

HotKoda

***A Health and Resource Guide
For Portland and Oregon***

***For folks assigned a female sex at birth
who have strayed from that path***



Hot Rods

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Introduction

> Who We Are

Gender Machine Works is a direct action group dedicated to the well being of people assigned a female sex at birth who have strayed from that path. We are based in Portland, Oregon, and use a multi-strategy approach to tackle the many issues facing our communities.

> What This Is

Hot Rods is a collection of some of the necessary details for "transguy" survival. We have attempted to prioritize the most vital information to share. If you have additions or suggestions, please let us know (for contact info see below).

Some of this information may be relevant for intersex people, transwomen, non-trans people, male-to-female folks, or others, and that's great. The people who put this resource guide together drew from our own experiences as "female-assigned, gender-variant" (FAGV) individuals to guide our work, so the focus is on our needs and values.

> How It Happened

This guide is a product of the tremendous effort, creativity and stamina of FAGV communities and our allies in the Portland, Oregon area in the year 2000. All information, references, etc. were generated and submitted by FAGV people.

> Where To Get More

Gender Machine Works can be reached at:

Gender Machine Works
PO Box 40689
Portland, OR 97240

503.284.1531

> Thank You

*Jason Davis at Merge Design
Davis transcription service
the lovely people who came to our fundraisers
our amazing health care allies
all past, present and future GMWers*

2 Basic Healthcare

Our Rights as Patients > Trans

We like to keep the following concepts in mind when seeking medical care. This is the 'wish list' of rights that are not specifically enforced by law, but we believe that trans-people deserve to be treated well as patients – for *all* aspects of our personalities and identities.

- > we have the right to be called the name(s) and pronoun(s) of our choice.
- > we have the right to privacy about our bodies, genders, and identities.
- > we have the right to respectful, knowledgeable care, and specific information as it relates to our gender identities and choices.

Our Rights as Patients > General

Other than emergency care, there is no legal "right to health care" in Oregon or the U.S. However, laws vary from state to state, and in general, as a patient in a hospital, clinic, or in the office of a health-care provider, you have the right, consistent with the law, to the following:

- > to receive treatment if you are experiencing a medical emergency and can get to a hospital emergency room.
This is true regardless of the ability to pay. If being denied treatment will adversely affect your health, then treatment must be given.
- > to understand and use these rights.
If for any reason you do not understand or you need help, the medical or mental-health facility or the health-care provider must provide assistance, including an interpreter.
- > to receive treatment without discrimination as to race, color, religion, sex, gender, national origin, disability, sexual orientation, or source of payment.
There are some ways of ensuring this broad range of protections, but again, the protected identity factors tend to vary from city to city in Oregon and elsewhere.
- > to receive considerate and respectful care in a clean and safe environment, free of unnecessary restraints.

- > to refuse any medical treatment, examination or observation at any time, even if you have consented to it previously.

Consenting to one part of a treatment plan does not imply consent to it all. You have the right to receive all the information that you need to give informed consent for any proposed procedure or treatment, including possible risks and benefits. You also have the right to be told what effect refusal of treatment may have on your health. This also means you have the right to receive all the information you need to give informed consent for an order not to resuscitate. You can also designate someone else to give this consent for you if you are too ill to do so.

- > to use a no-smoking room or facility.
- > to receive complete information about your diagnosis, treatment and prognosis.
You have a legal right to see, obtain or have access to your hospital and medical records. You cannot be denied a copy because you cannot pay.
- > to refuse to take part in research.
You have the right to a full explanation of any research program you may be involved in.
- > to have privacy and confidentiality of all information and records regarding your care.
This may be especially relevant for trans patients. Be aware that you can also ask for privacy with regard to your body and identity.
- > to participate in all decisions about your treatment and discharge.
The health care facility, hospital, clinic or institution must provide you with a written discharge plan and written description of how you can appeal your discharge.
- > to receive an itemized bill and explanation of all charges.
- > to complain without fear of reprisals about the care and services you are receiving, and to have the hospital or other facility respond to you, in writing, if you request it.
If you are not satisfied with the hospital's response, you can complain to the local, state and/or federal health departments. The hospital must provide you with the health department phone numbers.
- > to authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors or recognize legal medical proxy.
To bring someone as an advocate to all medical encounters is probably the best way to safeguard your rights as a patient. Your advocate can be anyone you can trust with confidential health information and who will help you assert your rights – both as a patient and a transperson.

Guidelines for Obtaining Routine Health Care

by Dr. Lenore Tietjens-Grillo, MD, FACOG

Guidelines are listed from the American Cancer Association regarding each routine health care and cancer screening, followed by a short summary explanation of the different screening procedures with particular emphasis on the unique risks for people assigned a female sex at birth.

Standard health care recommendations for persons assigned a female sex at birth:

- > **Health Counseling and Check-up**
every year, ideally.
- > **Breast Self-Exam**
every month (see page 23)
- > **Breast Exam by Physician**
age 20 - 40 every 3 years, over 40 every year.
- > **PAP Smear**
starting at time of first vaginal intercourse or age 18, whichever comes first, continuing every year thereafter. PAP smear itself is a swab of the cervix or vaginal cuff (post hysterectomy). This swab is analyzed in a lab for evidence of precancerous or cancerous cells. There is no other early detection method for cervical cancer. After hysterectomy, a PAP screens for vaginal cancer. Ovarian cancer is one of the most lethal forms of cancer with no good method of early detection except routine pelvic exam. Uterine cancer is usually heralded by abnormal vaginal bleeding, which is why care should be taken in following up menstrual irregularities.
- > **Pelvic Exam**
with PAP smear every year over age 40.
- > **Mammography**
from age 40 - 49 every 1 - 2 years, over age 50 every year (for those with breast tissue).
- > **Sigmoidoscopy**
starting at age 50, every 3 - 5 years thereafter.
- > **Digital Rectal Exam**
with hemocult, starting at age 40, every year thereafter. Usually follows routine pelvic exam in persons over 40. The physician is looking for any abnormal polyps, hemorrhoids or rectal masses.

> **Endometrial Biopsy**

usually done if there is abnormal vaginal bleeding over the age of 30. (Not routine - usually requires a visit to the gynecologist). Often performed in the office, for patients with a uterus over the age of thirty experiencing significant abnormal bleeding. This procedure is extremely helpful in identifying abnormal and/or potentially precancerous cells.

Health Care Providers

The names and contact information for the following health care providers were generated by GMW group members and our allies; therefore, we do not endorse any particular provider. We pass this information along to help local transguys and others narrow the search for appropriate health care.

To obtain contact and licensing information for any medical doctor, call the Oregon State Board of Medical Examiners [503.229.5027]. To obtain similar information for any nurse, call the Oregon Nursing Board [503.731.4745].

Therapists

Therapists with [DMV] next to their names are authorized by the Department of Motor Vehicles (DMV) to write a letter in order to have a client's legal sex changed on a license or state ID. Any therapist can become authorized to do this – have them call the DMV for more info. The Standards of Care require one letter from a master's level therapist in order to obtain hormones, and two letters (one of which must be from a masters level therapist) in order to obtain surgery.

Licensure:

- | | |
|---|--|
| > LCSW
<i>Licensed Clinical Social Worker</i> | > LCP
<i>Licensed Professional Counselor</i> |
| > MSW
<i>Master of Social Work</i> | > NCC
<i>National Certified Counselor</i> |
| > Ph.D.
<i>Licensed Clinical Psychologist</i> | > ACSW
<i>Academy of Clinical Social Workers</i> |

- > **Heather Leffler, Wendy Blenning and Annik Larsen**
 Neighborhood Health Clinic
 503.288.5995
 4945 NE 7th Ave. / Portland
Sliding scale counseling starts at \$5 a session. These three therapists have worked with trans clients, and are all licensed clinical social workers. The clinic also has many less experienced intern counselors. Annik Larsen also has a private practice at 503.285.7572, 7073 N. University Ave.
- > **Barbara Young, LPC, MCC**
 503.242.0230
 3101 SW 1st. Suite 103 / Portland
Sliding scale. Accepts some insurance. Additional areas of interest: chronic illness and disabilities, divorce/separation, anxiety/depression, working with survivors and perpetrators of sexual abuse and assault.
- > **Julie O'Donnell, LCSW**
 503.241.7002
 3101 SW 1st Ave. / Portland
Accepts some insurance, sliding scale. Additional areas of interest: working with survivors and perpetrators of sexual abuse and assault.
- > **Suzan Mayer, LCSW [DMV]**
 503.245.4614
Accepts some insurance. Additional areas of interest: anxiety/depression, relationships, creativity/spirituality, lesbian/gay issues, grief/loss, relaxation and self-hypnosis.
- > **Genny Bimslager, LCSW**
 503.235.5312
Accepts some insurance, sliding scale. Additional areas of interest: lesbian/gay issues, domestic violence, chronic illness, sexual abuse.
- > **Terrie Lyons, Ph.D. [DMV]**
 503.221.8764
 3033 SW 1st Ave. / Portland
Accepts some insurance. Additional areas of interest: trauma and dreamwork.
- > **B.J. Seymour, ACSW [DMV]**
 503.228.2472
Sliding scale.
- > **Shelly Norton, Ph.D.**
 503.239.4475
 4511 SE Hawthorne Blvd. Suite 111
\$100 per hour, negotiable. Additional areas of interest: couples therapy and sexuality issues.
- > **Jennifer Stolz, Ph.D.**
 503.222.5010
 1133 NW 21st Ave. / Portland
Clinical psychologist, "child, family and adult psychotherapy".
- > **Lisa Clay, Psy.D.**
 503.241.7002
 3101 SW 1st Ave. Suite 203 / Portland
- > **YWCA Counseling**
 503.294.7440
Sliding scale counseling with interns; some are interested/experienced with trans issues.

