

In this issue...

Spring Fever and the Rumor Mill

by James Green

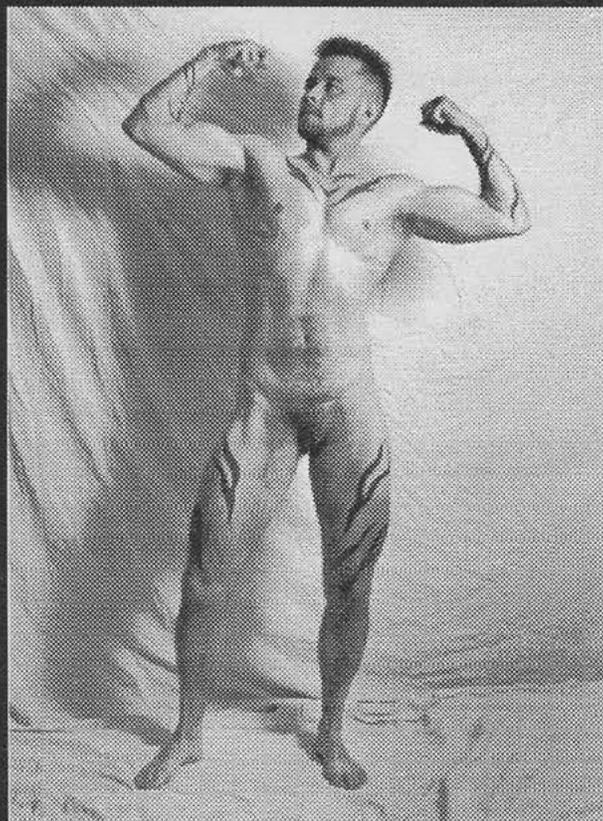
It's spring, and in spring a young man's fancy turns to hormones and genitals! This issue of the "FTM Newsletter" has a discussion of hormones in the Malebox section, and a request for further discussion in the Networking section. We also have a couple of articles examining artificial genitals, one by Jamie Boughen from Australia, and one I promised (in the last issue) about the DeNijs prosthesis from Amsterdam. Real genitals are the topic of a shocking and thought-provoking piece by Blake Powers discussing manhood and the right to self-identification. For tourists, we have *Isabella's Unofficial FTM Guide to San Francisco*, which she developed in response to a request for information from Mouse, whose letter appears in the Malebox. Look for FTM's new voice-mail number! Now you can find out the latest by phone. And, of course, there's *Ask Marie* (more about genitals) and much, much more.

But before I go any further, I want to say something about misinformation and rumors. I've heard some dismaying stories lately about FTMs getting bad information about hormones and surgery, and that this bad information is mostly coming from MTFs. I don't mean to malign anyone; I only wish to caution all readers that you should take advice from anyone with the proverbial grain of salt. People who have not taken testosterone or who have not studied hormonal substances and their effects professionally are usually not qualified to state definitively what the effects of testosterone will be for you. In fact, even those of us who have taken it can only speak of our own experience, and you must keep in mind that your experience may be different. The same advice applies to genital prostheses, and also to surgeons and surgical techniques. I feel that no one should presume to know what is best for another person, that one can only tell another what he has experienced and observed, and that each person is responsible for his or her own decisions. Don't allow yourself to be convinced of anything based upon one incident, one testimonial, or one impassioned pronouncement. Always try to get a balanced, broad perspective.

This brings me to the rumors I've heard lately. As TSs, TVs, and even moreso as FTMs, we are what's called a marginalized group. We are often isolated among ourselves. We have a small pool of visible members who are often the topics of conversation. This can be either positive or negative. When people start circulating rumors about others, it is negative. Someone recently told me that he heard from another member of this group that I, James, had been back to my surgeon for "several revisions" on my metaoidioplasty. This is not true. I have had no revisions. This type of false information might lead someone to a decision about his own course of treatment that may be the wrong decision for him. If you have information about someone in this group that you are sharing with others, please be sure it is correct. If you are hearing information about others in this group, know that you are very likely hearing opinions and, at best, personal experience—at worst, you are hearing rumors. If the information is important to you, check it out: get the truth.

One more thing: While we're talking about each other, remember that there is a gentleman's agreement concerning confidentiality which operates in our community. We have a responsibility toward each other to make sure that our communication does not compromise the identity of other members. If you learn something about someone through the pages of this newsletter or at a meeting, it is not your right to disseminate the information to anyone, in or out of this group. Respect for each other demands nothing less. I know better than to think we will stop talking about each other; I only hope we will be more circumspect.

And now, we return to spring... Someone else wrote to us recently to complain that the newsletter did not have enough humor in it. I'd love to see more humor in these pages. I print, for the most part, what you readers send in, and otherwise I report my perspective on what's happening that affects us most broadly, and my commentary. If you want to see another perspective, or more humor, or more cartoons, whatever, by all means send it in. I try to be humorous, but no one seems to notice!



Our Vision, Our Voices:
Transsexual Portraits and Nudes
Black and white prints, including this self
portrait, by photographer Loren Cameron.
details on page 4

photo: ©Loren Cameron

A Token Male

by
**Jamie
Boughen**

In my chats and discussions with other TS men, the one topic which seems to always come up sooner or later, is what to use when filling THAT gap. You know which one. That open breezeway we (as TS men) seem to be cursed with. It is very difficult to feel the tiniest bit manly when an inquiring person (of either gender) gives our pouches a little squeeze (to let us know they are interested) and then stands back in open-mouthed shock when nothing "interesting" is found. Many of us, at one point or another, have found ourselves in this humiliating position.

When this problem became an issue for me, I tried various methods in an effort to give myself the manly profile I craved so much. I started with a small dress sock, rolled up and pinned to the inside of my jocks. I quickly realized that this method was neither realistic nor was it particularly comfortable. In fact, it was downright painful, especially when the pin opened itself, which it seemed to do at the worst possible moments. It is fairly simple to find a toilet in a crowded nightclub, but to find one in Queen Street Mall is another matter altogether. It also made me a candidate for the Ministry of Funny Walks!!

My next crotch-filler was the use of a substance known in Queensland as "slime." I found it couldn't be purchased in my province for love or money. I was devastated! However, on a trip to Sydney, I found a similar substance going under the name of "dinosaur gel." I had a bottle sent to me after my return. I discovered it to be a bright fluorescent green, and it felt particularly disgusting to touch (which is probably why the kids love it). I tried several experiments before settling on the gel inside one condom inside another. This was to stop any accidental breakages.

The gel is almost impossible to get out of your pubic hair once it finds its way there, whatever the method. I rapidly made the painful discovery that a gel-filled condom jiggling around inside your pants has a few problems. The latex catches on your pubic hair and can pull it out completely if you move. There is also a build-up of heat which can break you out in a heat rash that brings tears to your eyes. Popping the condom inside a cloth bag solves the hair-pulling problem, but not the heat. I quickly became tired of constant heat rash and tossed the whole lot into a drawer with my sock failures.

So what have I learned from all my experiences? Yes, it would be nice to stand at the urinal like the other guys, but my life won't end if I can't. And yes, it would be lovely to have a great bulge to show off to other men, but they won't think any less of me without one. As for sex, well, other parts of me are far more talented (with lots more stamina) than any dick I can think of. What I had first thought of as a need to have a dick, therefore making me a man) is really nothing more than a want. And we don't always get what we want. My gender is not made from a bulge in my pants, it is made from what is between my ears and from the way I behave. Being a "self-made" man means I can make myself into the sort of man I can be proud of, and not one to be ruled by my genitals. I am man-conscious, not dick-conscious. It makes me a better person, I think.

[This article first appeared in the Sept. '93 issue of "Trans-Action, the newsletter of the Australian Transgenderist Support Association of Queensland. Jamie is editor of BWBB in Australia. —ed.]

FTM—on stage

In his last play, *Permission*, David Harrison spoke about his past as a professional dominatrix—back when his name was Catherine Harrison, lesbian-about-town. Now, shifting from sexuality to gender dynamics, Harrison has crafted a solo performance piece in which he explores life from the middle ground of male/female identity. He tells us in anecdotes, dreams, remembrances, and just the right amount of social commentary what it's like to be in his shoes: that is, what it's like to be in the process of moving from female to male. He began this journey just over a year ago, and *FTM* is his story.

Often amusing, always informative, and frequently poignant, Harrison not only tells his tale from the point of view of Timothy, a female-to-male transsexual; but also from the perspective of Timothy's mother who is dying of breast cancer, reflecting Mr. Harrison's own battle with that disease. A host of other characters and voices round out the evening, bringing the focus of the piece to a place between male and female.

In most media representations of the lives of transsexuals, the focus is nearly always on the external: on the before or

after. Harrison's piece is unique in that *FTM* explores the inner personal conflict, desires, challenges, and victories of the place between: the time of transition. "Most transsexuals want to forget about their time of transition," says Mr. Harrison. "Difficult as that may be, I wanted to capture that twilight place."

Boston's *Gay Community News* called Mr. Harrison "...on the cutting edge," adding "He addresses areas of radical sexuality as yet untouched in the lesbian community." *Spectator Magazine* called Harrison's *Permission* "...witty, insightful, and touching."

