

Gender Identity Disorder— Time for a Change

by Marcus de Maria Arana

There brews a great controversy in our own community—the issue as to whether or not the diagnosis of Gender Identity Disorder (GID) is of benefit to transsexual and transgender people. There are more than two ways of viewing the issue, just as there are more than two ways to view gender itself. So, it's not as easy to say that one is either for or against it.

GID has been the sole way to diagnose transsexuality in those of us who do identify as transsexual. This diagnosis allowed psychiatrists and doctors to begin the process of gender reassignment (or gender confirmation) for those who needed/requested it. It was the rationale that we were born this way and that we couldn't help being so confused, disordered, and gender dysphoric. (I hope that you hear the ironic sarcasm in my tone).

In truth, there have been some TS people who have benefited from this diagnosis. Transsexual folks in Oregon have been classified as "disabled" under this diagnosis and therefore protected under their disability laws. So, a movement to remove GID from the American Psychiatric Association's DSM (Diagnostic & Statistical Manual) IV, is seen by some as an orchestrated attack on their access to hormones and surgery.

What does the DSM-IV actually say about so-

called Gender Identity Disorder? It is interesting that GID is immediately preceded by diagnostic criteria for Voyeurism and Paraphilia (a category which includes sexual attractions to corpses, animals, feces, and urine). The two components necessary for a diagnosis are evidence of a "strong and persistent cross-gender identification" and evidence of "persistent discomfort about one's assigned sex or a sense of inappropriateness in the gender role of that sex."

Those criteria are very arbitrary. I know many people who are not transsexual, but who do fit both of those components. There are some women who have cross-gender identity coupled with a sense of inappropriateness of that gender role, but that does not make them transsexual.

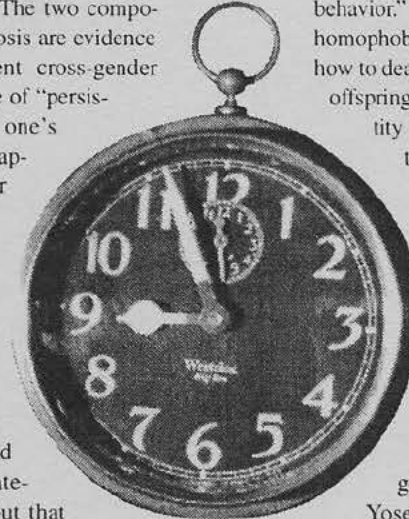
There are some men who experience those same feelings, but don't self-identify as TS or even TG. I know quite a few gay men and lesbians who fit the criteria, but don't identify with it. Then, how are they affected by this diagnosis?

Many are incarcerated as children or adolescents in mental institutions "for their own good." Many are subjected to drug "treatment" or electro-convulsive "therapy" to "cure" them of their "anti-social behavior." Most are put there by their homophobic parents who are at odds as to how to deal with their gender-transgressing offspring. It is never an issue of self-identity but rather behavior that puts

these young people at risk. It would appear then that GID is not really about identity, but is really about behavior that is perceived to transgress gender-roles.

Inside this issue, James Green and others hold a transgender dialogue while they explore GID and other related thoughts. We get a "phallus" review from BJ.

Yosenio Lewis tells of work for Trans and Bi inclusion in the Gay/Lesbian movement. Shadow Morton starts up the "Kweer Corner." We have news, letters, networking and Jules' Top Ten Ways to Know Your Husband Wasn't Born A Guy. Sorry it took so long - we're still catching up!



Transgender Dialog

[The following "conversation" about the term "transgender" took place last fall via electronic mail between James Green and Nancy Sharp. Both have given permission to share it here.—Ed.]

Jamison,
I am trying to understand why some FTMs in the N.W. states seem to have a "problem" with the use of the term "transgender." Your report "Investigation Into Discrimination Against Transgendered People" uses the term and contains a glossary of other terms. I am wondering if there are legitimate feelings behind the opposition to the use of the umbrella term or if the noise is just some politically motivated brouhaha which distracts us

from important issues. Possibly an FTM will educate me about this.

If you look at professional articles, as well as community articles, "transgender" is widely used in the context mentioned in your report.

I do not have time to engage in an argument about the term but I would like to understand the issues behind the argument. —Nancy

Nancy,
Yes, many transsexual people feel their own identity is lost in the term transgender. Some fear it because they don't want to be associated with non-transsexual, but gender-variant people, especially cross-dressers (who are often viewed as rich, privileged hobbyists), or transgenderist sex workers who are on the street ("chicks with dicks" who give transsexuals a bad name). I think this is the greatest source of resentment, that transsexuals are afraid of having their own search for normalcy (gender congruity) obliterated by association with perceived deviates.

Personally, I don't see myself as transgendered now that I have had SRS. I am male gendered, and now have a male body. But I recognize that while I was male gendered and had a *female* body, I was transgendered, and this was a very painful and vulnerable place for me. I recognize that some people like to be in that state, and that is fine for them. I also recognize that it is those of us who are perceived as transgendered (as I was before transition) who are most at risk for oppression and abuse. I believe we must fight for the rights of all people to actualize their gender expression, whether that conforms to male or female or both or neither. Without freedom for all, none of us is truly free. I also think that transsexuals should not be so worried about getting lost in the fray. We have special medical and social concerns and needs, and we should be able to speak up for ourselves like adults. This does not preclude the need for a larger transgender awareness effort which can serve to protect pre- and

Cont'd
pg. 2

Dialog (cont'd from pg. 1)

and early-transition transsexuals as well as non-transgender-identified people who just happen to be masculine women or feminine men. What's wrong with equal treatment under the law?

Does this help? —James

Dear Jamison,

Yes, your dialogue helps. Any dialogue which helps me to understand the feelings of those in the "community" is helpful.

It's not necessary for transsexuals or former transsexuals to lose their identity by the use the term transgender. One can certainly be transgendered... of the transsexual sub-category. Cross-dressers are transgendered...and belong to the cross-dressers subcategory. The street workers belong to the she-male category.

Possibly some of the uneducated public could be confused at first and think there is no difference between a cross-dresser and a transsexual because both are transgendered, however, that is an educational matter.

You mentioned "Gender Shock" at the ICTLEP law conference and I went out and purchased a copy. (Thanks for mentioning it.) It seems we need to realize, and obviously you already realize, that gender variant behaviors and those individuals who display those behaviors are regarded as 'deviant' and 'disordered' etc., rather than being on a continuum of naturally variant behaviors. The bell curve of human behaviors is a natural phenomenon; however, many insist upon cutting off the natural behaviors at each end of the curve and providing the label 'deviant' or 'pervert' or 'disordered,' etc. Regardless of the reason, they are considered to be abnormal behaviors and thus [displayed by] abnormal people.

As part of the membership of a group considered to be gender deviant, it may serve all of us better if we educated the public about gender variant behaviors as a natural extension of a person's expression of the inner (and sacred) self. As we educate the public, we can make distinctions about other gender variant behaviors, but we do not have to "demonize" others and their behaviors unless they cross the line and engage in activities with others that harm another person. We do not have to accept pedophilia, etc., as being an acceptable behavior. (Certain behaviors are not tied to gender variations.) So while we feel that cross-dressers for the most part do not "pay the social price" for being gender variant, we do not have to demonize them... all we need to do is educate the public about the vast diversity of human gender behaviors which is encompassed within the vast umbrella called transgender behaviors. As we educate, we can hope the public will enlarge its vision along with us; and those in the universities, medical schools, and private psychological practices; who are trying to educate the public. For us to attempt to ignore others on the spectrum, is an exercise in untruthful disregard for the existence of a gender continuum.

Also, some of those who end up on the streets are not there because they wish to be there. Many have been kicked out of schools and homes because they reveal the truth of their personal natures... the gender variant part. The sex work, drug use, destructive behaviors, etc., are, in many cases, a result of them trying to cope in an unaccepting society. Should we "shame" the teenager or should we "shame" our society for kicking a teenager out of society?

I understand how some feel about the privileged cross-dressers. It would be an tremendous advance if they could more fully empathize with and try to understand transsexuals. Too many like to put down the TSs. But their leaders are changing and, as evidenced by individuals like Jane Ellen Fairfax, they are trying to educate their own constituents. It will take time, but directionally they are headed in the right direction.

As members of the Human Community we can all learn from one another. While we are trying to change the hearts and minds of the public about transsexuals, we need to examine our own hearts and minds with regard to how we feel about others. After all, they are our brothers and sisters. When we die, our spirits will leave the confines of our bodies. Our souls merely reside within our physical bodies... most religions teach the concept of an afterlife and the concept that we are more than our bodies. Yet the churches give us many problems because in effect they abandon that teaching when we appear on the scene. No matter how much we say that our soul is more important than our bodies they refuse to listen.

Jamison, all I am saying is that we do not have to adopt "discriminatory language and attitudes" in order to try to get "anti-discriminatory policies, ordinances, and laws" to become commonplace in our "free" society. It's not wrong to support identities, but it is wrong to use those identities to discriminate against others. Much of this discrimination is done to "shore up" fragile identities. Let's admit that we are vulnerable and have fragile identities which may be lost within the language of others...most of us have been hurt and faced much injustice. Our weakness can become our strength as we share these injustices in a public forum...you did it in S.F. We do not have to be ashamed that we were fired from our jobs, that we were thrown out of our apartments, that we were subjected to mistreatment at doctors offices and hospitals, that we were victims of a hate crime. Why are we ashamed of those things? The CEO's who sent the command for us to be fired, the apartment owner who evicted us, the doctors, nurses, and hospitals would refused to provide medical care, the perpetrators of the hate crimes...they are all bullies! They all commit acts of violence and terrorism against us! It does not matter whether the "criminal" travels the streets looking for victims or occupies a mansion in an exclusive neighborhood and is "commander of the boardroom." They all need to be exposed for their acts of terrorism!!

We don't have to terrorize those who are different but, no less transgendered or formerly transgendered. The internal, politically motivated wars are merely distractions and may be coping mechanisms which keep us from coming to grips with those who truly are threats to us. A cross-dresser who dresses in a hotel room is not a threat to a TS. A TS who wishes to join a Cross-dressers' organization is not a true threat to the cross-dressers. A gay cross-dresser is not a treat to either a TS or "straight" cross-dresser. An adolescent who is on the streets is not a threat to cross-dressers, gay or straight, or to TSs. The REAL threat is from people who are threatened by all of us. We need to get REAL and stop the infighting and petty arguments. I look forward to the day when an argument about the proper use of the term transgender is legitimately at the top of the priority list of items of concern to the gender variant population!

