

A New Era Is Born

by Marcus de Maria Arana

Welcome to a new era in FTM International! No, we have not changed the format, and we have not kicked out James Green. Our illustrious leader is enjoying some well-deserved relief from the relentless grind of producing the Newsletter. Look for several articles written by Jamison in this issue, as well as newsletters to come. He is neither gone nor forgotten.

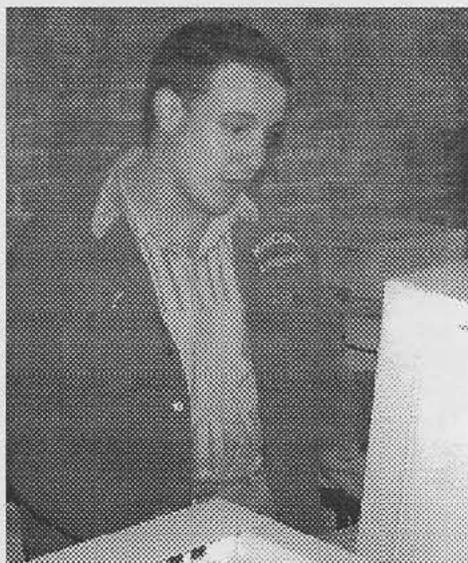
FTM International is entirely volunteer-driven. There is no large office, no support staff. Up to this point, all of the correspondence, all of the files, all of the e-mail, and all of the phone work has been done mostly out of James' home, and those of several other brothers. When it comes time to produce this newsletter, it involves 3 to 12 or more people to sort mail, transcribe articles, do layout and design, get it to the printer and pick up the 700+ copies, which are then folded and inserted into mailing envelopes. But wait, there's more!

Each envelope then has to be return-addressed, labeled, and stamped. Yes, each one is stamped by hand, or should I say personally licked. Then after all that, the lot is hauled off to the Post office, although the international mailings have to be handled separately. I share this process with y'all to illustrate how labor intensive it is.

I have been in charge of sending out orders for back issues since last year. I did manage to keep on top of the ordering until the holidays, and then it went SNAFU! I ran out of actual back issues and need to photocopy more, which means 33 issues multiplied by 20 sets, which then have to be collated, folded, and stuffed into mailers. In recognition of how much work is involved and the cost of materials, starting in July 1996, the price for a full set of back issues will increase to \$60 (\$75 for international orders). I know this doubles the price in one fell swoop, however, prices haven't gone up at all for years even though the number of issues received per order have increased continuously. We're not making any money at this venture; all revenue received barely covers expenses. Moreover, a complete set of FTM back issues is a bargain at \$60 -- that calculates out to \$1.71 per issue. Where else can you find this sort of one-of-a-kind information and articles for less than the price of a coffee and pastry? There are several orders outstanding at this point. Please

be patient! I had top surgery in January and was out of commission for eight weeks. I apologize for the delay and will be able to catch up after May 1st. Thank you for waiting - I promise that it will be worth it!

I have made an editorial decision about ending the "Wars of So-Called Character Assassination" forever. For numerous reasons, in the past, it has been necessary to address people's complaints about products and lack of customer satisfaction from certain vendors. This has turned into a disagreeable situation for too many people, involving too many by-standers with matters that do not concern the FTM community at-large. From now on, if anyone has a



complaint about products or service, they need to take it to an appropriate outside agency that is specifically equipped to resolve those problems. FTM International, and this newsletter, neither endorse nor control products and services advertised within these pages. If you do become victim to a disputable transaction, let us know. If this is a concern to the entire community, I may print your comments in order to warn other consumers. I do encourage differing points of view within an editorial context, but I will not print the details of personal in-fighting. If you have a provocative statement to share, I would love to print it. If you have an ax-to-grind take it somewhere else - not here.

And Now For Something Completely Different: About confidentiality...There are

some of us who are perfectly able to be out about our transsexuality, although not many. Even in a big city like San Francisco, there are reasons why a person may need, or desire, to keep their status a private matter. While I agree that we need as many out and positive role-models as possible, there is nothing less positive than dragging someone "out of the closet," against their will. People can also be "outed" by a simple, yet thoughtless comment to another person. So, if someone approaches you asking about another FTM, please do not respond with "Oh, yes...He's one of us too!" Simply explain that you do know a person, without divulging his private affairs (no pun intended). If people want to know if a particular man is FTM, then let them have the courage to ask that man in person. That way, the brother has the choice to come out or not. I am one of the lucky ones who is actually paid to talk about being FTM - I know that most other are not that fortunate.

What is it that I do? I work at Community United Against Violence, in San Francisco. Our agency concerns itself with hate-motivated violence and domestic violence in the lesbian/gay/bisexual/transgender communities. If you, or anyone you know, is in a battering relationship, we have a program to assist you. If you are verbally or physically attacked for being perceived as transgendered, lesbian, bisexual, or gay, please call us and we can help you through the criminal justice system, with advocacy and counseling. If you think that TG men don't become victims of hate-motivated violence, then I only have two words for you - Brandon Teena! We have a 24-hour hotline at (415) 333-HELP. The more that people report to us, the more statistics we can use to show the world how much abuse we suffer at the hands of hate-mongers.

In this issue, there are several articles that are longer than we have run in the past. As this newsletter is a vehicle to share information and network with other FTMs, I encourage y'all to write articles about your experiences. Personal stories and opinions are always desired. Please keep submissions under 2,000 words, or the piece will be edited for length and content. In this issue, Julian tells about his life as a

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Predator?

by James Green

The first time I saw Sean O'Neill was Dec. 27, 1994, when someone phoned me in the middle of the day and said, "Turn on the Jerry Springer Show."

"Why?" I asked.

"Just turn on channel 2 quick. You've got to see this."

Over the cold medium of television, Sean O'Neill's pain and confusion hit me like a barrage of mortar fire. Here was this baby-faced kid dressed in baggy pants, a T-shirt, and a heavy wool jacket squirming in his seat while other equally young people let loose their rage on him: "This person needs help!" insisted one of Sean's ex-girlfriends. "People are cruel; they call me a lesbian now. I hope it isn't, I mean, it isn't true."

"How did you feel when you found out your best friend was a girl?" Springer asked a boy.

"My hand was on his neck and I was squeezing. I wanted to kill him!"

"I'm sorry," Sean mumbled. "I didn't mean to hurt anyone."

"What am I going to tell my kids," the other boy went on explaining, "hey, when I was growing up my best friend was a faggot! Sure!"

When Jerry Springer asked Sean, "Do you think you want to become a man? Have an operation and become a man?" Sean's eyebrows jumped up in surprise. It seemed like he'd never even considered that as a possibility.

These people were so mixed up all I could do was shake my head and write a letter to the show as the director of FTM International asking them to give Sean an enclosed copy of the FTM Newsletter so he would know he wasn't alone.

Then, in the October 1995 issue of OUT Magazine, Donna Minkowitz reported on the criminal proceedings entitled *The People of the State of Colorado vs. Sharon Clark, a.k.a. Sean O'Neill*, noting that "the case...is unique because it may be the first time law enforcement has treated gender-deception as something tantamount to rape." Sharon Clark/Sean O'Neill, age 20, faced 11 felony counts including criminal impersonation and sexual assault on a child. If convicted of all charges, this kid could wind up in Colorado State Prison for over 30 years. Why? Because two policewomen investigating some teenage drama that was occurring between Sean and a girlfriend discovered Sean's female body, discussed this with the parents of the four girls Sean had been dating, and with the parents con-

vinced the girls to testify against Sean in charges brought by the state, despite the fact that each girl had been intimate with Sean of her own volition and repeatedly over a period of several months. Most of them did not want to testify against Sean. Some of the parents said they knew their daughters were "having sex;" the problem was they were doing it with a female-bodied person. The problem was that their daughters were 15 and under, and Sean was 17 or 18 at the time, and had a female body, too. Never mind that Sean looked and behaved just like a 15 year old boy, and that's what everyone thought he was, including Sean himself. If he had been a 15 year old boy everything would have been just fine. The gender police are busy in Colorado Springs.

This case reeks of homophobia and general ignorance. Colorado Springs is the city where anti-gay Amendment 2 passed in 1992 with the least amount of opposi-

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tion in all of Colorado. With a population of 300,000, it is home to over 50 religious right groups, two Christian colleges, 10 evangelical bookstores, and 4 military installations. Acquaintances of mine who live in Boulder and Denver say the place is "scary" and they avoid visiting. It's no wonder someone like Sean would not want to reveal that there was something unusual about him.

In December, Bill Martinez and Eileen Bonnet (pronounced Bonay), the attorneys assigned to Sean's case, negotiated a plea bargain with El Paso County District Attorney Larry Schwartz that reduced the maximum sentence to 8 years for one count of felony sexual assault in exchange for a guilty plea. The sentencing hearing was set for February 16, and the defense decided to base their argument on Sean's transgendered condition, a risky tactic given the uninformed and potentially hostile response they would likely encounter. They invited The Transsexual Menace, Menace Men, Lesbian Avengers, and all interested parties to demonstrate on Sean's behalf outside the courthouse to convey the

message that this case was not occurring in a vacuum and the court could not make an example of Sean and then forget about him. They asked Tony Barreto-Neto, a Deputy Sheriff from Hillsborough County, Florida, and founder of TOPS (Transgendered Officers Protect and Serve) and me to testify. They wanted us to tell the court what it was like for us as transgendered adolescents, and to demonstrate that being transsexual does not automatically make a person a criminal.