David Harrison is a playwright and performer who has made the rounds of the talk show circuit, including appearances on Donahue, Joan Rivers and National Public Radio. His first play, *Permission*, brought him (then her) to national attention, including a North American tour of the play. Harrison is contributing a chapter in the upcoming Cassell book, *Lesbian Others*.

FTM opens Friday, May 6th at 848 Community Space, 848 Divisadero Street in San Francisco with Performances each Fri-Sun through May 15th at 8pm. Tickets \$10. For show dates in your area, reach David at PO Box 460791, SF, CA 94146 or by e-mail: PeterPants@aol.com



The Penis Makes The Man...NOT!

by Blake Powers

On July 1, 1992, in the Union of South Africa, a 22-month-old boy was kidnapped from his mother and mutilated. Schoolchildren found him in the brush near Mofolo Park in Soweto, dying from massive blood loss. His penis and testicles had been cut off, his thumbs were sawn off, and his eyes were almost gouged out. The attack on this baby, whom we learn from newspaper articles is black, was brutal and unconscionable. It is a wonder he survived. The coverage of his story is almost as disturbing as the incident itself. No questions are raised about who the perpetrators may have been, what their motivation was, or why a baby would be the target for such a heinous crime. The emphasis of the articles is on the mutilation of his genitals, and on the decision of his medical providers to perform sex reassignment surgery.

Headlines such as: "Parents identify badly mutilated 'muti-baby'" (The Sowetan, July 6, 1992), "'Muti' toddler to have sex change" (The Star, July 21, 1992), and "Parents of muti-child agree to sex change" (The Citizen, July 21, 1992) turn the child into a non-person and shift the focus from the terrible act of violence committed against him to sensationalist interest in "sex changes." The attitude of the attending physicians is not much better. It would seem that for them not only did Nhlanhla's status as a person end with his mutilation, but so did his status as male. Consider their statements:

"There is no way this child will have quality of life as a man. Penis construction will be impossible, so with his parent's permission, we will turn him into a girl," said Dr. Arnie Mohammed, Surgeon at Baragwanath Hospital. Dr. Joao Fonseca, Pediatric Surgeon at the same hospital said, "Once the male genitals are cut off, no testosterone can be produced and the child can no longer function mentally or physically as a male and we could never construct a phallus."

In other words, having his thumbs sawn off and his eyes practically gouged out is not nearly as critical to his "quality of life" as the absence of male genitals. Dr. Fonseca continues:

"The psychological damage of becoming a female will far outweigh other considerations, but it is the best option open to the medical staff."

Let us take a look at what these "other considerations" might be. Did they stop to consider his tribe of origin, whether or not he has siblings, or what the sexual division of labor is among his people? Castration of black males has been used throughout history not only as a means of humiliating individuals, but as a means of attacking whole families and social systems by subverting procreation. While rehabilitating Nhlanhla will not restore his ability to be a biological father, surgically transforming him into a female will rob him and his family of any opportunity to benefit from the other aspects of the male role which he is able to fulfill.

The intent behind the removal of his genitals, if not to kill him, was to emasculate him and destroy whatever status his being male provided. In such a system, one can guess that female fertility is also valuable. It would make sense for the medical staff to explore the possibility of rehabilitation which would have the least impact on the child and his family/tribal system. Converting him into a girl anatomically carries uncertainty of success with regard to the development of his gender identity, which becomes established around two years of age. Gender identity is a person's internal sense of self as male or female, and is not always congruent with anatomic sex. Resocialization of this child will

be difficult, if not impossible, with all the notoriety he has received. The surgeons at Baragwanath Hospital may be inadvertently using their expertise on the side of Nhlanhla's attackers by robbing his mother of her son.

What underlying principle is guiding the medical establishment if it is not addressing these "other considerations"? Since Baragwanath Hospital frequently performs operations similar to this one when children are born hermaphrodites, let us look at the instructions they are given in medical school. Here is a passage

"There is no way this child will have quality of life as a man. Penis construction will be impossible, so with his parent's permission, we will turn him into a girl..."

from Smith's General Urology, Chapter 41, entitled "Abnormalities of Sexual Differentiation":

"The goal of the physician in the management of patients with ambiguous genitalia is to establish a sex for rearing that is most compatible with a well-adjusted life and sexual adequacy...In recommending male sex assignment, the adequacy of the size of the phallus should be the most important consideration." (Emphasis added.) (Felix A. Conte, M.D., and Melvin M. Grumbach, M.D.)

Here is another passage, this one from the psychotherapeutic perspective, taken from "The Adam Principle," by John Money, Ph.D., Chapter 11, entitled "Born With a Micropenis, Should the Baby Be a Boy or a Girl?":

"Living as a male with a micropenis is as difficult as living as a male whose penis has been accidentally amputated. That difficulty is circumvented if the pediatric surgical and clinical care of newborn micropenis baby is programmed to allow the child to grow up to be as complete a female as possible..."

What of the difficulty in growing up an incomplete female? Let us return to a statement made about Nhlanhla in the article in

the Star newspaper:

"Although Nhlanhla will never be able to bear children, he (sic) could enjoy a normal sex life as a woman."

In other words, "sexual adequacy" is synonymous with penis-into-vagina intercourse. Furthermore, "quality of life as a male" is reduced to the ability to achieve penetration without coital aids, and "quality of life as a female" is reduced to the ability to be penetrated. There are at least two other disturbing concepts operating here: 1) that a mutilated or birth-defective male may just as well be female; and, 2) that children do not have the right to be involved in a decision that will affect how the world will relate to them in very fundamental ways.

If this child can have a clitoris, vulva, labia majora and minora, and a vagina formed from a segment of intestine, why can't he have a thigh flap scrotal reconstruction, testicular implants, and a phallopasty using modern techniques? If he can perform sexually as a female without uterus or ovaries, why can't he use a stent or penile implant to perform sexually as a male? If he can have life-long estrogen hormone therapy to develop feminine secondary sex characteristics, why can't he have testosterone replacement therapy in order to continue developing along male lines? Does the loss of both thumbs affect this decision?

Is the message here that even if he has already established a male gender identity and may grow up able to fulfill the corresponding gender role in work and the world, that he is not really a man unless he has the penis with which he was born? What of his right to receive medical treatment which would serve to allow him to reach the age of reason and decide for himself? If his arm or leg had been amputated, wouldn't he have received a prosthesis and both physical and psychotherapy to make the adjustment? Why can't he have the same support

continued on next page

In The Light of Day

by
David
Hughes

W elcome! Welcome to the world as "man." You are accepted with open arms and/or reared back fists. However, you will have no warnings, no preschooling, no second chances to make your second impressions; it is all on-the-job training. Of the more than a hundred ways a woman can non-verbally communicate her desire to make your acquaintance, you will have to stumble along and make your share of mistakes as you completely resocialize. You are an African American man. You have gone from third to dead last in the socio-sexual political hierarchy of white male, white female, black female, black male. You are at the bottom, but you can never turn back, nor would you want to. You would breathe your last before you would.

T he racism you experience is intense, for it reveals itself from the subtle to the gross. You are ever more perceptive of your disposability as a male, your invisibility as an African American, and your invalidation as a

changed person. You are a threat. Few want to know you. People are told much about you through journalism that omits the truth and perpetuates ignorance; few really listen to what you have to say about yourself. You are accepted by some and ostracized by others far and near. You strive to belong and be loved.

Y ou walk the earth with a new found awareness of who you are, where you have been and where you are going. But you are lonely and you feel unworthiness because you cannot compete. You are self-identified and self-actualized, but there is no getting around that part of how you perceive yourself which is influenced by how others perceive you. You long for a mate whose self-identity and self-esteem is intact and not shaken. You hope that your awareness will enlighten her, that she will realize your strength is your gentleness and that you are uniquely qualified to be her man because you struggle to be wholly human. You recognize that the woman you desire is as equally responsible for her intrinsic qualities and fortitude.

The unspoken rules are ever fast and

changing. You are confused and overwhelmed as you stay two steps behind in a struggle to understand. You have acquired information about your cultural heritage and you have learned that people of African descent have contributed more to the world than that for which they are given credit; you are angry and you do not know what to do with your feelings. You have learned the role of man and that his life is so easily thrown away; you are disillusioned and you do not know what to do with your ambivalence.

F rom the penumbra of a life shadowed by "an unbearable pain," you walk into the light of day. In the full brightness, you are seen, but in other respects, the color of your skin makes you invisible and people will use your change against you like a weapon. Nonetheless, you bask in the warmth you never knew. You can take your shirt off, lift your face to the sky and feel your spirit float in the firmament.

You strive for your dignity, your freedom and happiness. You walk in the light of day.

OUR VISION, OUR VOICES— transsexual portraits and nudes

A rare showing of black and white prints exhibiting an intimate perspective by photographer Loren Cameron will be on view at 848 Community Art Space at 848 Divisadero in San Francisco. The exhibit opens May 2 with a reception from 7-9 pm featuring readings by Kate Borenstein and James Green, and continues through May 31. Gallery hours are 1-5pm Sundays, with additional viewing times available during the run of *FTM*, a performance by David Harrison (see page 2).



photo: ©Loren Cameron

Penis: continued from previous page

with respect to using a penile prosthesis?

Just as we are more than our reproductive potential, our gender identities are based on more factors than the appearance of our genitalia. In addition, whether we function in the world as women or as men forms the basis for all social interaction. Determining what sex to assign to a child is thus a profound life decision, and one in which the child, if at all possible, should be involved.