Let's examine our priorities and see if an end of the economic embargo against us is more important. Let's examine whether help for the children and adolescents is more important. Let's examine whether access to quality medical care is important. Let's examine whether access to housing is appropriate. Let's determine if society can help to reunite parents who have disowned their children and torn their families apart because a child was gender variant. Let's examine if the community shelters can provide temporary housing to the "gender deviant" people. Let's examine if the schools can continue to disallow a gender variant youth from getting an education. Let's examine if colleges, universities, trade schools, etc. can prevent a gender variant person from preparing for an economic future. Let's examine if we can open the doors of the social service agencies who provide a "safety net" for others. Let's examine how we can establish a network of concerned parents to provide support for other families who are having difficulties accepting their gender variant child. Then let's determine if we still need to be talking about the use of transgender as a legitimate term.

I hope this helps. I think you most likely agree with most of my comments so I am most likely "preaching to the choir." Maybe, you can help others to see the light. Thanks. —Nancy

[After that, James asked permission to publish the exchange. This was followed by related communication between James and several others, mostly attorneys who are working to draft legislation or prepare educational materials for State and Federal legislators...First, attorney Sharon Ann Stuart offered the following definition of Transgendered Person.—Ed.]

"Transgendered person: An individual of any age, sex or chromosomal type who manifests characteristics, behaviors or self-expression, which in their own or someone else's perception, is typical of or commonly associated with persons of another gender."

[And James responded...] I very much like the proposed definition. It is similar to, but more elegant than, the definition I have been using:

"Transgendered people—a nebulous category that can include anyone who crosses gender boundaries, regardless of whether that crossing is permanent or intentional, or transitory and/or uncon-

Cont'd
pg. 4

Kweer Korner

by Shadow Morton

If all goes well, I hope to make this a regular column in the newsletter.

There have been so many times that the issues of the gay and bi transmen have been overlooked within these pages. That is not always the fault of the editors. Often times it is our own. James Green and Marcus Arana have both been very vocal about soliciting written work from those of us who identify as gay, bi, or queer [or from different areas of the U.S., or other countries, too!]. We just seem to be so busy that not many of us have written anything. Those of you who have written about our issues in the past, I thank you. I am always heartened by the courage of my community.

For those of you who don't identify as gay, bi or queer, I encourage you to take a peek at what I write about in this column. Amazingly enough some of our struggles reflect the struggles that you face as well.

I decided from the get-go that I wasn't going to please everyone with things that I had to print here. That's a part of the beauty, and frustration, of the human race. Our differences are one of the main things that keeps us evolving. We just have to learn how to remember our similarities while we're examining and learning from each other's differences. The basic similarity is that we are human.

For six and a half years, I have been attending the FtM group in San Francisco. I was privileged to have met Lou just before his death. I still remember the day I walked in and he greeted me with a handshake and a smile. I also remember the pounding in my chest when he introduced himself to the group as an FtM and a gay person. There was someone else like me! I had feared that even within the FtM community I was going to be all alone! Here was someone easing that fear. I was lucky that he was alive while I was discovering more about who I was

in this facet of my life. His casual openness with other FtM's gave me a role model. I could be open about myself as well. No more closets!

Since Lou's death quite a few people have come out as gay or bi in the group and around the country. Two years ago, at the first FtM Conference of the Americas held here in San Francisco, someone made a chart for people to stick pins in to indicate where on a (linear) scale of gay to heterosexual FtM's identified. The number of pins indicating bi and gay were astounding. Those of us who had been on the receiving end of verbal harassment by our own "brothers" walked around the conference with a sense of solidarity simply backed by our numbers. The smiles I saw on people's faces were radiant. We had opened another door just by being visible to each other and to the rest of our community.

The backlash from that openness, however, was astounding. Several of the openly gay FtM's were berated for flaunting themselves. Why did we have to talk about our sexual lives in public? We were confusing gay and lesbian issues with transgender issues! We were sick and perverted. God would punish us for our deviance. All of this was said by one FtM to another FtM! Those who became frightened by our difference could not remember our similarities.

I don't know about the rest of the country, but in San Francisco the backlash carried on for two more months. Those of us who live here and work hard within the transgender community were ready to walk away and form our own group. I felt incredibly sad through this time period, and worn out. It felt as if Big Brother was winning. Our community was being divided, therefore easier to keep from voicing its power.

Then a magical thing happened. Some of the guys in the group who don't identify as gay, bi or queer, brought the issue up at one of our meetings. There were about sixty people there, and some of them were those who had been vocal about not wanting the gay men to talk about their issues. These men spoke up on behalf of the men in the group who didn't necessarily identify as heterosexual. They reminded folks that Lou, who had started this group, had identified as gay. They voiced their concerns about the group shutting itself off from any facet of our community whether that be the gays, bi's, queers, people of color, cross-dressers, transgenderists, or whatever. These men stood up for our differences!

Taking a chance and standing up for differences is not an easy thing to do. One of the things that

most FtM's struggle to find is some sense of similarity with the rest of the world. However, I can only believe that we will be stronger for the knowledge and understanding of each other. The more we know about ourselves, the better we will understand the rest of society. It takes time and commitment. It takes getting to know someone you might not understand at all. It takes communication. However, it can all begin with the simple offering of a handshake.

Start with the most common point of similarity—our humanity. From there, talk about being transgender. I invite you to explore.

SF Transactivists Fight for City Health Care

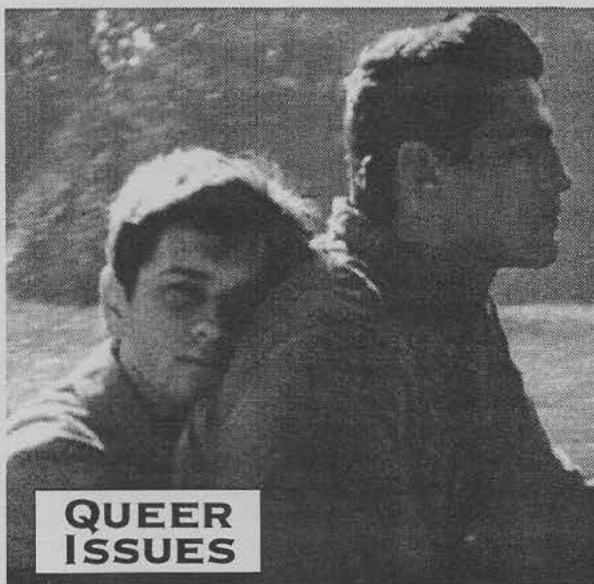
by Jed Rosenthal Bell

In San Francisco, the Transgender Community Task Force was founded in 1993 as part of the Lesbian/Gay/Bisexual/Transgender (LGBT) Advisory Committee to the Human Rights Commission. The job of the Task Force was to hold hearings on anti-transgender discrimination in the city, and to report findings to the Commission. Out of the May '94 hearings came a detailed report by James Green. These hearings and findings in turn led to the December '94 passage of San Francisco's transgender rights law, which makes discrimination against trans people illegal in the city.

But this law implemented only one of 30 recommendations in the report. So instead of dissolving the TG Task Force after the law was passed, Larry Brinken (Human Rights Commission staff member) asked the Task Force to continue its work in implementing James's recommendations—one of which called for health insurance for *all* transgender and transsexual people in San Francisco. As a first step Brinken, HRC Chair Martha Knutsen, and Task Force members Shadow Morton and Yosenio Lewis went to the city Board of Supervisors to ask for the effective exclusion of trans people from city employees' health care plans. They argued (1) that all three policies available to city workers contained the usual exclusions for care related to transsexualism; (2) that this fact discouraged trans people from seeking all forms of health care, for fear of discovery, (3) that the exclusion should be removed, and (4) that this removal would not adversely affect costs for the overall pool of insured employees, just as the city's passage of insurance benefits for domestic partners had raised costs by less than \$1 per person per year.

Three-Ring Circus

But this simple, public meeting generated a media craze. A *Chronicle*



QUEER
ISSUES

Cont'd
pg. 6

...And Bisexual and Transgender!

by Yosenio Lewis

The following is the text of a speech I composed and read at the closing plenary of the 1996 National Latino/Latina Lesbian and Gay Organization's (LLEGO) Conference "El Cuatro Encuentro: Sembrando la Semilla—The Fourth Gathering: Planting the Seeds"

Would all the people in the audience who identify as Bisexual, Transgendered, Transsexual or Bisexual and Transgendered or Bisexual and Transsexual please stand up.

We are here, we are visible. The Bi, TG and TS conference participants are taking this time to speak to you because we have some thoughts and experiences to share with you. First we want to thank the Board, staff and supporters of LLEGO for inviting us to be a part of Sembrando la Semilla. We know that we have always been a part of the movement, the cause—and we want you to know that, to acknowledge that too!

Acknowledge us—Stonewall began when a Female to Male Transgendered person was arrested by police for not having on the required three articles of clothing of his biological sex, and continued when Drag Queens and Crossdressers said no more to the harassment and fought back against the police—ACKNOWLEDGE US!

Acknowledge us—we were brought here and came here to lead, to contribute, to teach and to serve as role models. Yet we have found ourselves in an environment where we were rendered invisible and sometimes mocked. Time and again speakers and panelists used the language of expediency and made us "the disappeared ones." Just as you are aware the saying "Gay" does not automatically include "Lesbians," saying

"Lesbian and Gay" does not automatically include "Bisexuals and Transgendered people." ACKNOWLEDGE US!

Include us—Bisexuals, Transsexuals and Trans-gendered people want to be included, and demand to be included in all phases of conference planning and participation. We expect that all data given at work-shops reflects us and speaks to us. INCLUDE US!

Respect us—it is acceptable to ask somewhat personal questions of us during workshops, but completely unacceptable to do the same thing in

...no one on the panel interrupted the process to correct him. You allowed the oppression to continue. You were not our allies. BE OUR ALLIES!

public places such as the elevators, where there are non-conference participants around. You objectify us when you do that. It is unacceptable to deny our existence by making statements such as "You pass so well for a man trying to be a woman" or "I thought you were a real man, but you don't have a penis." It is unacceptable that the Transgender Law Workshop was separated from the Civil Rights Workshop, when Transgender law is all about civil rights, such as the right to obtain and maintain employment, housing and public accommodations. It is unacceptable that the sign at La Pachanga said "Latino/Latina Lesbians and Gays of Washington, D.C." as if Bisexuals, Transsexuals and Transgendered people were not a part of that

of emotional or psychological conditions. The singular commonality that all of these groups experience is discrimination.

I don't think the term transgender should be thought of, or presented as a psychological or clinical term. The various populations it includes are faced with very different life situations, and the ways in which they cope with their feelings usually follow quite different paths. It's a good term, however, to use as a large umbrella while pursuing civil rights. I would only urge that the distinctions not be lost sight of by the use of such a non-specific word.—Kim Stuart

Kim,

Thanks for copying me on your reply to Melinda. I must say, I wholeheartedly agree with you that "transgender" should not be presented as a psychological or clinical term. I did not specify it in my

event. RESPECT US!

