

The Chest Issue!

Soul and Body

by Sean [REDACTED]

How do you describe what being transgendered feels like? One of the best images I ever came up with is this: Through much of my life I felt like just a head. I loved my brain. I relished thinking and reading and writing. I felt at home there. But it was as if my body didn't even exist. If I thought of it at all, I hated it, so I mostly tried not to think of it.

I avoided most forms of exercise because they made me too aware of my body, the effort to move it around, the sweat, the pounding of my heart, the pain in my muscles. I anesthetized myself with food, depending on that dull, heavy feeling to keep me unaware of my physical self. Even using my voice, speaking or singing, was painful because the sound that came out was never the rich, low sound I expected.

So the most startling part of this whole metamorphosis has been feeling like a whole person. Suddenly I have this living, breathing body that is more and more a part of me. My FTM friends and I remain fixated on the physical. We are worse than a whole herd of self-obsessed, bragging, pubescent boys. Our second puberty is a miracle to us, all the changes we thought would happen to our bodies in our early teens now finally, magically, happening. Every facial hair is cherished and celebrated. We laugh with self-conscious joy every time our voices break or crack or go careening wildly from octave to octave. Muscles appear. Bellies get furry. Skin breaks out. The libido erupts. The whole awkward process is quite adorable.

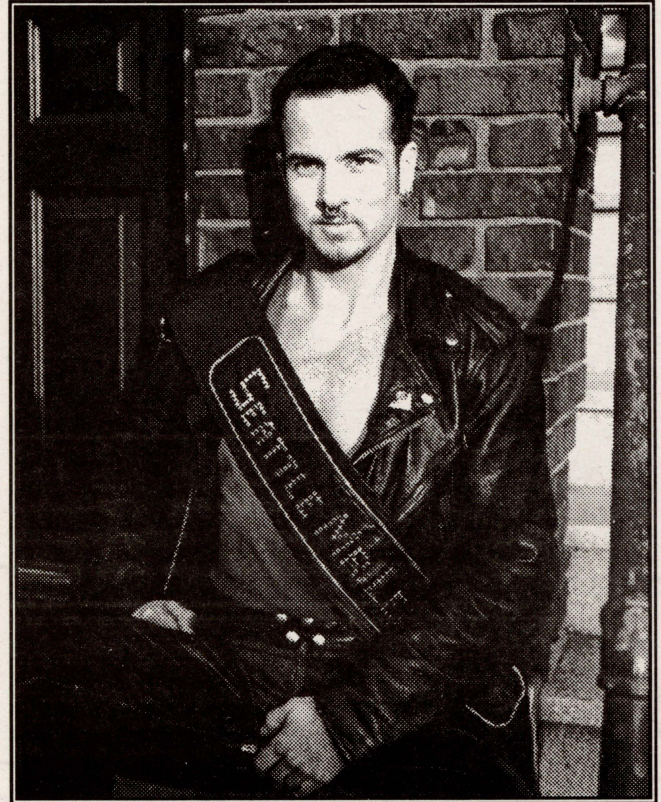
In the last few weeks I've realized again how important physicality has become for me and what a novelty it still is to finally love my body. I'd been losing weight and lifting weights, getting ready for the final stage of my top surgery which was scheduled for August 19 in Montreal. Deltoids! I had deltoids. And these cool, muscley things in my thighs. And pecs bulging above the remaining bulges of my emptied but still visible breasts. Every week I cut the time it took me to walk to work, my body carrying me effortlessly along the Santa Fe streets. I ran up and down the stairs a dozen times a day, only the slightest jiggling reminding me of my feminine past.

Dr. Menard performed the surgery under local anesthetic. The operation was supposed to last about two hours, but ended up going for three and a half. There were complications. A cyst that had formed after the last surgery had to be removed. A "bleeder" blood vessel opened up that wasn't particularly interested in being cauterized. But I got through it and got home. I hated having to wear the binder again, especially having to wear it day and night after five months of near total freedom. I stretched the brief showering period each morning to stare at my chest in the mirror. It was swollen and massively bruised. The right side looked hideous; the left side looked even worse. It hurt a lot.

The left side did turn out to be worse. It swelled and swelled, the skin stretched glossy and black. After almost two weeks of being macho and toughing it out, I went to see my local physician. Dr. Wright

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**More chest surgery articles—
see pages 6-7**



Billy Lane, title-holding leatherman, competes in the ultra-masculine world of International Mr. Leather (page 8). Photo: James Locwen



Chocolate Cheesecake Conchita Rodriguez Johnson—a.k.a. FTM Int'l Vice President Yoseño V. Lewis—was official Festival Diva at the second annual Tranny Fest on Nov. 21. S.F. Mayor Willie Brown proclaimed the day "Transgender/Transgenre Cinema Day" in honor of the festival. More Tranny Fest photos inside...

True Spirit '99! (pg. 17) / FTM Conference in L.A. next fall (pg. 2) / March '99 events (pg. 20)

Preparations to host the FTM International Conference in Los Angeles in the fall of 1999 are under way! Any and all volunteers are welcome. To help or volunteer your professional services, email Conf99FTM@aol.com or write: FTM Organizing Committee POB 922342 Sylmar, CA 91392-2342

Scandinavian Journal by James Green

Readers of this newsletter may recall an interview with yours truly in issue #40 in which I noted that I was waiting for the right woman to come along. Well, it happened this past summer when I fell in love with Swedish writer and debater Petra Östergren. She and I had met in February when she was in the San Francisco area networking on behalf of EuroPride, which happened this past July in Stockholm. She asked me to come to Stockholm for EuroPride to lecture on transgender inclusion, but I couldn't be away from my work in July since I was planning to attend a conference in Oxford, England in September. So instead, she agreed to arrange a series of lectures for me in Sweden and Denmark after the Oxford conference. The bottom line is that we fell in love during our prolonged email exchange, and we decided to spend this next year together to see if we could build a life with one another. I am one very happy guy, and Petra is one very impressive woman.

In Oxford, at the Third International Congress on Sex and Gender, Stephen Whittle and team presided over a very well-organized three-day interdisciplinary conference. There were not many people there from the U.S., which was too bad because it was a great opportunity to meet people from all over Europe, as well as a large Australian delegation. Fortunately, there are plans in the works to publish most of the papers that were presented.

Leaving England, Petra and I went to the far North of Sweden where her family lives. At the second family dinner I attended, Petra's aunt asked her—not knowing I was TS—how her lesbian friends in Stockholm were reacting to her new status as a straight woman. Petra had wanted me to come out to her family before I started my lecture tour so they wouldn't have to find out about me through the media, and I agreed, but I still felt this was not the right moment, so she reluctantly replied evasively that they were adjusting well enough.

Then her aunt told me, "Now don't let her drag you to any of those clubs she goes to. It's quite a different lifestyle, you know."

I looked at Petra; this was my chance.

I replied, "Actually, I know quite a bit about that lifestyle."

"Did you used to be gay?" she asked.

"No, I used to be a lesbian."

There was a pause. "You used to be a lesbian?" she repeated, somewhat dazed.



Tell James "Happy 50th!"

Writer, consultant and community activist Jamison "James" Green celebrated his 50th birthday on November 8th, 1998. James took over the FTM Newsletter from founder Lou Sullivan at Lou's request in March, 1991. Lou passed away due to AIDS-related illness one week later. Unbeknownst to him, James was also to inherit the FTM International group and its quarterly meetings. Now, after nearly eight years of unflagging effort, support, courage, compassion, and grace in the cause of FTMs and transgendered people everywhere, James serves as the president of FTM International and is regularly asked to speak at national and international gatherings, on television and in films. On his birthday, with typical generosity, James asked guests to make donations to FTM International rather than bring presents. Those who were unable to attend his birthday celebration are invited to express their appreciation for James's work by making a donation to FTM International now. As he put it, a tribute to the group would be a fitting tribute to him as well.

FTM INTERNATIONAL NEWSLETTER

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Please submit articles by January 15 for consideration for FTM #44. Ads and letters due January 30.

Transsexual Teens

Two Dutch Studies by Kevin [REDACTED]

Thanks to Diane Ellaborn, LICSW, for providing these studies to FTM.—Jed

So many books and articles have been written lately on the topic of transsexualism that it begins to feel like an information overload. However, it seems to me that the burgeoning TS literature shelves represent the strength of our movement in the 1990s. At no time in history (that we know of) has so much information been amassed and disseminated on the topic of gender identity. Particularly useful is literature written by transsexuals, because of the unique perspective and insight derived from direct experience. However, some interesting work has come from the medical community as well—even (surprise, surprise) research studies conducted by clinical psychologists!

One such interesting study out of the Netherlands, "Sex Reassignment of Adolescent Transsexuals: A Follow-up Study," (Peggy T. Cohen-Kettenis, Ph.D., and Stephanie H.M. van Goozen, Ph.D., *American Academy of Child and Adolescent Psychiatry*, 36:2, February 1997) offers new insights into the possibility of transitioning during adolescence. The study is carefully plotted out, assessing fifteen FTMs and seven MTFs who were the first adolescents in treatment at the University of Amsterdam Free Clinic (where 95% of Dutch transsexuals go for treatment). The purpose of the study is to explore the positives and negatives of starting transition before the onset of puberty. Authors Cohen-Kettenis and van Goozen do a good job of carefully differentiating

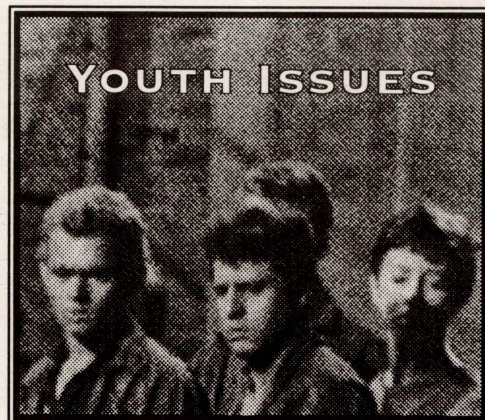
between adolescent and adult gender identity issues. They point to research showing a low percentage of adolescents with gender identity issues who actually pursue SRS as adults. They also mention the difficulty of getting parental consent, the importance of stability, and the stipulation that only transsexuals who score high on gender dysphoria assessments were allowed to progress to the second phase of the treatment plan.

Within these rather stringent guidelines, however, the positives of early hormone treatment appear to be very strong. MTFs were able to pass much more easily by preventing their voices from dropping early on, and by getting only a little facial hair. FTMs benefited from slowed breast development and early masculinization. The emotional relief in moving ahead quickly with hormone treatment and SRS was seen as a big plus for both groups.

Apparently, the groups were first placed on a regime of partial hormonal treatment, which blocked effects of innate hormones without creating irreversible changes. Although the study did not mention dosages or types of hormones used, it implied that suitably low doses of estrogen or testosterone were administered. Then, after cross-living for a period of time, and passing the "real life test," the adolescents were allowed to receive higher doses of hormones. SRS also became a possibility at this time, although most FTMs opted to wait longer for lower surgery.

Unfortunately, not much was mentioned specifically about the extent of pre-pubescent physical change. It seems likely that FTMs got a more dramatic masculinization from taking testosterone before puberty. It would be interesting to find out if starting hormones before the menstrual cycle would increase muscle mass or increase the chances of penile growth. Also, a comparison of MTF and FTM bone/muscle/hair growth after hormones would've added a useful element to the study.

Although the authors referred to FTMs as having an easier time after transition than MTFs, they did not mention specific reasons for this difference. They did say that MTFs were more likely to benefit from early hormonal treatment than FTMs, particularly because of an improved vocal quality. Of the problems affecting FTMs, living without a normal-size penis seemed high on the list, and this cannot be (fully) corrected with early hormone treatment. Starting early is, nevertheless, an advantage to those who are absolutely sure this is what they want. In spite of the surgical snafus, and taking into account other life problems that aren't specifically related to gender, the adolescent transsexual



group seemed well-adjusted and comfortable, and all said that they would do it again.