Barreto-Neto flew in from Florida, and internet online transgender activist Aaron Davis flew in from Dallas, TX. The San Francisco contingent consisted of Shadow Morton, SFPD. Sergeant Stephan Thorne and his partner Michiko, Gail Sondgaard, publisher and editor of TNT (Transsexual News Telegraph), and myself. We all flew in separately on the 15th. That night a group of us hired a cab and went to scope out the courthouse site. Then we paid courtesy calls on the Colorado Springs Sheriff's and Police Departments to let them know we would be exercising our first amendment rights in front of the County Courthouse beginning at 8:30 the next morning. The officers were at first rigid and business-like, but eventually they warmed up to us and they were ultimately appreciative of our communication.

Next morning we met with the attorneys. Rumor had it that we would meet Sean at the breakfast meeting, but he wasn't there. "He's very nervous today," Eileen Bonnet apologized. "He really does want to meet you; I just don't know if he'll make it here or not."

While Martinez and Bonnet prepped us as to the direction their questions would take, the rest of our contingent prepared placards and signs for the demonstration, and we had 750 flyers saying "Free Sean O'Neill—Don't let Colorado Springs Make Gender Non-Conformity a Crime!...The Cops & DA want to waste tens of thousands of dollars of your tax money regulating sex & gender." When we walked outside, Sean and his new girlfriend were waiting to accompany his attorneys into the courthouse. He looked much smaller than he had on TV, less than five feet tall, about 100 pounds. He seemed like a frightened little boy with his crewcut, baggy white shirt, tan jacket, dark pants, and a necktie sporting a picture of James Dean as the Rebel Without A Cause. Our group of "outside agitators" felt for him, wanted him to know how much we empathized with his situation—yet we were unable to do much more than stare and say "Hi, Sean."

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My Life as a Trans Fag

by C. Julian Leonard

Back in the bad old days, therapists didn't understand the difference between gender identity and sexual preference. (In some parts of the country, unfortunately, it's still the bad old days.) They assumed that a female to male transsexual was an individual who felt like 'a man trapped in a woman's body' and wished to have sexual relationships with women as a man.

That has for the most part changed, and now most gender professionals are aware that transgendered men, like genetic men, can run the entire spectrum of sexual preference—straight, bi, gay.

However, that knowledge has not filtered out to the general public, or even to transgendered individuals themselves. While MTFs have been before the public since Christine Jorgensen, many people have never heard of FTMs. And if they have, chances are they believe that after the 'change' the transgendered man is straight. Even at the FTM Conference last summer, there were FTMs who were amazed to find out that some of their brothers conceptualize themselves as bi or gay men (or, in the term I coined, transfags). And, most unacceptable of all, there are transfags all over the country who think they are the only one who feels as they do.

When I was growing up I did not even identify as transsexual, let alone as transfag. I thought I was some sort of weird pervert who fetishized the idea of being male and having sex with other males. I made a valiant attempt to 'make it' as a straight woman. I had numerous long-term relationships with men, one lasting 6 years (which broke up when I began to unravel my gender conundrum), one in which we were discussing who would be in our wedding party. In my fantasies, from age 3 or 4 on, I was always a boy with other boys, and sex was never satisfying to me because, once the clothes came off, there was a female body where two male ones should be, and, sadly, it belonged to none other than me.

In my early 20s I did reflect on the phenomenon of transsexualism, but assumed that if I were one I would want sex with women. In my late 20s, in counseling for sexual 'dysfunction', I once ventured to say to the therapist, 'Sometimes I think I might be...well, transsexual. I think of myself as a male.' She asked 'Are you attracted to women?' When I said no, the conversation moved on, and that was that.

In February 1981, a few months before I turned 29, I had a head-on car crash from which I walked away with only a bloody nose. It precipitated a re-evaluation of my entire life (including leaving law school, where I was at the top of my class). I withdrew into myself, unable to get behind the wheel of a car for nearly 3 months. I sat at home, writing a novel—more accurately, a novel hemorrhaged out of me, ultimately ending up a

several-thousand-page opus whose protagonist was a tortured, closeted gay man approaching age 30.

Virtually everyone asked me, 'Why are you writing about a gay man? Why aren't you writing about yourself?' For a long time I said flippantly, 'I can't help it if he's gay. I didn't make him that way, I just write about him.' I began to subscribe to gay magazines, read gay pornography, frequent gay bars and discos. In September I took a vacation to San Francisco to do research for my novel, since my main character lived there while in grad school at Berkeley.

I explored the Castro and Polk Street areas, I bought the clothes that 'Castro clones' wore then, I went to the dirty bookstores and bars and cafes. One day as I walked down Sutter Street I caught sight of myself in a store window. From the neck up I was a pretty woman, with wavy below-the-shoulder hair, attractive make-up, earrings. From the neck down, I was a typical faggot: leather jack-

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et, polo shirt, 501 jeans. And beneath the jeans I was wearing a jockstrap. I said to my reflection, "This is not just research." I realized that I wrote about gay men because, deep down, that's what I felt I was. Writing about a gay man WAS writing about myself. My inner self, that I had successfully suppressed for nearly 29 years but who had now come busting out of the closet demanding to have a life of his own.

On that same trip, I providentially found a biography of an MTF who, after her change, was a lesbian. It hit me that if a biological male could become a female and seek female partners, a biological female could become male and seek male partners. I finally had the theory down, but no practical knowledge of where to start to actually make that change.

When I got home from my trip I called my therapist and told her, without even really knowing the meaning of the words, "I need counseling for gender issues." As it happened the person she sent me to was affiliated with Leslie Lothstein, author of the loathsome book about FTMs claiming we are all borderline personalities, but at least it was a start. I wrote to the late Paul Walker, and to FTM pioneers Jude Patton and Steve Dain. I got a copy of Lou Sullivan's book for FTMs. And, most important, I discovered that Lou himself identified as gay. The first time I talked to him I heard, for the

first time in over 29 years, the thoughts and feelings I had had all my life expressed by another human voice. It was an overwhelming, life-changing experience. In July 1982 I again visited San Francisco, and met Lou in person, another overwhelming experience. Those of you who knew Lou know what a warm, humorous, common-sensical person he was. He was the best guide and mentor anyone could have wanted.

In 1982 Lou was having a terrible time finding treatment providers who would deal with FTMs who identified as gay. Many simply rejected outright the idea that there was such a thing. When I decided to apply to the Sex Reassignment Program at Cleveland Clinic, Lou warned me not to tell them my sexual preference, to lie and say I liked women. But when I spoke to Sue Powers, then the coordinator, I was impressed with her and decided to trust her with my secret.

"Um, after I change, I would...want to be with men," I said, waiting for the reaction Lou had warned me to expect: rejection.

"So?" she said calmly.

"Could I still be in your program?"

"We don't care who you want to have sex with, as long as it's legal," she said breezily and moved on to other subjects.

So, in 1982, I was lucky enough to transition in a setting where I was accepted for who I really was. I began at the Clinic in April, was approved for hormones in September, but delayed starting until almost New Year's due to my father's death. In some ways my transition was easy—I met with wonderful acceptance from friends, employers, and acquaintances. The breakup of my relationship, however, was agonizing. My boyfriend was adamant that he was not a fag, but he did not want to let go of me either. We tried for most of my first year on hormones to find a compromise to a situation that was not possible to solve in that way. I would not stop my transition. He would not accept me as male. It was a relief when at the end of 1983 we finally broke up for good.

At that time, our transfag support system consisted of Lou in San Francisco, myself in Cleveland, and another person in Toronto (Stephen, if you're reading this, please get in touch, I lost your address back in 1988!). Lou could not get treatment from Dr. Laub because of his sexual preference. This was several years before Lou started FTM International.

In September 1984 I moved to the Bay Area and saw Lou fairly often, although I lived down in Mountain View and he lived in the City. Sometimes I went up to the City to gay bars, but no one seemed interested in me. I was very young-

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Feedback on the Questionnaire from HELL!

by Lynnifer

Thanks to Jamie Walker for the "Response to the Questionnaire From Hell" in the April, 95 issue of the FTM Newsletter (#30). I didn't know how unrealistic the gender dysphoria questionnaire might be. From complaints about the questionnaire and the Standards of Care (SOC), it appears medical practitioners are still discriminating against TG Persons.

If discrimination didn't exist, medical practitioners would evaluate an individual's development and preferences, and provide correct counsel and treatment. Naturally, temporary "fads" should be disregarded to avoid harming persons through the permanent changes that result from hormone treatments or surgery. Most parents would then accept the results and allow TG persons to continue family relationships. My view assumes the TG preference is a normal part of the spectrum of human preferences. I believe medical research will eventually find relationships between genetics and personal preferences, including transgendered.