Quality of life as a man is possible after traumatic amputation, as it is in men born without penises or micropenises. The female-to-male transsexual population is living proof, as are the tens of thousands of men around the world who are living full lives with penises that are either absent or very small. Experiencing oneself as male internally and actualizing this by achieving success in the male gender role is possible even after spending years in a female body. Performing in the male sexual role is also possible, albeit without the possibility of reproduction. In short, masculinity and manhood have much more to do with how we identify ourselves, how we experience our emotional and physical selves, what societal role(s) we assume, and how we interact with people of both genders and they with us, than it does with the absence or presence or size of the penis. It is a matter of heart and of spirit. The man whose male identity rests solely or primarily in his genitals is always at risk of losing his masculinity.

The De Nijs Prosthesis

by James Green

In Amsterdam last October, I had the pleasure of meeting Ms. Anna De Nijs, creator and manufacturer of an excellent silicone genital prosthesis for FTMs. Ms. De Nijs has developed the prosthesis in cooperation with the Genderteam at the Free University in Amsterdam. Using responses to a questionnaire sent to 120 FTMs in Europe (70 were returned), the team developed three different models enabling different types of fixation.

The goals of the development effort were to produce a prosthesis that would meet 11 primary demands:

1. look normal in regular jockey shorts or a tight swimsuit. 2. be soft to touch. 3. have skin color. 4. adopt body temperature. 5. keep its form, even when wet. 6. be washable. 7. be lightweight. 8. stay in place, either when dressed or naked. 9. permit swimming and taking a shower. 10. permit voiding without hindrance. 11. permit clitoral stimulation without hindrance.

From my observation, this device meets those requirements very well. I met with Ms. De Nijs in her home/laboratory where she showed me several samples of the device. The surface feel was very natural, and the weight and density were also superior to any other pantsfiller of its type that I have seen so far. One may not urinate

through this device, and the penis cannot be made erect so it is not intended for sexual activity. But for appearance and feel it seems to do the trick.

The simplest attachment method is via a collarstud-like device that allows it to be fixed to the outside of one's underwear. Without the collarstud, one may use medical glue to attach the device to the pubic area. The third method fits a "tongue," like a wide, flat hook, into a flap of skin to hold the device in place. [Do not try this last method at home!]

Ms. De Nijs told me she has distributed 100 of these units in Holland in three years. The one major drawback the prosthesis has is that there is some degeneration of the material over time, and it must be replaced every two years. Some softening can be rectified with silicone injections. The only other drawback I could find was the price. If you are a participant in the National Health Plan of The Netherlands, you are entitled to obtain your prosthesis for less than \$100.00 U.S. because the State subsidizes your healthcare costs. Persons outside this service must pay \$450.00 U.S., which includes shipping and handling.

If you want more information, or would like to order one of these devices, WRITE (clearly) to *Anna De Nijs, Johannes Verhulststraat 10, 1071 NC Amsterdam, The Netherlands*. If you are ordering, send your height, chest, hip, and waist measurements, and for coloring, send a color photo.

Last year, you may recall, we asked whether you were pleased with your therapist. We wanted to know about therapy costs (by U.S. region) and the level of satisfaction among FTMs with their therapists. Well, only two people bothered to answer the nine questions we asked. Nonetheless, we publish the results below.

- 1. In what city is your therapist's practice?** *—one respondent's therapist is in the South Bay Area of Northern California, the other is in Atlanta, GA.*
- 2. What are your therapist's credentials?** *—one holds a Ph.D. in Sexology, the other is a M.Ed.*
- 3. How long have you been seeing your present therapist?** *—one was over 3 years; the other 1 year.*
- 4. How much do you pay per session?** *—\$90.00, but may be more for new clients; \$95.00 w/sliding scale.*
- 5. Do you have insurance which pays for all or part of this fee?** *—Yes; No (insurance only covers clinical psychologist or psychiatrist).*
- 6. How long is each session?** *—50 minutes; 50 minutes (though one will do longer if client lives far away, etc.).*
- 7. Do you feel you are benefitting from therapy?** *—Yes; yes.*
- 8. If not, why do you continue to attend?** *—Not applicable: both respondents feel they are benefitting.*
- 9. Any comments on this topic?** *—Both respondents made favorable comments regarding their therapist's practices, and one requested that his therapist be added to the resource guide.*

Thanks, both of you for responding. I'm only sorry we didn't get a better turnout from more areas of the country. If anyone else wants to respond, refer to questions above

(or to the original Questionnaire box in FTM #23 or #24) and send your answers to *FTM Survey, 5337 College Ave. #142, Oakland, CA 94618*.

call for information

We have had numerous requests for information about the results of urethral extension procedures in the process of either phalloplasty or metoidioplasty. If any readers have had urethral extension, please write and tell us of your experience. Who was your surgeon, when was

HEALTH AND SCIENCE



the operation performed, how successful was it? Can you urinate standing at a public urinal without embarrassment? If not, what method do you use for urination? You do not have to tell us your name or anything about yourself that would identify you (patient names provided will be held in confidence), but your honest response could be immeasurably helpful to your brothers. Send to *FTM, 5337 College Ave., #142, Oakland, CA 94618*. Thanks for your assistance.

FTM
Survey
Results

where's the hair?**Dear James,**

Your newsletter is outstanding and much appreciated. Thanks to you and your staff for your work and dedication. I hope you may be able to give me some straightforward answers about testosterone. I haven't been able to receive any satisfaction with my endocrinologist, Dr. K. from Pennsylvania Hospital. I'm told he knows his stuff, but he's pretty flaky.

I've been on 1cc, 200mg of testosterone cypionate every 2 weeks since July 1992. I had my total hysterectomy in April 1993. I've been told, ad nauseum, that as far as the hormone's effect "everyone is different." That's a reasonable concept. In general though, how long DOES it or CAN it take before there's significant facial hair? How about body hair? In my case, I've got a very modest mustache that won't grow beyond a certain point. Same for sideburns. A full beard is just a dream at this point. As for body hair, there's a little more than pre-hormones, but little to speak of. Can I at least look forward to more hair growth, or is this the best it gets? Secondly, I've been one of the acne-afflicted, too. How long, in your experience, for the body to acclimate to the hormones and the acne to subside (I'm on Retin-A for this). A third concern is that my doctor hasn't done blood work since July 1992. Many guys at the support group I go to report they're taking TWICE as much of the same testosterone I take, that is 2cc every two weeks. When I asked my doctor about this, again I got a very non-specific answer. Is it that perhaps

1cc is conservative or 2cc is excessive?

I guess the bottom line is that I'm impatient. Basically, I want to know how long one must take testosterone before it does all it will do and you just take it for maintenance?
—Name Withheld By Request

James responds**Dear Mr. Withheld,**

Here's what I know about hormones: It's true that "everyone is different." Hormones will not do anything for you for which you do not have a genetic propensity. That is, if you are not a hairy sort of guy, or if your parents and grandparents were not hairy-type people, then you will not likely be very hairy no matter how much testosterone you take. I have one friend who has been taking 1cc of 200mg testosterone cypionate every 2 weeks since 1975, and he still has a faint mustache and a wispy beard and no chest hair to speak of. He is blond, and none of the men on either side of his family have much body or facial hair. That's just the way it is. I, however, have always had a lot of dark body hair (I was adopted, so I don't know about my genetic make-up) and it took me almost 2 years before I had to shave daily. It was over 4 years before I could grow a decent looking full beard. I do wear a full beard now. It took a month to grow it, and it looked awful while it was happening. I have to shape it to de-emphasize the areas where I still have sparse growth. I've been taking testosterone enanthate since October, 1988: 1cc, 200mg every 2 weeks until July 1992, when I switched to .75cc, 200mg every 10

days. I had my hysterectomy/oophorectomy in July 1990. I'm still sprouting new hair on my chest, back and shoulders, as well as experiencing denser beard growth slowly over time.

Starting testosterone is just like entering puberty. Puberty takes 5 to 7 years; and if you look at young men, even in their mid-20's, who are wearing beards you will see a large degree of variation in the amount of facial hair they have. My guess, from observing numerous FTMs, is that it takes about 10 years for your system to completely adjust to testosterone. Impatience won't serve you, I'm sorry to say.

I have another friend who started about 6 months after I did. He experienced a period of rapid change for about 1 year, then virtually nothing for 3 years. He continued with the same dosage you are taking, and after 3 years began to notice another period of change which lasted about a year and then slacked off. He has never changed his dosage, and he is now entering another change period. Another guy I know grew a full beard within a year. He even has hair growing out of the tip of his nose!

Regarding dosage, I feel (and I'm not a doctor, so this is not medical advice) that 2cc every 2 weeks is excessive. People often think more is better (or faster), but the fact is the body must make an adjustment, and it will do it in its own time or it will rebel. Testosterone can cause numerous health problems, and excessive dosage can exacerbate these conditions as well: blood sugar or glucose intolerance, diabetes, hypo- or hyperglycemia,

heart disease, liver disease, elevated cholesterol, high blood pressure, cystic growths, joint problems, calcium deposits, and emotional difficulties have all been related to testosterone. Plus, whatever testosterone the body cannot absorb it will convert to estrogen (which is why bodybuilders often have gynecomastia, or breast growth). My feeling, and the opinion of my personal physician, is that one should try to find the optimum lowest dosage possible. When considering the possible impact of testosterone on your health, you should question both sides of your family tree for history of the conditions listed above, as your use of testosterone, even in low or moderate dosage, may encourage a predisposition and complicate your health.

