTAR Project Comprehensive Gender Services Program  
University of Michigan Medical Center, University Hospital  
1500 Medical Center Drive  
Ann Arbor, MI 48109-0050 US

## TRANSGENDER SURGICAL & MEDICAL CENTER (TSMC), specializing in complete trans care, opens in Pittsburgh

Trans physician and surgeon Sheila Kirk has developed and is directing a facility specializing in complete transgender surgical and medical care. In addition, Dr. Kirk is performing MTF GRS, FTM top surgeries, hysterectomies and related surgical procedures for MTFs and FTMs. The TSMC facility is located at 2100 Jane Street, Medical Professional Building, 2nd Floor, Pittsburgh.

## CALL FOR SUBMISSIONS: "OUR TRANS LOVED ONES"

Dear Friends: I am the proud mother of an FTM son, co-chair of PFLAG's Transgender Network, involved with the recent publication of our booklet "Our Trans Children," and active with trans issues in many ways. I am planning to edit and publish a book of collected writings by parents, siblings, children, partners and other relatives of trans persons. More than one family member, close friends and employers are also invited. It will be similar to "Different Daughters," ed. Louise Rafkin, a book by mothers of lesbian daughters that has been very successful in that community. My working title is "Our Trans Loved Ones." There is no such book available for trans families.

Submissions should be positive and accepting of your loved one's trans nature, but may describe the journey getting to that place of acceptance. Writings may cover anecdotes about family reactions, the struggle to learn about and understand trans issues, your emotional reactions, dealing with other family members and friends. Families of TG, TS, CD, intersexed and all variations of gender-benders are included.

Submissions should NOT be by trans persons, themselves, though they may assist and coach others. Submissions should be approximately 1000-2000 words. Poems and writings of other lengths also considered. Prior writing experience is not required; we will assist. Send by email ([maryboenke@aol.com](mailto:maryboenke@aol.com)) or surface mail (Mary Boenke, 180 Bailey Blvd., Hardy, VA 24101) or call to discuss (540-890-3957). Inquiries invited. Please re-post.

## CALL FOR SUBMISSIONS

Seeking submissions for a new anthology about creating relationships and desires with transgendered, multigendered, and gender-defiant people: I am collecting pieces that examine the interplays of gender, attraction, sexuality, power, identity, and community.

The anthology will be by and about people who have something to say about their loving and lusty relationships with transgendered, multigendered, gender-defiant, and gender-questioning people of all descriptions. This is an opportunity to get at what it is in us that is queer for gender, and what this means within the communities we come from. I am not looking for pieces that exoticize or fetishize (unless it's sexy and self-conscious!). Queers, transgendered and transsexual people, people of color, and poor people are particularly encouraged to submit work. Non-fiction essays, fiction, interviews, photographs and illustrations are welcome.

Editor Rachel Lanzerotti is a femme dyke activist in San Francisco: I am drawn to individuals who blur, cross, or change gender positions in various ways. As a bisexual femme, I am attracted to people regardless of sex but because of gender. The idea for this anthology emerged with an article, "Engendering Femme," which I recently published in *Anything That Moves* (Spring 1998, No. 16).

Deadline: August 1, 1998

For submissions guidelines and other inquiries, send an SASE to:  
R. Lanzerotti • 584 Castro Street, Suite 245 • San Francisco, CA 94114  
or email to: [rlanzerotti@igc.org](mailto:rlanzerotti@igc.org)

## SPECIAL ISSUES OF GLQ AND CHRYSALIS

The current issue of *GLQ: A Journal of Lesbian and Gay Studies*, contains articles on various transgender and intersex issues in activism and academia. *GLQ* is published by Duke University Press, and can be found on the stands of many bookstores which carry academic journals. If you can't find it locally, you can purchase it by telephone from A Different Light bookstore in San Francisco: (415) 431-0891.