Unfortunately, discrimination alters this idyllic picture. The primary source of discrimination appears to be disappointed parents who do not know, as many biologists know, that not every robin builds a nest, etc. In the robin community this situation is accepted because robins don't judge other robins or try to make them feel guilty, etc.

For centuries, disappointed parents have sponsored the following patterns to persuade TG persons to change:

1. Encouraged name calling traditions, for example, "pansy", "degenerate" and "pervert".
2. Given tacit "permission" to street hoodlums to assault and batter TG persons.
3. Pressured police and courts to arrest, fine, and jail TGs.
4. Pressured religious leaders to denounce TGs.

I didn't suspect this link until my mother invited me to a religious service. The sermon contained unusual and disparaging references

to persons who live alone, have unusual lifestyles, etc. I don't know any valid religious principles which condemn TG persons. However, many religious leaders are willing to compromise religious principles which involve fairness to retain parental community support.

5. Pressured medical practitioners to search for a "cure" for the TG condition.

The following observations suggest that medical discrimination can be very complex:

a. Medical practitioners are probably fearful about their own children's futures and are therefore not impartial or objective.

b. Asking the leading question "What's wrong with 'those people'?" places TGs at a disadvantage. To be

searching for gender "depression" which would warrant sex therapy and the questions thus avoid the basic issue of cross gender preferences. Evading the important issue is a standard discrimination mechanism.

f. The one year test in the SOC may have been the best compromise with discrimination available when it was developed. However, tests are not generally considered valid unless they are conducted under controlled conditions. The hostile environment of discrimination does not qualify as a controlled circumstance, and it contaminates the results of testing by adding intimidation to the equation. The one year test clearly discriminates against persons who are too timid to start or complete the one

characteristics of an obsessive compulsion, that is, stereotyped ritual repetition. Name calling and street brutality definitely qualify as stereotyped ritual repetition.

b. Demand that medical practitioners use accurate terms which do not have prejudicial meanings in ordinary use.

c. Demand that medical practitioners carefully distinguish between medical findings about a person's preferences and development on the one hand and on the other hand an appearance of pathology which may be created by the mechanisms of discrimination.

d. Demand medical assistance in understanding the stress caused by discrimination, for example, by guilt, fear, etc.

e. Demand realistic changes to the SOC. The uncontrolled one year test probably should be replaced by tests which use role-playing sessions following realistic scripts to expose a person to the cross gender role and evaluate personal preferences and feelings under controlled conditions before starting non-reversible medical procedures.

f. Demand changes to the gender dysphoria questionnaire. The emphasis can be changed from gender "depression" to gender preferences. It may also help to put a statement at the beginning indicating that individual questions are optional based on information which the respondent wishes to present for consideration.

6. That parents be educated about the wide range of human preferences.

7. That parents be reminded that they should nurture personal expression and development. Parents should not use the mechanisms of discrimination to push "wayward" children the way a farmer might use an electric cattle prod.

The women's liberation movement was successful in persuading medical practitioners to be more considerate of female patients in several definite ways. TG persons certainly should protest insensitive medical practices which are the result of discrimination.

From complaints about the questionnaire and Standards of Care, it appears medical practitioners are still involved in discrimination against TG's.

objective, the medical profession should determine whether the TG condition is pathological or a normal part of the spectrum of preferences.

c. A medical judgement should never be made based on a person's status as a target for discrimination.

d. Before attempting a "cure," the medical community prefers to develop a diagnostic jargon. "Fetishism" and "gender dysphoria" are the latest in an evolution of jargon which panders to discrimination and which may not be based on medical findings. Dictionary definitions of dysphoria refer to depression. My own interest is in cross gender expression and preferences. I have no interest in "gender depression". Also, even if the term "fetishism" were not prejudicial it would still be too subjective to have diagnostic value.

e. From Jamie Walker's report it appears that the Questionnaire From Hell and the SOC do not realistically evaluate a TG person's preferences and development. It appears the sexual history questions are

year period. Timidity is not relevant to a person's gender preferences, although it can make the person an easy discrimination victim.

In my opinion the complex web created by ancient, evil patterns of discrimination should be scrapped. TG persons have the right to demand the following considerations:

1. That the correct labels be placed on name calling traditions. Words like degenerate and pervert are truly meaningless!

2. Police protection from street hoodlums.

3. Relief from police brutality and insensitive courts.

4. That religious leaders respect their own principles of fairness. Religious leaders should not pander to demands for discrimination.

5. That the threads of discrimination which infiltrate medical practice be rooted out. To accomplish this:

a. Ask psychiatrists to answer the question "What's wrong with people who discriminate?" Point out that discrimination has some of the



Lower Surgery: FTM Success Story

by David Schreier

Well, guys, I just got back from Meltzer's.

I had the urethroplasty done (I had the genitoplasty done 4 years ago). And I'm happy to say, everything works just fine. I have had no problems with fistulas (holes) or strictures (blockages). I am now 8 weeks post-op, and my urologist (Dr. Skoog) says everything looks great. Now, to answer some of the concerns:

First, how they do it. For the metoidioplasty, they first extend the enlarged clitoris and form a phallus. With the anterior wall of the vagina, they form the new urethra (they used to strip the lining at the base of the bladder and use this to lengthen the urethra, but it was too problematic). So, for those guys who have no intentions of having the vagina closed up, you may have to consider alternate options. The new urethra is connected to the existing urethra and extends through the bottom portion of the penis and comes out just below the head of the penis. It is done this way because if it were to go directly through the head, then it would distend the head and make it unnatural looking. The major point of concern for me was the site of attachment of the existing and new urethra. It was highly possible that his site could have become swollen and become blocked. The secondary concern was fistulas. However, because they triple-wrapped the urethra when they closed everything up, this was not as much of a concern as a stricture.

For the phalloplasty, fistulas are more prevalent, but they can be easily fixed. There

are two distinct techniques for forming the new urethra when going this route which are very different than for the metoidioplasty. One route is to use abdominal skin that has had all the hair permanently removed through electrolysis. Another route is to use forearm skin.

My surgery was somewhat more complicated by the fact that I'd had the vaginectomy done 4 years ago (along with the free up). Since I had very little vaginal tissue (they left 1" to do the urethroplasty in the future), they used the tissue from the inside of my mouth. With this, they were able to form the new urethra. This technique is commonly used for genetic children.

I had a long conversation with a genetic male friend of mine and found out some very interesting things...The initial flow and leaking problems are the exact same as for genetic males.

Unbelievably, I was able to eat the day after surgery, but I was taking very small bites. I was flat on my back for 6 days while the new urethra healed.

For the first night, I stayed at Oregon Health Sciences University. After that, I was moved by ambulance to Temporary Living Center (TLC) where I stayed an additional 5 nights. I originally intended to stay at a friend's house during recovery, but my urologist was uncomfortable with the thought of any movement on my part for fear of damaging the new urethra. So,

he and Dr. Meltzer settled for TLC. This place was great. It's a center set aside for those people who are too sick to be at home but too well to be in a hospital. It's a hospital-like environment with a 24-hour, on-duty nurse who took care of my medications. They fed me breakfast, lunch, and dinner.

I had my own room with a cot so that my wife could stay with me. The staff was great too. They knew my situation because of my records, but they treated me no differently than anyone else. All this for \$100 per night (as opposed to OHSU's \$1000 per night).

I was catheterized through my penis for 3 weeks to allow the new urethra to heal. At the same time, I was urinating through a superpubic catheter (through my belly). After the 3 weeks was up, they removed the catheter going through my penis, leaving the superpubic in and blocked off. This was so that I could use my new urethra while having a backup just in case a stricture did form. Fortunately, I had no problems besides a little pain from the swelling. A week after using the new urethra, they removed the superpubic.

Now, the results: I have now been peeing freely from my new urethra for 6 weeks now. Some good news and some bad news.

First, the bad news: Some things I hadn't been expecting (I have no brothers nor have I been with any genetic males so I had no point of reference). When I begin to urinate, I have no idea where the flow will go. It leaks a few drops after I've finished urinat-

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Predator?

by James Green

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As I approached, Martinez introduced me. "This is James Green," he said. Sean's eyebrows shot up like they had on *The Jerry Springer Show*. His eyes flashed excitement mixed with gratitude, and he offered me his handshake.

"Thank you," he murmured.

"It's all right," I said. "Nice tie."

"Oh, thanks!" he said, flashing a quick smile.

"And this is Tony Barreto-Neto," Martinez said.

"Thank you," Sean murmured again, dropping his eyes as he offered his hand.

We posed for a few photos. Stephan Thome and a few others introduced themselves to Sean, then we all walked over to the courthouse. Sean and his attorneys went inside, while we went to work out front, passing out leaflets and chanting "No Jail for Sean," and "Free Sean O'Neill." Eventually other demonstrators showed up to support us—members of the Lesbian Avengers, Bi-Net, Ground Zero, TOPS and four other chapters of the Menace. Some of us had discussions with the media and passers-by. Sometimes the issues seemed simple: If Sean had had a male body he would never have been in so much trouble. And sometimes the issues seemed complex: It didn't seem right for Sean to let these young girls think he was a boy, but how could he tell them what he did not know how to articulate? And why is it so wrong for Sean NOT to tell, when not telling is precisely what some therapists instruct cross-living transpeople to do so they can determine if surgical sex reassignment is the best course of action.