Be our allies—Bisexuals, Transsexuals and Transgendered people need to know that you as part of the "Lesbian and Gay Community" will be our allies, will actively work to interrupt oppression when it is directed towards us. When Patsy Fleming, the White House AIDS Policy Coordinator, used the made up word "Transgenderals" no one on the panel interrupted the process to correct her. When Richard Socarides, the White House Liaison to the Lesbian and Gay community, neglected to mention Bisexuals, Transsexuals and Transgendered persons even once in his speech, no one on the panel interrupted the process to correct him. You allowed the oppression to continue. You were not our allies. BE OUR ALLIES!

Give us our space—the Transgender Institute was a great opportunity for some to learn more about what Transgender is, what Transsexual is, but it was not a safe space for us to talk of and deal with the oppression we face—from being ignored when we talk about the difficulties in getting medical or legal attention to having participants make rude and painful remarks. We want future Encuentros to include a Transgender 101 Plenary where everyone can learn about Transsexuals and Transgendered people. Then we want a Transgender Institute that will truly give us our space.

We want LLEGO to take our words, feel our feelings and make the changes. We want to hear "Bisexual, Transsexual and Transgendered people" every time, we want equal representation on the LLEGO Board, we want acknowledgment for our contributions to the LGBT movement, we want respect for also planting the seed!

Thank you...

post, but I am always very careful when presenting definitions to say that "transgender" is a political term, one that is evolving, and one that everyone who may fall under its umbrella does not identify with. Thanks for your comments, which serve as a reminder that language always creates an effect. If anyone is "guilty" for abusing the term "transgender," I think it is some of the "helping professionals" and academics who have leapt on the new term as a signifier of a particular status that seems to be somehow chic if not merely au courant.

Thanks again,
—James

[What do our readers think about all this? Write to the FTM Newsletter and express your views!]

Dialog (cont'd from pg. 2)

scious; anyone who exhibits characteristics of a gender that does not match their apparent physical sex."

This is the definition I use in trainings at the San Francisco Police Academy.

[That correspondence was forwarded to retired attorney and author Kim Stuart for her comments.]

Melinda,

Since you forwarded the above to me, I guess I'll throw in my two cents worth and observe that this term is commonly used to include a number of groups under one umbrella. It is often used, in a collective sense, to describe transsexuals, transvestites, the intersexed, and persons with androgynous presentations. It seems to have evolved for political purposes, rather than being an accurate description

Polycystic Ovarian Syndrome

by Sheila Kirk, M.D.

The human ovary seems to have far more disease and afflictions than the testicle. The female gonad is involved more with infection, hormonal aberrations and tumor formation—both benign and malignant—than the male gonad. Among the large number of ovarian diseases is one known as polycystic ovarian syndrome. It is abbreviated as PCOS and can be referred to as P-COS or PCOS.

The disorder is found in 1% to 5% of the genetic female population, and if we look at infertility populations, it probably accounts for near to 20% of that group. To be sure, the diagnosis of PCOS is made most often because infertility brings women to their doctors and not because of other clinical signs and symptoms. Actually, while the disorder is primarily one of ovarian dysfunction and altered anatomic appearance, it is probably an entity that involves in varying ways the ovaries, the central nervous system, the hypothalamus (that area having to do with hormonal regulation) and the adrenal glands. Those glands have as principal function the regulation of water and electrolyte balance, but one of a number of other activities includes making the sex hormones, most often in small quantities. This disease inter-relationship between these different areas of the body has been known for over forty years. Only of late have some parts of the inter-relationships been clarified. There is still a strong measure of mystery about the complete picture.

In brief, the gonadotropic ratio of the pituitary is altered and luteinizing hormone is found in higher amounts than normal. The ovaries demonstrate cystic changes visible to the naked eye and if not the case, the cystic change is evident under the microscope. The capsule is thickened and certain cells in the ovarian gland principally thecal cells and stromal cells show the effects of the increased LH hormone influence. One of the puzzles is that some women demonstrate some of the symptoms of ovarian dysfunction but may have no cystic disease whatever to be seen grossly or microscopically.

Another feature of the disorder has to do with the adrenal glands themselves. A notable number of patients show with laparoscopic examination or actual laparotomy demonstration, that hormonally active adrenal rests or collections of adrenal tissue can be found on various pelvic structures near the ovaries, i.e. the uterine broad ligament, the uterine round ligament, or the ovarian suspensory ligament. This is nowhere near where adrenal tissue is supposed to be ordinarily. In addition, in women with PCOS, while most of the time in this disorder, the adrenal glands are not enlarged nor appear to be overactive, sometimes they are found to be larger than ordinary (hyperplastic) and are overactive. Most important is that we can measure the increase in male hormone production (androgens) from the adrenal glands and the lab tests that do this give us biochemical markers definitely indicating

adrenal involvement. In over 70% of women with PCOS, a male hormone from the adrenal, dehydroepiandrosterone, is elevated in the blood stream. In more than 50% of women with PCOS, another male hormone from the adrenal, 11 beta hydroxy androstenedione, is elevated. Elevations of both together are very often noted in laboratory study of many individuals. The complaints and the physical or clinical changes a PCOS afflicted individual brings to their physician give some indication that the disorder has variations or a number of clinical subsets. Some women are thin but many are obese and have varying patterns of fat storage (upper body vs. lower body fat deposition). A great many don't ovulate, or do so infrequently, and consequently don't have menses regularly. Some have very prolonged or heavy menses indicating increased estrogen effect which occurs in a percentage troubled with cystic disease of the ovaries. Some have notable signs of masculinization; voice pitch changes, temporal balding, facial hair growth altered hair growth patterns on the body trunk and about the genitalia and extremities and finally distinct clitoral growth. Yet many have no virilizing effects whatever and many have regular menses and no increase in body weight or body mass index.

How does all this relate to you—an FTM individual. If you are not having regular menses, that's wonderful you say. If you are experiencing some hair growth on your upper lip or jaw and very notably on your legs and arms—Hooray! So you're a "little" overweight—so what? Well, there's much more to it than that. For sometime in the past, suspicion was that women with PCOS had increased risk of malignancy in the ovaries and in the lining of the uterus (the endometrium.) That suspicion has been confirmed, for it is now known quite definitely that genetic females with PCOS have increased chance to develop ovarian cancers of certain kinds and uterine endometrial malignancy. In addition, some evidence exists that there is increased risk of breast cancer as well in PCOS afflicted individuals. Are those risks existent in FTM individuals using male hormone still with ovarian and uterine tissue in place? No one knows! But it is known that obesity as it is found in many FTM individuals—no matter associated with PCOS or not—leads to glucose tolerance problems (diabetes), hypertension and cardiac disease. If an FTM individual has PCOS, the tendency to these other very serious problems may accelerate particularly when a testosterone regimen is introduced. That's conjecture, perhaps. Perhaps not!

What is not conjecture is that in 4 FTM individuals have PCOS, and in most instances there is



demonstrable cystic ovarian disease present and elevated adrenal androgens in the blood stream. With this knowledge it seems most important to recommend that all FTM individuals, even before a testosterone regimen is initiated, have pelvic and/or transvaginal ultrasound to study the ovaries, and that they have a blood test to determine possible elevation of the two adrenal androgens mentioned.

If polycystic disease is diagnosed, a plan of action should be developed before a hormonal regimen is begun. There are methods of treatment for polycystic ovarian disease other than surgical removal of the organs. Some of these methods are contrary to what FTM individuals may desire, particularly when the masculinization process with PCOS is interrupted. But for a period of time, until a transition process is put in place, treatment of a condition that can lead to ill health would be reasonable.

There is something else that should be mentioned—perhaps a theoretic or academic consideration. Individuals who have PCOS and are taking testosterone may have some protection against ovarian and uterine cancer with androgen use, but we really don't know this! Retaining the uterus and the polycystic ovaries for too long a period of time once on hormone treatment and when in transition, may not be a good idea—even if phalloplasty is not planned for some time. And still another thought: in the face of existing obesity and/or hypertension, taking testosterone with already increased levels of testosterone-like hormones in the blood, could lead to serious lipid metabolism alterations and consequent heart disease. All the more reason to know whether polycystic ovarian disease is present or not.

(Sheila Kirk, M.D. is a board certified ob/gyn and a transgender medicine specialist. A leading authority in transgender medical care and research, Dr. Kirk's medical practice in Pittsburgh, Pennsylvania specializes in FTM/MTF transgender medical care through all stages of transition and aftercare. If you have further questions about PCOS, need a healthcare provider referral in your area or have any concerns or questions regarding your medical care and treatment, please feel free to contact her by e-mail Sheila.Kirk@aol.com, by phone (412) 781-1092, fax (412) 781-1096 or snail mail: P.O. Box 38114, Blawnox, PA 15238-8114.)

Transactivists (cont'd from pg. 3)

James Green, "which it did. It didn't have any actual lies in it, but it had a tone that was dismissive." James described the he columnists interview of FTM policeman Stephan Thorne on local TV; afterwards they wondered aloud, "Does this mean we're going to have to pay for sex changes for every transsexual in the city?" Soon, reporters from L.A. to Philadelphia, from straight press and queer, were calling James about the issue. The AP put out an "Only in San Francisco" story "slamming the city and the whole idea of treating transsexuals as real people," says James. The AP piece claimed that the city has 6000 transsexuals. (The Human Rights Commission estimates 1 to 3% of San Franciscans identify as transgender; therapists serving the community suggest 500 of these are transsexual.) James and others asked the media to refute this outlandish assertion; "There are seven out city employees who are transsexual," said James. "We don't know how many would require surgery, but they are certainly all entitled to health care."

Shadow and Yosenio called for a meeting with the Health Service System Board (which negotiates the city's health plans) on 12/17/96, attending with other transsexuals as well as Brinken and Knutsen of the HRC. They made a case for change through just one plan, so that TG city workers would at least have one that did not exclude them. Said Knutsen, "It is the will of the people of San Francisco, The political will exists that this be done." The Task Force is still waiting for the board's decision.

Meanwhile, a group of trans people decided to hold a demonstration against the press, "because of the nightmarish implication that the city would reach into the pocket of everyone living in SF and extract money to pay for transsexual surgery," James explains. On 10/15, twenty people from the Transsexual Menace, the Menace Men, the Workers' World Party, FTM Int'l, and the Task Force picketed the *Chronicle* "because they started it—the substance and tone of the debate."

The response to the demo was excellent. The protesters got their message out on CNN, and the *Chronicle* asked James and MTF writer Susan Stryker to write an Op-Ed piece. "Recognizing Transgender Civil Rights" was published on 11/25. James was also quoted in the New Year's Resolution article appearing on 1/2, calling for "An End to Discrimination Based on Gender."

James points out that other people can do all this. "By suddenly appearing on the news, my life didn't fall apart," he says. "These are issues that we can work on in public fronts. Things start happening behind the scenes, but when they become public you have to respond."