Doctors & Nurses

Medical doctors and nurse practitioners can write prescriptions for testosterone, as well as providing other health services. Most of these doctors loosely follow the Standards of Care (see page 10); however protocols vary widely from doctor to doctor. Providers with **[GMW]** next to their name have attended a Gender Machine Works training on health issues for female-assigned, gender-variant people. Providers who have known experience in prescribing testosterone are marked with **[T]**.

Licensure:

- | | |
|---|--|
| <ul style="list-style-type: none"> > ND
<i>Naturopathic Doctor</i> > MD
<i>Medical Doctor</i> | <ul style="list-style-type: none"> > FNP
<i>Family Nurse Practitioner</i> |
|---|--|

> Suzanne Scopes, ND **[GMW]** **[T]**

Circle Healthcare Clinic
503.230.0812
16 NE 28th Ave.
Portland, OR 97232

Naturopathic and ob/gyn care.

> Liz Robinson, FNP and Dana Mozer, FNP **[GMW]** **[T]**

All Women's Health Services
503.233.0808
1020 NE 2nd Suite 200
Portland, OR 97232

Despite their name, this clinic does provide general and gynecological care to transpeople.

> Henre Andosca

Western States Chiropractic College
Clinic
503.255.6771
2900 NE 132nd Ave. Portland
or

WSSC West Burnside

503.223.2213

134 W. Burnside Ave. Portland

Henre is a student chiropractic intern specializing in care for the back, neck, leg, knee, shoulder, and arm, as well as a provider of screening exams, gynecological care, and overall general health checkups.

> Sarah Becker, MD **[GMW]** **[T]**

NW Primary Care
503.659.4988
3033 SE Monroe St.
Milwaukee, OR 97222

Dr. Becker has probably treated more trans patients than any doctor in Portland. She also provides low-cost care once a month at the Old Town Clinic (a clinic for low-income and homeless people), 503.241.3836, 219 W. Burnside, Portland.

> **Sierra Levy, ND [GMW]**

An Hao Clinic
503.224.1224
2348 NW Lovejoy
Portland OR 97210

Naturopathic and ob/gyn care.

> **Leigh Dolin, MP and Shikah Arunj MID [T]**

Providence Medical Group
503.215.9700
545 NE 47th Ave.
Portland, OR 97213

> **Dr. Michael S. Booker, MD [T]**

Family Medical Group NE
503.288.0083
2647 NE 33d Ave.
Portland, OR 97212

> **Jocelyn White, MD [T]**

Legacy Clinic NW
503.413.8988
1130 NW 2nd Ave. Suite 220
Portland, OR 97210

Not sliding scale. Her practice is very full, but she will make space for trans patients so specify in your message that you need trans healthcare.

> **Kelly M. Fitzpatrick RN, ND [T]**

Natural Health Center
503.255.7355 (voicemail at extension 3482)
11281 SE Market St.
Portland OR, 97216
drkmfitzpatrick@hotmail.com

Initial free consultation; office & telephone consultations available.

> **Outside In Clinic**

503.223.4121
1236 SW Salmon
Portland, OR 97206

Naturopathic and medical doctors, acupuncture and testosterone needle exchange and STD/HIV services. Offers care at very sliding scale fees to low income and homeless people. Some of their staff is sensitive to trans issues, however, Outside In is a training site with hundreds of doctors passing through, so care may vary greatly depending on the provider.

> **Michelle McMillan, MP [T]**

Advantage Medical Group
503.968.1515
9735 SW Shady Lane Suite 102
Portland, OR 97223

> **Devon Webster, MP [GMW] [T]**

OHSU
503.494.8562

A resident doctor at OHSU's internal medicine department.

> **Gus Wolter**

503.460.0819

Trans-friendly licensed massage therapist.

> **David Naimon, ND, Licensed**

Acupuncturist
503.234.6556
2700 SE 26th St. Suite B
Portland 97202

3 **Transitioning**

Legal Name & Gender Changes

It currently costs \$89 to legally change your name in Portland, and the cost and procedure vary slightly from city to city in Oregon. Outside of Portland, call the county courthouse for information on how to change your name in your area, and don't let 'em give you any lip. In Portland, bring the money and a picture I.D. to Room 211 of the courthouse at 1021 SW 4th Ave. There are slightly different procedures for people over and under 18 years old (for example those under the age of 18 must also bring a guardian). You will be given a lot of paper work and a court date, usually a few weeks later, at which time your new name will become legal. Your certificate of legal name change won't just be handed over, however; you'll have to wait a couple of days for them to mail you a copy. You can request (and pay for) additional copies of the official form, in case you need them to change multiple pieces of ID. For complete instructions on this process, call 503.988.3511.

At time of press, we weren't able to find out the exact procedures for a legal gender change, but it is possible and basically involves the same type of form from the same office as a name change. We don't know whether it requires letters from therapists, etc.

Once you have your certificate, you can then use it (and it must be the official, sealed copy - not one you photocopied) to get other documents changed.

> **Driver's License/ID Card:**

Go to any DMV office. Bring with you your old ID and your name change letter from the court. The cost for a replacement ID is \$11 (you may be able to get a cover-up sticker with your new name, instead of replacing the whole card, for two dollars less).

Generally, to change the "sex designation" on your state ID, you need to bring in a letter from a therapist stating that you are undergoing gender reassignment. However, not any therapist will do - your therapist must be on the list of approved therapists that the DMV keeps. If you want to go this route, you should have your therapist call the DMV in order to put themselves on the approved list. A letter from a surgeon stating that you have undergone 'gender reassignment surgery' will also do the trick.

Getting a new card with your new official sex should also cost \$11 (which is the replacement fee) - so to keep costs down you could change your name and sex

at the same time if you want to and can. However, it is important to note that if the gender change is a "typographical error" the DMV will not ask for proof or for money. It is up to you to convince them that it's a typographical error.

> Social Security Card:

This one, at least, is free. Bring your new ID, your name change certificate, and original social security card to the social security office. You will then be asked to fill out an application. Fill it out, take it to the clerk, and the clerk will update your record and give you a receipt, which indicates that a new social security card is on its way. Apparently, the social security office does not have the same involved level of procedures for sex changes as the DMV. You can try: filling out your preferred sex on the application; presenting them with a therapist's letter; or informing them that their records are in error. However, this change may not be as big of a deal for some people, as social security cards do not indicate sex. They only show name and social security number, and the designated sex will simply be listed in their files.

> Credit Cards, Etc.:

Here you get a one-call-does-it-all scenario. To change the name for all your credit and banking information, call 888.567.8688. Be prepared to fax or mail documentation if they ask for it. Once you have a new driver's license/ID and a new social security card, you can pretty easily change all other records. This will usually involve going or writing to the office/departments concerned, with copies of your new IDs, and asking for your records to be updated and for any new cards, checks, bills, etc. to be sent to your new name. Be sure to request how you want your new name to appear on things like your debit or credit cards or checks. After all, now that you have a glorious new first, middle, and/or last name, don't you want to show it off instead of hiding it with initials?

Obtaining Hormones & Surgery

The Harry Benjamin Standards of Care

Some, but not all, providers follow the Harry Benjamin Standards of Care (SoC). The SoC recommends that in order to obtain hormones for gender transition a person must get a letter from a therapist with a masters degree. Alternatively, the SoC states that a three-month 'real life test' may be sufficient for hormone prescription. In order to obtain surgery, the SoC requires two letters, one from a therapist with a masters degree, and one from a therapist with a doctoral level degree/Ph.D.