The study shows fairly conclusively the great potential for early treatment, particularly for MTFs. It seems as though those who are in a position to actually get hormones and surgery in their teens are relatively few in number. Parental consent is necessary, and the guidelines are more defined than for adults. But this is a good start, and maybe it will open up the possibility of early transition to an increasingly large number of youth in the future.

A second study, "Psychological Functioning of Adolescent Transsexuals: Personality and Psychopathology" (Lee Cohen, Corine de Ruiter, Heleen Ringelberg and Peggy T. Cohen-Kettenis, *Journal of Clinical Psychology*, 53:2, 1997), seems less engaging, perhaps because it wastes time trying to disprove the obsolete concept that transsexuals are mentally ill. Specifically, this study is devoted to disproving a 1984 compilation of research (Lothstein, L.M., "Psychological testing with transsexuals: A 30-year review," *Journal of Personality Assessment*, 48, 1984), which indicates that psychopathology is an underlying pattern in transsexuals. The focus here is also on adolescent transsexuals receiving treatment at the University of Amsterdam Free Clinic.

The study compares a group of adolescent transsexuals with a group of nontranssexual psychiatric outpatients, and uses a control group of first-year university students as a "normative" sample. The object is to determine whether or not psychopathology is a requirement for transsexualism. The study proves that the transsexual group is not primarily "ill," and uses Rorschach as well as a battery of Dutch personality tests in order to do this. The test results are analyzed, compared, and charted in highly technical jargon. While it is good to know that, according to this study, our collective elevator does go to the top floor, the question is why does one study contradict the others? Isn't it possible to "prove" your own subjective hypothesis when appearing to offer objective data? And why is it necessary to spend so much time proving or disproving the "illness" factor of transsexualism? Time might be better spent on researching improvements that will directly affect transsexual lives. However, perhaps the study will help offset some of the damage done by Lothstein and others, whose research has gone unchallenged for a number of years.



Lynne Chan's Faggot/Cholo was just one of the gender-bending flicks in twelve hours of films and videos at Tranny Fest on November 21.

True Confessions:

"I started T @ the Michigan Womyn's Festival!"

by Dión

See sidebar for an explanation of Michigan, womyn's festivals, and Camp Trans.—Ed.

"Why the hell would you go to the Michigan Festival?!" That's the response I expected each & every time I confided or confessed to my peers (other trans people) that I was going. It was actually out of a couple of those conversations that this article arose. I'm writing this to share my decision & my experience as someone currently making the transition from one community to another. When first deciding to go to the festival I thought I was possibly the only FTM going. I felt intense shame. Fear about what it might mean that part of me wanted to go.

I had gone to a womyn's festival in 1980 @ Yosemite, California. Over the years I went to several more festivals, and also Califia Community retreats, where I learned about & dealt w/ class, race, sexism & ableism—the systematic oppression of disabled people. It was at an early women's festival that I went to a workshop on abuse for some information. That experience changed my whole direction in life. I know what I'm going to say isn't everyone's choice or experience...this is mine. I want to face the reality of truly leaving this community of women.

Three Michigans ago I made the decision to be more true to myself & got my ideal haircut there. I then began consciously presenting as male while at the same time maintaining my long-standing butch identity. This was one significant part in my coming out as FTM tho I didn't call it that. Funny how the safety of being at a women's festival would help me come out as transgender. I self-identified as FTM the next year, shortly after selling jewelry as a craftsperson at Michigan '97. I then identified as no-ho, no-op and became more open in questioning if I wanted to do hormones or not. When coming out I felt relieved & proud of FTMs who focused on who you are inside as opposed to what you look like—who saw that, hormones or not, we are all equal. When the deadline to apply for Michigan '98 approached, I called a longtime craftswoman friend & came out to her. When I asked about festival policy she said her understanding was that because I was raised & socialized female it would be OK if I went. She said that if I wanted to go, she & her partner would back me up if there was any conflict. I later heard that the producer of the festival supported and wanted FTMs there, and that MTFs were welcome as well (or admitted, or harassed, depending on who you ask). FTM policy-wise, I presume she meant no-ho/low-ho FTMs, though many people (womyn?) with beards and other facial hair attend every year. The policies and distinctions are all kind of vague. I did meet two or three MTFs at the festival this year.

What it was like pre-festival: I was a nervous wreck. A sample: I'd say to myself, "Decisions. I hate them. What was I thinking I'd go to the MWMF! I don't belong there, I don't want to go. How to get out of this..." Pure panic! More shame with the part of me that wanted to go. Fear I'd surely be judged & lose respect from those I care about. I had recurring visions of protesters circling my booth, picket signs in hand, or being rustled out of my tent in the dead of night and told to leave (which happened to an MTF before the days of Camp Trans). I was also extremely fearful of what the

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What's with Michigan?

Background Notes and Thoughts

by Jed

Women's music festivals in the U.S. are annual events that draw huge numbers of women, predominantly lesbians, to rural camp-out settings for as long as a month at a time. These festivals tend to be characterized by varied but deeply-held feminist worldviews and are most famous for incorporating many fierce lesbian separatists, but also include a lot of fag-friendly urban dykes and plenty of other kinds of women as well. The Michigan Womyn's Music Festival is the biggest of them all, drawing an international crowd.

The Michigan festival is also notorious for its transphobia, specifically against MTFs. While numbers of MTFs have certainly suffered harassment and exclusion from the festival, the festival policy—set by the two (now one) who produced the event for decades—has never been clearly stated or printed. Security teams at the gates seem to have been left to their own devices with the general statement that only "womyn-born-womyn" were allowed in. They may have interpreted this statement differently at different times.

A number of transactivists staged a "Camp Trans" across from Michigan's main gate to protest the policy in 1993. MTFs were again tossed out, but hundreds of festival attendees left the event grounds to offer support and attend trans workshops led by protesters. By the following year's repeat of Camp Trans, transactivists were told that they themselves could decide whether or not they counted as "womyn-born-womyn." The trans women triumphantly entered the festival grounds—and left pretty quickly, sensing that (thanks to their own courage and hard work) a big cultural change was now taking place, but that the conflict was far from over. See Riki Anne Wilchins, *Read My Lips* (Ithaca, New York: Firebrand Books, 1997), pp. 109-115 and 201ff., for a more detailed account. From the widely varying reports, it seems that the Michigan festival is still in that state between changing and changed.

While it may seem ironic to have FTMs crop up at a place so much defined around womanhood, it actually makes all the sense in the world. FTMs appear in highest concentrations where the lesbian population densities are high: Northampton, the San Francisco Bay Area, other places around the country—including the Michigan festival. While plenty of FTMs have *never* lived as dykes, a whole lot of us have, and have come to our FTM identities through our dyke lives and friends and lovers and attitudes. Some of us even refuse to relinquish these parts of ourselves. Dión's article is talking about these contradictions and what it's like to live in them. While I have recently started taking T myself, I appreciate this kind of perspective on the noho/low-ho/any-ho experience of FTMs who don't want to divorce themselves abruptly or entirely from dyke worlds they've belonged to for years. FTMs, boydykes, and other trans people deserve to define our own gender identities whether we ever take hormones or not, and whether or not, as in my case, we want to take a lot of time to make such a change.



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When You Least Expect It (I) by Yoseñio

In July of this year I went home—home to Newport, Rhode Island, for my 20 year high school reunion. When I was in high school in the late 1970s I was Yolanda, the smart, over-achieving, involved-in-everything-but-known-to-no-one student. I was everybody's friend, but no one knew the real me. I'd been to previous reunions where others still didn't know me...but this one was going to be different. At this one I was going to be completely out.

I'd asked a friend of mine from New York to go with me for support. She's known me as Yoseñio, as ftm. I wanted her there not only for the support around my gender identity, but also because I'd been one of maybe 20 black students in my class. I wanted to make sure there was at least one other black person in the room with me. We got to the reunion about an hour after it started...I purposely wanted more people to be there when I got there, so I could come out to a bunch of people right away. As it turned out, everybody already knew! When I had registered to go to the reunion, I told my class president about my new name and gender. He didn't miss a beat and just told me that he would make sure that any name tags that were made up said "Yoseñio." This frightened me...you have to realize that I grew up in a small town, on an actual island, with a Puritan, New England attitude quite intact. To

have someone from there completely accept me without question was...puzzling, to say the least. So much for my stereotyping the people I grew up with!

When we got to the registration desk we found that my "name tag" was my high school picture (big afro, dashiki, crooked glasses and all!) and the name Yoseñio. Before I could pin the picture on my shirt I had three people telling me that "So-and-so is looking for you and said to make sure you find her/him." Ah, the popular days of youth! I was thrilled and scared by people wanting to see me. I wondered if they would recognize the closely cropped, hairier, fatter man in the dress pants, shirt and tie. Remember, I was one of 20 dark-skinned kids...it's not like there were a lot of us around to be mistaken for! As it turned out, a few people did ask me if I was Raymond C., until they saw my picture...then they just looked at me and said "Um...didn't you have a different name in high school?" After a while I started answering "no, my name has always been Yoseñio"—and then telling them details about their lives that only someone who'd been around them 20 years ago could know. Yes, I can be devilish on occasion!!!

There were some difficult moments. I found out that two of my classmates had died from AIDS (two that people knew about, at least). I finally accepted that a 33-year friendship had ended, because my "friend" believes I am "too obsessed and self-involved" with this "transsexual thing" and not being a good enough friend to her. She'd had some tragedies happen in her life, and the best way for her to deal with them at that time was to blame me for paying so much attention to my life that I couldn't be there for hers. We were civil to each other at the reunion, but it was clear that our hearts had not reunited...and we have had no contact since that night. She is pregnant

When You Least Expect It (II)

The following is an email my sister sent after she and our family watched the A&E cable TV documentary "The Transgender Revolution" [available by calling 800-423-1212]. I've substituted initials for their names.—Yoseñio

Eye opening experience! I really had no idea of the challenges you face everyday. Thank you for sharing this with us. I know you will be hearing (e-mail of course) from T soon as well. He called me right after the program and we had a little chat. BB and I had to do some thinking/talking as well. Earlier in the day he asked me if I planned to sit down and talk with TA about Yo. I told him that if any conversation was needed, I felt Yo needed to have it.

TA came into my room while I was watching the program. He came in near the end when you were talking, but they were not showing you on the screen. He looked at me (puzzled) as if he knew the voice, so I said "Whose voice is that?" He looked at the screen and you were back on and he says "DUDE, what is HE doing on there?" I went on to explain that the program was a news report which relates to the FTM group of which you are a member. He said "Oh, OK." And that was the end of that. It suddenly dawned on me that in TA's eyes, you have never been a female. He has always referred to you as DUDE. I used to think it was just a nickname, so to speak, but now I realize it goes much deeper than that. T and I discussed this as well, and he commented on how TA had no problem with it, nor did he seem bothered by the fact that you were with a woman at the family reunion. It's as if that's how it is just supposed to be.

What I am slowly but surely coming to realize, is that for all the teaching I try to give to my son, I can definitely take a few lessons from him. He's right.

I was especially taken with the story on Tony Barreto-Neto. What an outstanding man. He has beaten the odds, and I found his story most inspiring.

Change is hard for all of us. It is difficult sometimes to refer to you as HE, HIM, my brother. After watching this program, I know I am a few steps closer to comfort. I also watched the program and we chatted briefly afterward as well. She commented on her inability to refer to you as HE/HIM. But what we both realized and owe you a "Thank You" for is the fact that you do not push us. If we slip and say she/her, it is not the end of the world...you do not pull away from us. This realization, I believe, will also help us to make this transition with you.