A special issue of the magazine *Chrysalis*, devoted solely to intersex issues, is now available. This issue of *Chrysalis* is 56 pages long with black and white photos, personal stories from intersex adults and partners, some history and psychology, and even a bit of humor. Edited by Cheryl Chase and Marsha Coventry. Single issues may be ordered directly from ISNA for \$9 postpaid (US and Canada). Quantities of five or more receive a 40% discount. Bookstores receive a 40% discount. Overseas orders should add \$3 for shipping and handling. ISNA • PO Box 31791 • San Francisco, CA 94131

## MEETINGS

**ECFTMG** continues to meet on the second Sunday of every month from 3 to 6 pm at Bet Power's house; 146 Riverbank Road, Northampton, MA. For directions or info, call Bet at 413-584-7616. New brothers or significant others of FTMs who have never attended one of our meetings should call and introduce themselves before attending. Our meetings are free and open to all FTMs: crossdressers, transgendered, transsexual, non-op, pre-op, post-op, and our significant others. We are all-inclusive, safe, and nonjudgmental. We respect the right of each of us to decide our path.

### ONGOING SAN FRANCISCO BAY AREA FTM MEETINGS:

See back page for FTM International meeting times and office information.

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

**EAST BAY group,** Emeryville. Every other Monday, 7:30 pm. Call FTM office for location.

**NEW MEN'S group** (anyone questioning transitioning or new to transition, all welcome). Fourth Thursday of every month (6/25, 7/23, 8/27, 9/24). FTM office, 7:30 pm.

**PARTNERS' group** (for partners of FTMs). 2nd Sunday of every other month, same days as closed FTM Int'l meetings, 2 pm; AFP offices, 425 Divisadero, SF. Call Michiko: (510) 893-6333. Also see FTMSO@aol.com

**READING group,** East Bay. Meets 3rd Tuesday of every month. Boadecia's Books, 398 Colusa, Kensington. (510) 559-9184.

**SPIRITUALITY meeting** (all welcome, all spirituality backgrounds and beliefs). Second Sunday of every month, 1 pm, at the same locations as the FTM International meetings.

**YOUTH:** Meetings sponsored by LYRIC (Lavendar Youth Recreation and Information Center)

**CHANGELINGS:** Social and meeting space for transgender and gender-bending youth under age 24. Call for more info or to find out about other lesbian/gay/bisexual/trans youth groups.

To talk to another young person about what's going on, call the LYRIC Youth Talkline at 1-800-246-7743 (toll free only in SF Bay Area). LYRIC's general number is 415-703-6150.

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## CALENDAR

**Correction:** Quan Yin training and *Trappings of Transhood* showing were incorrectly listed in FTM #40

### June 24-27, 1998

#### Queering the Nation

York Univ. Student Centre, Suite 335  
4700 Keele Street  
North York, ON M3J 1P3 Canada  
416.736.5658 • queer@yorku.ca

### June 26-28, 1998

#### 2nd Annual Malibu Men's Retreat

Max E. Fuhrmann, Ph.D.  
3617 E. Thousand Oaks Blvd. Ste. 128  
Thousand Oaks, CA 91362  
FRFTM@aol.com • 805-496-4442

### July 24-29, 1998

#### 20th Nat'l Lesbian & Gay Health Conference

& 16th Nat'l AIDS/HIV Forum  
San Francisco, CA  
NLGHA Conf., P.O. Box 33022  
Washington, DC 20033  
202-234-1467 (FAX)

### August 6-9, 1998

#### World Pornography Conference

Universal City, CA  
Dr. James Elias, Center for Sex Research  
California State University, Northridge  
18111 Nordoff, Northridge, CA 91330  
818-677-3844 • 818-677-2059 FAX  
james.elias@csun.edu

### Sept. 2-3, 1998

#### Sexuality and Gender in 20th Century Europe

Dr Petra Bagley, or Dr. Helen Jones  
Dept. of Languages, University of  
Central Lancashire, Preston PR1 2HE  
c.williams2@uclan.ac.uk  
p.m.bagley or h.l.jones@uclan.ac.uk;  
tel: 01772 - 893927 or 893126  
fax: 01772 - 892919 or 892909