Which brings me to your concern that your doctor has done no blood work for you since July 1992. You should talk to him about this. He really should be checking your cholesterol and liver function every six months. Also, a blood level testosterone check periodically can help you find the optimum dosage. In my case, I was experiencing some mood swings which could not be attributed to anything going on in my life, so I suspected they were hormonal. My doctor ran a series of testosterone level checks: one the day after my injection, one a week later, and one just before my next injection. This is an expensive proposition at \$125.00 for each analysis, which is one reason why many doctors don't even suggest it if they know their patients can't afford it. Anyway, the tests revealed that my body was absorbing the hormone very quickly, and

the level was dropping below the normal range early in the second week of my cycle. Thus, the lower quantity (.75cc) at more frequent intervals (10 days instead of 14). So far this seems to be working for me, but it may have to be changed again in the future.

About the acne question: My doctor started me on the enanthate type rather than cypionate because it causes less acne in some people. I still had an acne problem even so, and my doctor had me using Cleocin-T, a liquid topical antibiotic which worked well for a year or so and then seemed to have no effect. I switched to tetracycline, and would have gone on to Retin-A, but my girlfriend suggested I go to a dermatologist or some other skin specialist. I decided to go to a place where they do facials and use hypo-allergenic cosmetics. It was weird going to this place which was like a cross between a doctor's office and a beauty salon, and I asked if they treated many men, and the woman said more and more men were starting to come in because they wanted to take care of their skin. I just decided to ignore my awkward feelings around all the feminine energy in the place, and let her do a complete facial treatment. I also purchased the very expensive, imported-from-France cleanser and moisturizer she recommended for my particular skin, which is both dry and oily. I've been using this stuff regularly for almost a year and it has really improved my skin. I get far less acne now, and when I do it clears up much faster than before. Even my doctor says my skin looks excellent! And I'm glad not to have another prescription

to fill.

I'm sorry that I can't give you a specific answer to your question of how long does it take for the hormones to work, or for acne to subside. The bottom line is "everyone is different." And I would really not expect to look in the mirror and see a "finished product" for at least 5 years, maybe even 7 to 10 years. Be patient. You need all that time to adjust socially as well as physically. There are numerous changes to go through. If it really did happen overnight it might actually be more difficult than it is. We can't know. We can only keep on growing at our own pace. —Ed.

Dear FTM,

no longer alone

Finally I have found you guys! For the longest time I felt so alone and afraid. After reading just one issue of FTM I am starting to feel more comfortable with my male identity. I eagerly look forward to receiving more of the newsletters and meeting other guys like myself. Thank you all for being there. —Grey

I am a man

Dear James,

You and the other guys are doing a terrific job with the FTM Newsletter! I have not been very active in the FTM community up to this point, perhaps because I have been in too much pain over the past few years to be active in anything. I made it through the end of 1992 by promising myself that I would either kill myself in 1993 or I would be living full-time as a man by the end of 1993. I am ecstatically pleased to announce that I have reached the latter goal.

I have been on testosterone for seven months. I had a mastectomy seven weeks ago. I have legally changed my name. And I have now successfully returned to my old job with my new identity—and surprisingly little trouble.

The hell of it is, everyone thinks I've changed my sex. I thought that's what I was doing when I started all this, too. Now I truly realize, I haven't changed my sex at all. I've only cured my lifelong depression. (I feel alive! For the first time!) I'm a man, and I've always been a man. The idea of changing my sex appalls me just as much as it does most allegedly "normal" people. That's precisely why I've had to go through all this so-called "sex change" stuff—so that I wouldn't really have to change my sex—which I don't believe can ever really be changed anyway.

Anyway, thanks for the great newsletter. Keep it coming.—Ted

visit S.F.

Dear FTM,

On January 8th, I escaped the bitter winter of Chicago to attend the FTM support meeting January 9th in San Francisco. I thoroughly enjoyed the meeting as well as the City. I learned a lot, and gained a new strength about myself as a (FTM) man. I met some very handsome people that were very helpful and open for discussion on FTM and people and places to see.

I deeply appreciate the FTM community and the different services afforded to me in San Francisco. I will try to attend many more meetings.

I strongly urge any FTM that finds their

hometown unsupportive in this aspect to take the time and the money and get to a San Francisco FTM meeting. I'm sure it will put your heart and mind at ease, as it did for me.

Thank you for being there, Guys. I will see you soon. Anyone wishing to communicate, please feel free.—Mouse, [redacted] S. Oglesby, Chicago, IL 60617

a testimonial

Dear FTM,

I am writing for two reasons: the first is to praise a product, and the second is to praise its creator. The product I am referring to is (rather humorously) called "The Herb." I read about it first in your newsletter several months ago. A rather uncomplimentary assessment of it was published at that time. Despite the negative review, it sounded like just the thing for me, so I called Rhon Reed, its maker, for more information.

Before contacting him, I was extremely nervous about conversing with a stranger about an artificial penis. I had never discussed my transsexualism with anyone besides my psychologist and my family, much less had I mentioned wanting to acquire a prosthesis, which I considered embarrassing. Happily, upon "meeting" him (on the phone), I found him to be very personable. He set me at ease instantly, and we spoke freely about the product and my life for over two hours. He was so concerned about me and my life; I felt a brotherly affection for him after that first encounter.

Five months later we are close friends and we talk regularly on the phone, as he lives in

California and I in Cincinnati, Ohio. The calls are expensive, but I consider his friendship and knowledgeable guidance (during this difficult transition stage in my life) to be invaluable.

As for the product, it is wonderful. I speak honestly and from personal experience, as I've had my "Herb" for about four months now, and my "Herbie" (an inexpensive pants-filler) for about five months. When I first received the "Herb," I was astonished at its natural look and feel. With the "magic powder" applied, it was really quite shocking. Satisfied with its appearance, I took the next step and tried it on.

The harness, at first, was a bit aggravating; getting it to fit my skinny body was a pain, but with a little effort and patience, I got it to fit perfectly and comfortably. After wearing it alone, as the instructions recommended, for a few days, I got used to the weight and feel of it. Thus, I moved on to the urinary device.

This assembly, too, was a little frustrating, as I am by nature a very anxious person, but again patience was the key. I messed up a couple of times; now I never mess up. Practice makes perfect.

Lastly, I tried the erection insert. That part was easy. I had a great erection in no time. Although I have not had the opportunity to put it to use, I am secure in knowing that it will be ready when I am. I guess, in short, what I am saying is that anyone who had failed with "Herb" is probably simply not giving it enough time and effort. Like Rhon always says, "It takes genetics

continued
on page 9

Marie Keller, MFCC, a Los Angeles-based therapist and executive director of the Los Angeles Gender Center, offers a question-and-answer column covering a wide range of gender-related issues. If you have burning questions, send them c/o the FTM Newsletter for the Ask Marie column in the next issue!

Dear Marie,

I am a post-op F to M TS. I have not had genital surgery so my genitals are in their original form, though my clitoris is somewhat enlarged from many years of hormone therapy.

My problem is one that in men seems very common, and to which solutions are provided in many magazines. However, it is not addressed at all for those who have female genitals.

I suffer from the equivalent of premature ejaculation—that is, I come too quickly.

I have been with my female partner for 15 years, and on the whole our sex life is very good. Most often we have sex by mutually masturbating each other, that is by rubbing each other's clitorises, sometimes by hand, or sometimes orally, or occasionally by rubbing against each other. That is generally OK, but I have always had a tendency to reach orgasm very quickly. Recently we have been wanting to use an artificial penis to enhance our sex life. My partner really enjoys penetration, but finds it impossible to reach orgasm. This is because as the base of the penis rubs against my clitoris I reach an orgasm very quickly (in seconds rather than minutes). If I try and avoid orgasm by shifting my body, this upsets the rhythm for her so she fails to reach an orgasm. Anyhow, shifting doesn't work because I still get there really quickly.

Of course, once I've reached my orgasm I seem to just collapse, and it is impossible for me to maintain the movement essential to her climax.

There must be ways of getting some sort of control of this problem. My partner is very understanding and considerate, but I feel that we are getting into a rut over sex. We now have a family, and sex is increasingly being put into the background of our lives, but we would both like to enhance it, and have a bit more fun over it.

Have you any suggestions of ways in which I could gain control over my

capacity to reach orgasm so quickly? Many thanks.

—Steve

Dear Steve,

Thanks for your question. Issues related to climaxing quickly or taking a long time to reach orgasm are common concerns for many people. We live in a culture that has put a lot of importance on the Big "O," how long it takes to get there, what way one gets there, and how important it is to get there. This focus alone is the cause of many problems. It results in people attending to these particular aspects of sexuality and becoming anxious. Strange as it may seem, anxiety is experienced by some as a form of excitement and can hasten orgasm. In addition, the amount of stimulation required to cause orgasm varies widely among individuals. So if someone perhaps like yourself, who may need little stimulation to begin with, starts to worry about coming "too quickly" and you happen to be one of those people who experiences anxiety as excitement, your chances of climaxing even more rapidly increase. I'd also like to mention another reason for rapid orgasm, one that is not talked about a lot— low tolerance for pleasure. Pleasure is a mixed bag for most of us. High, sustained levels can raise issues of self-esteem ("I don't deserve to feel this good."), gender roles ("It's my job to satisfy my partner and give pleasure, not get it."), and existential dilemmas ("I love this person who is giving me so much pleasure. Someday I will lose him/her. The more intense the feelings, the greater the loss."). These are usually unconscious thoughts operating below the level of awareness. Some professionals think they account for many sexual problems that, in the past, we believed were technical difficulties.