I do not remember the name of the woman (she was rollerblading in the program) [Nancy Nangeroni], but I was very touched to see her interacting with her sister and her sister's child. I need to have that with you.

BB asked me "Didn't you see this as you all were growing up?" I explained to him that whatever we saw, we didn't really see it. Yolanda was our mother and our father, not our sister. SHE was the person who made sure we had a childhood by giving up HERS. Thank you for that. And now it's time you have a life of your own. The life that makes you feel as loved as you always made us feel. I love you, My BROTHER, and I will always be here for you.

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Chest Surgery 101—AN OVERVIEW OF THE ISSUES

by Dylan

Most of us would not ordinarily be candidates for plastic surgery, barring some unfortunate accident that required reconstructive surgery. And our frequently awkward dealings with health care practitioners are compounded by the fact that we're dealing with a body/identity issue that is painful to us and perhaps out of the norm for them. This can make it difficult to get the care we need and deserve.

There are several well-known surgeons we tend to gravitate toward; we lean towards them partly because their experience with people like us lessens the awkward discussion of what we want and why. They also have some visible track record of success. Every one of these surgeons has his/her cheerleaders (usually their patients) and most have at least a few detractors as well (typically those who chose to go elsewhere). Most of the surgeons working in our community have done good work for many of their patients and ultimately, most of us are so relieved to get rid of our breasts that we think the surgeon did a great job even when it's far from perfect.

For many years there were essentially two approaches to chest reduction and reconstruction: the double-incision and the keyhole [see page 7 for more detail]. The keyhole was generally performed only on very small-breasted individuals because this technique removed little or no skin and the nipple-areola complex was not moved. Anyone with larger or more pendulous breasts—anything more than an A-

cup with no droop—got the double-incision with nipple/areolas reduced in size and grafted in proper position.

A note here about cup size: Many of us avoid bras and the lingerie department at all costs and don't know what our cup size might be now except too big! Yet, there's often talk of cup size when discussing these surgical options. Two elements play a part in the discussion of size relative to the surgeries: mass and length. The A-cup appropriate for the keyhole would be that "fit-in-a-champagne-glass" size—and I don't mean a flute glass!

In recent years, surgeons have discovered that skin is elastic enough to "shrink to fit" if given encouragement. It may not shrink as much as desired, but it can shrink a lot more than surgeons once thought. This, along with advances in liposuction technology, prompted new thinking about breast reduction and made keyhole-type small-incision methods accessible to patients with larger and more pendulous breasts—though still not widely recommended for those larger than about a C-cup, which means from about the mass of a large orange to a small grapefruit.

For a while, there was talk that this new development would eliminate the old double-incision method—but the reality is that double-incision may still be the way to go for some people. Some of the surgeons are expanding double-incision skills to include the new

methodology, which generally is called lipo/excision, or modified keyhole.

We each choose our surgeon and surgical technique based on our own particular sets of criteria and with our own Perfect Male Chest fantasies in our hearts. For some folks, it is just enough to get it done so they can get on with their lives and hope that their chest hair fills in to cover what scarring they might have. For others, the desire to retain nipple sensitivity or to have less scarring is more important, so they are willing to go to extra effort to ensure these results. For some, there is very little choice because of the type of breasts they have.

Some of us are lucky (!) enough to be very large and can get insurance coverage for a reduction; if the doctors available are willing, the reduction can be complete, although these doctors are rarely "artists." If handled very carefully, this can be a positive first step with revisions to tidy things up later as needed.

For very large individuals who have the desire for less scarring and more sensitivity, one approach might be to have a significant, not total, reduction with the lipo/excision technique; then allow the skin to shrink up, and finally have the procedure again a year or so later when the skin will likely shrink up more. At the point of the second procedure, even if a double incision is necessary, the incisions wouldn't need to be as large and thus the scars would be smaller. Ideally, the first procedure

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SOUL AND BODY from page 1

drained a lot of blood out of the left side and told me to keep wearing the binder. He had to drain my chest again a few days later. The swelling was a nightmare. All my life the one thing I had most dreamed of was a flat chest. And now, after the pain and expense of two surgeries, instead of finally achieving my life's dream I was left with a chest that seemed less flat than ever before. It felt like yet another betrayal in a lifetime of betrayals. It felt like the universe saying, yet again, "No. You can never be who you really are."

Dr. Wright drained my chest a third time and again I had to endure the pain of the pressure bandage and the day-and-night constriction of the binder. But as of today, I think this story is going to have a happy ending. This is my second day of being free of tape and the binder. My chest is staying flat. No more blood is accumulating in the cavity. The pain has mostly given way to an occasional twinge and fierce itching around the stitches. A little blond crewcut is coming in where I shaved my chest for the surgery. I'm not even thinking of doing push-ups yet—well, not too much—but at least I'm able to move and walk again in relative comfort.

In the past I often ignored the discomforts of my body. My brain and spirit soared on in spite of what was happening below my neck. But now I find that I'm a whole human being, and the recent struggles of my body pulled my spirit way down as well. As I'm healing, I feel that adolescent joy coming back, a joy that fills me from toe to head, soul and body. Who ever thought that being me could feel this good?

Next issue: more on chest surgery, including Belgian techniques!



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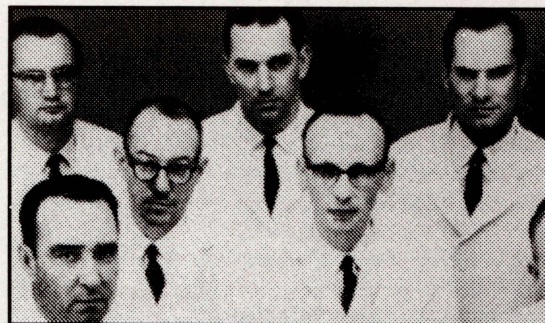
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LIPO/EXCISION: One Approach to FTM Chest Surgery

by Russell



MEDICAL ISSUES

Double-mastectomy options for FTMs fall into two basic, broad categories: double-incision and lipo-excision. I'll refer to liposuction-excision as "lipo/excision" for short—it has also been called "modified keyhole." To incise is to cut into; to excise is to remove by cutting out, or to remove surgically. The difference between the two methods has to do with the kind of incision made, and the amount and method of tissue excision. Within each surgical category are a number of variations. In the U.S., both methods are almost always performed under general anesthesia on an outpatient basis (no overnight hospital stay). *[In Belgium, a three- to four-day hospital stay is standard.—Ed.]*

While this article focuses on lipo/excision methods, I first want to briefly discuss the more traditional double-incision techniques to give a basis of comparison. The double-incision method involves what's called full male chest reconstruction: the surgeon first makes large incisions, usually in a horizontal line across the base of the breasts and across the breasts themselves, removing the mammary gland and the vast majority of the fatty breast tissue. The remaining fatty tissue is then contoured by the surgeon—"feathered out"—to produce the appearance of "pecs" (chest or pectoral musculature) immediately after surgery. The nipple and areola are removed in the process, resized, and grafted back onto the chest.

Lipo/excision, the second approach to surgery, is a broad category that encompasses several options: liposuction alone, excision alone, or lipo and excision in combination. These procedures

can be single- or multi-staged. In the case of a multi-staged procedure, the incisions may be made in the first stage and the tissue removal left for the second stage.

A key question is where are incisions made—where does the surgeon actually cut open the skin—and how big are the incisions? Incisions can be made in the armpit (in the case of lipo only), in a crescent shape at the bottom of the areola (the pigmented area surrounding the nipple), or around or across the areola. Incisions made in the areola, if it is pink as is the case with lighter-skinned people, will generally heal almost imperceptibly. In the double-incision method, much larger incisions are made in the crease of the pectoral muscle. The size and shape of the incisions that must be made with either method will be determined largely by the size and shape of the breast (volume of tissue and amount of droop), and the degree of elasticity in the skin.

The other key question is how much breast tissue does the surgeon remove? In the case of lipo/excision, nearly all of this tissue is removed. But even though with this method you emerge from surgery with a flat-as-a-pancake chest, not absolutely all of the breast tissue is removed. Some tissue remains there, meaning that a possible risk of breast cancer remains—albeit a small one. This is true regardless of the surgical method undergone.

The nipple is a great deal more likely to retain sensation with the lipo/excision than with

double-incision. Necrosis (death of tissue) of the nipple is also unlikely, and scars tend to be smaller and less visible.

A note about contouring: the post-surgical appearance with lipo- and/or excision is a very flat chest. Re-contouring of the chest can take place with the other major surgical method, double-incision, because the surgeon makes much larger incisions. This opens the chest to a much greater extent, allowing more access to the fatty tissue, and allows for the "sculpting" of the post-surgical appearance. Lipo/excision methods, with their smaller incisions and more exclusive focus on tissue removal, don't allow the same opportunities for positioning and re-shaping tissue. In the case of lipo/excision, what will affect the post-surgical result is the surgeon's degree of artfulness and skill: the fatty tissue must be removed in such a way as to avoid contour deformities (valleys or lumps), and the remaining tissue feathered/sculpted/contoured to produce a smooth surface. Symmetry between the two sides is also important.

To wrap up, these two questions, where incisions are made and in what

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A View from the O.R.

by Paula-Jo Husack, M.A., M.F.C.C

Paula-Jo Husack is a therapist in the San Francisco Bay Area who has contributed this unique operating-room perspective on a Montreal chest surgery.—Ed.

Dr. Yvon Menard is a plastic and reconstructive surgeon who has been performing female-to-male and male-to-female gender reassignment surgeries since 1971—back when he was a resident and asked to assist senior physician Dr. Claude Dupont with a male-to-female penile inversion procedure. Canada has been lengths ahead of U.S. insurance companies in its health care system's approval of such surgeries. But back then, when Dr. Menard first scrubbed for the procedure at the University of Montreal's Notre Dame Hospital, the gender reassignment surgery (GRS) was called the "first" within Montreal's health care system. Previous FTM and MTF surgeries there were not documented. Physicians were not applauded by colleagues or others for using their skills on behalf of the transgender community. Dr. Menard describes the difficulty in finding a hospital that would accept such a medical procedure within its walls: Catholicism is a huge influence in the society,

and Catholic monies owned and maintained the hospitals. Through the humanitarian efforts and advocacy of many, this now well-documented surgery came to be.

From that time on, Dr. Menard has been interested in the art, science, and advocacy of such surgeries. As he sees it, the influence and implications on the individual's quest for internal and external unity and harmony ultimately became his, too. Dr. Menard has taught and lectured worldwide, training surgeons in GRS over the last 15 years—four from the U.S., one from Japan, and three others from Quebec.

Taking a taxi across the beautiful international city of Montreal, I passed through residential neighborhoods where some children were off to school with books in tow. I noticed other children playing in very gender-specific ways. I reflected on my clients' stories over the past eleven years. They had painfully recounted their discomfort and confusion in similar childhood scenes. The commute traffic was dental-floss thin by Bay Area standards. It was 7 a.m.

The taxi driver stopped the meter. We arrived at Chirurgie Esthetique St. Joseph with its non-

descript facade, where Dr. Menard works with colleague Dr. Pierre Brassard. No neon sign with arrow blinked "Transgender Surgeries—Bargain Prices." But pricing in Canada for medical service is in fact much different than here in the U.S., and tends to be much lower. One designated price is given for pre-surgery care, the surgery itself, and the post-operative care; the one price covers everything. Because of socialized medicine, medical costs are not inflated as they are here in the United States. In addition the current exchange rate means the U.S. dollar buys much more. Some approximate prices (in U.S. dollars):

MTF Gender Reassignment Surgery	Canada: \$11,000	U.S.: \$17,000
FTM Phalloplasty	Canada: \$60,000	U.S.: \$100,000
FTM Metaoidioplasty	Canada: \$9,000	U.S.: \$20,000
FTM Mastectomy	Canada: \$4,000	U.S.: \$6,000

Most U.S. plastic surgeons do very little GRS. It's often a very small

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Man Among Men at Mr. Leather by Billy

Editor's note: Men's leather competitions test one's ability to pull off an ultra-masculine look and aesthetic; Billy Lane has done so with wild success. Read on...