### Sept. 18-20, 1998

#### 3rd Int'l Congress on Sex and Gender

Exeter College, Oxford University  
Jan Cobb, PFC BM network,  
London, WC1N  
3XX Tel: +44 (0) 1473 421385  
Fax: +44 (0) 1473 421386,  
email: Cong.book@pfc.org.uk

## Transitions

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# FTM RESOURCES

## UNITED STATES

**California** *FTM International*, 1360 Mission St., Suite 200, San Francisco, CA 94103 Ph: 415-553-5987 • Website: <http://www.ftm-intl.org>

**Under Construction**, P.O. Box 922342, Sylmar, CA 91392-2342. Contact: Jeff Shevlowitz 818-837-1904. E-mail: [littlesthevy@juno.com](mailto:littlesthevy@juno.com)

**Genderqueer Boyzzz**, Los Angeles area. Contact: Jacob Hale 213-665-1130. email: [zeroboycjh@aol.com](mailto:zeroboycjh@aol.com)

**Colorado** *S.C.I.R.T.S. (Southern Colorado IntraRegional Transgender Society)* and *T-GENTS* for FTMS. Contact: LisaJo or Chrissy (both MTF) at 719-591-5860 or Dalton (FTM) at 800-426-5812, mailbox # 719-380-8135. Meetings for MTFs and FTMs on Tues. nights at 8 pm. every 3rd Sat. at 8 pm.

**Florida** *Eden Society*, P.O. Box 203, Deerfield Beach, FL 33443-0203 Contact: Lee 305-247-6254 Nature/Services: Open transgender support group. Newsletter: EdeNews.

**Massachusetts** *East Coast Female-to-Male Group*, P.O. Box 60585, Florence Station, Northampton, MA 01060. Ph: 413-584-7616, Bet Power. Support group for female-to-male persons and their significant others. *Boston Enterprise*, P.O. Box 193, Bellingham, MA 02019. Ph: 617-639-7968, Mike. Weekly support group for FTMs; monthly social events open to all.

*The Officer's Club*, c/o IFGE, P.O. Box 229, Waltham, MA 02254-0229. Phone 617-899-2212. Nature/Services: an FTM support group which meets at 7 pm on the first and third Monday of every month in the offices of IFGE.

**Virginia** *Transgender Support Group*, 142 W. York St. Suite 815, Norfolk VA 23510. Contact: Maggie Chubb, LCSW 757-625-2992. Open transgender support group. Part of Horton & Horton Gender Reassignment Team. For both FTMs and MTFs.

**Wisconsin** *Gemini Gender Group*. PO Box 44211 Milwaukee, WI 53214. Voice mail #414-297-9328. Notes: The local "professional" TG program in town is PATHWAYS, directed by Gretchen Fincke (and Roger Northway). The program offers a connection to endocrinologists, surgeons, etc. and has separate FTM and MTF groups. Pathways ph: 414-774-4111—Michael: 414-276-8877.

## INTERNATIONAL

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

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

**Canada** British Columbia: *BC FTM Network*, Box 10, 1895 Commercial Dr., Vancouver, BC V5N 4A6. Ph: 604-254-7292; [bctfmnet@hotmail.com](mailto:bctfmnet@hotmail.com) This network provides advocacy; public education; outreach; information and peer support contacts for family, partners, allies of FTMs; contact info for other FTM resources worldwide; and a peer-run discussion/support group that meets once a month, FTM Etc (email [lukasw@direct.ca](mailto:lukasw@direct.ca) for more info)

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

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

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

**The Netherlands** Amsterdam: *Mannengroep Humanitas Amsterdam*, Postbox 71, 1000 AB Amsterdam; tel. 020-6262445 fax 020-6227367

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

### Send in your meeting times!

**Keep us informed about organizations, support groups, newsletters & other services that cater to and/or include FTMs. There are more resources out there, and we'd like list them!**