It sounds as if you have worked on technical aspects, adjusting positions, etc., but here are a few more suggestions. Even if you lose your rhythm and need to momentarily rest after orgasm, you might want to try continuing once sensitivity declines. Some people can get a second and more sustained wind if they can persist through that initial orgasm. Your partner could also masturbate herself while you are inside of her. This is a very common method for balancing the frequent disparity in response cycles between partners. Have you

tried to modify the base of the penis so it does not rub so directly on your clitoris? I'm not sure myself whether or not this is possible, but maybe somebody out there has some experience to share along these lines.

If you have gotten into a pattern of not letting your partner touch your genitals until right before you want to come, you could be reinforcing rather than solving the problem. Instead of reducing stimulation, you need to develop a tolerance for it. Try to focus on how good it feels to be touched. Don't fight orgasm, welcome pleasure. If you come, you come. Rest awhile and start again. See if you can lie back and let your partner drive you wild while you do nothing. Watch your thoughts and feelings. Does guilt arise? Do you feel selfish? Do you worry about her getting tired or bored? If so, talk to her about it. Work together to help you take in all of that love and good feeling.

You have been together for a long time, and from the sound of your letter your relationship sounds good. This might be an opportunity to take your lovemaking to a higher level of intimacy. The paradox here is that the more you develop the ability to focus on pleasure as love "embodied," keeping eye contact during intercourse and passing this love and erotic joy back and forth between you like a meditation, the less orgasm may be an issue and the more likely you are to increase your tolerance for stimulation. When two people who love each other practice this, they bring a little heaven down to earth. They find the interface between sexuality and spirituality. Could be worse ways to enlightenment!

Marie P.S. You refer to yourself as a "post-op F to M TS" although you have not had genital surgery. I thought post-op meant you would have had this surgery. What is your definition? I am curious about how others define the term "post-op" as there seem to be a number of opinions. Thanks.

more letters

years to learn how to use their equipment. Give yourself a few days."

So, by inquiring about a product, I made a friend whom I will value for life, I think, that was my most important benefit in purchasing "Herb."

Additionally, the product itself makes my daily life easier and more conve-

nient. It makes the impossible possible. And Mr. Reed is reworking the "Herb" all the time, hoping to improve on its already superior design. So my suggestion to anyone who wants a genital prosthesis (and needs an understanding friend) is to call Rhon Reed.—KNR

another Rhon fan

Dear FTM,

I have been doing busi-

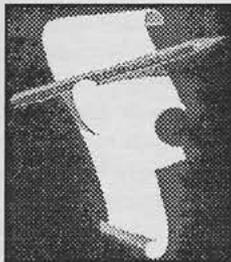
ness with Rhon Reed/Creative Growth Enterprises for approximately 2.5 years now, and in this time I have purchased some of the different prosthetic devices Mr. Reed manufactures. I have found these products to be very satisfactory!

On occasion I've had to wait longer than expected to receive my order, but considering this is a "one man operation" (no pun intended) the wait is understandable. Mr. Reed

has become a good friend of mine, and he is an excellent source of information regarding gender reassignment. Be your need product, information, or just someone to talk to, I highly recommend Mr. Reed.

I hope you can print this letter. I think it will be helpful for FTM people to know that Mr. Reed sells good products and is a fair, honest businessman.

—Michael Borgmann



Female to Male Films in SF Int'l. Lesbian & Gay Festival

Once again, FTM will co-present a program of films and videos in the 18th SF International Lesbian & Gay Film Festival. This year, FTM Director James Green may be on hand say a few words and copies of the Newsletter will be available from FTM volunteers before and after the program.

The following FTM film and video program is being presented in association with FTM:

Anatomy 101: Female-To-Male

Saturday June 11 6:15pm Roxie

Tuesday June 14 7:45pm Roxie

Tomboys, butch dykes, cross-dressers and female-to-male transsexuals are the focal points of these shorts. If you've ever been mistaken for a boy you'll identify with the dry humor and unmistakable style of *Can You Say Androgynous?*, *Mad About The Boy*, and *The Mister Sisters*. *Tomboy!* offers childhood nostalgia with a gender twist, while *Butch Wax* looks at our adult female-to-male crossdressing tendencies. *He-She Pee* looks at restroom confusion and *Trans* interviews F-to-M transsexual, Henry. *Zoe The Boxer* is a clever French faux-documentary which examines the story of a female boxer who became a man and murdered his manager.

Continuing this year's trend of female-to-male crossdressing and genderchanges, look for the Castro

premiere of the latest Hong Kong crossdressing/kung fu extravaganza, *The Legend of Fong Sai-Yuk* on Friday, June 10th at 10 p.m. starring Josephine Siao and Jet Li. Playing at the Pacific Film Archive and at the Towne Theatre in San Jose, *Dream Girls* presents a behind-the-scenes glimpse at the stunning women (who play both male and female roles) of Japan's famous, all-female Takarazuka theater troupe. At the Roxie, *Homicidal* is William Castle's rarely seen 1961 murder thriller starring Jean Arless as a psycho female-to-male transsexual killer.

In collaboration with the San Francisco Silent Film Festival, we'll be offering a special presentation (with live musical accompaniment) of Ernst Lubitsch's classic, *Ich Mochte Kein Mann Sein!* (I Don't Want to Be a Man!). This 1919 German featurette tells the delightful story of young Ossi and her adventures as a man when she decides to go out in her uncle's evening-wear. In a series of mad-cap gender mistakes Lubitsch's film explores the pros and cons of masculinity and dips into some wonderful homo- and lesbo-erotic humor.

Other things to look out for include: from Holland the beautiful gender twisting *Rites of Passage* (playing with *Alicia Was Fainting*); *Beyond the Pale: The*

Celluloid Closet of Yiddish Film, a clip and comment show on gay and lesbian subtexts in Yiddish film which will feature clips from the famous crossdressing *Molly Picon*; Julie Zando's *Uh-Oh!* starring Eileen Myles in the male lead; and, the twisted faux-documentary *Lady* starring Dominique Dibbel (of The Five Lesbian Brothers) as a lesbian playing a drag queen playing a lesbian playing a 70s television star.

The 18th San Francisco

International Lesbian & Gay Film Festival runs from June 9-19 1994. For advance tickets with no convenience fee, visit a BASS ticket center at The Warehouse or Tower Records/Video. Or call 510-762-BASS (a fee is made for phone orders). For more information, call the 24 Hour Festival Hotline: (415) 703-8650.

Pictured below: a scene from *Dream Girls*.



Isabella's Unofficial FTM Guide to San Francisco by Isabella

If you are coming to San Francisco specifically to attend an FTM meeting and you are unfamiliar with the area, here are a few recommendations that might be helpful.

Lodging

The current FTM meeting place is a private loft in SoMa (or, South of Market Street), an area known for its nightclubs, art galleries, and gay leathermen's bars. I've found a good motel with reasonable prices about 2 blocks from the meeting place:

Civic Center Motor Inn (a Best Western motel)

364 Ninth Street (at Harrison Street), San Francisco, CA 94103 phone 415-621-2826.

It has free parking, HBO, laundry room, small pool, and good access to public transport and sightseeing tours. Prices currently start at \$60.00 on up for 1 person. If you have AAA, ask for their AAA special value rate and maybe you'll get a reduction.

If ambiance is more important to you than proximity, and you can afford to pay a bit more, you might consider a charming bed and breakfast inn instead of a motel. There's an inn that's 11 blocks (direct and easy blocks, though) from the meeting place; prices start at \$75.00 for one person:

The Inn San Francisco

943 South Van Ness Ave. (between 20th and 21st) San Francisco, CA 94110. Phone 415-641-0188 or 1-800-359-0913 (toll-free).

This inn has antiques, a hottub, some fireplaces, TV sun deck, with full breakfast included.

If you're staying a bit longer and want to be more centrally located, yet not too far from the meeting place, try this budget hotel with European charm:

Golden Gate Hotel

775 Bush Street (between Powell and Mason), San Francisco, CA 94108. phone 415-392-3702.

It includes such amenities as continental breakfast and afternoon tea and cookies by the fireplace in the parlor. Base price is \$59 per night for single with shared bath.

SOMA Restaurants

These are all in the same general area as the meeting place and lodging.

The Acorn—1256 Folsom (863-2469). This charming, intimate restaurant gets rave reviews for its superb French/California cuisine and lovely ambiance. Especially recommended for brunch and lunch; also has a take-out counter and a tiny terrace. Moderate prices, outstanding value.

Chevy's—150 Fourth Street (at Howard) 543-8060. The best fresh Tex-Mex food I've ever had. Fun place, great margarita's and chips with salsa. Not cheap, but two people can easily share one order of fajitas and leave stuffed, happy, and not broke. (I eat here almost every week!)