Some members of the FTM community resisted participating in actions supporting Sean, afraid that such a show meant condoning the commission of statutory rape. Most transmen are very sensitive to women's issues and would not want to commit any blows against women's rights or freedoms. But this case is one in which the defendant's own ignorance of transgender theory rendered him unable to cope with relationships within the social constraints of the heterosexual community in which he lived. The lack of emotional or honest support in his life kept him a prisoner in his private closet. Granted, this lack of support was perpetuated by his successful effort to "pass" as a boy, and the reaction to his "deception" was fueled by blatant homophobia.

Sean does have some lesbian friends, and

he knows the difference between them and himself. His invisibility as a transgendered man, and his lack of knowledge about his own condition, led to an attraction to girls far younger than he. As a boy, he looked much younger than his years; and since he was unable to go through the puberty his psyche could respond to, I imagined him stuck in this faux adolescence forever, or at least until everyone around him grew older while he remained a child, a western, mountain town Peter Pan.

The first witness for Sean was a Dr. Mullen from Denver, who saw Sean for a psychological evaluation and determined that he did indeed have a gender identity disorder, and that his psyche was appropriate to a 14 or 15 year old male, as opposed to the 20 year old female his body would lead one to expect. It was during the doctor's testimony that the same ex-girlfriend who had appeared on *The Jerry Springer Show* began making dramatic entrances and exits into and from the courtroom, accompanied by loud sighs. She even directed a verbal death threat toward Sean

The DA asked for the full prison sentence. "Sean O'Neill is a predator," he said. "She should be removed from the community."

and/or his girlfriend who sat near him at the defendant's table.

On the witness stand, Martinez questioned me about my own adolescence. How did I come to grips with my gender identity? (With agonizing slowness over a period of 40 years.) Did I ever date young girls? (No; I was afraid to; but did I entertain the thought? You bet! Young girls used to chase me all over junior high school). Did I ever deceive people about the sex of my body? (Yes, but not intentionally. People frequently perceived me as male, just as they do Sean. The difference between us was one of time and place, of class, education, and values). How would I react if I were in Sean's place and sentenced to prison as a woman? (I would feel like dying. I would withdraw, I would nourish myself on resentment, on my own determination to prove the world wrong. And when I got out I don't imagine I would be a very useful citizen).

District Attorney Schwartz objected to my validity as a witness, but Martinez convinced the judge that my experience was relevant, both as a transsexual man and as someone in a position to help Sean network and become educated, and to comment on the typical transsex-

ual experience as few people can. Because I don't look like what people expect a transsexual to look like, the courtroom spectators registered palpable shock when my transsexual status was revealed. That in itself was educational for many.

Barreto-Neto's testimony was also enlightening, and more closely paralleled Sean's: He started having sex with girls at age 12, and left home before he finished high school so he could start living as a man, though (like me) he never said he was a man; like me, he just said he was being himself. He responded to challenges about the inherently vile nature of statutory rape and teenage sex by pointing out that when it's a boy and a girl who are involved, these crimes are routinely reduced to misdemeanor charges and rarely decided by judges.

The DA asked for the full prison sentence. "Sean O'Neill is a predator," he said. "She should be removed from the community."

Martinez asked for a minimum sentence of probation and counseling. "Sean O'Neill is a troubled young person doing his best to find his way, and to find affection in this world, without role models or appropriate guidance."

The judge took 20 minutes to deliberate after hearing three and one half hours of testimony. He came into a hushed courtroom and asked that the doors be locked and everyone remain seated and quiet until the entire sentence was pronounced. "There are people in this court who will not be happy with this sentence," he said. "I do not want anyone jumping up and running out of here before it is all over."

Sean sat hunched over the table, shaking. Sitting directly behind him, I couldn't tell if he was crying or just working off nervous energy. The judge commanded him to stand with his attorneys while he pronounced the sentence.

Sean received a sentence of 90 days in the county jail, deferred until accommodations could be made so that Sean will not have to be housed with women or with men, in consideration of his transgender status. He also will be on probation for 6 years, and will have a record as a sex offender. He must undergo counseling with a gender specialist while on probation, and he may not have unsupervised contact with females under 17 except for his younger sisters.

"This case is not about pedophilia, not about homosexuality, not about transgenderism, not about love or trust," said the judge. "This case is about deceit and consistency." Sean was labeled an admitting, remorseful, non-violent sex offender. It was noted that he now has a chance to get the information and the help he needs to change his life for the better. We went to Colorado Springs because we felt it was wrong for Sean, a confused, young transgendered person, to be brought up on these charges. We achieved only a partial victory. But most importantly, we don't want Sean O'Neill to become another Brandon Teena.

FTM Forefather

by James Green

Here's news of another pioneer, this time from Florida. I'll begin with a quote from the book "Orlando: A Centennial History" by Eve Bacon, vol. 1, page 267 (published 1975):

"Orlando was shocked in July of 1914 when Hiram E. Calder died at the county home, and it was revealed that 'Hiram' was a woman. No one had suspected such a thing, for 'Hiram' had registered and voted in Orlando a number of times, which made 'her' the first woman in Florida to exercise the franchise [Calder died six years before women were allowed to vote in Florida.] She was buried by the county, and a strange story began to emerge after the interment. Mrs. Topliff, the charity worker at the county home, through correspondence found that 'Hiram' had made an unfortunate misstep early in life, and to save her daughter from shame, assumed the garb of a man. As the girl grew to womanhood, 'he' passed her off as his wife. When the daughter died in Tampa, 'he' was heartbroken. He provided a fine monument for her and provided a place for 'his' burial beside her. When Calder's health failed he begged friends to see that he was buried in Tampa beside his 'wife.' A fund was raised after the interment in Orlando, and the body removed to Tampa." Quite a story, especially if you ignore all the quotes. But consider the follow-up: reporter Jeff Kuerth of the Sentinel staff (the reader who contributed these clippings did not tell us where this paper was published, but it could be Orange County Florida) wrote a more detailed (though still pitifully brief) piece, published April 17, 1983, and excerpted here: "Tootsie' in reverse—she was a he for 35 years

"The secret life of Hiram Calder is sealed in an unmarked grave on a forgotten square of land. A pauper's burial has obliterated forever the life of a woman who dis-

guised her shame for 35 years behind a man's clothing.

"Until her death in 1914, Calder was known to residents of Orlando as the quiet, unassuming man who worked as a baker in Charles Hungerford's restaurant and bakery. {A man who frequented the restaurant} described Calder as a slender, plainly dressed person of average height. "He hardly ever talked, hardly ever smiled, just sat there behind the counter. He dressed very simply, usually without a coat or vest, just a pair of pants and a shirt." No one suspected that behind the quiet demeanor was a woman with something to hide. To

"Until her death in 1914, Calder was known to residents of Orlando as the quiet, unassuming man who worked as a baker in Charles Hungerford's restaurant and bakery.

further her charade, Calder registered and voted as a man.

"If there was one person who knew the secret of Calder's sex, it was the woman who posed as Hiram's wife, Sarah A. Calder. When Sarah died at age 47 on October 2, 1910, Calder was "heartbroken and frantic with grief, even spending hours at the grave." Calder, who would die impoverished at the Orange County home for indigents, bought Sarah an expensive monument in a Tampa cemetery and provided a burial plot beside her.

"On July 13, 1914, Calder died of pellegra, a niacin deficiency once common among alcoholics, food faddists, and the lonely and depressed.

"Among those who befriended Calder was Doris Topliff who, with her husband, Charles, had taken over Hungerford's restaurant. Mrs. Topliff was active in charity work

and visited Calder several times at the county home.

"Upon Calder's death, Mrs. Topliff was the first to discover the reason behind his life of lies, according to newspaper articles [of the time].

"Inside Calder's Bible were papers indicating that, as a young woman living in New York City, she had given birth to an illegitimate child. To conceal this "unfortunate misstep" and to save her daughter from disgrace, Calder dressed herself as a man and passed Sarah off as her wife.

"No records have been found telling when the Calders arrived in Orlando, but the papers in the Bible suggested that they had left New York in 1888 and that Calder's masquerade lasted 35 years.

"Little evidence remains of Calder's life during her years in Orlando. Her death certificate gives her age as 57, but it was probably an age she concocted to make her seem closer in years to Sarah. The death certificate lists her birthplace and the names of her parents as unknown. Calder's real name is also a mystery. After her death, she was referred to as H.E. Calder.

"Newspaper stories say that Orlando, then a community of 8000, was stunned to discover Calder's secret. "Not even the closest associates of Calder suspected that she was a woman, her actions being decidedly masculine at all times," reported the Morning Sentinel. "Instead of avoiding the company of men she always acted naturally with them, talking intelligently upon many subjects and greatly enjoying the gatherings of men where stories of all kinds are the chief amusements, nor failing to contribute her part."

"Shortly before her death, Calder confided to Mrs. Topliff that her final wish was to be buried with Sarah in Tampa's Woodlawn

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A New Man's Meanderings

by Marcus de Maria Arana

**I am a New Man, although I am an old soul...
I am a young boy, even though I am middle-aged...
I am on a vision quest with neither beginning nor end...**

I am Marcus de Maria Arana, Editor of the FTM Newsletter.