## FTM INTERNATIONAL NEWSLETTER

The world's most widely-circulated Newsletter for the Female-to-Male crossdresser and transsexual. Published quarterly since 1987. Send correspondence, address corrections and contributions to:

**FTM, 1360 Mission St., Suite 200, San Francisco, CA 94103**  
**VOICEMAIL: 415-553-5987 E-Mail: [TSTGMen@aol.com](mailto:TSTGMen@aol.com)**

*Editor: Jed Rosenthal Bell*

*Contributing Editor: Jamison "James" Green*

*Art Direction/Design/Production: Marty Wilder and Ari Grossman-Naples*

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### S.F. FTM MEETING SCHEDULE 1998

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

Open (informational)	Closed (support)
July 12, 1998	June 14, 1998
Sept. 13, 1998	August 9, 1998
Nov. 8, 1998	Oct. 11, 1998

See page 18  
for other  
S.F. Bay Area  
FTM meetings

## WILLIAM A. HENKIN, Ph.D.

### PSYCHOTHERAPY

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*SM/BD/IDS coming out TV/ITG/TS/ISO*

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*inner child & other alternate personas*

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Use this response form to update our mailing list, let us know if you want to continue receiving FTM, or to send in a donation.

- \_\_\_\_\_ please put me on the mailing list
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- \_\_\_\_\_ This is an address change
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NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Thanks for your continued support! 6-98

# 1<sup>st</sup> National Survey of Discrimination Based on Sexual Orientation & Gender in the Workplace

Please help us by taking a moment to fill out this survey. This study is being distributed and conducted by the National Gay & Lesbian Task Force, the National Center for Lesbian Rights, and GenderPAC. We're trying to understand more about the types of employment discrimination our community faces.

## TELL US ABOUT YOURSELF

City, State where you live:

\_\_\_\_\_

Today's date:

\_\_\_\_\_

## SEX

(Please check all that apply.)

- Man
- Woman
- Intersexed
- Transsexual
- Transgender
- Other \_\_\_\_\_

## EMPLOYMENT STATUS

- Unemployed
- Part-time
- Full-time
- Retired
- Student
- On Welfare
- On Disability

## AGE

- Under 18
- 18-22
- 23-29
- 30-44
- 45-64
- Over 65

## INCOME LEVEL

- Under \$10,000
- \$10-25,000
- \$25-50,000
- \$50,000 +

## RACE/ETHNICITY

- African-American
- Arab/Middle Eastern
- Asian/Pacific Islander
- Latina/o
- Multi-Racial
- Native American
- White
- Other

1. Have you ever experienced workplace discrimination because you are, or were perceived to be, too masculine, too feminine, gay, lesbian, bisexual, or transgender?  Yes  No

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

2. If YES, please check all that apply:

- Loss of Job
- Loss of Promotion
- Demotion
- Not Hired
- Unfairly Disciplined
- Verbal Harassment
- Physical Harassment or Assault
- Sexual Harassment or Assault

Other  
Please explain: \_\_\_\_\_

3. Do you believe the discrimination occurred because:

**Please check more than one box, if more than one box applies to your situation.**

- Too masculine (Please check all that apply) \_\_\_ Clothing \_\_\_ Mannerism \_\_\_ Physical Appearance
- Too Feminine (Please check all that apply) \_\_\_ Clothing \_\_\_ Mannerism \_\_\_ Physical Appearance
- You are, or were perceived to be, gay
- You are, or were perceived to be, a lesbian
- You are, or were perceived to be, bisexual
- You are, or were perceived to be, transsexual or transgender

All surveys are kept strictly confidential. However, if you are willing to share with us the specifics of your case, for possible inclusion in an in-depth documentation of workplace discrimination, please complete the name and phone sections below. This is not part of the survey, and is entirely optional. Your name will remain completely confidential unless you authorize us to use it.

Yes, please contact me: My name is: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Please return to: GenderPAC, Attn: Survey/Wilchins, 274 W. 11<sup>th</sup> St., Ste. 30, NYC 10014