Caribbean Zone—55 Natoma (861-8611). Cuisine is not world-class, but different, fun, and tasty, too. I mostly recommend this for the kooky ambiance: the place resembles a plane crashed in a tropical jungle. Natoma is a lit-

tle, hard-to-find street between South Van Ness and Mission and 4th and 5th.

Fringale—570 Fourth Street (543-0573). Wonderful new French restaurant, totally French-owned and run. Real haute cuisine, not too expensive. Lunch or appetizers are a good bet if dinner is beyond your budget.

Hamburger Mary's—1582 Folsom, near 12th Street (626-5767). Funky SoMa classic, traditional hangout for all gender outlaws, gays and leather/night-life types. Inexpensive burgers, omelettes, chili: huge portions. A must!

Manora's Thai Cuisine—1600 Folsom (861-6224). Very popular Thai restaurant. Good selection of typical spicy, sweet Thai dishes. Inexpensive, delicious food.

Ruby's—489 Third Street (541-0795). Fabulous gourmet pizzas with a cornmeal crust. Also other Italian food, very well-prepared. Can't miss the place: just look for the building with a giant tomato sticking out of it!

Zuni Cafe—1658 Market Street (552-2522). Expensive, chi-chi Italian/Mediterranean. Where the chic meet to eat. Can eat moderately here on pizza or burgers (on herbed foccacia buns, of course) and still hobnob with the sophisticates.

What To Do

As far as other things to do or see in San Francisco, you can learn about the touristy things like Union Square, Chinatown, Golden Gate Park, etc., from any guide book such as Fodor's Guide to San Francisco; or, if you have AAA, a California Tour Book is free from any AAA office. It's all really fun in spite of being touristy, but there are a few things I can tell you that they won't.

First of all, "the Castro" is the gay mecca of the world. Get there by following Market Street a long way down and turning left on Castro. You know you're close when you start to see palm trees on Market Street. It is a "must-see" for all people of the "gender community." **A Different Light Bookstore on Castro Street** has all kinds of publications, from books to magazines, of interest to transsexuals. While you are there, make sure to pick up a copy of the San Francisco Bay Times, our free lesbian/gay/bi/trans bi-monthly with a calendar of events inside. Then just walk around the Castro and peruse the passing scene.

About half-way down Market between SoMa and Castro, on the left, on 14th Street, between Valencia and Guerrero Streets is another "must-see": **Red Dora's Bearded Lady Cafe (485 14th St., phone 626-2805).** This is a bombshell-basic coffeehouse, lesbian-owned and run, but very welcoming to "gender folk." In fact, I've gone to several readings there (readings happen every weekend at 8:00 p.m.), including readings by FTMs, MTFs and TVs (both directions). They serve coffee, tea, various snack foods, and if you are elaborately tattooed or have a pierced nose, eyebrow or tongue, you'll feel right at home here! Also, check out the art at **Kiki Gallery**, conveniently located right next door to the Bearded Lady!

I hope these various suggestions will be of help. Have a great visit to San Francisco!

A Man By Any Other Name

by Shadow Morton

In the explorations I have made in this process of claiming my right to my gender identification, I have discovered some of my biggest roadblocks to be words.

As humankind has grown, and technologies advanced, our world has become increasingly smaller. Cultures have clashed and melded. And Language has always been a barrier. People have struggled for hundreds of years trying to convey abstract ideas and different experiences to others who do not fully comprehend their language. Different words for complex ideas. No words for experiences never felt before. It is no surprise that language continues to be a barrier. How is it that we can expect others to understand our experiences when we haven't the words, or even the same meaning to the words, to express who we are?

There are many of us in the transsexual communities who are becoming aware of the words used to define us, and just what the implications of those definitions are. The seemingly simple task of definition is reaching a heated point in our communities, as well as in the medical and legal communities. How to define those of us who walk this path? This Path. What is this Path?

The medical and legal communities, in their struggle to grasp some explanation of our lives, have settled on three words that delineate three groups. Transvestites (or cross-dressers) are those who occasionally wear the clothing of the opposite gender, usually for fetish purposes. Transgenders (or transgenderists) are those who dress and behave on a regular basis as a person of the opposite gender. However, they do not choose to alter their physical structure. Transsexuals live as a person of the

opposite gender on a full-time basis, and also seek to alter their structural appearance with the aid of hormone therapy and surgeries.

To compound the problem, the media has taken hold of the supposed novelty of our existence and carried these words to the public; but not with a clear delivery of these definitions. The public can only struggle to try to understand. Many give up. It is much easier to ignore the situation. But I'm not the public. These definitions apply to my life directly. And I do not accept any of these words as banners labeling or defining my life or my experience.

So I went in search of a word that I could hold up to the public, the government, and the doctors to tell the story of my situation more accurately.

First, I looked at the word handed to me, and tried to discover exactly what about it didn't fit for me. The word transsexual, when viewed with other words that it is so often associated with, implies that it has to do with my sexuality. Homosexuals have sex with a person of the same gender. Bisexuals desire sex with persons of both genders. And heterosexuals have sex with a person of the opposite gender. All of these words have to do with the act of sex, and with whom the act is likely to take place. So: does that mean that a transsexual is a person who desires sex with a person who is changing gender? Or a person who wants to change their sexuality to the opposite persuasion?

I find one of the most difficult points to get across to persons who are curious about this experience is that sex and gender are very different things! This is also assuming there are only two genders! That thought alone makes the general public blink. You can sit and watch their brain synapses firing rapidly as they try desperately to comprehend. Most people have never thought about it. You

mean, there are more than two?

A language barrier.

Now, my gender has always been male. I have not suffered any "dysphoria" about this. I have certainly encountered confusion, but that has mostly been due to the outside influences of everyday society that have told me something was wrong, that I was somehow defective. That confusion came from the conflict between my demeanor and my morphological structure—having a female body. In the years I have taken to explore this phenomenon about myself, and through the pains I have taken to discover who I am, I decided that the only solution was to change my structure to match my gender. Changing the gender to match the body had failed miserably on many occasions.

Making that decision has brought me to look at the words that other people have chosen to define me. It has forced me to look at the words I use to express to others what my life experience is. It is a Path that has led me to a word that I feel describes ME more accurately.

Metamorph.

A metamorphosis occurs when a form changes into a different physical form. Hey! That sounds a lot closer to the mark to me! It's my physical form that I'm changing, not my sex or my sexuality, or my gender identity. So when I go out into the world to talk to people about who I am, and what my journey is, I now take this word with me as my shield and my banner. It is MY word to describe ME—not the government's word, not the doctor's word. MY WORD.

I feel very strongly that it is important for a person to define themselves. It is no one else's business but their own. And so I offer to ALL the communities—medical, legal, TS, TG, TV, media—not a new word, but perhaps a more accurate word. I am not a transsexual—I am a *Metamorph!*

*The only
solution was
to change
my structure
to match my
gender.*



WALKING DEAD

a play by Keith Curran
Review by Jan Hall

Walking Dead is a play recently dramatized by Reality Theater in Columbus, Ohio. The title refers to what the main character, Veronica, feels she has to do to get through life when she knows she's male. Keith Curran's play was originally presented at Circle Red Theater in New York City in May, 1991.

At the beginning of the play we meet the principals: Veronica; her artist lover, Maya; her widowed mother; and Chess, the gay stud who lives in the apartment down the hall.

When Veronica decides to change into Homer, everyone has an opinion. Maya is outwardly loyal but inwardly confused about who she will be after the change. The mother, Dottie, clings to the memory of the pretty daughter she always wanted. Chess's intellectual date, Bobby, is angry that a lesbian would want to become male (and that Maya would stick around).

As we watch Veronica interact with everyone, it's clear that her most relaxed relationship is with Chess. She relates to him with ease and jealously interrupts him when his date, Bobby, arrives.

Just prior to leaving for her first surgery, Veronica meets with Chess to say goodbye. Chess laments that he has never felt a woman's breasts. Veronica partially disrobes and allows him to do this. They move into a moment of passionate lovemaking. This intense moment is starkly sexual in comparison to the low-key energy we see between Veronica and Maya.

As we are introduced to Homer in his changed physique, there begins to be evidence that the other people in his life are also dealing with the issue of self-knowledge and change. The mother finds a new beau and reawakens sexually. Maya confronts a journalist with her new-found lust for the male in Homer.

It is with surprise that we see Homer attending his mother's wedding dressed temporarily as a female, to appease her. After the wedding, on a dark street, he is assaulted by two men. Although their first intent is the rape of a woman, as they proceed further they mistake Homer for a gay male and end up brutally killing him.

While eulogizing Homer in the next scene, his friends and family again discuss the theme of change. Maya and Dottie reaffirm that they've grown and changed. In contrast, Chess and Bobby had wanted to make life changes, but instead just become more comfortable with who they already are.

In terms of the play's production, it was well-acted, with Gloria Perry-Cheatham as Maya in a particularly passionate portrayal. The play itself, however, has some faults. It begins with unnecessary chaos, and its play-within-a-play structure (mercifully undetailed in this review) takes some getting used to. The character of Veronica—and especially Homer—is not as strong as it needs to be to get out from Maya's shadow. The set's curtain problems were annoying and drew focus away from the play.