In 1997 I attended the International Mr. Leather (IML) contest, the most prestigious title in the leather world. The winner represents alternative leather, S/M (sadoomasochistic), and fetish sexualities to the public in the coming year—worldwide. For a gay leatherman like me, IML is also an opportunity to see friends from all over the world, shop at the biggest and best leather market, and cruise several thousand hot guys.

I, however, had another mission: to meet as many members as I could of one particular organization, a very old and venerable club (not affiliated with IML). They were soon going to be deciding whether or not to allow FTMs at their private functions. Over the course of the IML weekend, I was introduced to several key men in this club who were not only friendly to me, but happy to hear that I would be attending a party in the near future—that is, until they discovered that I was an FTM. Some suggested that I attend but not divulge that I was transsexual. Others became visibly upset and excused themselves politely from the conversation. More often than not, a wall was erected—a wall that nobody saw but everybody felt.

As a member of the leather community for nine years, I felt sure that these men would meet, discuss the situation, and come to the rational and logical conclusion that if an FTM identified as a gay man, then he would be welcome—as would be all other gay leathermen. I thought that all they needed was a face to go with a concept: "This is what a gay FTM leatherman looks like." I was wrong.

Like most of us, I had walked a long and difficult path to manhood and I was angry that a small group of men had decided that I wasn't "man enough" for their events. After discussing the situation with a few close friends, FTM and non-FTM alike, I decided that maybe if I did this "education" on a larger scale it would be more effective. The idea that I would run for International Mr. Leather in 1998 was born.

Almost every one of the men who compete at IML has first won a contest in his own city or state, at a leather bar or in affiliation with a leather club. I decided that I would compete for Seattle Mr. Leather. The current titleholder was a good friend, and very encouraging of my efforts. As a long-time member of the organization that sponsors our local contest, I knew that I would be happy to fulfill my many obligations and responsibilities as a titleholder and would be able to work with the board of directors as well. [Leather titleholders are busy people: community figures who officiate at numerous events, organize fundraisers, and generally work to support the leather world and the broader queer community.—Ed.]

Each Seattle Mr. Leather contestant is judged on the following categories: pre-contest interview, speech, leather image, surprise question, jockstrap, and fantasy (a kind of skit involving S/M and/or leather). I prepared quite extensively for this competition. I met with several of the older members of the Seattle leather community, and learned of the community's history prior to my arrival in 1992. I also studied the many issues facing the community. I wrote and memorized my two-minute speech. In addition, I wrote and produced a five-minute fantasy. Oh, and I worked out a lot! If I was going to be prancing around almost naked in front of a bunch of people, I wanted to look as good as I could!

I had a good time competing and enjoyed being in the spotlight more than I had thought I would. When I won, the leathermen (and women) in Seattle embraced me as their male leather leader for the year without regard to my being FTM. They believed, as I do, that it doesn't matter how you became a man. This is also the stated policy of IML. After I won my title as Seattle Mr. Leather 1998, I sent a request for an application to the IML offices, completed it and mailed it back.

After a little discussion about my "legal" status as male, I was accepted as a contestant and began the preparations for that contest. I broadened the scope of my studies to include more international leather history as well as international community political issues. In addition I worked out even more, drafted several possible speeches and instead of preparing a fantasy (not a requirement for IML), I prepared an extensive wardrobe for the various competitive events of the weekend. As the contest approached, I was nervous about how I would be received by the

international leather community. I had heard some negative things through the grapevine and was steeling myself for some unpleasantness.

To this day, I am delighted that none of my fears were realized. The people who knew me were incredibly supportive and reminded me that I wasn't given my place on that stage with those 61 other leathermen but that I had earned it. The others who didn't know me (including the other contestants with whom I had been sharing dressing rooms for the past three days) had no idea that I was FTM until I announced it at the beginning of my speech. And that announcement was greeted with a standing ovation. I still get choked up when I remember that moment.

Although I didn't win (I am proud to have placed tenth out of 62 contestants), I have been interviewed for publications and radio shows, and spoken to other groups about my experience. This summer, I was invited to and attended two other leathermen's functions similar to the one that kicked off this chain of events. To this date, I am unaware of any negative repercussions. I have traveled all over the country representing Seattle as Seattle Mr. Leather 1998, and have tried to put a face on gay FTM leathermen.

I have earned my manhood in a way that non-transsexual men cannot fully comprehend. As a leatherman, I have the right to walk where other leathermen walk. I am proud to be a gay leatherman and I am equally proud to be an FTM. I am not ashamed and will not hide aspects of my past or present because they make others uncomfortable. I will not accept the limitations of ignorance.



Billy Lane (center) competes at the International Mr. Leather contest. Photo: James Loewen

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The Truth About a Woman's Body

by Susan [redacted] and Rachel [redacted]

Reprinted with permission from the British magazine *The New Scientist*, August 1, 1998. The original magazine contains accompanying graphics which we could not reprint here; to contact the magazine write *The New Scientist*, 151 Wardour St, London W1V 4BN, UK; telephone +44 (0)171 331 2701; website www.newscientist.com.

Thanks to Julian for pointing out this article and its relevance to FTM genital surgery.—Ed.

Penis envy may be a thing of the past. The clitoris, it turns out, is no "little hill" as its derivation from the Greek *kleitoris* implies. Instead, it extends deep into the body, with a total size at least twice as large as most anatomy texts show, and tens of times larger than the average person realizes, according to new studies by Helen O'Connell, a urology surgeon at the Royal Melbourne Hospital in Melbourne.

The clitoris earned its Lilliputian reputation, in part, because much of its elaborate 3D structure is on the inside, hidden by fat and bone—an anatomical smoke screen that has helped fool lay people and experts alike. "There is a lot of erectile tissue down there that is not drawn in any anatomy textbooks...." says O'Connell. "Just because you can't see the rest does not mean it is not there."

Nor does it mean it is not important. O'Connell's detailed descriptions of female sexual anatomy could help prevent women who have pelvic operations from ending up with impaired sexual function.

"The dissections are wonderful," says Cindy Amundsen, a gynecologist at the University of Houston in Texas. "The erectile tissue is closer to the urethra and encompasses a far larger area of the anterior vaginal wall than most people thought."

O'Connell first realized just how little was known about female sexual anatomy when she was studying for her surgical exams in the late 1980s. Even nowadays, she says, textbooks routinely recycle decades-old, inaccurate illustrations of female sex organs, or omit diagrams altogether....

And none of them—not even the anatomists' bible, *Gray's Anatomy*—describe in detail the nerves and blood vessels that go to the clitoris. "For a surgeon," says O'Connell, "that's unacceptable."

Details, details

The study of men's sexual anatomy has fared slightly better. Back in the 1970s, modern microdissection techniques were brought to bear on the nerves and blood vessels that supply the penis. The information gleaned helped spawn "nerve sparing" surgery that reduces the risk of impo-

tence following operations for diseases like prostate or bladder cancer. Helped by John Hutson, an expert on pediatric genital reconstruction at the University of Melbourne, O'Connell hoped to do the same for women's sexual anatomy and surgery. But as she started to map

A new anatomical study shows there is more to the clitoris than anyone ever thought

out the nerves, she realized it wasn't just the fine detail that was missing from the textbook picture of the clitoris. "I thought, Damn! I'm not sure the gross anatomy is correct, either," she says.

Since then O'Connell and her assistant Robert Plenter have dissected the bodies of 10 adult women, relying heavily on photography to capture the 3D structure of the clitoris. She has described in detail the dorsal nerves (much bigger than in the anatomy books) that are thought to carry the sensory information on the first step of its journey to the brain, as well as the cavernosal nerves that probably control the smooth muscles of the clitoris, and the size of its blood vessels, enabling it to swell during sex. She has also concluded that the clitoris as described in most textbooks is a mere shadow of its real self.

According to O'Connell's dissections, the external tip of the clitoris, or glans, connects on the inside to a pyramid-shaped mass of erectile tissue, far larger than previously described. The "body" of the clitoris, which connects to the glans, is about as big as the first joint of your thumb. It has two arms up to nine centimeters long [over three and a half inches] that flare backwards into the body, lying just a few millimeters from the ends of the muscles that run up the inside of the thigh. Also extending from the body of the clitoris, and filling the space between its arm, are two bulbs, one on each side of the vaginal cavity.

The bulbs do, in fact, make an appearance in at least some textbooks, but few recognize them as part of the clitoris. Indeed, they are usually referred to as the "bulbs of the

vestibule"—the vestibule being the vagina. To make their origins clearer, O'Connell wants to rename them the "bulbs of the clitoris." The penis also has bulbs of erectile tissue at its root that extend into the body cavity, but "the bulbs are more prominent in females," she says.

Gray's Anatomy and other texts also claim that the clitoris, unlike the penis, is entirely separate from the urethra, the tube that connects the bladder to the outside. O'Connell disagrees. According to her dissections, the clitoris surrounds the urethra on three sides, while the fourth is embedded in the front wall of the vagina.

That layout makes perfect sense if you think about...[the fact that] the clitoris helps squeeze the urethra shut during intercourse, perhaps stopping bacteria making their way up to the bladder and causing an infection. The engorged bulbs of the clitoris may also help hold the walls of the vagina rigid, aiding penetration.

Understanding the clitoris's design could also help protect women's ability to have good sex. According to O'Connell's

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TRUE CONFESSIONS from page 4

trans communities would think about me when they found out. Especially those who attended Camp Trans—and they have good reason for their opinions. “What’s gonna happen, what’ll it feel like? Just want to forget about it & go on w/ my life. Why the hell do I want to go anyway...”

Then little by little, 1 by 1, I told people. Some FTMs were quick to say they don’t/won’t go to women’s or lesbian/dyke events. They feel that we don’t belong there or they don’t want to cause conflict or be around conflict. They feel it’s disrespectful to women. These FTMs who I talked with & others encouraged me to do whatever I wanted for myself. I was not discouraged by anyone who knew I was thinking about going. Other FTMs told me how they grieved or let go of their former life in their coming out. As a matter of fact some FTMs shared with me very personal ways they’d said goodbye, and the things they did for one last time. I was extremely grateful for every word these brothers shared with me.

Once at the festival, I was on my own. Rather than take my usual loner route, I decided to try & be social. I joined in as 10 or 12 craftswomen gathered together. Five minutes into the conversation & they’re talking about men & “how they are,” going around the circle one after another. I left reminding myself that I had expected this, but still felt shaky all day. I can’t really explain what was going on. Prepping for this event and anticipating that it wouldn’t work out was a total drain. Finally, at the end of the first day, I went to sleep, only to be awakened by rain coming right thru my tent. I dashed to the main artisans’ tent, away from all the other campers, alone in the bigger sense. I cried a bit, then slept. Upon waking the next morning I now felt ready for the line of fire, and that it was OK.

The week had its ups & downs. I worked all day every day at my booth, selling, and also talking w/ various women during slow periods. My evenings were low-key, spent having dinner, talking, hanging out and enjoying some entertainment. Most people assumed I was lesbian. I began talking to someone who was also there on her own, came out to her expecting to be attacked/rejected, but got quite the opposite response. That was what I needed. I then came out to many people 1 by 1. At the end of the week I came out at the “Being the Sexual ‘Other’ at Michigan” workshop (trans, bi, S/M, or questioning; facilitated by a butch & an FTM with about 80 people in attendance). Everyone there encouraged me to come back next year. I was surprised.