Although I began my transition 16 months ago, I have known that I am transsexual for a lifetime. My first memory of being male-identified was when I was less-than-five-years-old. I was living in Alaska where I saw the movie *Pinocchio*. In the end, when the Blue Fairy turns Pinocchio into a real boy, well, I discovered the context of my Discomfort That Had No Name - all I needed was a Blue Fairy. It would take me nearly 35 years to find that Fairy.

I learned quickly that it was dangerous to mention my masculine self-image to anyone. I watched the "school faggot", whose only crime was being effeminate, get the snout pounded out of him. Because the world seemed so homophobic, it logically followed that the world was not ready for people like me (as if there really were other people like me). I was certain that I must be the only person in the world unfortunate enough to be born feeling so confused.

My parents tried to make me just like other "girls." Every Christmas they gave me a doll. Each year, that doll would end up in the top of my closet, gathering dust and giving me nightmares. I would wake up in tears after dreaming that the dolls came alive and tried to kill me. Maybe it was too much *Twilight Zone*, or *Barbarella*, but I had a terror of dolls that extended into my adult years.

I tried to be a good heterosexual, but kissing boys did absolutely nothing for me. I kept waiting for that "Love, American-Style" fireworks response to all that kissing, but it never did happen. By age 15, I had figured out that I would be called "lesbian" or "dyke" because I was attracted to females and the world

thought that I was female as well. After a few years in women's politics, I also figured out that I shouldn't admit to feeling male. Not only would I never get laid, but they would tar-and-feather me on my way out of the music festival. So I kept my mouth shut.

Don't get me wrong, I did try to come out as transgendered several times in the past, but I let my friends talk me out of it. Once, in my late twenties, I told my lover and my best friend my long-kept secret. My friend looked at me and said "You can't be male...you have too much feminine mystique." I guess you get that next to the panty-liners on aisle 10, I thought to myself.

My lover at the time told me "Of course you don't want to be a woman. Women are taught to hate themselves and to despise their own bodies. Of course you would want to be a man...they get male-privilege." I couldn't argue that women had been taught to be self-deprecating, yet her assertions just didn't ring true for me. I instinctively knew that transsexual men were not the recipients of male privilege, especially in a phallogocentric culture.

The truth of it was that I didn't want to be a man - I already was a man I just wanted to be treated on the outside appropriately to how I felt on the inside. And I didn't necessarily want a penis - although I do admit that it would be nice to have a sexual organ that I could put my fist around. But, I have always been very clear that my gender is not between my legs. My gender is between my ears.

Today has particular irony for me when I consider the "art of passing." Today is election day in California. I have voted in every single election since 1976. I take great civic pride in going to the polls. I

know that people have fought and died for the right to vote in free and open elections.

Yet, today I am not voting. I didn't get to the ballot box because I have not yet changed my name. I am waiting to be released by my chest surgeon who knows me only as "Mary." He operated under my carefully constructed illusion that I was a female with a back disease (well, I DO have a back disease), and I don't want to make him out to feel the fool by outing myself to him. So, I must wait for two more weeks to change my legal identity.

As you can imagine, I felt very conflicted about outing myself at the polls. I have had upper surgery and I am growing a mustache and beard. Needless to say, I do not resemble "Mary" very much any more. I am now "he" and "sir" and I worked very hard to make that transformation. I no longer write checks so that I won't be taken for a forger, and thus, became afraid that the "polls police" would come take me away for voting fraud, even though I do have legal ID.

I just couldn't bring myself to shave, even though I'll have to do it next week before I go to the surgeon for the last time. I couldn't sacrifice my facial hair one moment sooner than was necessary. So, I remained as Marcus and did not vote on "Mary's" behalf.

Perhaps it was childish and selfish of me to throw away my primary vote. Maybe my civic pride should have compelled me to play a "girl" just one more time, if only just to vote. It is possible that I would not have been challenged at the ballot box had I made the attempt.

Alas, my rugged individualism was overridden by my fear of being "read" and I will always wonder if I did the right thing...

Transgender Warriors: Making History from Joan of Arc to RuPaul

by Leslie Feinberg

Beacon Press, Boston; 224 pages, 112 illustrations; \$27.50 hardcover.

reviewed by James Green

One of the most important messages to be delivered to any transgendered person is: You Are Not Alone. Leslie Feinberg delivers this message loud and clear in his new book, *Transgender Warriors*. People may debate whether Leslie is male- or female-identified, and groups may claim Leslie as their own, applying old pronouns or new (such as hirm and s/he), but with this book Leslie comes down squarely in the FTM transgendered camp, and shows that we have a long and embattled history.

Transgender Warriors is the personal narrative of Leslie's discovery of our history, presented in the context of the oppression that

has driven us into isolation. The socialist analysis is very compelling, yet Leslie shows that transgendered people exist in classes other than the working class, too. He presents trans issues as clearly separate from, yet intricately tied to, homosexual issues and community, and does not pass judgment on those who have (or have not) had or want (or do not want) to have surgery in the modern era. As transgendered people we face the same daily struggle for integrity and dignity, not to mention basic survival. And the rigors of this struggle are clearly shown. I don't believe a non-trans person could read this book and not come away transformed--at least in consciousness.

I read every word in this book (including the extensive notes and bibliography) in under four hours. At \$27.50 this makes an expensive evening's entertainment. But this is a book that I will want to keep on my reference shelf, one that I know I will return to many times in the coming years. Beautifully illustrated, this book is a testament to the courage and tenacity that transgendered people have exhibited through the ages, and gives the reader--transgendered or not--a bold taste of who we are. I strongly recommend this book, and I hope it will be widely read. It is a giant step toward the liberation Leslie has aimed for.

And for those who wonder why I refer to Leslie with male pronouns, it is both because I feel that Leslie is my brother, and also because Leslie has expressly stated to me that he prefers me to refer to him with male pronouns. If he has expressly asked others to use female or gender neutral pronouns, that is his prerogative, and the arrangement is between Leslie and those others. I will not change my usage until Leslie asks me to. This is part of the raising of our own consciousness regarding gender and individual expression. I am thankful to Leslie for offering himself as a testing ground so that we might all expand our horizons while we find our boundaries.

FTM International to Incorporate

On March 17, 1996, FTM Int'l's steering committee reviewed all the feedback from readers concerning our organizational future. The result is that FTM International will (before July first) file articles of incorporation with both the state of California and federal tax boards to become recognized as a non-profit educational corporation, with voting membership. The steering committee named the first slate of officers who will serve until we can have an election (hope-

fully early in 1997). Appointed as President--James Green, as Vice President--Yolanda Lewis, as Secretary--Shadow Morton, and as Treasurer--Sean Romeo. The committee also proposed a list of people to be tapped for service on the Board of Directors, some of whom have been contacted. The Board will meet at least twice each year, and Board Members may participate by phone. Any readers interested in serving on the Board of Directors are invited to call the voicemail number and let us know. We have a lim-

ited number of seats on the Board, but we will be looking for people to serve as alternates and future Board members if all the seats are filled. Basic organization membership will not be automatic; the FTM Newsletter will still be available for \$15.00/year (\$20.00 international; \$25.00 for professionals) to non-members. Membership will probably cost \$25.00/year and include the FTM Newsletter, voting rights, and some other benefits to be determined. No one will be required to pay twice this year:

we will probably ask that members join in December or January and renew at the same time each year (this will save us considerable administrative overhead). We are still in the formative stages and do not yet have all the necessary formal documents prepared, but by next issue we should be able to report much more fully on the structure and goals of FTM International, Inc. Many thanks to those who wrote and phoned in their opinions and advice; stay tuned for further developments!!

Advice On Candida?

Dear FTM:

I am an FTM who obtained a mastectomy/hysterectomy some 12 years ago, but since then I have had a problem I have never seen covered in the literature. I cannot take any form of testosterone. I have systemic fungus: aspergillus and clodesporum plus quiescent candida of the nervous system, i.e. systemic "silent candida." Any attempt to take male hormones or even dried Orchic tissue causes "flare-ups" and overgrowth of my funguses, all over my system, making me quite ill.

Has anyone else had this? Is there a way around it? I have to take some form of anti-fungal all the time and adhere to a strict anti-yeast diet. I am under the care of a fungal/allergy doctor specialist, but he knows very little about hormones except to "avoid them." Has anyone (had) any significant references for this?

Emmon

Anyone out there have advice or insight for Emmon ??? --eds.

So Cal Surgery

Dear FTM Newsletter:

I am currently seeking top surgery and live in the Southern California Area. I am having some trouble finding surgeons. I want to see as many as possible. Can anyone suggest somebody? Also, I have talked to some guys who received "keyhole" and looked great but they were considered "too big" for this by some of the more famous surgeons who say keyhole only works for "A" size. Any thoughts on this? I know its possible just to call plastic surgeons out of the phone book, but what does one say? How do I describe what I want? Help!