It is an irony of this play (maybe unintentional) that Homer's most relaxed and sexually electric moments are with Chess, and that Homer's assailants "mistake" him for a gay male. Perhaps the playwright has left us to wonder if Homer's real self was only evident at his death. If so, this

idea would tie in well with the title *Walking Dead*, suggesting that Homer is perhaps, finally a spirit resting in peace.

The play ends with a view of Maya's latest art collage—everyday female products on one side, male on the other—as she places and starts up an electric blender in the middle. The audience is left reflecting on this marvelous, gender-mixing imagery on stage, a glimpse of hope in an otherwise tragic tale.

STORME AND THE JEWEL BOX REVIEW

a documentary film
Review by Jan Hall

Storme and the Jewel Box Review was shown as part of an evening celebrating Black History Month in Columbus, Ohio. It chronicles Storme Delarverie's life as a Black male impersonator/cabaret singer from about 1955 to 1969. The *Jewel Box Review* was a troupe of female impersonators.



photo courtesy Frameline

a scene from Storme and the Jewel Box Review

Storme and the Review were dedicated professionals, playing such theaters as the Apollo, where they did four performances per day. At that time, their show was considered family entertainment. Members of the Review were interviewed and remembered Storme as the leader of the troupe who propelled them to success. Storme replies, with characteristic charm, "But you made it easy for me."

After many years in show business, Storme changed career direction and became a security guard. We see

continued on page 14

Wants Doctor Info

Dear FTM, I need info on Biber, Gilbert, European and other surgical clinics. I'm scheduled to see Gilbert soon and am anxious to hear from post-ops and others in the know about who's good, who's not, who's safe and who isn't.

Time is running out and I would like to go in feeling a lot less apprehensive. I've moved, too, and I have a new P.O. Box and I am still interested in hearing from others on a casual basis. OK, then; please write, and soon! **E. Ryan, P.O. Box 767, Guilderland, NY 12084-0767**

Pen Pals?

Dear FTM, Heterosexual male, 40, wishes to correspond with Female-To-Male crossdressers and pre-op transsexuals. 1994 is Visit Malaysia Year! Hospitality offered to visitors. Write to: **Randy Phallus, █ Jalan Mohanlal, 30100 Ipoh, Malaysia**

ch-ch-ch-Changes

Hi! I'm an FTM and have been on hormones for 6 months (injections) and would like to have some input from other FTMs regarding physical changes, especially when changes occur, months?, years?, what is first, time frames. I don't really have anyone else to discuss this with as the support group in my area doesn't have any FTMs that I can speak with and the group doesn't really seem to want to be helpful, maybe because I'm an FTM. It's sort of like pulling teeth to get any info and then still no straight answers, so I've been kinda on my own trying to dig up as much info (books, tapes, etc.). But still there isn't much said on the actual day to day, week to week, month to month transition, and even my doctor is very sparse on what actually takes place. So far my voice has deepened some, I have some hair on limbs, some on chin, but not much to speak of. I would really love to hear from other FTMs anywhere—ALL welcomed. I'm starving for info. Could you please print this in your next issue? It would be greatly appreciated! **Marc Grady, █ Elam St., New Britain, CT 06053-2755**

(Marc, check out the first letter in the Malebox section. My reply may not answer all your questions, but perhaps it's a start. Readers, write directly to Marc, or send your response to FTM if you'd like to share your experience with others.—ed.)

Seeks Wisconsin Roomie

Dear FTM, I will be working for a trucking company out of Greenbay WI. I'm a pre-op FTM. Would like to room with another FTM. Could be an ideal situation: I would be home only 4 to 10 days a month. Nonetheless, I would really enjoy the company of another FTM. Any FTMs anywhere in the midwest, preferably WI, please write. This job is extremely flexible, I would be traveling all over America. This company has terminals all over, but I believe for the time being I would like the WI area. Hope to hear from you ALL. Would like to network/meet as many of you FTMs in the midwest as possible. Any questions concerning this letter or living arrangements (from anywhere—I eventually would like to move out west) please write to: **Mary Sue Cigrand, █ 4th Ave. S.W., Cascade, IA 52033, phone █**

Write to Marty

Dear James, I want to express my joy about receiving your newsletter. I love it and look forward to it and stop everything I'm doing and read it from cover to cover.

In your issue #26, I corresponded to many that asked for pen pals and friends, but unfortunately they were mailed, accidentally, without a forwarding address. I would appreciate it if you could post my address in your next issue so that these brothers could write me back. Also, I want to invite anyone to write to me if they would like to have a pen-pal, too. I love to communicate with fellow FTM TSs or cross-dressers. I have been working, living, schooling as a male for 17 years. I've been married twice and this last wife for 4 years and will continue to old age confidently. I want to help out in any way I can. I have developed a support group here in Las Vegas for the past 1 and 1/2 years with success. Please write! **Brotherly Love, Marty L. Brown, █ E. Peyton Dr. #C, Las Vegas, NV 89104 U.S.A.**

Insight, please

Dear FTM, I recently came across your newsletter and read it and I hope you can help me. My boyfriend at this time is going through the surgeries. He had his first one at Christmas. We have been together for three years and now all of a sudden since surgery he has totally changed. He's become very cool. He wants to end our relationship with no real explanation. He says he still loves me and there's nothing he wants to change: he just feels I can do better. He wants me to leave now before I end up hating him. I feel he's in a depression; he's even isolating himself from our friends and never goes out anymore. He has no job because of all the surgeries being booked pretty close together, and he's reading the Bible constantly, looking for answers. I'm very worried about him, and I love him very much.

Is this common? Have any of the other partners experienced this in their boyfriends? I don't want to desert him at this time when I feel he needs me the most. There are no organizations in our town for FTMs for me to talk to. So I'd also appreciate if one of the partners reading this could give me an address of someplace where the partners can get some advice, or one of their addresses so I could write to them. Thank you for your help. **Julie**
Julie didn't include her return address, so if anyone wants to respond, please write to us at the FTM Newsletter. We'll publish the response and hope Julie reads it. In the meantime, Julie, if you're reading this, you can write to Rebecca c/o S.O.S at P.O. Box 3547, Conroe, Texas 77305. S.O.S. stands for Significant Other Support. Rebecca is the partner of an FTM, and is a truly caring woman. You can write to her in confidence. It sounds like your boyfriend is having some difficulty with his own self-esteem. I strongly urge you to help him find a therapist or counselor who has experience dealing with gender dysphoria and/or who has a positive outlook on surgical sex reassignment as a potentially helpful treatment. Surgery can be traumatic, and depression is a common side-effect. He should discuss this with his medical team. I wish you the very best of luck, and I hope you get some helpful responses. Thanks for writing; I hope you will write in again.—James

BODYSOUL

It's becoming an obsession,
 Every morning as I wake,
 That I look into the mirror,
 To see if I am there...
 to see if I am there.

When I'm driving down the highway,
 It will take me by surprise.
 'Cause I look into the mirror,
 And I am startled by my eyes,
 My eyes reflect a different soul,
 My body doesn't show.

I wish that I could be myself,
 The one nobody knows,
 I am living with obsession,
 To be the one I really am,
 And I look into the mirror,
 To see if I am there...
 To see if I am there.

Can you see me now as I do?
 Not the me you used to know,
 If you cannot see me hurting,
 Then I think it's time to go,
 My eyes reflect a different soul,
 My body doesn't show.

I wish that I could be myself,
 The one nobody knows...
 The one nobody knows.

1992 — K.A.K. (Kitt Kling)

USED NEEDLES ARE BIOHAZARD

The next time you fill your syringe prescription, ask for a "Sharps Container." Under California law, you are entitled to a free Sharps Infectious Waste Container for safe needle and syringe disposal. The container is a red plastic box, about six inches square by about four inches high. It has a protective sliding top into which you drop your used needle (broken first, of course, and stuck inside the protective cap) and syringe. The container is labeled "BIOHAZARD, SINGLE USE ONLY," and, properly sealed, it can be dropped in the normal garbage for pick-up. The container protects waste disposal workers and anyone who might come into contact with scattered waste from accidental punctures. It also relieves you of any guilt associated with surreptitious disposal.

In San Francisco you can obtain free Sharps containers from all **Walgreen's Drug Stores, San Francisco Health Department Distribution Centers, San Francisco General Hospital and UCSF Patient Clinic Pharmacies**, and from the **San Francisco Household Hazardous Waste Collection Facility (501 Tunnel Road, Thursday through Saturday 8 a.m. to 4 p.m.)**. Residents of other areas should inquire at their local pharmacy when they fill their prescription.

reviews— continued

Storme at work, dealing firmly with troublemakers.

There's a small section in the film that is an interview with Joan Nestle, in which she offers some history about different women who have crossdressed. She makes the point that male impersonators are more perplexing to the public than female impersonators. She felt that this was so because they threatened male privilege. At the same time, the public is fascinated: perhaps male impersonators challenge an audience in a way that has an erotic lure. Storme talks about the illusion in the act: "They (the audience) saw what they wanted to see. But the children always knew (what the performer's true gender was)."

Although a short film, it captured

the essence of Storme's charisma and talent.