While we do not all agree with these standards, it is helpful to know what they are. Full text of the current standards can be found on the web at <http://www.hbigda.org>. The following text is lifted from the *Brief Reference Guide to the Standards of Care*.

The Differences between Eligibility and Readiness Criteria for Hormones or Surgery:

A. Eligibility

The specified criteria that must be documented before moving to the next step in a triadic therapeutic sequence (real life experience, hormones, and surgery).

B. Readiness

The specified criteria that rest upon the clinician's judgment prior to taking the next step in a triadic therapeutic sequence.

Eligibility and Readiness Criteria for Hormone Therapy for Adults:

A. Three eligibility criteria exist.

1. Age 18 years.
2. Demonstrable knowledge of what hormones medically can and cannot do and their social benefits and risks.
3. Either a documented real life experience should be undertaken for at least three months prior to the administration of hormones,

or

4. A period of psychotherapy of a duration specified by the mental health professional after the initial evaluation (usually a minimum of three months) should be undertaken.

Under no circumstances should a person be provided hormones who has neither fulfilled criteria #3 or #4.

B. Three readiness criteria exist:

1. The patient has had further consolidation of gender identity during the real life experience or psychotherapy.
2. The patient has made some progress in mastering other identified problems leading to improving or continuing stable mental health.
3. Hormones are likely to be taken in a responsible manner.

- C. Hormones can be given for those who do not initially want surgery or a real life experience. They must be appropriately diagnosed, however, and meet the criteria stated above for hormone administration.

Requirements for Genital Reconstructive and Breast Surgery

- A. Six eligibility criteria for various surgeries exist and equally apply to biological males and biological females.

1. Legal age of majority in the patient's nation.
2. 12 months of continuous hormonal therapy for those without a medical contraindication.
3. 12 months of successful continuous full time real-life experience. Periods of returning to the original gender may indicate ambivalence about proceeding and should not be used to fulfill this criterion.
4. While psychotherapy is not an absolute requirement for surgery for adults, regular sessions may be required by the mental health professional throughout the real life experience at the minimum frequency determined by the mental health professional.
5. Knowledge of the cost, required lengths of hospitalizations, likely complications, and post surgical rehabilitation requirements of various surgical approaches.
6. Awareness of different competent surgeons.

- B. Two readiness criteria exist.

1. Demonstrable progress in consolidating the new gender identity.
2. Demonstrable progress in dealing with work, family, and interpersonal issues resulting in a significantly better or at least a stable state of mental health.

Hormonal Therapy With Testosterone

(Some information in this section provided by Dimensions Queer Youth Health Clinic in San Francisco, CA)

> Trans Life **Without** Hormones:

There are many reasons to decide not to take hormones. Maybe you're not sure you want to change your body; maybe you like the way your body is without

them; maybe you have health concerns; maybe you want to have children... there are many reasons, and they're all good.

There are many trans people who decide not to take hormones and many trans people who decide not to have any surgical alterations to their bodies either. (These choices do not necessarily have to go together, either, although they can.)

Hormones will not make you any more or less of a "real" man or "real" tranny. They will change what you look like, but not who you know you are. Whether or not you want to take hormones is your choice. In providing this info we hope we can help you make the right decision for you.

> **Trans Life *With* Hormones**

The effects of testosterone may take several months to become noticeable and up to five years to be complete.

> **Testosterone will cause these permanent changes:**

- > Lower, or change your voice.
- > Cause body hair to grow on your thighs, abdomen, chest, back, and arms.
- > Cause facial hair to grow. The facial hair you grow will depend on your body and what you've inherited from your family.
- > Cause hair loss, and possibly complete baldness. Cause your Adam's apple and bones in your face to thicken and look more "masculine."
- > Cause your clitoris to become larger.

> **Testosterone won't:**

- > Cause your breasts to go away (although they may become somewhat softer & easier to bind).
- > Cause a penis to grow, or other male genital shapes to emerge, although the increasing size of the clit will make it look more like a dick.

> **Testosterone can/may cause these temporary changes that should go away if you stop taking it:**

- > Decrease fat in breasts, buttocks, and thighs and increase fat in abdomen.
- > Generate more red blood cells in your blood.

- > Make it easier to build muscle if you work out.
- > Increase or decrease your sex drive.
- > Cause weight gain.
- > Stop menstruation. Some FTMs start having some bleeding later in their life. If this happens, talk to your health care provider. However, testosterone should not be used to prevent pregnancy. If you are having sex where you come in contact with semen, you should practice some form of preventative safer sex (see our section of safer sex tips, page 26).
- > **Your emotional state and testosterone:**
A popular myth in our culture is that testosterone makes people irritable and angry. This is not true. The way hormones effect people can be very different. Some people feel that they become more aggressive when taking testosterone, while other people feel that it calms them down.
- > **Dangers and side effects of testosterone:**
 - > If you experience hives, swelling, or vomiting, call your health care provider immediately.
 - > Taking hormones can cause problems with your liver. You should get regular blood tests to check your liver function.
 - > Taking testosterone can increase your risk for breast cancer. Even people who have had top surgery (chest reconstruction) can still have some breast cells that can be affected. You should examine your breasts or chest regularly. Your health care provider can show you how to do this (or you can read the section in this guide, page 23).
 - > It may increase your risk of uterine cancer. Try to have regular ob/gyn exams, including PAP smears (see page 4).
 - > Many people get acne (pimples) when starting testosterone. Make sure to wash your face regularly with a mild soap. Some people will have very bad cases of acne that could cause scarring if not treated. There are treatment options, so talk to a health care provider about them.
 - > It may put you at risk for diabetes.
 - > Testosterone may increase your risk of getting heart disease or stroke later in life. (This risk will be the same as it is for non-trans men).

➤ **How to minimize risk while taking hormones:**

Before starting hormone therapy, take a full physical exam, and have blood drawn to check liver function (enzymes). If you can possibly afford it, also take tests for clotting factors, thyroid, kidney, electrolyte, lipid (cholesterol), prolactin, sugar, estrogen, and androgen levels. It is also interesting to monitor the skeletal health via the calcium and phosphorus levels, especially if you are more than 46 years old (better yet, with a bone densitometer).

Testosterone can, in rare cases, stimulate various kinds of liver tumors and cysts, especially if the liver is already weakened by alcohol, drug use, or infection. Reduce alcohol and other drug intake. Repeat the liver checks every year if at all possible.

Hypothyroidism will partially or completely block development, so if there is family history or any other signs of that disorder, take the appropriate dosage.

Be constantly aware of your body so that adjustments can be made if any new problems develop during therapy. Have regular medical checkups (ideally every year, more often if you have any significant health problem).

If the menstrual cycle has not ceased within about 5 months of a steady androgen regimen, take a blood test to check the serum testosterone level.

Some recent studies seem to show that cigarette or pot smoking reduces the efficiency of testosterone uptake.

➤ **Changing dosages / therapy approaches:**

The most common form of hormone therapy is through injection. The two most commonly prescribed forms of injectable testosterone are Testosterone Cypionate (brand name Depo-Testosterone) and Testosterone Enanthate (brand name Delatestryl). The typical dosage for Testosterone Cypionate is 200 - 300 mg (2-3 ccs) every 2-3 weeks, but after oophorectomy/hysterectomy 50 - 150 mg every 2-3 weeks. The typical dosage for Testosterone Enanthate is 200 - 400 mg (2-4 ccs) every 2 weeks, but after lower surgery 50-200 mg every 2 weeks.

There is also a transdermal testosterone patch (brand names Androderm & Testoderm) which is applied to the skin and the hormones are absorbed through it. Some people find this inconvenient for it can cause rashes or not stick very well to the skin. There is also an oral (pill) form of testosterone, although this is usually not recommended, as it is very hard on the liver. There is also a new testosterone gel on the market, but we don't know anyone who's tried it.

A hormone therapy regimen that works well for one person may not for another. If development is not well under way in, say, 6 months, some experimentation

may be in order; try different hormone types and/or combinations. However, if you change the regimen very often, it will be difficult to tell which one was working best. Be patient. The obvious exception is if you have a strong adverse effect that you or your health care provider deem dangerous; in that case you would probably choose to stop taking the hormone (or antihormone) in question.

It is unusual for the therapy to not work; the most common cause is the choice of oral testosterone since the absorption varies among individuals. Since the endocrine system is a complex self-balancing mechanism, there are several disorders that can effect hormone therapy, including hypothyroidism. If there is a family history or any other sign of such disorders, do not hesitate to check for them. Also, because of this self-balancing system of your body, it is not recommended that you take much more than the usual dosages of hormones. Your body will attempt to compensate, and can actually convert excess levels of testosterone into estrogen (this happens to bodybuilders who take steroids frequently).