Dexter Day

Dexter - Contact the "Under Construction Club," which is a Los Angeles area peer support group. Jeff Shevlowitz and others can help you make those connections. Look in the FTM Resource section of this newsletter for more information.— Marcus

Back To Basics

FTM:

...One suggestion if I may...Your guys need to occasionally talk about the basics like what one can use to urinate in public places. How does one tie a tie? How do you ask for your first male haircut at the hairdressers? Maybe

ways to act in public: things that women say or do and what men do, so one fits in better. How about talking about what one does if a genetic male asks you to go to the gym, and then you can't urinate or undress, or what can you do if the person doesn't know about you? Do you just stay away from everyone?

Thanks, in brotherhood, Marc

Marc - You ask good questions.

Bathroom etiquette: It is usually acceptable to go into a stall in the men's room. All men have to sit down eventually, and I have never been challenged or bad-vibed. If you prefer to stand to urinate, there is a method that some of the guys swear by - a plastic lid. Take a large plastic lid from a margarine tub and trim off the lip. What remains is a flat circle that you can fold into a funnel shape. Press the wide end at your urethral opening and just pee! It does take practice so you may want to begin in the shower to minimize leak-damage until you're confident enough for dry land. Ties: I learned to tie my tie by watching TV. I had a show taped that had a character doing his tie. You can also ask a male friend or relative to show you how - one man asked a store clerk who was most helpful! Barbers: Look through magazines to find pictures of a haircut you like and take that to the barber. You can also ask for a certain look - i.e. corporate or high-and-tight. Most barbers will know what you mean and can make suggestions. Appropriate behavior: In terms of male and female behavior, that's a judgment call. Different cultures have different standards, so there is not one right answer to the question of "fitting in." Watch men and women's behavior and make your own determinations. Gym invitations: If a man who is not transsexual asks you to the gym, and you like to work out - then go! You can urinate behind a stall in the bathroom. You can go to the gym already dressed out and go home to shower. Explain to your friend that you aren't comfortable undressing in front of others. You don't need to tell anyone about yourself unless you feel comfortable with that. That is also a judgement call. I have not lost a friend yet, but I know of men who have, so move carefully.-Marcus

Feminizing Fears

Hi Guys!

I received your tapes from the '95 Conference and on one of the tapes some

of the old-timers talk about feminizing - the testosterone aromatizing and turning into estrogen after so many years. This, needless to say, has got me a little worried; I had no idea that this could happen and it concerns me, as I'm sure it does for all us guys. You guys stated that we'd all do much better on 1cc every three weeks, as opposed to every two weeks. What I'd like to know is after how many years does this appear to happen, and will it happen more than once in a 20-year stretch? I'd also like to know at what point, or around how many years, on testosterone should someone begin to cut back and increase the timeframe to three weeks? I am on testosterone 1cc every two weeks (testosterone enanthate 200mg) and have been for three years now. Is it time to for me to change to three week intervals? I really don't know where to get this info, I don't really know anyone who's been on male hormones long-term, and the Docs here still live in caves, and, obviously, only one that was on the hormone for a long time would know the best. What I'd also like to know is that if I were to make the change to three weeks, would it have to be done gradually as not to screw up my hormones in my body. I would really like to find this out a.s.a.p. because it concerns me. I have had a testosterone level taken only after pressuring my doctor; he claimed that it wouldn't prove anything, that it isn't a true reading. However, I did have it done one day before my next shot was due, and the normal range for total testosterone was 225-900ng/dl, and mine was 437. If you could give me some further info on this subject I would really appreciate it. Also wanted to let you know, it was a GREAT idea to tape the conference for those of us who, for whatever reasons, just can't make it, the tapes were fantastic and well worth the money. I only got four tapes but now wish I had purchased the whole set. It really made me feel like I was there and I felt more connected to all my brothers out there. Again, keep up the good work all of you do on this newsletter together; it's not an easy task, but I'm sure I speak for each one of us in that it does not go unnoticed or unappreciated.—Marc in CT

Dear Marc -

Whoa! Calm down, it's not as bad as you think. The dose you take is the recommended lowest dose for FTMs. After only three years, you shouldn't have much to fear about the

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Trans Fag

continued from page 3

looking, often taken for under 18; small and slight—5'4", under 120 pounds. Being ignored by gay men was painful. By contrast, I was constantly being flirted with by women, but at that time I didn't see myself as bisexual and only found it bitterly ironic that I was wanted by women I didn't want and not wanted by men I did. Lou was at that time in a relationship with another guy, and constantly encouraged me that the time would come that I would find someone who did want me. But I grew discouraged, and also became irrationally terrified that if I did find someone I would get AIDS. I have had many psychic experiences in my life, and I now wonder if that exaggerated fear I felt of AIDS was because part of me sensed it was going to happen to Lou, who ultimately died of the disease in 1991.

In spite of the fact that socially and vocationally I was doing fine as male, after my mother died in February 1985 I had to confront the fact I was an orphan, with no siblings, living 2500 miles from the friends I grew up with. I was dreadfully lonely, and the prospect of not being able to find a partner was more than I could handle. I never stopped believing I was transsexual, but decided I would have a better chance of finding someone to share my life with if I went back to presenting as a straight female. In March 1985, I walked out of work one Friday as Christopher, and walked back in on Monday as Chris, female. It was like transitioning from M to F! I had told my employers, co-workers and friends and, as had happened going the other way, everyone was great.

Again I tried valiantly to make a go of being female. My reasoning was that at least as a female I was physically whole and functional. In 1985 the surgical prospects were dismal (not that they are much better now!)—phalloplasties were hideous. I don't remember exactly when Lou had his metaoidioplasty, which he was pleased with, but to me the prospect of trying to make it as a gay man with a tiny penis was too daunting.

Lou was an extraordinary individual. He forged his own path, and then fought with treatment providers and researchers until he won acceptance for those who came after him. I regret that embroiled in an emotionally abusive relationship, I lost track of him in the years after I re-transitioned. The last time I saw him was at OutWrite, the gay writers' conference, in 1990. By that time I was a very unhappy, overweight 38 year old woman. When I walked up to him he stared at me in shock, and said he would never have recognized me: "Nothing is the same except the eyes."

In 1987, that unhappy woman had entered a suicidal depression that lasted nearly a year. In late 1988, she had come down with Chronic Fatigue Syndrome which became totally disabling in late 1991. In 1993, she was diagnosed with poor prog-

nosis breast cancer and told she had only a 20% chance to survive five years.

Trying to be a woman had left me 60 pounds overweight, disabled, and, according to the doctors, dying. It took me awhile to realize that the male self I had consciously set aside was the key to recovering my health and, more important, my hope for the future. At the end of the summer of 1994, I saw three articles within a few weeks that made me realize I had not solved my 'gender issues'—only put them in deep freeze. The first was an article in (September) Harpers' Bazaar about Stephan Thorne. The second was the (July 18) New Yorker article on FTMs. The third was an article in an English gay magazine about what they called 'Transgender Queers' in San Francisco—FTMs who identified as gay men. Profiled in the article were Mike Hernandez, Sky Renfro, Shadow Morton, David Harrison, and Matt Rice.

I didn't take any immediate steps toward resolving my gender issues. I was still coping with depression over my diagnosis. In early 1995 I

...most important, I discovered that Lou himself identified as gay. The first time I talked to him, I heard, for the first time in over 29 years, the thoughts and feelings I had had all my life expressed by another human voice.

finally called Judy Van Maasdam at Dr. Laub's office (who told me that they now did accept gay FTMs for treatment). She gave me James Green's number, I called and subscribed to this newsletter. I got the dates of meetings but didn't have the nerve to go until, through a networking ad, I met Jamie Walker, a gay FTM living a few miles away on the Peninsula. I had been hesitating about attending meetings, because I looked feminine and I felt, at 43, 'too old' to even be thinking about transitioning. Jamie, however, assured me that the meeting welcomed FTMs of all ages and stages of transition. At that first meeting, I met Mike, Sky, Matt, and Shadow in person, and, thanks to James, had already connected with David by phone.

It was a whole new world from what I had experienced in the early 1980's. Encouraged by the support of our group (straight and trans-fag members alike), and by meeting so many transfags at the Conference, in September 1995, 14 1/2 years after that fateful car accident started me on the road to myself, I again started on testosterone.

Since then, by letter and online, I have corresponded with over 50 transfags all over the country and in Europe. Mike and I are co-editing a book, trans/FAGs, which we intend to be not only the first but the definitive book by, for, and about gay FTMs. I'm bringing out a hard-copy networking newsletter, TransFagRag, and have an online 'zine,

Transfags, with nearly 60 subscribers, mostly gay/bi FTMs with some genetic male and female admirers (transfaghags). (As a bi-but-predominately-gay man who also identifies as a drag queen, I like to call myself a transfag-drag!)