Throughout the week I also made connections w/ a few other FTMs. Another FTM in the worker camp felt uncomfortable there. I don’t know if it was because of our different places in transition, the fact that he was younger, or the different environment of the crafts area, where I was stationed for my 3rd year in a row. I didn’t feel like I shouldn’t be there. But I realize if others didn’t like my being there they may not have told me. Some women were referring to me as Mr. Manley and saying “he” before I came out to them. Very cool. One of those wonderful women said, “It seems odd to be saying ‘he’ in the context of the Michigan

Womyn’s Festival...but at the same time it also makes sense.” Folks questioning their gender also came to talk w/ me after the above-mentioned workshop and I met other partners and supporters of FTMs. Wow. And of course discussions w/ those who knew nothing about being FTM.

At the end of the festival I took the plunge & began T. My doctor OK’d me last year, but I still had too many questions and uncertainties. Working thru that, I waited for Michigan before starting T—mostly due to sentimental connections, it being the previous starting point to my crossing over the gender line. I also knew my no-ho status would reduce confrontations and adverse reactions: I delayed starting T because I didn’t want to take on any more than I was already taking on in my transition. Starting T @ the Michigan festival was an exhilarating feeling beyond expression. What I faced in being there was what I needed in order to begin. And it was perfect.

Next year? I don’t know. I was looking at the whole week as possibly my last visit, looking at what it had meant to me to be there over the years. I’m grateful that—at least partly because of the Camp Trans activists—there is enough acceptance that I was allowed this choice to attend, & I’m happy with the one I made. This was an opportunity to say my own goodbye and gradually let go. I entered into transitioning after much thought, & am exiting my former life slowly as well. I’m grateful to be coming out in a time inclusive enough for there to even be the option not to disappear overnight, or instantly turn my back on my world. If other folks want to do it that way, that’s cool—but it’s not for me. I experienced a wide variety of emotions & thoughts, many of which were simultaneously sad & beautiful. I was memorizing each special moment, each little detail. My favorite part was standing on the sidelines of the night stage area, outlined with a border of trees, soaking up the beauty of six thousand women all there in the meadow at sunset.

To join in action & dialogue towards inclusion at MWMF ‘99 go to www.geocities.com/WestHollywood/Stonewall/7315/festqueersact/

Welcome to My World

by E. Kris

The Evolution of Man



Homo Erectus

“I yam what I yam”



Homo Sapiens

“I think, therefore I am”

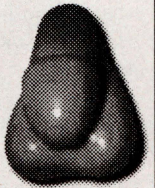


Homo Transus

“I am, therefore I trans”

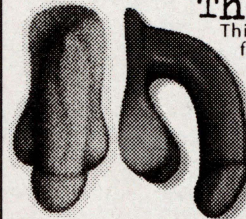
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NEWS

T Shortage

There is currently a shortage of generic testosterone in the U.S., which has made the brand-name testosterones harder to get as well. According to Schein/Steris, the manufacturers of the generics, the shortage is due to their response to FDA administrative requirements: Schein/Steris explains that they have trimmed their product line by deleting a number of items (not just testosterone) in order to come back into production quickly. The more expensive brand-name testosterones will continue to be produced; it is not yet clear when or how the slack in production will be taken up. With no generic alternative in place, the insurance companies should eventually cover more of the cost of the name brands for those with insurance. We'll provide more information in the next issue.

California TG Hate Crimes Bill Becomes Law

by Boyce Hinman, Lambda Letters Project

The hate crimes bill A.B. 1999 received final passage by the California legislature on August 29th. Governor Pete Wilson signed the bill on September 28th. The bill requires that people who commit hate crimes on the basis of gender are to receive enhanced penalties for their crimes. An enhanced penalty is a stiffer penalty than would be required by a crime of violence that is not motivated by hate. California is the first state to pass such protection for trans people.

The bill states that gender identity is to be considered a part of gender, so that hate crimes against transgendered people, in particular, are to result in enhanced penalties against the one who commits the crime.

The bill amends a law that is already on the books which requires local police departments to count, and report to the State Attorney General, the hate crimes that occur in their jurisdiction. Starting in 1999, the Attorney General's annual hate crime reports should include counts of hate crimes against transgendered people county by county.

MTF Murdered in Fresno, CA

According to a November 9 story by Kimi Yoshino in the *Fresno Bee*, Chanel Chandler, 22, was murdered on Sept. 20, 1998. Born Charles William Roe, Chandler's body was found inside a burning Clovis, CA, apartment which she shared with another woman. However, police think the fire was set in order to make the murder appear like another kind of crime.

After police revealed the Chandler's transgender status, police spokeswoman Micheline Golden said that "in a situation like this, that's the first motive

you jump on, obviously, but you don't want to let that keep you from exploring other options." Golden also observed that "the impression we have is that she pretty much lived the life of a normal, single woman." According to Yoshino, Chandler underwent hormone therapy but not SRS.

Some of Chandler's family members knew of her TG status, others did not. Observed her aunt, "in his mind she was a female. There was no two ways about it." Charlie Gilbert, a friend, was unaware of her transgender status, as was her roommate. Chandler had a history of abusive relationships. Months after the murder, police were still without a suspect. For the entire story: www.fresnobee.com/localnews/story/0,1225,50103,00.html.

West Hollywood Visibility Action

On Sept. 25, 17 transgendered people and our allies distributed flyers to businesses and pedestrians to provide education about West Hollywood's new transgender-inclusive non-discrimination law and to show our pride as transgendered people.

Transgender Menace Southern California, the organizer of the action, was joined by members of La Union Latina de Transgeneros and Pride at Work Southern California, AFL-CIO. The West Hollywood Station of the Los Angeles County Sheriff's Department provided vehicular escorts.

Participants reported a variety of responses for businesses and individuals; most were supportive or cordial, many were confused about transgender issues, and very few expressed hostility. Members of Transgender Menace Southern California also gave Citizen's Comments at the West Hollywood City Council meeting on Monday, October 5, to thank the City Council for the July 20 passage of this amendment to the City's non-discrimination ordinance and to inform Council members about the visibility action.

MTF's Banishment Upheld

On Nov. 16, MTF Raul Valentin lost her U.S. Supreme Court appeal of a judge's decision to banish her from her home town of Lebanon, Pennsylvania. Ms. Valentin's HIV-positive status, determined in a blood test when she was briefly jailed in 1987, appeared to have prompted the judge's action.

According to an AP story, Valentin alleges that after the HIV test "Judge G. Thomas Gates banished [her] for life from the conservative Eastern Pennsylvania community." The Supreme Court ruled that the judge had full immunity from Valentin's federal civil rights lawsuit.

Said her lawyer, Don Bailey, "Every American should be afraid of what this decision stands for. This is an example of judicial power run amok, and it needs to be brought into check."

Canadian Military to Pay for Surgeries

Despite complaints from some members of the conservative Reform party, Canada's Department of National Defense announced on September 1 that it will pay for gender reassignment surgery for soldiers in some cases. [S.F. *Bay Times*, 9/17]

NY Times Slight FTM's

In a largely sympathetic piece in the widely-read *New York Times* Sunday magazine ("His Debut as a Woman," 9/13/98), Andrew Jacobs explores transgender lives through the example of a world-class concert pianist who has recently transitioned from male to female. Jacobs even cites GenderPAC's study showing that nearly 60% of transpeople surveyed have been violently assaulted—often by multiple attackers.

However, the few parts of the article dealing specifically with FTM's leave much to be desired: after describing Dr. Sheila Kirk as calling the forearm-flap phalloplasty "risky," Jacobs quotes James Green as saying "Most F-to-M's I know live in limbo, a state of endless anxiety about being incomplete."

Both Kirk and Green point out that they were badly misquoted. Various FTM allies have written responses to the article, but no FTM-related portions of response letters were printed.

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size and shape, along with the surgeon's skill, will impact a number of other factors: general appearance, scarring, nipple sensation, possibly the recovery process and length, and whether your surgical experience is ultimately single- or multi-staged.

To sum up more specific features of the particular options within the broad category of lipo/excision:

Liposuction Only

- Incisions can be made in the armpit and/or the areola.
- Appropriate only for those starting with very, very little breast tissue
- "Cannulae" are used to grind and cut up the breast tissue (the glandular component being very tough), which is then aspirated (vacuum-suctioned) out.
- Costs less; nipple sensation not affected if incisions are made in armpit only; sensation affected to some extent, which varies, if incisions are made in areola; no visible scarring.

Excision Alone or with Liposuction

- Can be single-stage (for small to small-medium breasts) or multi-stage (for medium to large breasts).
- Incisions are made in the areolar region: across or around, or in a crescent shape in the lower portion Surgeon may or may not use lipo along with the excising (cutting out of) tissue.

In multi-stage procedures, residual breast tissue and excess skin remain following the initial procedure. Think of the skin as a container for the tissue. When a good deal of what's inside the container is removed, extra skin is left behind. One of the amazing things about skin is that it both stretches and shrinks up. The extra (or, in surgical parlance, "redundant") skin will retract/shrink up to a great extent on its own with time; give it six months or possibly even a year. Wearing a compression garment during this period will do a lot to assist in this process and improve the ultimate result. Lifting weights will also help by bulking up the muscle in the area—which takes up some of the slack—and by encouraging blood flow into the area, which is so vital to healing.

At this point you're flat-chested and can wear tight-fitting clothes with a big ol' grin on your face. For those who wish a more aesthetically-friendly clothing-free appearance than initial surgical intervention may have provided, surgical revision can be performed following the waiting period to take up the excess skin, and also to remove any residual breast tissue and/or correct any contour deformities. This second stage will likely involve small, visible scars (depending on where incisions need to be made), and may be able to be performed under local anesthesia. A product called Scargo (containing olive and peanut oils, lanolin, camphor and yellow beeswax) will help minimize these. Silicone gel, or silicone sheets from companies such as Allenderm, can also be used (though the sheets may be cumbersome). For those with darker skin, I've heard good things about a silicone gel product called Kelocote.

Nipple sensation will be affected with the multi-stage route. The amount and type varies and is difficult to predict. Talk with others who've undergone similar procedures, and/or gone to the same surgeon. At least some of what's lost usually returns over time. Again, this varies and is difficult to predict.

It should be emphasized that the number of revisions required—and ultimate success—of the multi-stage route depends upon a variety of factors, primarily the size and shape of the original breast and degree of elasticity of the skin. These factors also include the surgeon's skill, after-care, and what is desirable or acceptable to you.

descriptions, the cavernosal nerves travel alongside the walls of the uterus, vagina, bladder and urethra. And although practically nothing is known about how operations for, say, incontinence or bladder cancer or hysterectomies affect sexual function, the positions of the nerves suggest that it could be at risk. "Lots of operations involve dissections around the urethra. That could affect patients' sexual function," says Amundsen.

Just as doctors routinely ask men who have had prostate surgery about their erections, they should ask female patients who have had comparable operations about any changes in their sexual function, she says.

Now the nerves' pathways are known, it should also be possible to modify at least some operations to reduce the risk of sexual dysfunction. "There have been tons of studies about how to prevent impotence after radical prostatectomy," says John DeLancey, an expert on

gynecological anatomy at the University of Michigan in Ann Arbor. Anatomically speaking, a radical hysterectomy for cancer of the cervix is similar to a radical prostatectomy. "Given this beautifully detailed knowledge of the inter-relationship between the female urethra and sexual organs," it should be possible to develop similar nerve-sparing operations for women, he says.

Victorian prudes

So why have anatomists routinely got the clitoris wrong? Part of the problem may be a Victorian prudishness about examining women's sexual organs in detail. Then there's the fact that most of the clitoris is hidden inside, shielded by lots of fat and the arch of the pubic bone. Another obstacle to accuracy is that anatomical studies are usually done on the bodies of women in their 80s and 90s. Just as muscle and bone wither with age, so does the mass of erectile tissue in the clitoris. In men, shrinking erectile tissue is less of a problem, at least for

the anatomist. More men die in accidents, so young bodies routinely find their way to the dissection table. And as the erectile tissue of the penis is mainly on the outside in one compact piece, it's easier to spot.