➤ **Rogaine**

Rogaine is available at almost any pharmacy. It's an over-the-counter drug most commonly used to prevent balding. Some people have had success in increasing their facial hair by using Rogaine consistently (applying to your skin daily where you want hair to grow) for about 2 months. (This is anecdotal. No doctor will tell you to do this.)

➤ **Testosterone Cream**

This usually comes in 1-2% testosterone concentration. It doesn't have the same far-reaching effects of injecting testosterone. Some people have told us that their clit/dick size has increased after rubbing on the T-cream consistently (we've also heard similar reports regarding rubbing injectable T onto genital areas). T-cream is sometimes prescribed to "women" to increase their sex drive.

Surgery

Financing

Surgery is crazy expensive. Apart from coming into a large inheritance or working three jobs and save, save, saving, here are a few tips that we've heard:

➤ **Loans**

Many transfolks have taken out loans from banks/credit unions or credit cards to finance surgery. The following two groups also loan money specifically for surgery:

> AIDS Patient Financing Program 1-800-834-9262

> Unicorn Financial 1-888-999-5890, www.unicornfinancial.com

> Insurance

Most insurance companies in the U.S. specifically exclude any trans-related medical costs. If you are insured, check to see whether your plan does or not. Many insurance companies will, however, pay for breast reduction surgery for patients with large chests who suffer from back pain, heat rashes, back acne, etc. Some people opt to have this procedure done rather than FTM chest reconstructive surgery, (which involves recontouring the chest and repositioning the nipples) for financial or personal reasons. Dr. Beverly Fischer in Maryland and Dr. Peggy Chin (contact info on page 20) in San Francisco are willing to try to bill insurance for chest reconstructive surgery if your chest is large enough to warrant it medically necessary.

Also, some FTMs who are legally male, and whose insurance companies aren't aware of their trans status, have been able to get top surgery covered under the condition of 'gynecomastia' (a condition when biological males develop breasts). Many insurance companies may cover hysterectomy for a legally female person because of health concerns including endometriosis. However, it is nearly impossible to get your insurance to cover hysterectomy if you are legally male.

There is anecdotal information that some transfolk who have union jobs can get their union health insurance advocate to fight the insurance company to cover transitioning needs (for example, mental health, hormones, tests and/or surgery) as necessary, not elective, procedures.

In Oregon, if you do not have health insurance of any kind, you may qualify for the Oregon Health Plan. OHP does not cover any "sex change" related costs, but if you are planning on any physical changes to your body, it's a good idea (as it is in general) to have some kind of coverage in case there are complications or other health concerns. Also, you may be able to negotiate with your provider to use codes for hormones or mental health care that flag something other than 'transsexual', since OHP does cover testosterone or counseling for other reasons.

Adult & Family Services can provide you with OHP forms, and you can also call 1.800.359.9517 or TTY: 1.800.621.5260 to receive an OHP application packet. For more info on OHP, check the web at www.omap.hr.state.or.us/. Also, Outside In (see the section on page 8) has a staff person whose job it is to get people enrolled with OHP; this person may be able to help you, so give them a call.

Procedures

> Chest/ Top Surgery

"... (There are) two general approaches to mastectomies for FTMs. Double incision, the more traditional method, involves large, horizontal cuts across the chest, nipple grafting and possible contouring of the remaining fatty tissue to create the appearance of 'pecs' (well-developed pectoral muscles.) Lipo-excision is a group of methods involving smaller cuts, smaller and less-visible scars, and no repositioning of the nipple. It is an evolution of what has been called 'keyhole' surgery. Lipo-excision does not offer the option of contouring the chest to create 'pecs,' and in the U.S. and Canada is used more commonly and perhaps more effectively with guys who have B-cup or smaller breasts.

Note: Lipo-excision does not always involve lipo-suction, and lipo-suction-only surgeries can be performed on the smallest-breasted guys." — from FTM Newsletter, Issue 44, by Armand Hotimisky and Jed Bell.

> Metoidioplasty

"... is the freeing of the enlarged clitoris (micro penis) and construction of a scrotal sack with testicular implants. The patient can opt for several choices. A urethral extension can be constructed so that the FTM can pee from his freed penis. This choice carries the risk of infections, fistulas, and corrective surgeries for complications. A hysterectomy and/or vaginectomy can be performed simultaneously. If the vaginal canal is left intact, this gives the FTM better options to pursue a phalloplasty in the future." — from FTM 101- The Invisible Transsexual, by Shadow Morton, Yosenio Lewis, Aaron Hans, edited by James Green

The following definitions are from the book *Transgender Care* by Gianna E. Israel and Donald E. Tarver II, MD. So the "we recommend" etc. are by them, not us!

> Hysterectomy

Hysterectomy is the removal of the uterus. A hysterectomy that includes oophorectomy and salpingectomy is often called a 'radical' or 'complete' hysterectomy. Cosmetic results vary depending on whether a procedure is done through the vagina or an abdominal incision. We recommend intravaginal removal of internal organs as a viable surgical alternative because the approach is less invasive. Costs: vary widely.

> Oophorectomy

Oophorectomy is the removal of both ovaries. Costs: typically added to the cost of a hysterectomy.

> **Salpingectomy**

Salpingectomy is the removal of the fallopian tubes. Costs: typically added to the cost of a hysterectomy.

> **Phalloplasty**

Phalloplasty is the creation of a neo-phallus by utilization of enervated graft tissues from the patient's body, typically from a flap of abdominal tissue or muscle and skin from the forearm. The procedure may include the use of testicular prosthesis implants. It may be done in one- or two-step procedures, with various drawbacks and results. Cosmetic results: extremely poor to moderately appealing; appears artificial yet larger than metoidioplasty. Costs: \$40,000-\$130,000.

> **Metoidioplasty**

Metoidioplasty is an advanced single, or more commonly, multi-step microsurgical technique that is combined with testosterone administration. It involves freeing the clitoris from the hood, cutting and repositioning clitoral suspensory ligaments, and administering hormones to produce a natural-looking microphallus. A scrotum is created through multi-step labial revision and the use of testicular prosthesis implants. Cosmetic results: fair to excellent, although always appearing smaller than the microphallus of phalloplasty. Costs: \$5,000-\$15,000.

> **Revisions**

Revisions typically are numerous in phalloplasty and metoidioplasty, particularly in regard to the urethral extension (urinary tract) if provided with either procedure. Costs: may be included in the fee for the original procedure; for independent procedures, costs vary.

Surgeons

Fees listed are total costs for all doctor and hospital visits for each surgery. Some surgeons require letters confirming a diagnosis of Gender Identity Disorder, from therapists with various certifications. Some surgeons will not operate on certain people - because of their age, their weight, or their hormone or transition status. Each doctor seems to follow different standards, which may change from patient to patient. Call or write to find out their requirements. Also, many surgeons raise their fees each year - check the costs. This is a list of some of the more experienced plastic surgeons who perform FTM chest or 'top' surgery, as well as metoidioplasty (clitoral release), phalloplasty, testicular implants and/or urethroplasty.

This is not a complete list. The Alamo TX chapter of the American Boyz has created a website which lists information about many of the doctors doing FTM surgeries, as well as reviews by their patients. It can be found at:
www.geocities.com/alamoboyz/surgical.htm

General Disclaimer: These listings are provided through referrals from individual female-assigned, gender-variant people. A listing in this guide does not constitute an endorsement, referral, or recommendation.

- > **Gary J. Alter, M.P.**
310.275.5566
<http://www.altermd.com>
altermd@earthlink.net
435 North Bedford Drive, Suite 300
Beverly Hills CA 90210
Double incision keyhole; metoidioplasty.
- > **Pierre Brassard, M.D. and Yvon Menard, M.D.**
514.288.2097
<http://www.grsmontreal.com>
Montreal, Quebec, 1003 boul. St. Joseph Est
Montreal, Quebec H2K 1L2
\$3500 (Canadian), requires a therapist's letter.
- > **Michael Brownstein, M.D., F.A.C.S.**
415.255.2080 or 877.255.2081 (toll free)
www.brownsteinmd.com
mlb@brownsteinmd.clm
1717 17th St.
San Francisco, CA 94103
around \$7177 for top (depending on size and procedure)- does both double incision and keyhole and doesn't require letters: also does metoidioplasty and can arrange for another surgeon to do hysterectomy while you are still under anesthesia.
- > **Peggy Chin, M.P.**
San Francisco, CA
415.292.5678
\$5500-6500, doesn't require any letters, top surgery only.
- > **Beverly Fischer, M.P.**
410.561.3555
www.BeverlyFischer.com
beverly@beverlyfischer.com
- > **Advanced Center for Plastic Surgery**
11405- 12207 Tullamore Rd.
Timonium, MD 21093
Doesn't require letters; top surgery only, double incision for C-cup or larger, keyhole for B-cup and smaller.
- > **Dr. Daniel Greenwald**
813.258.2425
505 South Blvd.
Tampa, FL 33606
Double incision; metoidioplasty; phalloplasty.
- > **Dr. Ted T. Houang**
409.762.8757
328 Market St.
Galveston, TX 77550
\$4060 for top surgery, \$75 consultation, requires a letter.