There are a number of ways to work for transgender and transsexual rights in the Bay Area:

- The East Bay Community Transgender Task Force needs members. See Patrick Forté's piece in the last newsletter. Call FTM Int'l voice mail (see back page) and leave a message to be put in touch.
- The SF Transgender Task Force seeks people interested in becoming active with a larger TG community in SF. Everyone is welcome; participation is encouraged, and there is a great deal of FTM involvement in the group. The TGTF meets the 4th Tuesday of every month at 25 Van Ness, 8th floor, from 5:30 to 7:30 pm.
- Transsexual Menace Men need guys. A phone "brain center" is being worked out, so leave your name and number on the FTM Voice Mail (see back page) and it will be forwarded to the Menace contact man.

ICTLEP Appoints Another FTM to Board of Directors

Phyllis Randolph Frye, Executive Director of ICTLEP (the International Conference on Transgender Law and Employment Policy, Inc.), announced in December, 1996, that the Board of Directors has voted to elect Mr. Shannon Minter, Esq., as its newest Director.

Mr. Minter is an FTM, a transgendered man. Mr. Minter is currently employed as the Staff Attorney for the National Center for Lesbian Rights (NCLR). Recently, he co-authored, along with Ms. Frye, the joint statement from NCLR and ICTLEP, entitled "GID AND THE TRANSGENDER MOVEMENT" which has received endorsements from many leaders of the lesbigatr community. (The term lesbigatr is short for lesbian, bisexual, gay, transgender, and is pronounced to rhyme with alligator).

Mr. Minter's duties will be as the Director over Health Law issues to include all health law issues, the ICTLEP Standards of Care, and insurance issues as have been researched and presented in past issues of the annual ICTLEP Proceedings. As part of his team will remain Ms. Lisa Middleton, a highly placed and out insurance executive, who will retain her oversight with respect to Insurance Issues. Also to remain is Ms. Martine Rothblatt, Esq., who is the past Director of Health Law and was the author of the ICTLEP Standards of Care.

With the very positive reaction from transgendered physicians to the Joint Statement on GID, it is hoped that with Mr. Minter's guidance, ICTLEP will be able to complete its five year effort to bring about a "marriage of sorts" between transgender strategists within the legal, insurance, activist and medical communities on all issues of Health-related law.

Mr. Minter will organize and moderate one of the day-long study tracks at the 6th annual ICTLEP conference which is to be held 11-12 July 1997 in Houston, Texas. That track is entitled "GID and the Transgender Movement: Moving Beyond the Psychiatric Disability Model". He will also organize a parallel track dealing with the ICTLEP Standards of Care, Insurance Law updates, and other Health Law issues. Those who wish to present in these workshops may con-

column by Matier and Ross on 9/25 "set the stage for this to become a three-ring circus," says

One Man's New Passport

by Andy Altman

I just got a male passport on the strength of my top surgery letter. As you might know, the rules are very clear for MTFs - no SRS, no female passport. For us it's more fuzzy - they say all transsexuals have to have had surgery, but, because they're not specific about where or how much, it is possible for us to get a male passport using a vaguely-worded top surgery letter. Here's how it went for me:

I had a passport already, and, because they ask for your social security number (which is constant and therefore traceable), I had to get my old one renewed rather than first getting my birth certificate changed and then using that to get a brand new one.

As I waited for my chest surgery letter to arrive in the mail, I agonized over whether to try and get a male passport in person at the Boston passport office and find out right then and there if they'd let the sex change go through, or send it off to the National Passport Center and find out how it had gone when the new one arrived in the mail. I ended up deciding to send it off using the logic that an anonymous clerk somewhere would be less likely to get over-inquisitive about just how much surgery I'd had than one standing right in front of me. A friend of mine did get a male passport at the Boston office, but he had to threaten to pull down his pants at one point and I *did* not want to do that if I could avoid it.

So, the day the letter arrived, I put on a jacket and tie, got my photo taken, went to the post office to get form DSP-82 ("APPLICATION FOR A PASSPORT BY MAIL"), which I then filled out (checking the "male" box) and sent in along with my old passport, an official copy of my name change court order (they returned it), the photos, a check for \$55, and a letter from Dr. Brownstein stating the following:

To Whom It May Concern,

This letter will establish that Mr. Andrew G. Altman has undergone irreversible gender reassignment surgery from female to male, and this surgery should qualify Mr. Altman to be legally considered male within the guidelines of the particular jurisdiction in which he seeks to legally change his gender status.

Then I waited, and yesterday my new male passport arrived. I'm happy partly because I can travel again now and partly because I now have solid male ID regardless of whether I'll be able to change my birth certificate—I could probably even use it to get married if I were straight.

Hope this works for others.
Andy <gavin@world.std.com>

Cont'd
pg. 7

A New Man's Meanderings

by Marcus de Maria Arana

Body Of Evidence

Sometimes it is simply a "dick" thing. Oh, sure, I've often said that my gender is between my ears and not my legs. But, there are those times when I just want my dick to be big enough for me to wrap my fist around it.

I am reveling in my new body, now. I'm so relieved to be hormonally male. I'm so relieved to have a flat chest, that I chide myself for missing my penis. C'mon, lighten up! A dick ain't that big of a deal...well, to some it is a big deal, like Jeff Stryker. Can't I just be satisfied with what I've already got? Most of the time, yeah. But, there are those moments...

It was at Band Camp, up in Humboldt County (yeah, THAT Humboldt County, land of marijuana) the last time the "dick" thing came up, so to speak. In 1995, at the previous Band Camp, I had been on hormones for eight months, but I still had a "D-cup" chest. People with whom I had gone to school still called me Mary, even though I wore a name-tag proclaiming me as Marcus. Okay, I thought to myself, I'll cut them slack this year, but not the next one.

Even after my chest surgery in January 1996, I began to plan my next visit to Band Camp, the following September. I had a mustache and beard, a flat chest and muscular arms. Surely they will see me as the man I truly am. Yeah. Right. And monkeys will fly out my butt. I had created the perfect fantasy of acceptance and inclusion. Perhaps "delusion" is more correct. I just wanna be loved, is that so wrong?

I looked different enough from the previous year that most people were amazed. But, there was this one guy, who was normally quite open-minded, but still had a great deal of confusion. He kept screaming at me to bring him beers. The first couple of

times he bawled out, "Hey Marcus, bring me a beer." I humored him. But after the third time, I was quite over it. I filled up an old bottle with beer from the keg and walked it over to him. "Here's your beer, Babe," I announced, as I shook it up and squirted it all over him in a shower of suds and foam. I was not in the mood to be treated like his "girl" or his "secretary" like he was telling me to bring him a cup of coffee. He wasn't pestering any of the other men to wait on him.

He became insulted, pouting like a little boy. "Did I say something wrong? Did I say something to offend you?" he inquired. My beer-soaked reality check was completely lost on him. He got drunk and began to ramble on to me about his sister, who eventually came out as a dyke. I lost track of where he was going with his diatribe, when suddenly he looked at me and asked, "What I want to know is do you have a dick?"

A typical FTM lament... "I want the eight-inch cock I should have been born with!"

"Of course I have a dick!" I shot back at him. I lurched off to my own campsite, also feeling the effects of the beer. Yeah, I got a dick. I got a whole drawer-full of dicks. I got dicks in various shapes, sizes, and colors. I got dicks that could whistle "Dixie" if you insert batteries. I even got dicks that can answer my phone if I ask them to. But, none of these dicks can do what I would really like my own dick to do—they couldn't make a baby.

Not that I think that dicks are only good for pissing in the snow. And, I know that dicks are not a golden ticket to fatherhood. There are a lot of men with dicks who have numerous children, but that doesn't make them good fathers. There are also many men who don't have dicks, or sperm-shooting ones at any rate, who are also fathers in the best sense—they participate fully in the rearing of their children regardless of the lack of genetic connection. I know that fathers generally get the easy part of parenting - well, at least the "makin' babies" part of it. So, a dick

doesn't confirm being a "father" either.

Like my sense of masculinity, the dick thing is something that comes from deep inside me. Men are made to feel inadequate regardless of the size of their penises. So, I feel like I need to defend my small, personal phallus—I do have a dick. It is simply smaller than most people expect. My dick brings me sexual pleasure. My dick looks good to me when I look at it in the mirror. I can see what I might have been born with.

A typical FTM lament I've heard is "I want the eight-inch cock I should have been born with!" The statistical truth is that not all of us would have been born with an eight-incher. Some would be hung like horses and others would not. Does that mean that having anything less than Johnny Holmes makes us less-than-men? I think not.

I was a man before I started transition. I was a man before hormones and surgery. I was male the very moment I developed a sense of gender-identity; for me, that was at five years of age. Hormones and surgery only augment my masculinity, they don't create it. Anyone who invests their manhood solely in their genitalia is always at risk of losing it.

Yeah, I would love to be horse-hung. Will I let that ruin my enjoyment at being Marcus? Not likely. Will I continue to run into challenges based upon my genitalia? Quite likely...

When I went to Social Security to change my card, I didn't know that I would run up against such solid prejudice. "You need a note from your surgeon, detailing your genital reconstruction," a supervisor bawled out at the top of her lungs. All eyes became riveted on me as the other citizens in the office turned to view the sex-change freak. I wasn't embarrassed that people knew I had gone through gender transition. But, I was appalled that the status of my penis was broadcast to the general public. I thought that my new driver's license, complete with "M" under sex, would have been all the proof I needed to show that I was now Marcus. Apparently not.

At least it's much easier writing Marcus Arana in the snow, then it was signing Mary Weatherly. Damn near threw my back out every time, trying to cross that "T"...

TG Class at University of New Mexico

Dr. Gordene MacKenzie, author of the book "Transgender Nation" and a visiting professor at the University of New Mexico, has scheduled course titled "Transgender Identity, Politics, and Representation" for the spring 1997 semester. The course will be offered as an elective in the Women Studies program. Dr. MacKenzie, who once facilitated a support group for transgendered persons in the Albuquerque area, says the course will be the first, or one of the first, college courses specifically covering the subject of transgendered persons. [As far as we know, Mr. Thurin Schminke (an FTM) was the first to teach such a course, "Transsexualism in Society," in the Sociology department at Northern Arizona University in 1994—ed.]. Dr. MacKenzie is attempting to raise money to hire a California female-to-male transsexual to serve as a teacher's assistant for the class. I have signed up for the course, and plan to discuss my personal experience and observations as a male-to-female transsexual. Another student who has signed up for the class lives an androgynous lifestyle. Anyone wishing to contribute to the effort to raise funds to pay a teacher's assistant can make a tax-deductible check out to "Women Studies TG Course." The check would be deposited in a University of New Mexico Foundation account. Checks can be sent to Dr. MacKenzie at the University of New Mexico, 2134 Mesa Vista Hall, Albuquerque, N.M. 87131. Anyone wishing to discuss the course or contributions can reach Dr. MacKenzie at the above address, by voice mail at (505) 277-3818, or via e-mail at: <gordene@unm.edu>. Marsha Rupe, mrupe@unm.edu

ICTLEP (from pg. 6)

tact Mr Minter at shanminter@aol.com and be patient: he is a very busy young man.