O'Connell had two cadavers of women under forty. The older bodies had much smaller clitorises (although still far larger than in the textbooks), but once O'Connell had identified the erectile tissue in the younger women it was easy to find in the older ones. "We lucked out," she says, "one of our cadavers was 36 years old. She looked like an Amazon."

O'Connell is now studying the cellular structure of the clitoris, urethra and vagina. Amundsen, meanwhile, suggests another topic for research: "We have Viagra. We know anatomically what's going on [in the clitoris]. We need some studies on erectile dysfunction in women."



Christopher Lee directs Buck Davis and Angel in Alley of the Tranny Boys, one of the films at this year's Tranny Fest. Photo: P. Wise

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CHEST SURGERY 101 from page 6

would be done prior to hormone therapy, as there is a theory that when testosterone thickens the skin, it affects its elasticity and thus its potential to shrink up.

Lipo/excision is not necessarily much less expensive than double-incision, especially not when there are two procedures. With lipo/excision the time in the operating room is longer, as is the time under anesthesia, since the surgeon is working through much smaller openings to remove the tissue.

Some things that should be considered when making a decision like this:

- What size and shape are your breasts to start with? If small enough for a keyhole, the remaining issues are probably moot. If very large, some of the remaining issues will not apply.

- How important is nipple sensation? If the breasts are very large, the connective tissue leading to the nipple/areola is just too long to compress, and isn't always feasible to maintain sensation.

- How important is nipple/areola size and appearance? For some, it is critical that they be reduced, while others like them as they are.

- How important is appearance, i.e., a "sculpted" masculine chest [see page 7] vs. a basic mastectomy? Fewer surgeons are actually sculpting the chest these days, but the only way to accomplish this is the double-incision method.

- How important is the presence or lack of scars?
- How does your skin scar—e.g., do you form keloids (more common for darker-skinned people)?

- Can you wait a year or more for the final result or do you need immediate completion/gratification?

- Are you willing to do what it takes to get the results you want? With the lipo/excision method, it's important to restrain the skin as it shrinks and to assist it to adhere again to the chest wall by wearing a binder for several weeks—generally twice as long as is necessary with double-incision, and especially important if breasts were on the large side.

- Can you travel for surgery or do you need to be close to home?

- What are your financial circumstances?

The bottom line is that we have our fantasies about how our post-surgical chest will look, we make our decisions, and then we deal with the outcome—which in all honesty is almost never what we envision. Our chests are just not going to look like typical male chests right away. They're usually much flatter post-surgery, because we haven't had years of muscle development. We've also had fat removed. And, of course, there will be some evidence of the surgery in the form of scars or asymmetrical positioning or droop or sag.

So, once we've healed, we start thinking about fixing what doesn't look right. Most of us go back to our surgeons for scar revision. Surgery, especially plastic surgery, is not an exact science and it's rarely perfect the first time. And in truth, most of us can't afford the time and money and energy that near-perfection would require.

Be that as it may, we can still take an active role in determining what we get: by carefully considering our individual needs and desires, by talking to doctors and their patients and by taking care to do everything possible to promote healing and minimize scarring once the surgery is done.

VIEW FROM THE OR from page 7

part of their overall practice. Thus, their skill levels can be much, much lower. Fifty per cent of Dr. Menard's practice is in transgender surgery: the majority are MTF, but a substantial number are FTM.

Patients arrive in Montreal prior to their surgery date. They share comfortable apartments nearby, provided by the center as part of the package of services. (Meals, lodging and transportation are included in the one overall fee for the surgery.) Here, patients tell each other their stories, reflect down the long road to this landmark commitment, and share their excitement. It's also where patients "come home" to recuperate after the post-operative critical care.

Clinique de Chirurgie Esthetique St. Joseph is technologically state-of-the-art. Patients are treated with deserved, and often-overdue, dignity and respect.

In my view, Dr. Menard's abilities add a unique artistry and skill to his work. I watched him from several observation points in the O.R. I, too, was in scrubs from 7:35 am until mid-afternoon on two successive days. This opportunity to observe also gave me a chance to ask questions; and there were many. I had so much to compare with surgeries I'd previously observed elsewhere.

There are transgender surgeries performed each week. The week I observed, all day Monday through Wednesday was scheduled. Ninety per cent of patients are from the U.S., eight per cent from Canada, and two per cent from Europe, Asia, and Australia. As with any serious artist, this amount of time and dedication is evidenced by repeatedly good results. While similar procedures are done, there are no two body shapes exactly alike. Each individual's needs are truly individual. For example, the surgery can be a one- or two-step procedure. It depends on the size of the chest and the amount of skin. Menard uses a small, semi-circular incision along the bottom of the areola whenever possible. This technique avoids the long horizontal side-to-side scars other methods leave. If he performs a second stage to the procedure, he'll return to the same incision site to ensure less scarring.

Some patients haven't had favorable outcomes the first time, with other surgeons. They travel here seeking "redos" for their prior, often disfiguring outcomes. Some may feel immense fear and distrust one feels after having previously chosen a surgeon who could not deliver. I, too, felt some sadness, though mostly anger and disdain, as the surgically inept outcomes were uncovered.

The "boom box" has a place of honor on a top cabinet shelf in the operating room. Favorite musical selections provided accompaniment. Glen (not his real name) came for a subcutaneous mastectomy. Both breasts were removed. In the process, one mastectomy yielded a white, pearly cyst, which was sent to pathology for analysis. An additional short, simple procedure was done under local anesthesia to remove the excess skin. Incisions were made around the nipples to hide scarring. This was Glen's first procedure. He had seen friends' results from other surgeons which had been aesthetically displeasing and, in some cases, alarming. He recalled large horizontal scars on each side of their nipples. Some chests still had the excess skin. Yet, his friends' surgeons had considered the procedures complete. Glenn told me he respected all scars as badges of honor in this war of self-unification.

"It's a longer surgical process to do this," described Menard. "But the results are much nicer because his breast size was small." Glen's would be a two-step process; part done today and part a few days later. This strategy is not universally used by all surgeons; for one thing, it takes more time. For many surgeons, more time equals less profit.

After my second day of observation, I remove my scrubs and bid adieu. I'm feeling sentimental and joyous: for the patients, whose very intimate passage I was privileged to observe. For my clients over the past eleven years, who have entrusted me to team up on their roads to unity; and for the clients whom I have yet to work with, who will board the future flights to Montreal. I decided to walk a while. My heart was soaring. I had observed the highest-quality final steps of clinical care. It was almost as though the experience had been mine. Now, I was feeling that kind of exhilaration that artists describe when they reach the final pinnacle of their long-labored and carefully-tended masterpieces.

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Joseph; the destination joining
scalpel and soul. Hmmm...I wonder
if St. Joseph was previously St.
Josephine.

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LEAST EXPECT IT (I) from page 5

now, and I am sad that I might never be a part of that child's life.

For some people, it appeared as if 20 years had been 20 seconds. Same hairstyles, same attitudes, same lack of interest in anything that did not have to do with Aquidneck Island (the island I grew up on). Many people had never left the island (not even for vacations!) and were raising their children there, as generations and generations before them had done. Talking about living in California was as foreign to them as talk of Paraguay or Bombay.

Overall, though, my reunion experience was pleasant and in a few instances, downright FUN! I re-established relationships with two very significant people from my past, one of whom I later went to visit in her home (in Virginia). We had lost contact with each other while I was in college and she was in the Naval Academy; when we saw each other again the love and care that had been there 20 years ago resurfaced. Now we write to each other and plan more visits...I am very happy to have her back in my life. She's another who has helped me to bust my stereotypes—a career military person who does not maintain the "career military" attitude. She's very supportive of me and reminds me of why I got close to her in the first place—she's a strong, independent, loving woman (and one who, unbeknownst to her, helped me to deal with my misogyny as well as my own questioning whether I was struggling with my gender because I thought women were "weak" and I did not want to be perceived that way).

Many people told me they had been looking for my name in magazines and books; many expected me to be a writer. When I was in high school I had had many poems and short stories and essays published; I'd even found a way to self-publish a book of poems (which to my everlasting regret I did not keep a copy of). Others told me they expected me to be in the helping professions and smiled knowingly when I told them I was an HIV/AIDS activist, as well as an advocate for offenders and an activist for civil rights. One person reminded me "after all, you were the one voted most likely to succeed!" I wonder if what I consider my greatest success—finally being myself and being out to everyone—counts as succeeding to them.

For some it must...over and over again I was asked "So, are you happy now?" Even with my health problems, financial problems, my insecurities...to be able to say "I am happier now than I have ever been in my life" was the greatest moment for me. To have my classmates hug me and say "That's great! I'm happy for you!" was icing on the cake.

My fears and anxieties about not being accepted, about being ridiculed or asked to leave, were unfounded. Yes, some people were uncomfortable, some people were awkward around me...but most were nothing less than respectful and genuinely interested in my welfare. Heck, most of them were in the same boat as I...wondering how they were going to be perceived, if they were going to be accepted, treated with respect, etc.! It really helped me to realize that for all the differences we trans people have from non-trans people we are all walking a similar path of anxiety, of desire for acceptance and love. That night in July I felt closer to the people I had grown up with than I did when I was growing up with them! I felt like I had really had a chance to bridge my past and present...for once, Yolanda and Yoseñio did not have to be separate people who could not talk about each other's existence. I realize that I was given a precious opportunity and I am grateful that I took it. I want to say a special thank you to Panther for going to my reunion with me, for staying with my uncle and aunt with me and for being such a great support to me (especially when I was driving her all over Jamestown in the middle of the night, getting lost, lost, lost!!!). I want to thank my aunt and uncle, who, in the space of less than 24 hours, went from using female pronouns to male pronouns and wanting to know about Yoseñio.

And I want to thank my classmates for giving me the opportunity to face some fears and discover that love is where you least expect it.

Finally, I want to thank myself for having the courage to embrace that love. It feels good! Go Class of '78!

CALL FOR PARTICIPANTS: VOICE STUDY

The James H. Quillen Department of Veterans Affairs Medical Center in Johnson City, Tennessee has launched a research project designed to examine the voice characteristics of women with low register voices and men with high register voices which can result in a misidentification of gender by the listener. M2F and F2M transgendered persons are included as research subjects. The data from this study are being used to improve treatment methods for M2F transgendered persons. Currently, the vocal or acoustic cues which influence the perception of maleness or femaleness of the voice are not fully understood. This pilot study will collect more data on how specific voice and speech markers function and interact in gender differentiation.

According to Dr. George Brown, co-investigator on the project and member of the HBGDA, the number of transgendered veterans is much larger than the medical community is aware of. All transgendered veterans are invited to participate. Each transgendered subject will see Dr. Brown and receive a comprehensive voice assessment at the Speech Pathology Clinic.

For additional information write to Robert King, M.A., CCC; Audiology and Speech Pathology Service; James H. Wuillen DVA Medical Center; Mountain Home, TN 37684 or KING.ROBERT@MTN-HOME.VA.GOV.

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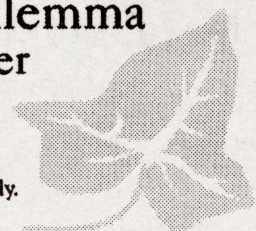
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"Yes."

She quickly snapped out of it: "Did you have an operation?"

"Yes, I did."

"Interesting," Petra's grandmother said, delivering her first English remark of the evening with a little Mona Lisa smile.

All in all, the outing went over quite well, and everyone let me know how much they liked me. I felt right at home, and we both felt greatly relieved.