- > **Dr. Donald R. Laub**
Stanford University Medical School
Plastic Surgery Center
415.327.7163 or 650.327.7163
1515 El Camino Real
Palo Alto, CA 94306
Double incision, metoidioplasty, phalloplasty; hysterectomy.
- > **Dr. Donald Laub, Jr. & Dr William Nash**
Green Mountain Gender Clinic
802.879.5333
<http://hometown.aol.com/grnmtelin>
WBNPhD@aol.com
183 Talcott Rd. Suite 206
Williston, VT 05495
Double incision; metoidioplasty; phalloplasty.
- > **Toby Meltzer, M.D.**
503.525.9323 or 1.800.525.2426
<http://www.tmeltzer.co.rn/ftmstg.htm>
lindat@tmeltzer.com (general questions)
shannonh@tmeltzer.com (scheduling and appointments)
1506 SW 1st Ave. Suite 1120
Portland, OR 97201
\$7,200 for top surgery, and requires two letters; \$7,200 - \$11,000 for metoidioplasty; \$11,000 for urethroplasty; \$4,000 for testicular implants.
Double incision & keyhole; metoidioplasty, phalloplasty; hysterectomy.
- > **Dr. Hugh McLean**
416-964-8887
Toronto, Canada
- > **Mary Lee Peters**
206.292.6550 or 206.292.6226
1219 S. Madison
Arnold Pavilion, 15th floor
Seattle, WA 98104
Top surgery only, double incision, key-hole.
- > **Dr. Peter Raphael**
972-985-0434
1600 Coit Suite 105
Plano, TX
\$5,500 for surgeon, facility & anesthesia for top surgery; also does clitoral release and testicular implants, and does free consultations.
- > **James Reardon, M.D.**
212.832.0770
<http://drjamesreardon.com/dysphoria>
jreardonmd@aol.com
737 Park Ave.
New York, NY 10021
Top surgery only, double incision, key-hole, and a variation of double incision for medium sized patients, which helps to preserve nipple sensation but leaves some bulk that may necessitate a second procedure (you may opt for traditional surgery if you prefer).
- > **Dr. Joseph Rosen**
Dartmouth Medical Center New Hampshire
603.650.8068
Top surgery only, double incision.
- > **Stephen F. Lex, M.D.**
602.773.2510
Flagstaff, AZ

> **Renee O'Sullivan, MD**

617.235.1007

Boston, MA

Top surgery only.

> **Dr. Stan Monstrey**

Universitair Ziekenhuis De Pintelaan

09.240.3278

fax: 09.240.3899

155 B-9000 Gent Belgium

Performs top surgery, hysterectomy, oophorectomy, vaginectomy, and phalloplasty, and inserts testicular implants and erection prosthesis. A \$40,000 deposit is made for bottom and top surgeries and is drawn on as needed.

4 **Harm Reduction**

Some Thoughts On Guys & Breast Cancer

Most people probably think of breast cancer as a "women's issue." But the truth is, men get breast cancer too! According to the Susan G. Komen Breast Cancer Foundation, estimates for 1999 were that 1,300 men would be diagnosed with breast cancer, and 400 would die from it- while 175,000 women would be diagnosed, and 43,300 would die. While there are little or no statistics on the occurrence of breast cancer within the trans population, the fact is that if you have any breast tissue, even that which is left after top surgery, you can get breast cancer. So, like everyone else, IT IS IMPORTANT THAT TRANS GUYS OF ALL KINDS PERFORM BREAST (or, if you prefer) CHEST EXAMS REGULARLY.

> **How to Check Your Chest**

> **Lying Down**

Put a pillow under your right shoulder. Put your right hand under your head. Check your entire chest area with the tips of your left hand's fingers. Use small circles, following an up and down pattern. Use light, medium, and firm pressure over each area of your chest. Repeat these step on the left side.

> **How to Check Your Chest > Before a Mirror**

Check for any changes in the shape or look of your chest. Note any skin or nipple changes such as dimpling or nipple discharge. Inspect your chest in four positions: arms at side, arms overhead, hands on hips pressing firmly to flex chest muscles, and bending forward.

> **How to Check Your Chest > In the Shower**

Raise your right arm. With a soapy hand and fingers flat, check the right side of your chest, using the method in the "Lying Down" step. Repeat on left side.

> **Signs and Symptoms of Breast Cancer**

- > Nipple discharge (usually bloody)
- > Nipple inversion
- > Lumps
- > Sometimes local pain, itching, pulling sensation

> Risk Factors for Breast Cancer

- > Growing older
- > Family history of breast cancer
- > Klinefelter's syndrome (people who have an extra sex chromosome)
- > Gynecomastia (an enlargement of the male breast area, which may be related to Klinefelter's syndrome, chronic diseases such as heart disease, and drugs used to treat chronic diseases)
- > Testicular dysfunction

Since most guys are less likely to report any symptoms, they are usually diagnosed at a later stage, after the cancer has spread. So please, **CHECK YOURSELF & REPORT ANY CHANGES** to your health care professional.

Injection & Needle Tips

Used dirty needles can lead to the spread of blood-borne pathogens like Hepatitis C & HIV. HIV is the virus that is believed to cause AIDS. HepC is a virus that may result in serious liver damage, such as cirrhosis (scarring), cancer, and liver failure. Hepatitis C infection is spreading very quickly, and since people can show no symptoms for a long time but still infect others, it is important to protect yourself against infection in the same ways you would for HIV.

When using a needle and syringe for injection - whether for hormones or for other drugs - always use clean works (needle and syringe). Don't share or reuse them unless absolutely necessary.

> Trans Needle Exchange

There is a free and confidential needle exchange in Portland, run by a very trans-friendly harm reduction advocate...she will give you 21g needles (the intramuscular kind) or IV needles in exchange for your old ones. You can reach her at 503.516.3808. Outside In also sponsors a needle exchange (see page 8 for contact info).

> If you're sharing a needle, clean it after somebody else has used it.

1. Draw clean water into the syringe - all the way to the top - then shake it around a bit. Push the water out. Repeat several times.
2. Draw in full strength household bleach into the syringe- all the way to the top-

then shake it around. The longer the bleach is inside, the more likely it will kill any nasty stuff like HIV, so try to keep it in there and shaking for at least 30 seconds. Push the bleach out, and repeat at least 3 times.

3. After using bleach, repeat step one with fresh water (don't reuse the same water).
4. Taking the syringe apart and soaking it will help the bleach get to all parts not reached in steps 1-3. Just remember to rinse it completely before using.
5. Dispose of your used needles in a sharps container. These are red plastic containers specially made for needles. Most of the time you can find them at pharmacies. If you can't find a sharps container, put old needles in a strong plastic container with a lid, and take them to a needle exchange site. Sometimes health clinics and fire departments will take them for you.

> **How to Inject Hormones Safely**

- > Wash your hands!
- > Clean the top of the bottle with alcohol (like a prep pad).
- > Use a clean syringe. Fill the syringe with an amount of air equal to the amount of hormones you'll be taking (1cc of air for 1cc of hormones). This will make it easier to get the hormones out of the bottle.
- > Push the needle into the bottle, turning the bottle upside down. Then push the plunger in so that the air in the syringe goes into the bottle. Pull the plunger back until the rubber part of the plunger lines up with the right mark for your dosage on the syringe.
- > Pull the needle out of the bottle. (If you use a bigger needle to draw out, then pull the plunger back a bit to get the hormones out of the needle. Take off the big needle and put the smaller one on now.) Tap the syringe to make any air bubbles go to the top. Push out all of the air until a small bead of hormones forms on the tip of the needle.
- > Choose your injection site. If you inject into your thigh, do it in the front, between your hip and knee. If you inject into your butt, divide each butt cheek into four sections. Inject in the upper outer sections only.

Safer Sex Info

Like other sexually active folks, female-assigned, gender-variant people are also at risk for sexually transmitted diseases (STDs) such as herpes or HIV. However, there are some factors that can put us at even greater risk: changes in our sex drive or sexual orientation that can go along with transitioning; discomfort with our bodies that can make us less likely to learn about appropriate safer sex techniques; or the need for acceptance of our gender identity which may make it harder for us to negotiate safer sex and easier to do something risky or unsafe.