Also on ICTLEP's Board of Directors is Mr. Spencer Bergstedt, Esq., of Seattle, who is serving as Director over Family Law issues. Mr. Bergstedt will organize and moderate another of the day-long study tracks at the 6th annual ICTLEP conference on "Legal Issues of FTMs." He will also present "Legal Updates on Family Law and the Effect of DOMA on Transgender Marriages." Non-op FTMs and FTMs of color are especially encouraged to participate in bringing forth issues to be discussed and/or to serve as presenters at the conference. Contact Mr. Bergstedt at mstrspence@aol.com or call (206) 682-4267.

Brandon Teena In the News Again

[Lincoln, NB - December 4, 1996]

IN A TURN OF EVENTS both bizarre and sad, the murder of Brandon Teena is once again in the spotlight.

The 1st week in November, Sheriff Charles "You can all do it 'as far as I'm concerned" Laux, who refused to protect Brandon following his initial assault and rape complaint, was elected to Richardson County Commissioner. The vote was a tie, and decided by the toss of a coin.

Many in the queer community felt that had Laux followed up on Brandon's original complaint, Brandon and friends Lisa Lambert and Phillip DeVine might still be alive.

Seeking a New Trial

Then, on Monday, December 2 the OMAHA WORLD-HERALD reported that Tom Nissen, sentenced to life testifying against co-defendant John Lotter, is seeking a new trial. The Omaha article continues: "In briefs filed with the Supreme Court in May, Nissen argued that authorities lacked probable cause to arrest him without warrant shortly after the bodies were discovered. [Nissen's attorney, Peter] Blakeslee said Nissen was arrested for the alleged sexual assault only as a pretext to hold him for the homicides. Blakeslee contended that the officers not only lacked probable cause to detain Nissen but also violated the Fourth Amendment by claiming that the arrest was for sexual assault when in reality it was for the slayings."

(c) Omaha World-Herald

The brief went on to cite other "errors" in the prosecution of the case, including the judge's comments during jury selection, failure to suppress testimony by writer Eric Konigsberg ("Death of a Deceiver," published in Playboy Magazine, 1/1995), the decision to allow testimony related to Brandon's rape, a juror's meeting with her spouse during deliberations, and the instructions given the jury.

In addition, Nissen claims his confession was involuntary because it came following his being detained in isolation for 6 hours, and because the police used deception.

Said Tony Barreto-Neto, Executive Director of TOPS (Transgender Officers Protect & Serve), one of the original organizers of the '94 Brandon Teena Murder Trial Vigil, and a Florida Deputy Sheriff, "In my opinion Charles Laux is guilty of criminal culpable negligence in the triple murders. I have examined the Brandon's original signed complaint, and there is no question that this Sheriff had Probable

Cause (PC) to make an investigation and take the perpetrators into custody before they carried out their threat to kill Brandon. He didn't act just because Brandon—like me—was a transsexual man.

Continued Barreto-Neto, "One has to wonder if it is strictly coincidence that as Laux gets elected County Commissioner, Nissen is filing for re-trial. TOPS (Keyword to:) is seeking a way to address the Richardson County Commissioners on this matter."

"In any case, everyone seems to be coming out of this okay, except for Brandon." Also, according to New York-based Anti-Violence Project (AVP) Community Organizer Maura Bairley, "Nissen's request for a new trial is outrageous. He committed sexual assault and was convicted of incredibly brutal murder clearly based in transphobia." For more information contact Maura Bairley (AVP) at (212) 807-6761.

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An on-line, news-only service for gender activism from GenderPAC (Keyword to: <http://www.gpac.org>). **DISCLAIMER:** InYourFace is intended as a public service; opinions expressed in press releases do not necessarily reflect those of any GenderPAC officials, members or organizations.]

And, there's more: In the January 13, 1997 issue of the New Yorker magazine, a long article by John Gregory Dunne essentially blames Brandon for the murders by characterizing him as a predatory lesbian, and completely dismisses the viability transgender or transsexual identity. Several people wrote letters to the New Yorker in response. Here is what James wrote:

Dear Editor:

John Gregory Dunne's article (Jan. 13, 1997) about the brutal murders in Nebraska was deeply troubling. Our "society" finds both poor people and transsexuals despicable, and we have the opportunity to see disenfranchised people being exploited and grossly humiliated daily on TV talk shows. I don't expect, nor do I want to read, this sort of tabloid nattering in the New Yorker, disguised as some profound literary analogy. Invocations of Willa Cather are no excuse. Literature, as Dunne correctly suggests, gives us insight; however, Antonia was a character created almost 80 years ago, in a very different world. Prairie images aside, what we have here is hardly insight. Dunne's tone is clearly one of privilege as he gives us yet another opportunity to gawk at people we (members of the New Yorker readers' elite) would otherwise never have the apparent misfortune to meet. Our hands are clean. The distance of the printed page, like the television set, protects us.

Contrary to Dunne's supposition, Cather might very well have empathized deeply with Brandon Teena's situation. Surely she would have been more clear-sighted about the forces at



work in Brandon's psyche. But since Brandon is no longer with us, Dunne—as camera—leaves us with Lotter and Nissen, the only ones left who will still get media attention, other than the commentators themselves, who pander to their various audiences. And what business does Dunne have criticizing the enterprise of Aphrodite Jones? I'm sure you paid him well.

Sincerely,

James Green

President, FTM International

Readers are encouraged to check out Dunne's article and respond as they see fit.

A New Source for Medical Articles

We eagerly anticipate the first publication from The Gay and Lesbian Medical Association (GLMA), the bi-national (US and Canada) Gay and Lesbian health advocacy group, has announced the launching of *Journal of the Gay and Lesbian Medical Association*.

The publication—the world's first peer-reviewed, multi-disciplinary, scholarly journal dedicated to Lesbian, Gay, Bisexual and Transgendered health—will begin publishing in early 1997. GLMA announced one year ago that \$50,000 had been raised toward the \$200,000 goal to support the journal, described by GLMA president Val Ulstad, M.D., as "one of the most important projects ever undertaken for Lesbian and Gay health."

Benjamin Schatz, J.D., executive director of GLMA, said, "We believe

Cont'd
pg. 11

TS Murder Trial Ends

from TGS-PFLAG

Michael Thompson of Haverhill, Massachusetts, pleaded guilty last month to second degree murder in the death of Deborah Forte, a transsexual woman, also of Haverhill. While a small group of gender activists conducted a vigil outside the court, Judge Howard Whitehead sentenced Thompson to life in prison with eligibility for parole in fifteen years. Thompson is 25 years old; Forte, who had been called "John" by the press and police, was 56.

Forte was killed early in the morning, May 15, 1995, in her home. She was stabbed in the chest three times and severely beaten on the head, face, and neck. Forte was found by Phillip Feole, her companion of 27 years.

Less than 24 hours into the murder investigation, police issued a warrant for Thompson. After two weeks in hiding, Thompson turned himself in. He was released on bail during the year before the hearing.

Essex County Assistant District Attorney Kathe Tuttmann said the outcome of the plea bargain was "appropriate given all the facts and circumstances surrounding the case." Defense attorney Larry McGuire of the Committee for Public Counsel Services in Salem, Massachusetts, declined to comment.

Members of Debbie Forte's family expressed relief over the pretrial resolution of the case. "I don't think any of us could have lasted through a trial that would have [tried] to drag her name through the mud and bring up issues that didn't need to be brought up," said Kathy St. Pierre, Forte's niece.

Nonetheless, Forte's sister, Ellen Hurn, said that her family were the true losers in the case. Referring to Forte as male in her victim's impact statement addressed to the Court, she said, "We'll never again see my brother or his wonderful smile, his compassion for his family, and his love for people and animals. I lost a wonderful friend."

Memorial Vigil

A small group of activists gathered outside Essex County Superior Court on the morning of the proceedings to honor Forte and her family. Demonstrators distributed leaflets headlined "Transpeople Are Not Disposable People" and carried signs reading and carried signs reading "Debbie Was Our Sister" and "Difference is Not a Crime Punishable by Death."

The vigil was organized by WMBR (88.1 FM) "Gender Talk" radio show host Nancy Nangeroni, Fenway Community Health Center's Victim Advocate Robb Johnson, and Transsexual Menace and GenderPAC founder Riki Anne Wilchins.

"We demonstrated to highlight the social conditions that foster such crimes against those who transgress the unwritten rules of gender,"

said Nangeroni. "Too many people who do not fit our narrow stereotypes are victimized by ridicule, harassment, and violence."

Forte was one of several recently murdered transgendered and transsexual people. Last November, Chelsea resident Chanelle Pickett was strangled. In March, a 24-year-old transsexual woman in Chicago, was beaten, strangled, stabbed, and set on fire. Earlier this summer, Deanna Wilkinson, Brenda Ludgate, and Shawn Keegan were shot in the back of the head in Toronto (Note: only one of these three were transgendered).

The Transsexual Menace has responded to each murder with a vigil, similar to the one held for Forte. "The sad thing about gender activism is that it is extremely reliable work," said Wilchins.

"Sometime in the next four to five months there will be another hate crime somewhere else in the country. This will happen again and again until we can stop it."

Editor's note: The Transsexual Menace and the New York Gay and Lesbian Anti-Violence Project have organized a national study of hate crimes against transgendered and transsexual people. For information, e-mail Riki Anne Wilchins: riki@pipeline.com or call the Fenway Community Health Center Victim Recovery Program at 617-267-0900 x 311 or in Massachusetts, 800-834-3242 x311. (Copies of the survey form for this study were distributed in the Autumn '96 issue of the FTM Newsletter.)

International Communication

by BJ

Many people take comfort in the fact that the state of being GD or TS is not just an extreme US commodity. Often promotion for the cause includes reminding others about FTMs historical survival throughout time as well as our realistic existence throughout the globe. Such words are probably often used at conferences and other pep rallies. However, during daily life we are busy with personal baggage or local and domestic networking, so foreign residing brethren are often forgotten.

Within our daily struggles and triumphs, it is easy to take for granted the democracy in which American citizens are free to reside. We rarely take the time to ponder men's situations who live abroad in less free nations. Few fail to remember that living in the US with this issue is actually fortunate. We can count our blessings in the steadily growing number of care providers, clinics or services available throughout the U.S. Such safe places to be ourselves in which finding help and support are not always available in other nations.

Many of these nations may be known internationally as democracies. Yet, they may actually internally better fit the criteria of socialist countries. Even in economical superpowers like Japan, there are no laws protecting personal privacy such as consumer protectionism, doctor-patient confidentiality or a secure postal system. There is no medium for free access to information, while medical and communications technologies are still third world. (Meaning no disrespect to the development of non-World Power nations or their citizens.) Clearly, FTMs abroad may have fewer life options for finding community, help or peace.