SUPERSTARS: 12 Lesbians Who Changed the World

by Dell Richards.
 Carroll & Graff
 Publishers, New York
 1993, paper, 304 pages.
 Review by James Green

This is less a review than a notice that the first chapter of this book tells about the life of one James Miranda Barry, a British Army surgeon who passed as a man from early adolescence until death. A fascinating story of a very brave and enterprising individual, the chapter is also inter-

persed with theory about why women would do such a thing (usually economic motivation, or the person was intelligent and saw this path as the only one out of a life of poverty). Many other "passing women" are also mentioned in the chapter, including Billy Tipton. You can stand in the bookstore and read this chapter, which will give you a good background in historical gender transgression. The author points out that "passing women" were common, and fit the definition of lesbian at the time—an insightful comment that explicates the common misconception that "lesbians want to be men." It's only too bad that there's no acknowledgement of these histories as FTM ancestors, rather than lesbian.

The International Foundation for Gender Education (IFGE) held its 8th annual "Coming Together-Working Together" Convention this year, March 12-20 in Portland, Oregon. Only 13 FTMs attended, which was somewhat disappointing for me and Jason and Taylor, co-coordinators of the FTM sessions. I assume that the reason for the low attendance is the cost of the event; if that's not the reason, I wish someone would tell me. But it's true that those who did attend had an excellent time. Everyone enjoyed the workshop sessions, and the big dress-up dinner Saturday night.

FTM sessions focussed on transition issues and relationships. A special panel was presented by FTM partners Rebecca McGowan and Bonnie Cromwell, with a special appearance by 10-year-old Spencer Cromwell to answer questions about what it's like handling the TS issues of having an FTM father. Bonnie and Rebecca emphasized how difficult the adjustment was, going from lesbian relationships to heterosexual relationships, and the on-going issue of being in the closet versus being out. And Spencer said that having an FTM father was not a problem for him, but his friends don't know about his situation. He did not express having any conflict over carrying this secret.

Dr. Toby Meltzer gave a presentation about his surgery techniques, and he was very forthcoming about the difficulties, risks and problems of metaoidioplasty and phalloplasty, as well as the successes he has had. I was unable to attend his presentation because my presence was required at the Board of Directors meeting that day. I hope that someone who was there and who reads this will write in about his (or her) impressions of Dr. Meltzer's presentation.

Yes, I was elected by the membership of

IFGE to a three-year term on their Board. I was also appointed by the Chair to the Board's Executive Committee. The Board also unanimously approved a resolution to establish a standing committee on FTM Issues. That committee, co-chaired by Jason Cromwell, Melissa Foster (also chair of IFGE's Marketing Committee), and myself, is responsible for "Ensuring that FTM concerns and issues are represented in IFGE programs, publications, products, and awards; Educating the IFGE membership at large regarding FTM issues and concerns; Ensuring the participation and inclusion of FTM persons on IFGE committees and the Board; Developing a larger FTM membership within IFGE; [and] Advising and assisting IFGE to develop products and services which address FTM concerns and needs, and to market those products and services."

The establishment of this standing committee signifies that IFGE is concerned about recognizing, including, and meeting the needs of the FTM community. Standing committees are the only volunteer bodies recognized by and responsible to the Board, so our progress and results will be measured annually. If we are successful in our work, it can only benefit the FTM community at large by increasing our ability to educate the medical and legal establishment, and the general public, as to our existence and our needs, with emphasis on our dignity and civil rights.

Participation in IFGE does not negate the need for our own focused regional and national groups to concern themselves with providing information and networking for our "brotherhood." Carrying our knowledge to IFGE broadens the base of the "gender community" at large, and gives greater strength to our own

efforts to secure proper medical care and legal protection.

There's a lot of educational work to be done within the confines of IFGE's general membership! IFGE started out targeted toward MTF cross-dressers and transsexuals, but when you talk about gender education you need to run the gamut: you can't just talk about femininity and a man's right to gender expression. You have to talk about masculinity and FTMs, too. There was only one panel at this conference that was concerned with gender issues on a broad social plane. Sexologist Dr. Sandra Cole, photographer Mariette Pathy Allen, and I addressed a group of about 60 MTFs on the topic "Women's Liberation, Men's Liberation, Transgender Liberation: Can We Have It All?" There was some heated discussion as participants fired statistics at each other, some emphasizing how women are oppressed, some emphasizing how men are oppressed. Eventually we got down to discussing women's invisibility and men's forced insensitivity via personal examples rather than numbers, and we ended with the recognition that we all need to work together to develop greater consciousness of human experience as filtered through gender. It was unfortunate that none of the FTMs could attend this session: we always seem to have so little time together that we must isolate ourselves. For future conventions, I want to work toward expanding the FTM programs and incorporating some mixed sessions that don't focus on transsexual process, but instead allow us to get some exposure at the conventions and to do some consciousness raising about men's issues, too.

Next year's convention will be in Atlanta, GA. I hope to see a lot more FTMs there next year!

Services

Los Angeles Gender Center

counseling, support group & educational services related to:

- Cross-dressing
- Transgenderism
- Transexualism
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NEW FTM PHONE LINE!

Now you can reach the FTM group and FTM Newsletter by phone. Leave your confidential message in our new voicemail message box. Let us know about a change of address, or find out about the next meeting. If you need information, we'll have to return your call; sorry, but we can only return long distance calls collect.

The new voicemail number for FTM is 510-287-2646.

The 12th Annual "BE ALL YOU WANT TO BE" Weekend

This convention will be held Wednesday June 8th through Sunday June 12th at the Sheraton Pittsburgh North in Warrendale, PA. FTM Program starts Friday June 10th. For more information and a registration form, write to **BE ALL WEEKEND, P.O. Box 23442, Pittsburgh, PA.** There is a discount for reservations received before May 1st.

Sexual Minorities Archives Forms

A national Sexual Minority Archives (SMA) has formed in Northampton, Massachusetts to document and preserve the histories of all sexual minorities including Lesbians, Bisexuals, Gay men, Transsexuals, Transvestites, S/M Leatherfolk and Fetishists. The archives are housed in the residence of Bet Power, a female-to-male non-operative transsexual, and have expanded from the holdings of the New Alexandria Lesbian Library (NALL). NALL, a national collection of Lesbian herstory, was founded in Chicago, Illinois on July 12, 1974, and has been housed by Bet Power since September, 1979. The Sexual Minorities Archives began in January, 1992, and has expanded in scope as historical materials have been donated by members of diverse sexual minority communities.

The Sexual Minorities Archives is a living testament to the diverse and interwoven nature of the queer communities and a beacon of hope for the inclusion and unity of all who struggle against discrimination based on sexual identity.

SMA is seeking donations of books, periodicals, subject files, unpublished papers, photographs and all media from all sexual minority communities. NALL will remain a distinct core collection within SMA, and continues to actively seek Lesbian contributions. The combined archives includes over 3,000 books, 700 periodical sets, and thousands of subject files, art, music, memorabilia and multi-media.

Researchers and community members may visit the Sexual Minorities Archives and NALL by calling or writing for an appointment about a week in advance of a planned visit. For information or to donate materials, call (413) 584-7616 or write to: **Sexual Minorities Archives, P.O. Box 402, Florence Station, Northampton, MA 01060.**

FTM Resource Guide Now Available

A 26 page guide to Gender Self-Help and Rap Groups, Gender Information and Education Groups, Gender Programs, Medical Service Providers, Professional Societies, Public Speakers on Gender Issues, Publications and Newsletters, and Vendors of Prosthetic Devices. Available for \$3.00, postage paid. Profits support the FTM newsletter. This Guide will be re-issued each June. To order your copy, send \$3.00 check or money order (payable FTM) to **FTM Resource Guide, 5337 College Ave. #142, Oakland, CA 94618**

Its a Boy!!!

Reflections, the Boston gender support group, is happy to announce the arrival of **ENTERPRISE**, our new FtoM contingent. **ENTERPRISE** is a support group exclusively for Female to Male transsexuals, and as such is the only one of it's kind in New England. On the first saturday of every month we meet with Reflections, from 3-5pm. Meetings open exclusively to F to M TSs are also held on a weekly basis. Any other members of the gender community, as well as friends, lovers, spouses, and family, are welcome to join us at our our first-saturday-of-the-month gatherings and "socials". Welcome aboard the **ENTERPRISE!** We have gone truly "where no man has gone before"! won't you join us in our adventure? For information or travel directions, please call 617-983-3264 or write: **Harris Brown, POB 629, Jamaica Plain, MA 02130-0006**

FTM Meeting Schedule 1994

FTM meetings are on the 2nd Sunday of each month, from 2 to 5 p.m., in San Francisco. Call James(510-658-0474) for Details. Mark your calendars in advance!

Support

May 8, 1994
July 10, 1994
September 11, 1994
November 13, 1994

Informational

June 12, 1994
August 14, 1994
October 9, 1994
December 11, 1994

FTM NEWSLETTER

The world's most widely-circulated Newsletter for the Female-to-Male crossdresser and transsexual. Published quarterly since 1987. Send correspondence, address corrections and contributions to: FTM, 5337 College Avenue #142, Oakland, CA 94618

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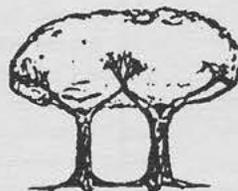
Special thanks to the folks at Frameline (presenters of the SF International Lesbian and Gay Film Festival) who provided photos.

"...a very sincere personal tone...providing good information." -James Green, publisher, FTM

"...an impressive and refreshing newsletter." -Vivian D. Allen, Editor in Chief, Tapestry

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"MALE'IN" IT TO YA, BOY!

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