HIV is spread through direct contact with another person's body fluids: blood to blood (needle sharing, menstrual blood, bleeding wounds), semen (vaginal, oral, or anal sex), and vaginal fluids (vaginal or oral sex).

If you're having sex with anyone and using dildos or other sex toys, be sure to cover them with condoms or other latex barriers if possible, and to change the condoms in between partners. Wash all sex toys with a bleach and water solution after you're done, especially toys like whips or floggers that can't be covered with a latex barrier. This will help minimize the risk of spreading anything between you and your partner(s).

By snipping off the tip and cutting a condom lengthwise, you can unroll it to create a latex dam for oral sex or anal rimming. You can also purchase latex dams for this purpose at many locations. Putting lube on the side touching your partner may increase their pleasure. You can even use non-microwavable plastic wrap for this purpose.

Use latex gloves or finger cots if you put your fingers or hands into someone's vagina or ass. (You should also change gloves between anal and vaginal contact.)

Female assigned, gender variant people who have had a metoidioplasty or phalloplasty, and are having sex where they are the insertive partner, should use condoms. You may need to use finger cots or the Reality condom (commonly known as the "female condom") rather than regular "male" condoms because of size.

FTMs experiencing severe or cystic acne on their face, chest, or back should avoid direct contact with bodily fluids on those areas.

> How To Use Condoms

- > Use a new condom every time you have sex — to reduce your risk for STDs and HIV. It's safest to always use a condom for oral, anal, and vaginal sex.
- > Always keep condoms available at room temperature, along with lots of water-

based lubes (like Astroglide or I.D.) Any oil based lubes, like vaseline, will make the condom break down and it won't protect you.

- > Check the expiration date on the condom. Don't use expired condoms, because they might have deteriorated. Be careful opening the package so that you don't tear or poke holes in the condom.
- > Be sure that the rolled up ring of the condom is on the outside. (If you start putting the condom on the wrong way, you should toss it and get a new one.) You can also put a couple of drops of lube inside the condom, to help it feel better & cut down on friction that can cause breakage.
- > With a couple of fingers, grab the tip of the condom (in the center of the circle) and squeeze the air out. Hold the tip while you unroll the condom all the way down over the dick/dildo/penis/sex toy.
- > Smooth out any air bubbles. Put lube on the outside of the condom, and play/have sex/have fun.
- > When you're done, hold the condom in place at the ring and pull out slowly. Take the condom off and throw it away.
- > Use a new condom if you're going to have sex again.
- > The brochure that comes with Reality condoms explains how to use them for penis-to-vagina sex, but they can be used in other ways, like for anal sex or giving head.

Domestic Violence

> What Is battering/abuse ?

Battering is a pattern of behavior where one person tries to control the thoughts, beliefs or conduct of a lover, friend or any other person close to them. It can include physical, emotional, sexual and/or economic abuse.

Battering happens in every community, including trans communities, and crosses all social, ethnic, racial and economic lines. An individual's size, strength, gender, politics or personality does not determine whether s/he can be battered or be a batterer.

No one has the right to batter and no one deserves to be battered.

> **You may be in an abusive relationship if...**

- > S/He ridicules or humiliates you.
- > S/He seems like two different people.
- > S/He tries to control where you go and what you do. You don't see family or friends to avoid his/her jealousy or anger.
- > S/He wants you to need him/her for money or expects you to support him/her.
- > You feel like you're walking on eggshells and change your behavior to deal with her/his moods.
- > S/He threatens to out you to your employer, family or others.
- > S/He accuses you of having affairs.
- > You're unsure where an s/m scene begins or ends, or s/he disrespects your safewords, rules or boundaries.
- > S/He threatens you, screams at you, throws things, opens your mail, reads your journal, breaks or steals your things.
- > S/He uses your race, age, gender identity or sexual orientation, ability, immigration status, class, body size or appearance, religion, HIV status, etc. against you.
- > S/He slaps, pulls, shoves, hits, kicks, burns, punches, or restrains you.
- > S/He withholds your medications / hormones or puts you in situations that jeopardize your health.
- > S/He forces or coerces you to have sex against your will.
- > S/He blames her/his behavior on alcohol, drugs or a history of abuse.
- > S/He withholds sex as a way to humiliate or punish you.
- > S/He threatens to have your kids taken away from you and/or abuses your kids.

Resources for Survivors of Domestic Violence and/or Abuse

Several of the therapists listed on pages 5 to 6 work with survivors and perpetrators of domestic violence and sexual assault. In addition, the Survivor Project (listed on page 30) is a political advocacy group for intersex and trans survivors. The following organizations also offer some services to trans survivors of domestic violence.

> **Bradley-Angle House**

Office: 503.281.3540

Crisis Line: 503.281.2442 or 503.232.9751

Bradley-Angle House is an agency for women and children affected by domestic violence. However, their volunteers do have some training on trans issues, and their crisis line is open to people of all genders. There is also a support group for queer and trans youth survivors of domestic violence.

Provides 24-hour peer counseling, resource referral and domestic violence information.

> **Northwest Network of Bisexual Trans & Lesbian Survivors of Abuse**

(Formerly Advocates for Abused and Battered Lesbians)

206.568.7777 or 206.517.9670 TTY, msg

P.O. Box 85596

Seattle, WA 98165-9998

<http://www.aabl.org>

(Although this is their old website, which was geared towards lesbians, it has many useful links and resources).

> **Community United Against Violence**

415-777-5500

Fax 415-777-5565

www.xq.com/cuav/index.html

973 Market Street Suite 500

San Francisco, CA 94103

Prevention and counseling of anti-gay, -lesbian, -bisexual and -trans hate-motivated violence and 'same-sex' domestic violence.

Support & Advocacy

Trans & Intersex Organizations

Local

- > **Gender Machine Works**
503.284.1531 (voicemail)

A radical activism group for people who were assigned to the female sex at birth but who no longer identify primarily as female or women. This may include FTMs, transmen, trannyboyz, two-spirit, intersex, genderqueer, genderfluid, third gender and bigendered folks, drag kings, MTM's, transfags, boychix.... We appreciate the support of our allies and significant others, but we reserve GMW meetings as a safe space for people of the genders mentioned above. Our group is made up of people of many ages, sizes, races, abilities, ethnicities, origins, sexual orientations, and class backgrounds, and we are committed to fighting multiple oppressions.

- > **Cocksure**
503.471.1515 (voicemail)
www.egroups.com/group/COQSURE
coqsure-owner@egroups.com

A social group for people who were born or raised female but who don't presently identify as totally female. This includes people who were born female or intersex and who are unsure of their gender or who are considering changing identity from female to male,

guys who are exploring possibilities for inner and outer gender regardless of how the world sees them, individuals who are not interested in transitioning but identify sometimes as guys, as well as guys who are transitioning or have transitioned.

We welcome significant others and members of all sexual orientations in the Portland, OR area.

- > **The Survivor Project**
503.286.3191
www.survivorproject.org
P.O. Box 40664
Portland, OR 97240-0664

A non-profit organization dedicated to addressing the needs of trans and intersex survivors of sexual assault, rape, or domestic violence through caring action, education, and expanding access both to resources for those in need and to opportunities for action.

Regional

(mostly MTF dominated):

- > **It's Time, Oregon!**
www.geocities.com/~itstimeoregon.com

Local chapter of the national organization It's Time, America! A trans education & advocacy group.

- > **Trans-port**
503.735.3989
tport483@aol.com
www.transport.com
P.O. Box 66913
Portland 97290-6913
- > **Intermountain Transgender Outreach**
541.962.3466
keol@eosc.osshe.edu
1524 Monroe Ave.
La Grande, OR 97950
- > **Northwest Gender Alliance**
503.646.2802
nwga@teleport.com
www.teleport.com/~nwga
P.O. Box 4928
Portland 97208

National

- > **FTM International**
415.553.5987
1360 Mission St. Suite 200
San Francisco, CA 94103
www.ftm-intl.org
TSTGMen@aol.com
Publishes the FTM Newsletter and the FTM Resource Guide, does national gender education and advocacy.
- > **The Transgender Special Outreach Network (T-SON)**
(a sub-group of PFLAG - Parents, Families and Friends of Lesbians and Gays)
Karen Gross (contact)
216.691.4357
KittenGR@aol.com
Provides support and educational

resources for adults and families of gender variant children.

To subscribe to the TGS-PFLAG listserv send the message: subscribe tgs-pflag (your email address) to listproc@youth-guard.org, or contact Raquel Rice at Raquel@yellowline.com.