We need to remember that everyone deserves to make educated decisions about their lives. Often foreign FTMs write to those who have chosen to be more famous within the movement. Sadly, these folks may be too busy or overwhelmed to begin a pen-palship. Still, it does not absolve these folks of gentlemanly duties. Particularly, care providers and clinics need to view correspondence as a professional or ethical issue and take more time to respond to inquiry. When questions or requests are made via letter, fax, e-mail, etc, we need to show respect for the time and perhaps courage such men took to write to us. When a man reaches out, we need to reach back, even if it is only to acknowledge receipt of letter and provide explanation or qualification for whether or not correspondence will continue in the future.

It furthermore needs to be remembered that not all inquiries received from abroad are from natives of the county's who's postal mark has stamped the letter. Too often these folks we blow off because we think, "what can I do for a foreign guy?" Chances are just your response is a lot to do for someone alone in a far away land, whether their native tongue is English or not. It should also be remembered that some North American brethren are pursuing livelihood for a short-time abroad to improve their financial stability or secure their ability to save the treatment nest egg. Sometimes, these men may be waiting to return home until after they receive all their research information and have made a plan for their next phase of life.

Men, care providers and clinics

Cont'd
pg. 11

The Pseudo Phallus

by BJ

No doubt, crafting the a phallus out of man-made materials to be purchased at an economical price is not an easy task. It is a feat that only a few compassionate companies undertake, while it is the pre-op man who usually continues to seek for the ultimate one. Regardless of whether a man is either full or part-time his real self (determined by life's circumstances), the hunt for the natural bulge in the pants can consume a great deal of thought. Finding a pants stuffer with which to be completely satisfied will be challenging, while sometimes its pursuit can be a great disappointment, consuming time and money. Never the less, a pants stuffer should stand up to some basic criteria.

A fake phallus needs to provide a natural look under various or limited clothing, so not to arise suspicion when caught with one's pants down. The product needs to be able to stay firmly in place and be comfortable to wear. After all, a mobile phallus can cause all kinds of trouble like hair loss or constant adjustment which looks like excessive jock itch. It should feel like the real thing in numerous expected and unexpected situations. Thus, should anyone attempt a unanticipated friendly maneuver, they should get the expected handful.

On a psychological level, the item should support the man's confidence in his physical presentation, so he can relax and let his best shine through. The product should also be impressive enough by meeting the above practical standards, so that loved ones, who know the truth about his being dick-less, can relax and relinquish their role as passability fashion consultants. Often those close to us unintentionally share in our anxiety over not gaining unwanted attention from on-lookers inspecting the ballroom. On top of these concerns, most consumers of any kind want to be confident that they will receive proper care and use product information, product warranty, etc. Meanwhile, patrons always appreciate efficient delivery service and conscientious customer relations ready to effectively handle any questions or future orders.

Although phallus products have come and gone throughout the long life of the Newsletter, the two products options currently regularly advertised are the Packy from Vixen Creations and the Family Jewels from Transitions. Prior to making any comments on how advertised products did, please note the goal of this article is to inform prospective consumers about their options, while at the same time raise some honest concerns, hop-

ing to bring about better products for the benefit of all men who need such items as well as get other men to share their experiences with other vendors products.

The Packy did quite well in most of the practical areas which contributes to its positive psychological affect on user and co-user. This body temperature sensitive product is life like enough to pass when sporting regular pants options or underpants. It's functional dry or wet, so swimming is not a problem. According to reasonable sources, it's material is realistic enough to bring about normal reactions from gentle, touch tests or from when the uninformed is accidentally or intentionally is bumped up against. However, it is unlikely to pass through more friendly or aggressive pursuits because the penis is fused to the scrotum, thereby being more difficult to grab onto. (Perhaps, future models will remedy this.) Passability often depends upon whether the product stays in place.

Sadly, the active man, when cycling or taking long walks or hikes, may find the product to rotate sideways or eventually upside down, if worn just tucked into underpants. Donning a Jock Strap may help, since currently the company does not offer positional accessory wear. As for service, J. Stallory in San Francisco provided impressive efficient, timely service for the product. No concern was raised about if the product would ever come. With a clearly stated warranty and up front concerns noted about the possibility of tearing, (which it will, a bit) Packy handling and care instructions are provided on a 5x7 inch xerox. The only thing questionable is the meaning of the elephant graphic decorating the page. (I don't get it.) As for customer service, the company catalog can be found linked to the FTM site on-line with illustrated explanations easily accessible. However, company response to electronic mail or postal letter inquiry was inconsistent and needs work.

As for the other product option, the Family Jewels replica is mainly successful because it stays in place in a secure pouch of it's own redesigned, white, brand-name briefs. One sits there inspecting them thinking "this is just like if my own Mom had made them." The products best design feature, beyond the briefs, is that the penis is free from the scrotum. It also has a 100% money-back guarantee for people who find wearing the pink cotton bean bag like appendage too unsettling a thought to deal with. Although it can be shaped to resemble a penis in dormant state, the bean filled product tends to loose the fight

with gravity. The sand-like, polypropylene fill drops into the scrotum section, causing the whole mass to take on a hard rock like feel.

Obviously, this can make the set uncomfortable to wear, while during the touch test, it receives the "what's that?" reaction, not words one likes to hear during intimate moments. Sadly, clearly despite the excellent idea of the Family Jewels concept, it has trouble in most of the main criteria areas.

On a final note, with respect to the anonymous makers of the Transitions product, all is not lost. The redesigned briefs are still an excellent purchase because they are very functional, able to hold other phallus options in place. With no shame or disrespect meant to either company, the truth is a Transitions Brief holds the Vixen Packy in position quite well. As a matter of fact, the fit is so good that it's almost unsettling how real the combination looks together. At first glance in a mirror, one is shocked to wonder who's real jewels are being reflected back. As this review's intent is not to crunch the nuts of either company's makers, it might be a reasonable recommendation that these companies pool their creative resources for the good of all FTMs in need of quality phallus products.

The Transitions hand that is lovingly tailoring and restructuring the brand name briefs could expand their line to include solid color briefs or other flattering underwear styles such as fly-less briefs or cotton sports boxers. Also, marketing basic swim wear options should not be overlooked as most men are in need of such things. If Vixen agreed to "play ball", Transitions could design below the waist fashions with a more slightly tailored pouch for snugly supporting the Vixen line or other vendors with more touch sensitive products. Transitions might also help design an appealing, strong, cotton undergarment with a firm hold to give "Pack-N-Play" (the erect Packy) users, more natural or comfortable standing room options than typical unattractive, uncomfortable ring and strap contraptions. Functional remains the key word.

Although this article is strictly opinion based on personal experience and reactions, there is little to disprove that such a public service oriented joint venture amongst phallus vendors would fail. Surely customizing product lines would be profitable to both Vixen and Transitions, while at the same time be of great benefit to most pre-op men who need such functional products. Hopefully, this idea is not just a piss in the wind. Bottom line, our balls are in vendors' courts.

Now That I'm a Male

by Mark Wilson

This new human sexuality/psychology book from Down There Press (1966, San Francisco, CA, \$14.50, ISBN 0-940208-17-2) edited by Joani Blank, opens a window on the solo sex practices of 45 men and women in an effort to demystify and depathologize the act of masturbation. One of the short pieces in the book is by an FTM transsexual man. We obtained permission from the publisher to reprint "Now That I'm a Male" by Mark Wilson so that readers of the FTM Newsletter could see that FTMs are exposing themselves in ever-widening circles (is that a pun?). We think this is a good thing because it shows that, like everyone else, we are human. There is nothing sensationalistic or exploitative about this presentation of one FTM's experience. Our sexuality should be something that we can discuss openly to help prevent the development of phobias and to alleviate ignorance. We think First Person Sexual is an important addition to the educational lore of sexuality. [Editor]

I was able to masturbate within three weeks of the remarkably non-invasive surgery that changed my original female external genitalia to those of a male. The procedure, called metaoidioplasty, was performed to render this one remaining portion of my formerly female anatomy in alignment with my male psyche and the rest of my appearance. Some transsexual people say that genital reconstruction makes them "complete." I knew I was completely male before the surgery, but after the surgery others could know it, too. Of course, I had to learn how to use the new equipment myself before I could engage in partner sex.

When I had masturbated before, I simply brushed my hand very quickly back and forth across my clitoris. My sexual response was fairly rapid, and I could have many small orgasms in succession. Since I had started testosterone to facilitate the external sex changes two years before my surgery, my sexual response had already changed. As my clitoris grew to the size of a small penis, held down by the clitoral hood, I craved more and more stimulation, masturbating daily, whereas before I had done it only about once a month. Now I could not reach a climax as quickly, but I could experience a single, usually more intense orgasm.

The surgery freed up the neo-penis, restructuring the foreskin so it encircled the organ and didn't bind my erection. My scrotum was created from the former labial tissue. I was now very happy with the appearance of my genitalia, and I became much more interested in exploring and pleasuring myself. At last my genitals reflected my identity. The entire shaft of the penis is now sensitive to stroking, and my scrotal sack,

filled with testicular prostheses (two silicone balls), is responsive to gentle kneading. I spend more time now massaging and pulling on my penis, feeling it get thick and hard, savoring the sensation of arousal for as long as I can make it last before I am compelled to orgasm.

I can come by stroking the shaft rapidly, slamming my fist into the base with the down stroke and pulling on the corona with the upstroke. The motion must be very quick if the goal is orgasm. I can also come using a vibrator placed alongside the shaft, or underneath it. But the easiest way for me to masturbate to orgasm is much like the way I did it before: brushing the flat of my hand very quickly back and forth across the tip of the erect penis, though now this motion is accompanied by the fantasy of my girlfriend sucking my erection, then flicking her tongue back and forth across the tip. I never liked oral sex until I could look down and see that my genitals were forward, extending, reaching out, erect and full, expressive of the way I feel about myself and about sex. Now, that's pleasure.

When I had a female body, masturbation felt secretive, illicit, mechanical, just a way to release sexual tension. Now that I have a male body, masturbation feels like an appreciation of myself. My increased sex drive probably originates with the testosterone I take, monitored to maintain a serum level in the normal range for a man my age. Like anyone else, my body is not perfect, but my body is one with my psyche. Masturbation is an acknowledgement that my body is the right place for me to be.

FIRST PERSON SEXUAL

New Source (cont'd from pg. 8)

this journal will make a major contribution to the health of Lesbian, Gay, Bisexual and Transgendered people in the U.S., Canada and beyond. Despite the serious health problems confronting our communities, very little scholarship has been dedicated to our health needs. By providing a reliable forum to publish such work, the *Journal* will encourage more researchers to engage in it"

The *Journal*, to be published by Plenum Publishing Corp. of New York, will specialize in original clinical research, but will also publish review articles, brief reports, topical essays and news in the field of Lesbian and Gay health. Topics to be addressed include HIV, gynecology, mental illness, oncology and a broad range of other issues covering the spectrum of medical and allied health specialties. The publication has assembled a 28-person editorial board with an additional four statistical reviewers; one year's issues will total

approximately 250 pages.