In Stockholm, where Petra resides, I gave a series of four lectures about transsexual experience and about the rationality of transgender inclusion in the larger gay, lesbian, bisexual political agenda. All four were well-attended. A team of supporters had set up several interviews with radio, television, and print journalists, and the media coverage was respectful and well-received. I was also the guest of honor at a women's leather fetish club one Saturday night, which was certainly interesting and much fun. I also gave a lecture as part of the gay festival in Malmö in southern Sweden, and two lectures in Copenhagen, Denmark. In the process, I met many wonderful people, and I learned a lot about how transsexuals are treated in Scandinavia.

In both Sweden and Denmark, hormones and surgery are paid for by the state. But it is often a long wait to get treatment, and the evaluation process is often arduous. Swedish FTMs are given injectable testosterone comparable to ours in the US, but are not allowed to give themselves their own shots. And the surgery options offered there are severely limited. The quality of chest reconstruction that I observed was fairly

poor, and FTMs there are told that the only phalloplasty procedure available anywhere in the world is the abdominal-flap procedure. The surgeons do not modify the original female genitalia at all. One FTM told me that the doctors there believe that FTMs are asexual (they have no interest in sex), so that there is no point in creating functioning genitals for them. When questioned about other surgical options, the physicians have denied that there is anything else—although one surgeon later told Petra that he had performed a metaoidioplasty on one patient, who was so upset over the result that the doctor decided never to offer that procedure again. Of course, I wonder whether he had selected a proper candidate for the procedure, informed the patient about the nature of the results—and whether he'd performed the anterior placement part of the procedure, without which the genitals are too deeply recessed for nearly anyone's satisfaction. Thanks to Petra's activism and the openmindedness of the Swedish doctors, they have agreed to meet with me on my next visit there to discuss FTM surgical options—and I plan to inform them about FTM sex drive as well!

In Denmark, once the sex-change capital of the world (Christine Jorgensen made it famous in 1952), FTMs are offered both the abdominal flap phalloplasty and the free-tissue-flap-transfer phalloplasty (usually the forearm flap transfer procedure), but not metaoidioplasty. Worse, though, Danish FTMs are given minimal doses of oral testosterone (the kind administered to menopausal women to maintain their sex drive), which is not sufficient to masculinize them.

There is a great deal of frustration among FTMs in both these countries because they sense they are not being treated properly, but they don't know what to do about it. There is virtually no FTM network there (many FTMs met each other for the first time at my lectures!), and there is a reluctance to criticize the system since the treatments are

provided free. This gives the doctors a virtual stranglehold over the transsexual population. At my final lecture in Copenhagen, many people expressed frustration that the doctors would not listen to them about the inadequacy of their hormones—and even more frustration over the fact that the state assisted them in changing their bodies, but not in changing their identity papers during the cross-living period before they are authorized for surgery. This period can last anywhere from six months to seven or eight years; so they were frequently harassed and ridiculed in the course of trying to accomplish ordinary business, they cannot get credit cards in their new names, etc. In other words, they are dealing with many of the same issues facing transsexuals in Great Britain—which the group Press For Change is so valiantly fighting to rectify—and in Japan, in Canada, and probably other countries as well.

At the end of my talk, in which I encouraged them to keep trying to build a network among themselves and to identify allies within the medical profession, a woman stood up and identified herself as one of those doctors who they all hated so much. She said she was so glad she had attended that evening, that she had learned a great deal, and that she hoped the dialog that had started that evening would continue. She admitted that the doctors knew "next to nothing" about the condition and treatment of transsexualism, and told the audience that she truly wanted to help. That is the kind of foot in the door that we need everywhere—one compassionate soul on the inside who can help us work to get the treatments and services that will truly meet our needs.

I plan to return to Denmark next September to see how the newly formed transsexual community there has progressed. I'm hoping they'll have had some victories by then. Another positive: my lectures were sponsored not only by the transsexual communities in both countries, but also by the leading queer, gay, lesbian, and bisexual organizations. For our next jaunt, Petra and I will be at "First Event," sponsored by the Tiffany Club of New England in Woburn, Massachusetts, where I will share the keynote honors with Riki Anne Wilchins on January 23, 1999. For more info about this event, call 781-891-9325 or go online to <http://www.tcne.org>.

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1526, ext. 134; maureen_kelly@ppfa.org

The American Boyz are pleased to announce the Third Annual True Spirit Conference to be held at the Best Western Maryland Inn in Laurel, Maryland from February 26-28, 1999.

This three-day conference focuses on the social, physical, emotional, spiritual and relational health of all gender-variant people on the FTM spectrum and their significant others, friends, families, and allies.

Workshops and panel presentations to be held during this third annual event address such topics as: health and transition issues, relationships, special needs populations, law, politics, employment, and spirituality. We are committed to offering inclusive programming for young people, people of color and elders. Special workshops and caucus opportunities will be available for service providers. Featured speakers include Jude Patton, Kitten Gross, and Dr. Michael L. Brownstein.

Health screening is available on site including breast exams, blood pressure checks and other health maintenance services. Other events of note are: authors' readings and chat sessions, exhibit hall with information and merchandise, film festival, and the American Boyz Award Ceremony.

Conference registration fee ranges from \$60-\$80, with work scholarship and housing assistance available on a first-come first-served basis. Those registering before January 1, 1999 will enjoy a \$20 discount on their registration fee. See contact info below.

True Spirit will, for the third year, provide the only annual east coast conference event for people of transgender experience, their friends, families, allies, and service providers to gather together for education, networking and support.

The American Boyz is an organization for female to male gender-variant people (FTMs) of any orientation, including but not limited to tomboys, butches, f2ms, transmen, drag kings,

masculine females, crossdressers, intersexuals, and those who support us, including our Significant Others, Friends, Families and Allies (SOFFAs). American Boyz, Inc, P O Box 1118, Elkton, MD, 21922-1118, URL: www.netgsi.com/~listwrangler; transman@netgsi.com.

CALL FOR CONFERENCE PAPERS, PANELS AND PARTICIPATION

(PLEASE REDISTRIBUTE THIS CFP
WIDELY AND CREATIVELY.)

August 6-9, 1999

Airtel Plaza Hotel

Van Nuys, California

QUEER ACTIVISMS FOR A NEW MILLENNIUM:

Lesbian, Bisexual, Gay, and Transgender
Politics in California

Presented by: The Center for Sex Research
and LesBiGayTrS (The Institute for Lesbian,
Bisexual, Gay, and Transgender Studies) at
California State University, Northridge

This conference will bring together activists,
attorneys, academics, business and professional
leaders, and community members to examine the
"state" of civil rights and political activism
in California for lesbian, bisexual, gay, and
transgendered people. Panels may include ones
specifically devoted to legal issues, insurance
coverage, adoption policies, immigration,
nondiscrimination policies, and AIDS issues.
Others may examine the future of queer
activisms or work to articulate priorities for the
next millennium, perhaps in response to the
specific needs of the different communities who
ally themselves under the "queer" banner.
While some panels may be discipline-specific
(addressing the concerns of the legal or academic
communities), most will be accessible and
practical rather than narrow or theoretical.

Proposals for papers or panels addressing any
of the issues above (or others appropriate for
the conference theme) should be sent by
February 1, 1999, to:

Coordinators, 1999 Conference

Center for Sex Research

California State University, Northridge

Northridge CA 91330-8318

**Co-sponsorship and program advertising
space is available**

CALL FOR PAPERS (ABSTRACTS)

A FORCE TO BE RECKONED WITH:
LESBIAN, GAY, BISEXUAL, AND TRANS-
GENDER COMMUNITIES OF COLOR.
We—Juan Battle, Department of Sociology,
Hunter College & The Graduate Center; and
Michael Bennett, Department of English, Long
Island University, Brooklyn—are assembling a
collection of essays devoted to research on
Queer People of Color. Though this population
has been much discussed in recent scholarship,
most of this work has focused on AIDS or the
psychological effects of being a "doubly
oppressed" minority. The result of this focus
has been that social science research has been
dominated by studies of stigmatization and
psychoses. Social science researchers have now
begun to address the impact of issues other than
AIDS or psychological distress on lesbian, gay,
bisexual, and transgender People of Color. For
example, researchers are looking at voting
behavior patterns, long-term relationships, roles
in traditional religious organizations, and the
representation of lesbian and gay People of
Color in the media. Though work in these
arenas is beginning, there is more work to be
done. By focussing on issues other than AIDS
and psychological distress, this collection will
contribute a unique understanding of a popula-
tion which has all too often been represented as
a problem in need of a solution rather than as a
vibrant and vital community. Communities of
Color would not be the same if it were not for
the CONTRIBUTIONS of their lesbian, gay,
bisexual, and transgender members. This
volume is intended to highlight those CONTRI-
BUTIONS. By December 15, 1998, please send
2-4 page abstracts and a short biography to the
following address: Juan Battle, Dept. of
Sociology, Hunter College & The Graduate
Center, City University of New York, 695 Park
Ave., New York, NY 10021. E-mail:
<jbattle@shiva.hunter.cuny.edu>.

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BISEXUAL/INTERSEXED/TRANSGENDER RESOURCES ON THE INTERNET

Courtesy of Jeff Dickemann and others

Bisexuals Sexual Health Action maintains a home page with information on AIDS and STDs
<http://theory.doc.ic.ac.uk/~kd/bash.html>

Medical and Other Resources for Transsexual Women (MTF)
This page is full of useful information for MTFs.
www.mindspring.com/~alawrence/

Transgender Issues Links
www.hsl.mcmaster.ca/tomflem/transgender.html

Guidelines to Assist FTM Transgendered Persons in Obtaining Routine Health Care.

Includes screening tests such as PAP smears, rectal exams, BSE, mammography, etc. and recommended frequency of testing for FTMs.
www.netgi.com/~listwrangler/f2mhealth.html

Yahoo! Transgender Links -
a huge list of sites for FTMs and MTFs with everything from mental health information to clothing to international resources.

FAQ on Hormone Therapy for M2F Transsexuals
www.savina.com/confluence/hormone/m2f.html

FAQ on Hormone Therapy for F2M Transsexuals
www.savina.com/confluence/hormone/f2m.html

FTM International - home page
Includes essential information for FTM trannies including material about transition, hormones, and passing safely.
www.ftm-intl.org/intro.html

Labyrinth - for people under 25 with TS/TG intersexed parents/relatives
<http://www.starnet.com.au/kylie/Labyrinth.html>

ISNA (Intersex Society of North America)
A peer support, education, and advocacy group founded and operated by and for intersexuals: individuals born with anatomy or physiology which differs from cultural ideals of male and female.
PO Box 31791, San Francisco, CA 94131
www.isna.org

ONLINE MAILING LISTS (for ongoing conversations over email)

General FTM
MTMInfo@aol.com

Significant Others of FTMs
FTMSO@aol.com

Gay/Bisexual/Queer FTMs, SO's, fans, etc.
Trannyfags@aol.com

FTM Youth
TGTS-Youth-Owner@queer.org.au

This is only the most brief, coarse sketch of sites and lists. There are hundreds more; send in your favorites!

BAY AREA MEETINGS

See back page for groups outside the Bay Area

ONGOING SAN FRANCISCO BAY AREA FTM MEETINGS:

FTM INTERNATIONAL: See back page for meeting information.

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

EAST BAY group, Berkeley. Third Monday of every month, 7:30 pm. Call Jeffrey at 510-215-6965 for location.

NEW MEN'S group (anyone questioning transitioning or new to transition, all welcome). 4th Thursday of every month (after December). 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

COUPLES' group. Contact Joel at 415-668-6124 or Michiko at 510-893-6329 for info. The group does not have a set schedule yet. We have been having potlucks and social time in addition to a more formal meeting. Next meeting January 17, 1999. Potluck in Oakland, call for info.

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). In the past has met every 2nd Sunday, 1 pm, at the same locations as the FTM Int'l meetings. Currently needs a new coordinator. If you're interested, please make an announcement at the 2 pm meeting.