- > **Ingersoll Gender Center**
206.329.6651
1812 East Madison #108
Seattle, WA 98122-2841
www.ingersollcenter.org
Has several support groups, publishes a newsletter and distributes other info for FTMs.
- > **Intersex Society of North America**
415.575.3885
P.O. Box 31791
San Francisco, CA 94131
www.isna.org
info@isna.org
Information and support for persons born with ambiguous genitalia. Publishes a newsletter called Hermaphrodites With Attitude.
- > **TransAction**
www.transactionsf.org/
An organization of transgender and transsexual people and allies in San Francisco, committed to exposing and ending the police misconduct and violence that trans community experiences.

> **LLEGO**

202.466.8240
fax 202.466.8530
1612 K Street, NW Suite 500
Washington, DC 20006
www.llego.org

The national Latina/o lesbian, gay, bisexual and transgender organization.

> **American Boyz**

212A South Bridge St. Suite 131
Elkton, MI 21921
amboyz@iximd.com
home.iximd.com/~amboy

A support group and online network for "gender variant" guys of any orientation and those who support them, including but not limited to tomboys, butches, F2Ms, transmen, drag kings, and intersexuals. Their website also has info for many different multicultural trans resources.

Sponsors the True Spirit Conference on the third weekend in February. Free newsletter.

> **International Foundation for Gender Education (IFGE)**

781.899.2212
P.O. Box 540229
Waltham, MA 02454-0229
www.ifge.org

Publishes Transgender Tapestry magazine (which covers mostly MTF issues), sponsors regional conventions, supports research into medical, legal and social issues faced by transsexuals, and crossdressers, and works to educate both the transgendered communi-

ty and the general public. Makes available an extensive list of gender related books and periodicals — ask for free publications catalog.

> **GenderPAC**

212.645.2686
33 Bleecker St., #K86
New York, NY 10014-2980
www.gpac.org

A political lobbying group, working on a 'variety of transgender issues'. GenderPAC's Executive Director is Rikki Wilchins, author of Read My Lips.

> **Gender Education and Advocacy**

www.gender.org

"Our Mission: We are committed to the civil rights, health and well-being of all members of our diverse community. Accordingly, we dedicate ourselves to providing an array of information services, educational materials, advocacy training and technical assistance of the highest quality. We pledge compassionate support and passionate advocacy on behalf of transsexual and transgendered persons in their journey; toward health of body and mind and in their pursuit of personal freedom, including the freedom to alter their bodies and change their gender roles." The organization has a website with a lot of resources, news & info.

> **The Outreach Institute**

207.620.0858
126 Western Ave. Suite 146
Augusta, ME 04330

Non-profit educational corporation which serves as a resource for helping

professionals, transsexuals, cross-dressers, and androgynes.

Publishes the Journal of Gender Studies.

Community Support

The following community organizations and social service agencies have been recommended by other local transpeople:

General

> **Sisters of the Road Café**

503.222.5694

133 NW 6th Ave.

Open 10 - 3 Monday through Friday

A great cafe providing low-cost (\$1.25) or work-exchange / barter meals for homeless and low-income people in a safe, respectful environment. They also have a referral center for social services like showers and housing, and can act as a legal address and phone number. Also hosts a women's support group.

> **Raging Exotics**

www.transfeminism.org/wocc

A joint student/faculty/staff caucus for Women of Color who are involved in Women's Studies programs at Portland State University.

> **Live and Let Live Club**

503.238.6091

2940 SE Belmont Suite A

A 12-step recovery club for sexual minority communities.

> **The Bad Date Line**

503.813.0996

Publishes & distributes descriptions of dangerous clients who seek out prostitutes & escorts.

> **PSU's Queers and Allies group**

503.725.5681

441A Smith Memorial Center, PSU campus

> **Radical Faeries**

503.235.0826

> **Temple Beth Israel**

503.222.1060

1972 NW Flanders

Portland, OR 97209

A reform Jewish synagogue. Rabbi Ariel Stone-Halpern is especially TBLG-friendly.

> **United Church of Christ**

503.351.9111

2032 College Way

Forest Grove, OR 97116

Youth Resources

> **Sexual Minority Youth Recreation Center (SMYRC)**

503.872.9664

2100 SE Belmont

Portland, OR 97214

www.smyrc.org

A drop-in center for trans, bi, lesbian, gay and questioning youth and their allies age 23 and under. Open Mondays 4-8 PM, Tuesday 6-8, Wednesday 4-9 PM, Friday and Saturday 4 - midnight. SMYRC hosts

Miscellaneous Etc., a social and support group for transsexual, transgender, cross-dressing and questioning youths. Many other, non-trans-specific groups and activities offered. Bus fare available.

> **Rainbow Youth**

503.281.8868

rbowoyouth@aol.com

A non-religious, multicultural peer support group for trans, bi, lesbian and gay youth ages 14 - 20 who meet for weekly discussions and social activities in supportive environments. Bus fare available. Meets at Metropolitan Community Church, at NE 24th and Broadway.

> **K.I.D.S.**

A youth liberation group which meets Fridays at 3:45 at the Liberation Collective at 3rd Ave. and West Burnside.

> **Sexual Minority Youth Services Network (a.k.a YouthNet)**

503.227.1981

pdxyouthnet@hotmail.com

P.O. Box 11694

Portland, OR 97211

> **Roots and Branches case manager**

503.238.0780 ext. 244

pager 503-920-1050

525 NE Oregon Suite 220

Portland, OR 97232

Counseling for TBLG youth

Families

> **Our Trans Children**

A booklet by the Transgendered Social Outreach Network of PFLAG. Call 540.890.3959 or contact maryboenke@aol.com for ordering info.

> **Trans Forming Families: Real Stories about Transgendered Loved Ones**

Contact Mary Boenke at 540.890.3957 or maryboenke@aol.com for ordering info.

> **True Selves: Understanding Transsexualism for Family, Friends, Coworkers and Helping Professionals,**

by Mildred Brown and Chloe Ann Rounsley

> **Your SOFFA Voice**

A bi-monthly newsletter for significant others, friends and family. 'Your SOFFA VOICE' will not be available via email. It is only available by subscribing for a small fee. Sample copies are available and will be mailed on a one-time basis if requested; Email SOFFAUSA@aol.com OR send snail mail: Jodi Burchell, P.O. Box 1916, Smyrna, TN 37161

> **Family Pride Coalition**

www.familypride.org

The mission of which is to "advance the well-being of lesbian, gay, bisexual, and transgendered parents and their families through mutual support, community collaboration, and public understanding." Family Pride can also

be reached at P.O. Box 34357 San Diego, CA 92163. 619-296-0199

> **TGS-PFLAG**

www.critpath.org/pflag-talk/

This is the homepage for the PFLAG - Talk and TGS-PFLAG Internet mailing lists. It provides info on both lists & how to subscribe, as well as links to other PFLAG (Parents, Families, and Friends of Lesbians and Gays) sites. "TGS-PFLAG is for support of parents, family, spouses and friends of transgendered people and transgenders who wish to discuss family or other personal relationships. PFLAG-Talk includes parents, friends, gays, lesbian, bisexuals and transgendered persons from a wide variety of backgrounds. We offer support and a good listening ear." The National PFLAG website can be found at www.pflag.org

> **COLAGE (Children of Lesbians and Gays Everywhere)**

A support and advocacy organization for children of LGBT parents. www.colage.org Their site includes a kids-of-TG-parents page. COLAGE can also be reached at: 3543 18th St. #17 San Francisco, CA 94110 415-861-KIDS (5437)

Legal Resources

Oregon is fortunate to have some legal protections for transgender, transsexual and genderqueer people in two counties. Protection from discrimination on the basis of gender identity in housing,

employment, and public accommodations was won in Benton County in 1999 ; however this statute only applies to unincorporated areas in the county (not the towns and cities).

As of January 1, 2001, transpeople within the Portland city limits and Multnomah county are protected on the basis of actual or perceived gender identity and gender presentation from discrimination in housing, employment, and public accommodation. These city and county ordinances could be interpreted to protect a very broad range of trans and/or intersex people and our expressions of our genders. Of course, in practicality this law may or may not actually make our lives better, but it's a start.

If you feel that you have been discriminated against because of your gender identity, expression or presentation in Benton county, the official people to talk with are the county Board of Commissioners, who can be reached at 541.766.6800. However, they recommend that you first call After 8, a local bi-gay-lesbian-trans advocacy organization, at 541.752.8157 (messages only). For Multnomah county, call the Multnomah Human Rights Center at 503.823.5136 to address your concerns.

The Bureau of Labor and Industries (BOLI) in Oregon has also pursued cases of workplace discrimination, specifically for transsexual people (regardless of "operative status"), under a gender-dysphoria-as-disability model. If you would like to contact BOLI to discuss a claim, they can be reached at 503.731.4075.

If you have been the survivor of a bias crime or attack and wish to report it to the Portland Police Bureau, their bias crime detectives can be reached at 503.823.0887.