Jocelyn White, M.D., an assistant professor of internal medicine at Oregon Health Sciences University in Portland and one of the Journal's two editors, said, "This is a direct extension of GLMA's vision of education—promoting understanding of the health issues of the populations we serve. It promotes visibility and credibility and provides opportunities for GLMA members and other health professionals to reach their full potential academically and educationally."

GLMA is actively seeking manuscripts for publication starting in early 1997. Priority will be given to manuscripts reporting hypothesis-driven research performed according to the principals of scientific method. For more information about submission, contact Jocelyn White, M.D., at Dept. of Medicine, Legacy Good Samaritan Hospital, 1015 NW 22nd Ave., Portland, Ore., 97210. Email at whiteho@ohsu.edu.

The *Journal* will be distributed quarterly to

GLMA members and to others interested in subscribing. Physicians, allied health professionals, health care institutions, and organization in the U.S. and Canada who want to subscribe can contact Susan Stone, development director at GLMA, 211 Church St., Suite C., San Francisco, Calif., 94114. Telephone (415) 255-4547 or fax (415) 225-4784.

International (cont'd from pg. 9)

really should not be pre-screening requests for information based on domestic or international inquiry. Foreign men may need your help to begin, continue or finish evolving. Fact is . . . it can be just as lonely or restless to live abroad with FTM issues.

FTM INT'L OPENS SF OFFICE!

by James Green

I am delighted to announce that FTM International, Inc. was granted federal and state tax-exempt status as a 501(c)(3) nonprofit educational organization late in 1996. This means that we can apply for grants to help us develop our publications and community services, and we sure hope we will get some. It also means that your donations to FTM are now tax deductible (except for the price you pay for the newsletter or other publications). So, if you join as an individual member for \$30.00, you can deduct \$15.00 from your income taxes.

Close on the heels of the 501(c)(3) status, we were offered an opportunity we couldn't refuse: an office in San Francisco! With relatively cheap rent!! (~\$300.00) In a great location!!! (Hold on, I'll tell you...) With a conference room where we can hold more frequent and (we hope) smaller, focused support meetings!!!! We are very excited about the opportunity that having a physical home will give us to develop a stronger presence in the Bay Area, to provide more resources for more people, and to enable those of us who volunteer our time and efforts to better coordinate among ourselves and thus improve our ability to serve you. Several members of the Board of Directors are so enthusiastic about the potential this office holds for us that they have pledged monthly donations to help defray the rent while we are seeking a set-up/support grant. If you are interested in pledging \$5.00, \$10.00, or more per month to help out, please contact us.

We will continue to hold our regular 2nd Sunday each month (2-5pm) meetings, alternating between Informational and Support, at another location that is large enough to accommodate the 30-60 people who attend. We will be instituting more structure around the informational meetings (like we used to do a few years ago), so that they are more constructively informational, with topics for discussion arranged in advance, guest speakers, etc. There will also be an hour set aside for socializing or informal discussion at the informationals. The March meeting topic will be families. And we are looking for a volunteer informational meeting coordinator who can take on the responsibility for setting up topics and speakers for the remaining 4 informational meetings in 1997 (and beyond, if they are so inclined).

Starting sometime this summer, we would like to offer several smaller support groups, which would meet on weekday evenings in the conference room at the office. This room can accommodate up to 30 people, and since we've been hearing lately that our regular support meetings are too large for some people to feel comfortable about or to have time to participate in (in the 3 hours allotted), we thought we'd try to categorize these focused support group based on particular needs. Some suggestions so far: 1.) Basic Issues: the questions we all have when starting out; 2.) People of Color Issues; 3.) Partners of FTMs; 4.) Parents and

Families of FTMs; 5.) People interested in Sex with Men—Homosexual Couples' Issues; 6.) Heterosexual Couples' Issues; 7.) The Politics of Living as an FTM; 8.) Issues for Men who are post-Transition; and 9.) Language-specific FTM support, such as Asian/Pacific Islander, Spanish, and ASL. Our plan is that everyone would be welcome at any of these groups, with the understanding that the discussion will be focused on the stated topic, and people raising issues not pertinent to the topic will be asked to table them for a more appropriate forum. Realistically speaking, we will only be able to offer 4 or maybe 5 of the (so far 9) proposed topics. Please give us your feedback if you are interested in attending one or more of these groups, or if you have other topical ideas.

While we're getting set up in the new office, we will retain the Oakland mailing address (through August, '97) and the 510 area code voicemail number (at least for a while). But you can start right away to contact us at:

FTM International, Inc.
1360 Mission Street, Suite 200
San Francisco, CA 94103
415-553-5987 voice
510-547-4785 fax (until further notice)

We aren't able to have anyone in the office full time yet, so if you drop by unannounced you're likely to find no one there. But if you want to see the office, please call and make an appointment with Shadow, Yosenio, or me. For now, we're working there on occasional late afternoons, evenings, and weekends, trying to keep things rolling, and planning for the future. We welcome participation from anyone who is interested in helping build community and meet our community's needs!

Our email address is changing, too. Electronic mail for FTM International, Inc. should henceforth be sent to us at info@ftm-intl.org. (The FTM News address on AOL is being discontinued.) Check out our website, too, at <http://www.ftm-intl.org>. We'll be working on beefing it up this year.

ORGANIZATIONAL GROUND RULES

Since we're talking about instituting more meetings and participatory events, I'd like to take this opportunity to remind readers about some of the "ground rules" that this organization has long operated with:

1. People who participate in the dialogs of our community must respect each other and respect the confidentiality of all FTMs and their loved ones whom they meet through the Newsletter or our meetings or conferences.

2. FTM International does not condone discrimination or prejudice against anyone, and FTMs from all walks of life are welcome to attend our meetings.

3. FTM International is not responsible for the actions or opinions of any participant or member; however, inconsiderate, ridiculing, violent, or criminal behavior will not be tolerated.

4. The lives and identities of participants in FTM

International-sponsored gatherings are CONFIDENTIAL. Personal information shared at meetings is not to be discussed outside the meeting. Participation or membership in this group, and identity as an FTM, is a private matter, and no one should reveal the status of any other person without that person's express permission.

5. Topics of discussion at FTM International meetings should be limited to gender and FTM issues. Participants should not make assumptions about the sexual orientation, history, or interests of other participants, and should use discretion and sensitivity in raising potentially controversial issues and topics.

6. Participants must take responsibility for getting their own needs met: Ask questions, state what you want. Everyone stands to gain from sharing our stories and our quests. Make the group your own, but don't expect it to be your psychotherapy group or your only family. We are all on this journey together, we all need information or support now and then, and we all should be cultivating full lives that incorporate all our varied interests. We recommend that participants in FTM meetings or events do not look for everything from only one source. Life is much more complicated than that. This is not one-stop shopping.

7. Neither the Corporation, nor any of its Officers is engaged in the practice of medicine or psychotherapy (with the exception of those individuals who are duly licensed and engaged in private practice, in which case these individuals DO NOT practice through or on behalf of the Corporation FTM International, Inc.).

By the way, our office suite is shared by some very prestigious organizations: the International Gay & Lesbian Human Rights Commission, GLAAD (Gay & Lesbian Alliance Against Defamation), Digital Queers (DQ), and "Anything That Moves" (the magazine of the bisexual network in the USA. All of these groups are very excited to have FTM International sharing the office suite, all of them are very trans-positive and supportive of us. We are thrilled to be associated with these groups. Also, we are starting our community outreach by providing an address and telephone access to BATLAW (Bay Area Transgender Law Association), an association of transgendered and transsexual lawyers and legal workers who are dedicated to providing legal education around trans issues (among attorneys, judges, and law enforcement organizations) and hope to set up an attorney referral network for the local trans communities. BATLAW will have a drawer in one of our file cabinets, a drive on one of our computers (two have been donated to us so far—thank you, thank you, thank you!), and a voice-mailbox on our telephone line.

We hope all our readers are as excited as we are here in San Francisco about having a physical home for FTM International. We hope that readers from outside the area, or outside the country will one day be able to come to San Francisco and visit our office, which will one day be fully staffed, have a resource library, a

Cont'd
pg. 13

To my brothers who have used testosterone long-term - I've been on the Androderm Patch for 4 months now, changing from injecting for over 20 years. I can't begin to tell you how easy it is to use the patch. I use 2 each night. I'm hairy, so I shave the site on each thigh, to help the patch stay on better...The patch is about the size of a silver-dollar. They can be placed on the stomach, thighs, upper back and upper arms. When I was injecting, my testosterone count was 400-450. Now it's around 600, at a continuous absorption. It seems to be better for me. I have less terrible mood swings. I feel better and I don't miss injecting. It's easy to use and I would recommend it to long-term users, although it isn't for everyone. I believe it costs \$100.00 per month, and my insurance covers it. Be sure to wear the patch in a different place every day to cut down on skin irritation. In fact, don't wear it in the same spot over a seven-day period. I'm very pleased with my progress and I hope those who try it have a positive experience. Let me know. I'd like to hear from other trying this method. Happy New Year to you all, peace and love in the brotherhood, your Nevada Brother, Brian.

P.S. Patrick Forte, Please write me: Brian Maier, [REDACTED] Joette Drive, Gardenville, NV 89410.

Dear Brian:

Thanks for the info on the patch. I know that we aren't the ONLY two guys who hate needles. Those who have more 411 to share about the patch, and all other FTMs, write to Brian! Marcus

Dear Marcus and James:

...I've recently subscribed to the newsletter. I find it very informative and enlightening. I found James' tape, "The Story of a Transsexual Man" very reassuring. I listen to it often when I feel unsure of myself or a little scared about the future. I've thought of the losses I might suffer, but the loss of self scares me more. This path I'm on won't be peaches and cream but it is the greatest gift I can give myself - the gift of self-acceptance. For the first time in my life I feel inner peace. For once, I no longer feel like a lone freak of nature or God's mistake. Now I know there's a whole community of guys like me out there, and . yes, I agree we need to stand up for our right to be respected as human beings. This

is the first holiday season I don't feel terribly depressed and suicidal. Last year, I almost ended my life out of futility and hopelessness. Now I know there's hope and thanks to the FTM Newsletter, James' tape, Lou Sullivan's book, and Leslie Feinberg's "Stone Butch Blues," I have renewed courage to carry on. So much for my first victory - self-realization and acceptance. My second came recently when I mustered the courage to come out to a male friend. What a relief it was when he proved to be understanding and supportive, avowing his friendship. It has opened me up to feeling more pride in who and what I am. I'm not ashamed of being trans. No one can convince me I'm not as much as a man as any biological male. Traveling this path takes a lot of balls, right guys? Proud to be a member FTM! Happy Holidays, Deano F.