I still get letters from people saying "Up until I saw your post I thought I was the only gay FTM in the world!" It makes me sad and also angry that people are still in the same position going into 1996 that I was in in the early 1980's—feeling isolated and alone. It's my mission to make sure that this situation becomes obsolete as soon as possible. I want the gender community to realize that we exist, and in significant numbers. I no longer want to read articles about FTMs, whether in this newsletter or other gender publications, that make the assumption that FTM is synonymous with straight male. I no longer want to hear people say their doctor or therapist did not know that FTMs can be bi or gay. I no longer want to hear people say their support group is all 'straight guys' and they have no one with whom to talk about being bi or gay. If all 50+ of the transfags I know are subscribers to this newsletter, that's about 1/15 of the total readership of FTM Newsletter, which means at least a page out of every 16 page issue should be devoted to the special issues affecting gay and bi FTMs! And at the next Conference there should be workshops devoted exclusively to our issues, including the unique problems we have in expressing gay male sexuality, which is largely phallogentric, in bodies equipped with tiny 'penises' AKA enlarged clitorises or surgically created 'penises' that do not look or function like real ones.

In addition to making our presence known in the transgender community, transfags must establish a place in the gay male community. Here in the Bay Area the SFWeekly last fall profiled four gay FTMs, including Matt, Shadow, David, and Jonathan Weiner. (I'd be happy to send copies to anyone who'd like this article; send your snail address to the address below.) At least in San Francisco, the most progressive gender environment on the planet, genetic gay men are beginning to know that we exist and even to seek us out as partners.

I hope that readers who are straight FTMs acquainted with transfags who don't subscribe to this newsletter will give them this article. And all you transfags out there who thought you were alone, get in touch and begin to network with others like you. To subscribe and/or submit to trans/FAGs the book or TransFagRag, email me at Transfags@aol.com or write me c/o Eleasar Press, 1259 El Camino Real Suite 151, Menlo Park, CA 94025. To subscribe to the online zine, email Transfags@aol.com.

networking

Correction

In our last issue, the news column, beginning on page 9, was accidentally attributed to Gary Bowen. The actual author was James Green. We regret any confusion or inconvenience caused by this error.

Leslie Needs our Help

A health fund has been formed to help meet the medical bills of **Leslie Feinberg**, author of *Stone Butch Blues* and *Transgender Warriors*. Leslie has been seriously ill since early December, 1995, with a series of bacterial infections and spiking fevers. It now seems that s/he has an underlying "mega" virus that has gone undetected, although (since s/he is HIV-negative) the diagnosis of a virus may not fully explain this serious illness. At times, Leslie has been unable to move forward with a test or medicine because s/he has already spent more than \$12,500 during this catastrophic illness.

Leslie will need more tests, more specialists and more treatments. Like many other people, s/he has no health insurance and lives in a state that has eliminated Medicaid.

Those who would like to help defray the costs of Leslie's illness can send a check, payable to the Column Foundation and earmarked for Leslie Feinberg Health fund to:

Leslie Feinberg Health Fund
c/o William Sachs Esq.
Column Foundation
370 7th Avenue
7 Penn Plaza, suite 830
New York, NY 10001

Contributions of any size will be both welcome and tax deductible. Please pass the word along.

Get Down with ECFTMG!

All FTMs and their partners are invited to the next get-together of:
East Coast Female-to-Male Group (ECFTMG) P.O. Box 60585, Florence Station, Northampton, Mass. 01060
on Sun., May 5, 1996, 3:00 - 6:00 p.m. at Bet Power's house, 146 Riverbank Road Northampton, Mass.

A presentation, "The Dynamics of the Female-to-Male Journey," will be given by Ari Kane, M.Ed., a gender specialist with Theseus Counseling Services in Boston and Augusta, Maine, and Eric Mac, a new transman. Mr. Kane, who serves as the Executive Director of The Outreach Institute of Gender Studies, has lectured extensively and has appeared on major radio and television talk shows.

Also: Join ECFTMG on May 6, 1996, 7:00 - 9:00 p.m. at The Arlington Street Church, 351 Boylston Street, Boston. for a celebration party for the publication of *Transgender Warriors*, by Leslie Feinberg. For more information, call (413) 584-7616. ECFTMG is a peer support group for all female-to-male transgendered, cross-dressers, transsexuals and their partners.

Attention SoCal Rappers

Hi, My name is Chris. I am a co-facilitator of an up, and hopefully coming, rap group called, **O.U.R., which stands for Open Unity Rap**. This group is meant to provide a safe and productive environment to transsexual individuals who are unable to find support or simply unable to find a rap group that is within traveling distance of their homes.

O.U.R.'s first group meeting was to be held on April 13, 1996. It was open to FTM and MTF transsexuals and their sig-

nificant others. Rap rules, guidelines and other aspects of the group were on the agenda to be discussed.

For more information, contact me:

Don Christopher Morton
N. Belle Street
San Bernardino, CA 93404

Housing needed at SFSU

Apartment and/or roommate needed near SFSU for fall 1996. Please contact:

Justin, [redacted]

TS/TG Clinic \$ Threatened!

The San Francisco Dept. of Public Health is planning on severely cutting funding, services and staff at the Tom Waddell Clinic. This clinic is a major provider of health services to underserved communities and has, with their famous "Transgender Tuesdays" been an incredible gift to the TG/TS community. If these cuts go through, three full-time physicians and six RNs will be lost. The Tuesday night clinic is always packed and appointments are booked well in advance. It's a zoo. The staff is fabulous, though, and they operate with grace under trying conditions. The effects of these cuts would be devastating.

Please contact Bob Prentice and Sandra Hernandez MD of the Health Commission on 101 Grove Street, SF, CA, 94102 or call (415)554-2666; The Board of Supervisors on 401 Van Ness, SF, CA, 94102 or (415)554-4184, and Mayor Brown at (415)554-6141 at 401 Van Ness, SF, CA, 94102. It is crucial that they know how important these services are to us. Time is of the essence, so do this today if you can. Mayor Brown will see anyone for 10 minutes each Saturday in his office on a first-come, first-served basis.

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Lower Surgery Success Story

by David Schreier

continued from page 5

ing. And lastly, because of my size (I am a little over 2" flacid), a major concern of mine was being able to pull it out of my pants far enough so as not to hit my pants when it dripped. After discovering these things, I had a long conversation with a genetic male friend of mine and found some very interesting things out...

The good news: The initial flow and leaking problems are the exact same for genetic males. That is why the urinals are always wet around the floors. When guys begin to pee, they have no idea where the flow is going to end up and have to redirect it after its begun. And then, when they have finished, they have to "spank it like a bad baby." A friend of mine read an article in a magazine regarding this issue. Apparently leaking becomes worse as men age. They suggested in this article for men to reach behind the scrotum after urinating and push up, essentially milking the last of

the urine out. After hearing about this, I began to do it and voila!, no more dripping problems. So, these 2 issues are identical with those of genetic males.

The last issue was the length problem. I was told by my genetic male friend that I was at the stage he was at when he was 3 years old. I needed to learn, as he did, how to hold things and to practice. I have found that by holding my pants tight against my body under my penis while urinating, my penis extends far enough out so I can pee without getting anywhere near my pants, even after I've finished and it's just dripping straight down. I have found that the tighter the pants, the better. There's less material in front to have to push back. As for the flow, it comes forward, very quickly and very easily. Because of its new direction and because my penis hardens when urinating, I have found that using a urinal is much easier than a toilet (some genetic male friends of mine have said the exact same thing). To use a toilet, I have to redirect my penis

down, whether I'm standing or sitting. I find that by using a urinal, I am able to leave my penis pointing straight out of my pants and the flow goes directly away from me, not going anywhere near my clothes and less chance that it will hit my shoes. Fortunately, I have been using urinals for quite some time now using a urinary device. I have gotten used to standing next to guys at the urinals and overcome some of my pee shyness. Not to mention I spend a helluva lot less time in the bathroom.

One last thing: As I stated, when doing the urethroplasty for the metoidioplasty, they use the vaginal wall. The tissue is still alive. They used the remaining 1" of mine to aid in the connection of the new urethra to the existing one. As a result, I have found that when I become aroused, secretions will actually come out of my penis through the new urethra. Some have equalled it to pre-cum and semen. Another "pleasant" side affect.

Well, at least it's realistic!

Health Alert

by Brynn Craffey

Time to talk a topic most transmen would like to ignore, at least when it comes to our own bodies, namely, breasts. A recent bulletin released by the American Educational Gender Information Service (AEGIS) recommends that all FTM transsexuals and transgendered persons who have not had chest reconstructive surgery do a breast exam on a monthly basis. Any lumps or knots? Get yourself immediately to a doctor. Those of us who have had top surgery need also heed this advice. Even the most careful surgeon leaves behind breast tissue and that tissue is subject to breast cancer, currently a leading cause of death in American females. Some scientists blame breast cancer on estrogen, produced by ovaries in those of us who have them or ingested or injected in large doses by transsexual (and non-transsexual) women.

It will come as no surprise that the medical establishment is in no hurry to conduct studies on the

incidence of breast cancer in TS and TG folk. The AEGIS bulletin mentions three reported MTF cases of breast cancer in medical literature, a number undoubtedly inaccurately low. It points out that cancer more often appears after a long period on female hormones -- important for FTMs who start testosterone later in life.

We all know the anxiety and pitfalls associated with medical visits. But get real: For each one of us who survives intact into adulthood, how many don't make it due to active or passive means of self-destruction along the way? A breast exam is quick and easy to perform and can detect cancer in its early stages when treatment is most effective. Consider it a part of our TS "Right to Life" movement and, borrowing from the infamous athletic shoe media blitz, "**Just Do It!**"

FOREFATHER

Continued from page 7

Cemetery. Instead, she was buried the same day as her death in an \$8.50 coffin in the county potter's field...