> **www.genderlaw.org**

An up-to-date listing of all laws in the US that are transgender-inclusive. In addition, it has quality resources and information on legal issues affecting transgendered and gender variant people in the US.

> **www.dmoz.org/Society/Transgendered/Law/**

A good listing of web sites devoted to trans legal issues.

> **The International Conference on Transgendered Law and Employment Policy (I.C.T.L.E.P), Incorporated**

607.547.4118 (voice mail)

713.711.0909 fax

P.O. Drawer 1010

Cooperstown, NY 13326

ICTLEPhdq@aol.com email

A non-profit corporation which has been organized to provide legal education in regard to issues surrounding legal fights and employment policies for transgendered persons, and to map strategies for solutions to legal problems encountered by transgendered persons. ICTLEP's annual conference is open to anyone interested, and the published proceedings are an excellent source of information for attorneys with trans clients.

> **Spencer Bergstedt**

206.949.7469

Seattle, WA

A self-identified FTM and attorney specializing in identity management, estate planning, bankruptcy, and elder law.

Books

- > **Transgender Care: Recommended Guidelines, Practical Information, and Personal Accounts**
by Gianna Israel and Donald Tarver
- > **The Drag King Book**
by Del LaGrace Volcano and Judith Jack Halberstam
- > **Read My Lips: Sexual Subversion and the End of Gender**
by Riki Anne Wilchins
- > **Boys Like Her**
by Taste This
- > **Transmen and FTMs: Identities, Bodies, Genders and Sexualities**
by Jason Cromwell
- > **Gender Outlaw -on men, women, and the rest of us**
by Kate Bornstein
- > **Body Alchemy: Transsexual Portraits**
by Loren Cameron
- > **Trans Liberation; Transgender Warriors; Stone Butch Blues**
by Leslie Feinberg
- > **Health Care Without Shame: A Handbook for the Sexually Diverse and Their Caregivers**
by Charles Moser, Ph.D., MD
- > **Gender Loving Care; Confessions of a Gender Defender**
by Randi Ettner, Ph.D.
- > **FTM: Female to Male Transsexuals in Society**
by Holly Devor
- > **Two-Spirit People**
by Sue-Ellen Jacobs, Wesley Thomas and Sabine Lang

- > **Information for the Female-to-Male Crossdresser and Transsexual**
by Louis Sullivan (available through FTM International and American Boyz)
- > **A Self-Made Man, The Diary of a Man Born in a Woman's Body**
by Paul Hewitt
- > **Lesbians Talk Transgender**
by Zachary L. Nataf
- > **Gender Shock: Exploding the Myths of Male and Female**
by Phyllis Burke
- > **Sex Changes: The Politics of Transgenderism**
by Pat Califia
- > **Gender Blending: Confronting the Limits of Male and Female**
by Holly Devor
- > **Bodyguards: The Cultural Politics of Gender Ambiguity**
ed. by Julia Epstein & Christina Straub

Zines

- > **Ring of Fire**
A zine dealing with disability, drag, sex, gender and glamour by Hellery Homosex. Order a copy from P.O. Box 22824, Seattle, WA 98122-0824
- > **Willyboy**
A transzine by Jayson Barsic. Order from P.O. Box 46902 Seattle, WA 98146-6902 or Willyzine@aol.com \$4 each or \$15 for 4 issues.
- > **Timtum**
A trans jew zine available through Micah Dirtboy at micah@shoutmail.com or at Reading Frenzy in Portland
- > **Nannygoat Trannygoat**
A zine about bearded female-bodied creatures and other amazing things by Roisin O'Connor. Order from 509 E. Cordova St. Vancouver BC Canada V6A1L8 or nannygoat_trannygoat@hotmail.com, also available at Reading Frenzy in Portland
- > **You Are My Heart**
A zine dealing with Arab, trans and other issues, available through Lamya Amir at PO Box 40689, Portland, OR 97240-0689

Web Sites

- > **Mike's Page**
www.koan.com/~1bear
"The primary focus of my page is masculinity whether it be transgendered, transsexual, FTM, drag king, butch, fag, androgyne, intersexed, boychick or something else completely. However, the site isn't just limited to those topics. I have partner's links, conference information, and calls for submissions on a variety of areas."
- > **GLBT community forum site**
www.gay.com
Hosts several trans and FTM message boards.*
- > **FTM Informational Network**
www.ftminfo.net
Of interest to all who are looking for information on surgery for those just starting out, and those who wish to keep up on the news. Many links and other information available.
- > **TransPrisoners**
www.transsexnews.com/transprisoners
An ongoing feature of Transsexual News on transgenders/transsexuals in prison. Admittedly, all the prisoners whom they have addressed have been MTF, but it's a great concept!
- > **genderbend.com**
www.genderbend.com
Dedicated to gender play gender trouble, gender blur and gender transgression in all its forms, genderbend.com is YOUR home for gender subversion! Basically a fun lovin' Web 'Zine with constantly updated info, articles and resources (including a rapidly developing archive of essays), genderbend.com is truly a place where 'content is Queen!!'
- > **TransBoy Resource Network**
www.geocities.com/transboys/index.html
TBoRN aims to be a comprehensive resource site for young people who were born female but identify as transgender, transsexual, butch, drag king, or gender-questioning.
- > **G.E.A.**
www.gender.org
The Gender Education & Advocacy website. Lots of info, news, and opinion.

- > **The International Foundation for Gender Education**
www.ifge.org
A leading transgender education organization that publishes Transgender Tapestry Magazine and operates Synchronicity Bookstore. IFGE provides referrals, literature, and over-the-phone information on all transgender issues.
- > **GenderPAC**
www.gpac.org
GenderPAC is the national organization working to guarantee every American's civil right to express their gender orientation free of stereotypes, discrimination and violence.
- > **The TransVoice Project**
www.fremonthemp.com/transvoice
The TransVoice project is by and for Transgender Folk and supporters and is committed to collecting, documenting and acting on reports of harassment, violence and discrimination experienced by Transgender Folk in the greater Seattle area.
- > **Medical Info Link**
www.avina.com/confluence/hormone/f2m
FAQ (frequently asked questions/answers) on hormone therapy for FTMs. A very large and informative site with lots & lots of medical information about hormones.
- > **Incite.Org**
www.incite.org
Queer youth activists networking online

Listservs

A listserv is an automated system in which a group of subscribers can send and receive email from the entire group, like a large community forum. Listservs are generally focused on a particular kind of person/identity or activity/interest; most of the time they are moderated by a person known as the ListWrangler, who tries to make sure conversation stays on-topic and respectful (This person has the ability to remove an offending individual from the list.)

- > **TGTS-Youth email List**
www.geocities.com/transboys/tgts-youth.html
TGTS-Youth is an email list for transgendered, transsexual (FTM & MTF), gender-bending and gender-questioning youth under age 26. To subscribe send an email to majordomo@queernet.org with the following text: `subscribe tgts-youth genderbender@tranny.org` (replace `genderbender@tranny.org` with your own email address, of course!)

- > **Trans Jews**
<http://trans-jews@queernet.org/lists/trans-jews.html>
A listserv for genderqueer/gender-questioning Jews of all backgrounds
- > **Egroups**
www.egroups.com/dir/Society/Transgendered
Check it out for more and for complete subscription instructions. (You can usually send an email message to groupname-subscribe@egroups.com or groupname-owner@egroups.com)
- > **M-to-M**
mtminfo@egroups.com
"FTM Email Support list for those born female but feel that doesn't accurately represent who they are. Open to those exploring their gender as well as those who love them. Open also to therapists and doctors who want to learn about our community."
- > **More M-to-M**
ftminfonet@egroups.com
"This is FTM Informational Network. An interactive support and information email list for all members of the TS/TG community. While we focus on FTM issues, all respectful friends are welcome. Our community includes FTM MTF/3rd genders/Gay/Lesbian/Hetero/Families/ Friends/Supporters/Therapists and Doctors. Anyone interested in contributing to the TS community in a positive way is welcome here. This is a moderated list. No FLAME WARS are allowed."
- > **Hermaphrodites**
hermaphrodites@egroups.com
"This unique group is dedicated to improving lives of people such as myself who have both male and female genitalia. You are not alone, there are many of us around the world."
- > **Transgender People of Color**
tgpcoc@egroups.com.
"TG POC is a discussion-oriented listserv for Trans People of Color as well as our significant others and allies. This listserv was created in 1998 by Nadyalec, an Arab/Muslim FTM activist, so TG/TS People of Color could "have a place for us to talk about the issues that we face, share support and information, and build communities. To our knowledge, this is the only international listserv for Trans People of Color in the world."
- > **Significant Others**
FTMSO@aol.com
For partners and significant others of FTMs.