YOUTH: Meetings at Lavender 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—LYRIC Youth Talkline: 1-800-246-7743 (toll free only in SF Bay Area). LYRIC's general number: 415-703-6150.

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MALEBOX



DEAR FTM:

Greetings. I come to you with a challenge and an opportunity. I am a post-op F to M. I went through transition in Seattle, Washington. I had been working for the City of Seattle (Department of Parks and Recreation) for seven years when I started my transition. No one in my unit was upset or even shocked when they found out I was transitioning. No one except my boss. He "came unglued." I do not believe it hurt his ego, but I do believe other managers and park department employees were inclined to ask him about "it" and "it" made him uncomfortable. So he began systematically harassing me. He got me placed on "Administrative Leave" for "showing my mastectomy scars to employees". He continued his pursuit of my termination month after month.

Needless to say I was laid off December 31, 1996. Seattle is supposed to be one of several cities to have adopted a non-discrimination policy against transgendered people. I moved to Fresno. I have worked here for a year. Prior to my transition I held a Bachelor's Degree in Education. I will not be able to teach again and I know that. I have filed a lawsuit against the City of Seattle. It is going to be a hard battle. I need all the support I can get.

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, ask to use a false name (or no name) if you want us to publish your letter.

Winning this lawsuit would benefit the entire transgendered community across the U.S.. Anyone with information on cases, people that can give advice, or even the printing of this letter in the F to M Newsletter would be appreciated. I have no idea(s) how to set up a legal fund. If anyone knows please let me know. I am moving back to Seattle to fight.

Dean [redacted] (Internet [redacted])

HEY GUYS,

Don't know if the rest of you saw this bit of good news but just in case you didn't...

The basic story is that a well-known SRS surgeon in Italy is ready to perform a penis transplant and has 2 ftms ready to be recipients. He has done other types of ftm bottom surgery, as well as reconstructive surgery on non-transmen, and believes that this will actually be fairly simple.

It is not yet known whether there will be any erectile possibility, by the way.

Read more about it at the dejanews.com website. Do a search for "penis transplant" to see a number of posts on a variety of newsgroups—actually quite amusing to see who has noticed this news! The Reuters release is reprinted in its entirety in a post on soc.culture.iranian, in addition to the transgender groups.

This URL should take you to the Iranian news post: <http://x10.dejanews.com/getdoc.xp?>

Dylan [redacted]

HEY!

Can't we support FTM porno? I thought the review of *Alley of the Tranny Boys* was closed minded to the differences in our community. It reminded me of the Dyke—S/M fights that I hoped had gone out with the eighties!

Porno is a personal taste thing!

It makes me mad to see this historic first FTM porno movie, made by our own local boys, put down in this FTM newsletter.

Will there be anymore FTM/by FTM porno movies made if we keep cutting each other down?

Sincerely,

Cole [redacted]

Hey there, Cole. I certainly hope there will be more FTM porno! And, in fact, this newsletter has unfailingly promoted Alley of the Tranny Boys from day one—on the cover, in ads and in articles. I saw Kris's review not as a cut-down but as a clear statement that these were merely his personal reactions to the films, colored by his own tastes and his expectations after reading the festival catalog. Both his review and this newsletter encourage readers to get their hands on all these movies if they can, and judge for themselves.—Jed

DEAR FTM:

I am trying to locate Les [redacted] and would

really like to hear from him. Please contact Kevin [redacted] or Julian [redacted] at the following address: [redacted] CA [redacted], phone [redacted] or email [redacted]

Thanks a lot,
Kevin

Hi,

I've just accepted the title/role "Gay/Bi FTMs & SOs Liaison" with American Boyz. I will be compiling resources specifically for/about both those groups. If any of you have articles, books or websites you found especially helpful, enjoyable, and relevant, please let me know about them! Firsthand accounts, writings, graphics, and webpages are very much welcome.

Anyone who wants to write to me as a gay or bi FTM, and/or SO thereof, please do. Eventually, I'd like to do formal "needs assessment" surveys of both groups.

Arthur
[redacted]

DEAR JED:

Enclosed is a photocopy of a yellowed clipping that recently surfaced in my files. I don't know if any FTM historian is aware of this person in the article. I think his story deserves to be better known. Sixty-two years is a long time to pass without the benefits of hormones or surgery.

The author, John Burch, no longer lives in the area, but if anyone is seriously interested in finding what sources he used, I believe I would be able to track him down.

Peace!

Evan [redacted]

Thanks, Evan! Any interested readers can contact us and we'll forward inquiries to you. Below I've excerpted Burch's article ("Charlie Smythe was a nice fellow—sort of," from the October 29, 1989 Post-Star out of Glen Falls, New York). The author treats Smythe's story with a fair amount of respect, despite reducing "her" actions simply to economic need—Jed.

"Charlie [redacted] who was born in Canada in 1846 and moved to Saratoga in 1866, may have pulled the ultimate deception...Charlie seemed like any other of the hard working men this era produced. He was called an exceedingly good looking young man. He made a lot of friends. He drank with the best of them and even chewed tobacco. He spent many a night playing poker with the boys...For over 60 years, Charlie worked hard and made friends in the Saratoga area.

...When doctors examined Charlie they made a remarkable discovery: Charlie was a woman...

I have called Charlie's masquerade a deception. I was careful not to call it a practical joke. There were some critical

MORE MALEBOX

social reasons for her deception. I said that she had a problem finding a job that paid a livable wage...Charlie found that the skills she possessed, as a woman, were not worth much. These same skills when possessed by a man produced a comfortable wage. A haircut and change of clothing [were] all she needed to dramatically increase her earning potential. It was a choice she had to make."

DEAR READER,

GBT (Brazilian Transsexuals' Association) was founded on January, 1995 during the Eighth Brazilian Gay & Lesbian Meeting. Ever since, GBT has aimed and worked to help hundreds of Brazilian Transsexuals in need of relief or guidance. Moreover, GBT has developed a very active information service in order to rise public awareness of the transsexual issue. It is also an

important part of our job, to reinforce the self-esteem of all transsexuals who seek our help.

In 1997, one great battle has been won by GBT. As a result of our political pressure, Brazilian National Medicine Board (Conselho Federal de Medicina) has decreed to its regional branches the FAVORABLE status must be now given to Sexual Reassignment Surgeries. So far, that has been GBT's greatest achievement.

However, there is still another very important battle to be won: Make Brazilian Congress legalize the SRS procedure. We hope to conquer that before this year's end. Despite of the very powerful reactionary forces that we have struggled against, we will not give up our ideal of justice.

And though we are plenty of confidence and actually inspired for the fight, we unfortunately have still got some strategical limitations that have kept us from doing a much better job. Thus,

we are now counting on our transsexual sisters or sympathizers of the TS cause for helping us help our needy Brazilian TS sisters. In order to provide them faster efficient assistance, we are in need of a small personal computer. That little device will undoubtedly make a big difference for a lot of people. TS people who will be in closer touch with GBT, now stronger and growing.

So, if you feel like helping some people who really need your help, people who will have their pain relieved by your smallest contribution, just send it to: GBT—Grupo Brasileiro de Transexuais, Caixa Postal 1097, Cuiaba-MT, 78.005-970, Brazil.

Any kind of help will be appreciated, especially financial help. Books, magazines about Transgenderism also very welcome.

Thank you very much. Yours most sincerely,
Astrid [redacted]

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- FTM history
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- Clothes and image
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- Penile prosthetics for work and play
- Telling the family and the boss
- Having babies and telling children
- Book reviews
- Tips on 'passing'
- How to explain yourself to someone you want to sleep with

THE WHITE BOOK

is written and edited by Dr. Stephen Whittle, a trans man who began living in his new role over 20 years ago. A Senior lecturer in Law, he is also co-ordinator of the FTM Network, as well as being vice president of Press For Change. This book is written in an easy and accessible style, to enable female to male transsexual and transgender people, those who are exploring whether they are female to male, and their families and friends to get to grips with many of the scary and difficult issues that trans men have to face. It is meant to make life easier—and that is what it does.

This is a guide book for living—not hiding.

• All for £15 incl p&p (US \$35 - if ordering from outside the UK, do NOT send personal checks—only Banker's Drafts made out to FTM Network or cash will be accepted).

• Order your copy from: FTM Network, BM Network, London, WC1N 3XX

• Make cheques payable to FTM Network. Any profit goes to maintain the FTM Network

FTM RESOURCES

UNITED STATES

California FTM International, 1360 Mission St., # 200, San Francisco, CA 94103 • Ph: 415-553-5987 • Web: <http://www.ftm-intl.org> • TSTGMen@aol.com

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

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

SCOUT (Santa Cruz Organizing and Uniting Transmen). Meet with others like you in a supportive, non-judgmental environment. Every 2nd and 4th Monday, 7 pm. The first meeting each month is "closed" to those who have issues with their gender identity (including butch-identified dykes). Share ideas, discuss topics and get info about living TG and TS. Info and location: 408-429-5663. The second meeting is open to all—partners especially encouraged. We meet at the LGBT center, 1328 Commerce Lane. Info: 408-425-5422.

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

Colorado FtM Support Group for TS, TG men and questioning females and their SOs. It is held the third Sunday of the month, 6-8pm, at the Gender Identity Center, 1455 Ammons St., #100, Lakewood, CO 80215. For info, contact the GIC at 303-202-6466 or e-mail Matt Kailey at FtMatt@aol.com.

S.C.I.R.T.S. (Southern Colorado IntraRegional Transgender Society) and **T-GENTS** for FTMS. Contact: 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.

Massachusetts East Coast Female-to-Male Group, P.O. Box 60585, Florence Station, Northampton, MA 01060. Ph: 413-584-7616, Bet Power. 3rd Sunday of every month 3-6pm. All inclusive, safe, non-judgmental support group for female-to-male persons and their significant others. Support Group for straight spouses of L,G,B and T (including FTM) individuals. Meets monthly in Northampton. Call Jane Harris 413-625-6033
Boston Enterprise, c/o IFGE, P.O. Box 229, Waltham, MA 02454-0229. Ph: 781-899-2212, or 781-639-7968, Ask for Mykael. Support group for FTMs which meets in the offices of IFGE.

Pennsylvania Philadelphia Transgender Hotline: (215) 732-1207, Monday and Thursday, 6-10 pm. The Transgender Information and Peer Counseling Hotline is for transmen, transwomen, and those with gender-related questions or concerns.

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

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 FORGE = For Ourselves: Reworking Gender Expression. A social support group for FTM transsexuals and transgenderists; butches; drag kings; gender queers, radicals, and outlaws; people assigned female at birth with masculine self-identification (at least some of the time); and our SOs, friends and family. We meet monthly to form friendships, share info, and strengthen ourselves and each other. Monthly newsletter. Michael Munson, PO Box 1272, Milwaukee, WI 53201; ph: 414-278-6031; fax: 414-278-6034 email: dmmunson@execpc.com.

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. Ph: 414-774-4111.

INTERNATIONAL

Australia Boys Will Be Boys, BWBB, P.O. Box 5393, West End, Brisbane, Australia 4101. Network for FTM persons, 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; bcfmnet@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 for more info).

France C.A.R.I.T.I.G., B.P. 756, 75827 Paris Cedex 17, France. Phone/fax: +33 (0) 1 43 42 28 58 www.caritig.org (bilingual website).

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.**

S.F. FTM MEETING SCHEDULE '98-'99

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!

Closed (support)	Open (informational)
Dec. 13, 1998	Jan. 10, 1999
Feb. 14, 1999	Mar. 14, 1999
Apr. 11, 1999	May 9, 1999

See pg. 18 for
other S.F. Bay
Area meetings

**Plan to attend "Equality Begins at Home" on
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Call the FTM office at 415-553-5987 for more info.**

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