"Mrs. Topliff started a collection to have Calder reinterred with her daughter in Tampa. Apparently the plan failed. There are no records of any reinterment. Calder is not listed among those buried in ...Tampa.... Nor are there any records that tell who is buried in the unmarked graves of the potter's field.

"In Woodlawn Cemetery, Sarah's white marble tombstone is a four-sided shaft about 3 feet high. The marble is weather-worn and spotted with gray and brown lichens. It is inscribed "In loving remembrance of Sarah A. Calder" and "Blessed are the pure in heart for they shall see God."

"On the opposite side of the marker, facing an empty grave site, are the faint, barely legible words: "Gone but not forgotten."

"Above and below the inscription are spaces as blank as the white stones in a pauper's cemetery 82 miles away. In death, Hiram Calder has found the final mask of anonymity."

Is this one of our FTM forefathers? Or just another masquerade?

MaleBox

continued from page 10

testosterone "converting" to estrogen. The most important thing to remember during your transition is that everyone's body reacts differently to hormone therapy. So, the numbers that you experienced are particular to your endocrine system. It would seem, according to those numbers, that you are well within the "normal" range. When it may become appropriate to lower your dose, after several decades of treatment, you should be able to change your dosage without drastic side-effects. In other words, you may not have to "wean" down slowly -after all, we did not start hormones on a graduated dose (at least, I didn't). Pay attention to your body's signals, and have regular blood work done. You might want to consider having a Liver Functions Test (LFT) about every six months to ensure that the testosterone is not causing any liver damage (a possible side-effect). Keep in mind that hormonal changes take a VERY long period of time to effect physical changes, so nothing severe should occur without warning. If you begin to notice any "feminizing" of your body, i.e. widening hips, swelling chest, thinning body and facial hair, a return to menstruation, or other hormone-related phenomenon, contact your physician for assistance. FTM is not in the position to EVER dispense medical advice. There are some listings for trans-knowledgeable endocrinologists in the FTM Resource Guide. Thanks for the encouraging words about the Newsletter - it is MUCHO work! All of the work done by FTM International is volunteer-performed. There is no office, no company car, no central place where we do our work. We depend upon people like James Green, Stafford, Jordy, Shadow, Yolanda, Stephan, Chris, Cliff, Dillon, David Harrison, Brynn, and myself (there are probably many names that have slipped my mind that should be listed as well) to keep things running. So, please be a little patient if the Newsletter comes a little late, or we run out of back-issues. Eventually, it does all get done. **Marcus.**

Buyers Beware

Dear FTM:

I have been getting your newsletter for about four months now and I enjoy receiving it. Like any FTM, I feel that we are always looking for certain items to help our transitions easier. I sent for a lot of information and stumbled on Transitions in Conroe, Texas. I sent for a chest binder. I received it and it was too small so I returned it. In no time I received a new one that worked great. To me, that was terrific. I would recommend doing business with Transitions at anytime again to anyone.

I feel that other FTMs should be aware of a scam I ran into. In November, I sent a money order for \$229 to a Maharani Parivarto in Burbank, Ca. In January, I called and they answered the phone like a residence and gave me a line. I thought, just wait a little longer. By February, I sent out a certified letter. It was returned to me March 8, 1996. They never picked it up. I hope this saves someone else the \$229 I lost.

Thank You,
Nathan J. Thompson

Thanks for the warning, Nathan. Seems there's no lack of scammers seeking to prey on our community. Glad not all your consumer ventures were a bust. FTM brothers, be careful where you spend your hard-earned dollars! The newsletter staff is too swamped to screen products or advertisers ahead of time.

More Bottom Surgery

Dear FTM,

Are you familiar with a procedure called clitorispenoid surgery? As I understand it, it is similar to the metoidioplasty except this surgery runs the urethra through the clitoris so that standing urination is possible. This is not just a priority for me but a requirement (followed by retention of orgasm and appearance). Anyway, this clitorispenoid surgery I read about is being performed by Dr.

Eicher in Germany. Do you know anyone who's had this done and what the results were? Do you know if any doctors are doing this in the United States? Can you tell me the difference between a metoidioplasty and the clitorispenoid surgery that I described above?

Sincerely,
Jack Bowne

Jack: David Schreier's informative article on page 5 should answer some of your questions. Any other brothers out there with information regarding bottom surgery or surgeons, please write in. Brynn

NEW ERA- FROM PAGE 1

"transfag." We hear from Jamison about his trip to Colorado to testify at the trial of Sean O'Neill. And, Lynnifer responds to Jaime Walker's article on the "Questionnaire From Hell." I offer up a personal story of my own in "A New Man's Meanderings..." where I relate the genesis of my own transition and how being in the middle of physical changes can be both fulfilling and detrimental. There is news, networking, announcements, resources, and the ever-popular Malebox.. We got hotdogs, clowns, and balloons for the kids, as well as tap-dancing elephants...OK, I'm kidding about that last stuff, but all the rest is true. So, kick back, put up your feet, and settle down into the next installment in the Never Ending Story of FTM International. Carpe Diem! —Marcus De Maria Arana

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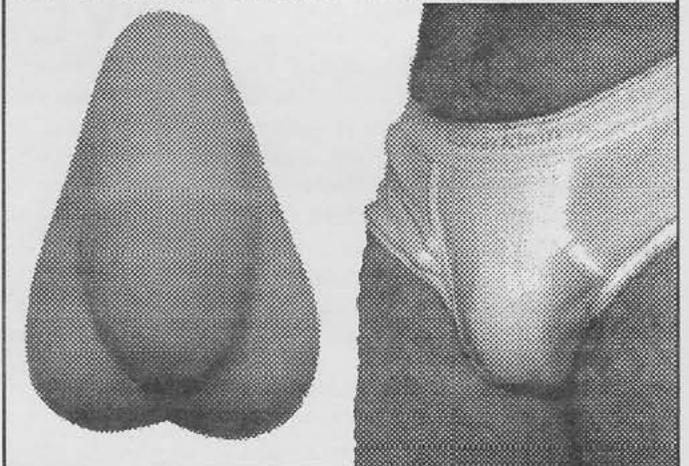
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FTM RESOURCES

UNITED STATES

California-FTM International, 5337 College Avenue #142, Oakland, CA 94618 VOICEMAIL: 510-287-2646 E-Mail: FTM News@aol.com
Under Construction, P.O. Box 922342, Sylmar, CA 91392. Contact: Jeff Shevlowitz

Florida-Eden Society P.O. Box 1692, Pompano Beach, FL 33061-9316. Contact: Maxwell Anderson & Jake Taylor. Phone: (305) 784-9316. Nature/Services: Open transgender support group. Newsletter is EdeNews

Massachusetts-East Coast Female-to-Male Group P.O. Box 60585, Florence Station, Northampton, MA 01060. Phone: (413) 584-7616 (Bet Power), (617) 926-7691 (Lonnie). Nature/Services: Support group for female-to-male persons and their significant others. **Enterprise**, P.O. Box 629, Jamaica Plain, Mass 02130-0006 (617) 3264. Contact: Harris Brown
BiMonthly FTM Group, c/o IFGE, P.O. Box 367, Wayland, MA 01778, (617) 899-2212 - An FTM support group which meets at 7pm on the first and third Monday or every month in the offices of IFGE.

Wisconsin-Gemini Gender Group. PO Box 44211 Milwaukee, WI 53214. Voice mail #414-297-9328. Notes: My SO and I are the only FTMs who attend, but it's a really nice group of people and FTMs are DEFINITELY welcome (and people go out of their way to make FTMs comfortable). 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. The program has separate FTM and MTF groups. Currently the FTM group has about 8-9 guys. Gretchen is always welcoming more FTMs! The phone # for Pathways is 414-774-4111. I may start a "social" support group for FTMs in the Chicago/Milwaukee areas. There seems to be a growing # of FTMs within these 2 cities and we have special needs and concerns that aren't getting addressed.- #414-276-8877. Michael.

INTERNATIONAL

Australia-Boys Will Be Boys, BWBB, P.O. Box 5393, West End, Brisbane, Australia 4101. Nature/Services: Newsletter and network for FTM persons. Notes: Boys Will Be Boys newsletter

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

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

United Kingdom

London-F to M Network, Box 7624, London WC1N 3XX, England. Contact: Stephen Whittle, Phone: 061 225 1915. Nature/Services: Support group for female-to-male persons

Manchester-Female to Male Network, 367 Upper Brook St., Victoria Park, M13-0EP

NOTE: Send in your meeting times! Please keep us informed about organizations, support groups, newsletters and other services which specifically cater to and/or include FTMs. There are many more resources out there than are listed here, and we'd like to know about them so we can tell you!

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Thanks for your continued support! 5-96

FTM Meeting Schedule 1996

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May 12, 1996
 July 14, 1996
 August 11, 1996
 October 13 1996

Informational

April 14, 1996
 June 9, 1996
 September 8, 1996
 November 10, 1996

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