Dear Deano - Thanks for sharing your path. It does take guts to come out. But, you make it easier on yourself and others when you can find the strength, and safety, to come out as trans. Just make sure you are safe - there are still those who would do us bodily harm. I'm glad FTM is such a help. Marcus

To whom it may concern:

"Mirror, mirror, on the wall, who's the truest transsexual of us all?" I've heard, through the grapevine, this question came up for much discussion at this year's FTM conference in Seattle. HELLO? WHAT THE FUCK IS UP WITH THAT?!

Let us remember where that question originates. It is with the MEDICAL community, and their obsession with the MEDICAL MODEL. Diagnostic boxes for pathologies to qualify the chosen few for pre-determined "treatments." Let us remember how we didn't exist at all (only MTFs had a box). Then, only those of us who fucked women (if we wanted to be sexual with men, we were supposed to "stay" women) received a box. You want to know what? I've come too far to be put into a box by my own community! Neither will I try to qualify another's existence by boxing them. Leave that to the floundering "experts," thank you!

Our power lays in our STRUGGLING for language to describe our existence. Our power is BECAUSE we have no words, therefore no way to create categories. We are powerful because we have the chance to be fluid, to loosen ourselves from societal norms. It is gloriously freeing not to exist in the words of mainstream culture. We can define who we are! I am continually rejoicing in our diversities! Your diversity allows me to discover more diversity within my self; lends me courage to claim these newly discovered parts of me! Personally, I will grieve the day we finally invent language to describe us. In the meantime, let us not borrow a pseudo-language from a hostile environment. There is NO SUCH THING as a "true transsexual." There is only a wide variety of people sharing some profound feelings and experiences. All of whom are on journeys of self actualizing and high adventures of Being.

In brotherhood,
Chris

Jules asks:

Why is it the only time FTMs break into the news it's for 'deceiving' geneto-women into thinking they're geneto-guys? Maybe somebody needs to publish a top ten list of ways you know your husband wasn't born a guy. Such as...

10. You never see his dick; or
9. His dick grows 7 inches overnight, and you find a box in the trash labeled "Jeff Stryker Realistic Dildo"
8. He buys lots of hair gel, but never puts any on his hair.
7. His mother calls him "Rosemary," not "Roger"; he claims she has Alzheimer's disease, but she seems pretty sharp to you.
6. You catch him giving himself a shot in the butt, and he claims he's suddenly become a diabetic; or
5. You find these round little patches all over the house and he claims they're some new kind of deodorant patch he's beta-testing for a pharmaceutical lab.
4. He never takes off his jog bra, and never jogs.
3. When you find his old high school ring and notice it's from a Catholic girls' high school, he mumbles about an experiment in coeducation.
2. You get a call from his doctor's office about an overdue bill, and realize the doctor's a gynecologist and
1. He had no pictures of himself prior to the age of 37 and claims it's because his family was Amish and didn't believe in cameras.

FTM OPENS OFFICE (cont'd from pg. 12)

video library and viewing facilities, and internet access for visitors to use. We look forward to being able to provide more services and publications for FTMs all over the world, and to educating on behalf of other trans-identified people in our community, too.

What is Transsexual Menace?

by James Green

[One of our brothers asked James this question. We thought we'd share his reply—ed.] The Menace is not an organization per se. You join by putting on the T-shirt and doing something. Or, you don't have to put on the t-shirt, either. The important thing is doing something. There is no organizational structure, but there is an informal contact list, phone trees, etc., through which word is spread of issues that demand a response and actions that are being planned. Riki Anne Wilchins started the Transsexual Menace in New York City just by getting a group of ts friends together, designing a T-shirt and having some printed up, putting them on and leafleting all over the place whenever transbashing occurred. They flew onto the national scene when Donna Minkowitz published a long article in the Village Voice about Brandon Teena, calling him a pathetically deluded lesbian who thought he needed a silicone penis in order to make love to women (not a direct quote). TS Menace prepared a leaflet denouncing this, telling the truth about Brandon and FTM transsexuals, and passed out hundreds of them on the street in front of the Village Voice office. They eventually got a meeting with Minkowitz and an editor or two, and began doing direct education work. They did the same thing last year at Esquire when they published an article about transwomen which was spiked with derogatory comments. They also organized Camp Trans which helped get transsexual women who are lesbians into the Michigan Women's Music Festival (with the help of me and Leslie Feinberg). Anyway, the real identifier of a Menace member is their willingness to be out there confronting both the witless and the diabolical perpetrators of oppression, ignorance, and hate. When people in other parts of the country have wanted to start local chapters, all they do is contact Riki about T-shirts and get them printed up with their home city/state. I now have 2 Menace shirts: one with New York City on it, and one that says Capitol Hill. There are also Lone Star State and Silicon Valley shirts available. The latest addition is the one you will soon be able to get from me or from Tony Baretto-Neto (TBhawk) that says Transsexual Menace Men.

Don't worry about feeling dumb concerning activism. We all feel that way. Even Riki is scared when an action starts. The important thing is knowing what you are doing in the moment. That is, know the issues, know why you are out there, know who your audience is. When you are tired of seeing transpeople trashed and abused and ignored and dehumanized and ridiculed, tired enough that you are willing to stand up and say "This is wrong; this is not acceptable," that's when you become an activist. Even if all you do is take the time to write a letter to a Senator or Congressperson, or to the editor of a magazine or newspaper, that is activism. And you can even do activism anonymously if you need to.

Transsexual Menace works like a flash of lightning. There are no meetings or regular mailings. There is just an informal network that heats up when it needs to. Everyone is a leader, everyone is part of the team. If you saw a need for an action, you wouldn't say "There's this need, what do you all think we should do about it?" You'd say, "Here's the situation, and here's what I'm going to do about it: I'd like if anyone who can be there (or write a letter, or whatever) at this time and place would show up to help me." If you make your case strong enough, if you plan your action well enough, others will come forward to help you. Riki did many TS Menace actions alone at first, and others came forward when they saw her effectiveness. Plus, she has fun! Your local (Boston area) contact for the Menace is Nancy Nangeroni (nmn@world.std.com). She is also one of my favorite people. I suggest you contact her and make yourself known to her for local things, if you want to. Also, if you confirm that you wish to be contacted, I'll put you on our TS Menace Men list.

I hope you'll consider helping the Menace—or any trans group—out in whatever way feels comfortable for you, and look forward to working in various ways with you and with anyone who has the goals of our collective safety, freedom, civil rights, and full humanity at heart. —James

Support for Disabled TS/TGs

ABLED QUEER, Houston TX

Abled Queer is a Non-for-profit support group for; Lesbians, Transgender, Bi-Sexual, Gay and Gay Friendly persons that have mental and physical disability and their companions.

Abled Queer seeks to help break down the barriers within the community; that some people may or may not have about persons with a disability.

Abled Queer seeks to help the companions of a disabled person understand their problem, but also to help the companion with any problem that they may have. We feel that this helps to keep the relationship from running a ground.

Any one wishing more info may reach us at the following:

E-Mail: james_e@iah.com Snail Mail: Abled Queer, 1517 B Missouri, Houston, TX 77006
Voice Mail: 713-523-1332

The Gay and Lesbian Historical Society...

has an important archival collection of transgender material, including the personal papers of Lou Sullivan (one of the founders of the GLHS), and extensive runs of transgender publications like the FTM Newsletter, Metamorphosis Monthly, and many other more obscure items of interest to the transgender community. They are also trying to add transgender voices to their rapidly expanding oral history collection on audiotape. History Professor Joanne Meyerowitz of the University of Cincinnati has recently been awarded a grant from the Social Science Research Council that will fund a project at the GLHS in San Francisco to record and transcribe oral histories of transsexuals who transitioned before 1970, both MTF and FTM.

If you or anyone you know would like to contribute an interview to this project, please contact Joanne Meyerowitz, her Bay Area research collaborator Susan Stryker, or Lyndall McCowan of the GLHS Oral History Project.

If you transitioned after 1970 and would still like to make a contribution to the preservation of transgender history, there are many other opportunities at the GLHS. You could donate historically significant material from any period about being transgendered in the Bay Area or beyond (diaries, correspondence, organizational records, photos of special events). Perhaps you have some great stories to tell that could be included in another GLHS oral history collection other than the one being funded by the SSRC. Or maybe you'd like to volunteer at the GLHS and learn how to collect, organize, and preserve archival material or how to conduct oral histories.

Contact the GLHS at 415-777-5455; they're open to the public on Saturday and Sunday afternoons from 2-5 and by special appointment. Joanne Meyerowitz can be reached at Joanne.Meyerowitz@UC.Edu. Susan Stryker can be reached at mulebabyxx@aol.com. Lyndall McCowan can be reached at lmaccow@fwl.org. And the Oral History project has its own email box at glhsvoices@aol.com.

Transitions

PO Box 3547, Conroe, TX 77035-3547

We at **Transitions** have recognized the need for affordable and comfortable prosthesis and undergarments for the man in transition and are pleased to introduce a line of products created to help you enjoy life to its fullest.



"Family Jewels"

Worn under your clothing, this patent-pending, innovative design looks and feels like the real thing. It is easy to wear, comfortable, and stays put with a clever velcro tab. 100% cotton shell with polypropylene fill. Available in black, brown or white. Each *Family Jewels* comes with its own pouch, along with six pairs of 100% cotton briefs. White, with velcro tabs attached.

.....Only \$45



"Chest Binder"

Soft and comfortable to wear, yet gets the job done. Our made-to-order, patent-pending *Chest Binder* looks like an ordinary tank top, but is made with three layers. The secret underside is a strong 50% cotton/50% lycra that holds you in firmly, while the 100% lycra outer shell covers it all. White only.

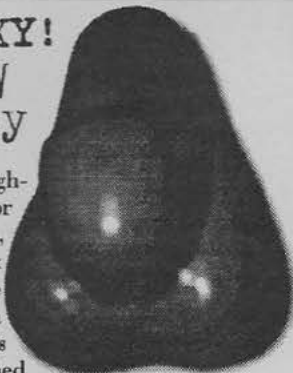
Measurements:
A-Across shoulder B-Chest
C-Just under breasts D-Waist

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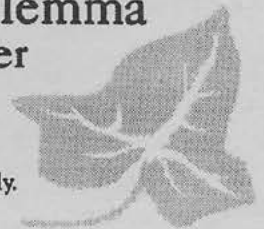
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FTM RESOURCES

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 (Lonnice). 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, offering a connection to endocrinologists, surgeons, etc. The program has separate FTM and MTF groups. Call Pathways at 414-774-4111. A "social" support group starting for FTMs in the Chicago/Milwaukee areas.- #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), Pluimstraat 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

Japan Masae Torai (FtM Nippon), Adachi-Ku, Adachi-ku Nishi-post office-dome, Tokyo 123 Japan

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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Support

April 12, 1997

June 14, 1997

Informational

March 9, 1997

May 10, 1997

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