

**One Woman's Story**  
**A Trans-Activist's Sourcebook**

**By**  
**Robyn Kelly**



**One Woman's Story:**  
**A Trans-Activist's Sourcebook**

**By**  
**Robyn Kelly**

**2021**

# Table of Contents

[Forward](#)

[One Woman's Story](#)

[Living as a Transgender](#)

[Men in Dresses](#)

[NCTE Survey](#)

[Rejection in the Trans Community](#)

[Hospital Transphobia](#)

[Diversity and Discrimination](#)

[Violence Against Youth/Scared to Sleep](#)

[Whose Rights?](#)

[A Child's Story](#)

[Bathroom Meme](#)

[The Third Word](#)

[The Freakin' Cage](#)

[Trans in School](#)

[Day of Remembrance Service](#)

[Transgender 101](#)

[Transgender 201](#)

[Transgender 301](#)

[Transgender 401](#)

[There's Always Hope](#)

[A Child is Dead](#)

[Cost of Discrimination](#)

[If I Am Not Myself](#)

[Early Morning](#)

[The Window](#)

[Thoughts to Ponder](#)

[References](#)

[Postscript](#)

# Forward

When I first started looking for information on Gender Dysphoria (then Gender Identity Disorder), the most notable book available was “Transsexualism and Sex Reassignment” by Dr. John Money and the internet had not even been dreamed of except for a few Army scientists. Real sources and support groups were just something one longed for.

Of course I had heard of Christine Jorgensen, but that was all about Denmark. She was ridiculed when she came back to the U.S., and there was no connection to anything that was going on here. Where were the press releases about Dr. Milton Diamond discovering the likely cause of gender problems? Lacking any other possible recourse, I continued trying to be the best man I knew how to be, under the circumstances.

Once the internet came on the scene, there was a plethora of information. The problem then became: how much of it was reliable? Still, I read everything I could. My problem then was that I was married with a family. At the time, the stress was not unbearable. I managed to dither along by dressing as often as possible in women’s underwear. All carefully hidden from my wife and children.

After 54 years of struggling with Gender Dysphoria, two events changed my life forever. My wife passed away after a long illness and I retired from 30 years of Government service. For the first time since college, I was living alone. At home I could dress as I pleased. But I was still a male outside the house.

Again I compensated. I purchased women’s clothing (shorts, tops, shoes) that was clearly androgynous. That is how I dressed in public for several years. It worked, but it wasn’t enough. The stress finally built to the point that it was either suicide or transition. I chose to transition.

I followed the recommended treatment modality: hormones, analysis, a year of living as Robyn and then surgery. I was fortunate in that my retirement bonuses provided the necessary funds. All the time I was working with a large support group, conversing online with other transsexuals and still reading everything I could get my hands on. Now, however, I had a way to filter the information.

As I moved about my community as Robyn, I came face-to-face with an abundance of ignorance concerning Gender Dysphoria. At first I did not look or act much like a woman. I even had a t-shirt that said, “My pronoun is She”. Technically, I was still living in stealth mode. More people that I wanted had learned my ‘secret’. I was snubbed by doctors and attorneys, but the only violence I experienced came from a member of my church.

One experience in particular changed my entire outlook on life as I was now living it. I had gone to a local hospital for wound care following surgery. The nurse got me ready: seated on the exam table with my feet up in stirrups. In walks the doctor, takes one look at me and says, “I can’t work on this!” (Or words to that effect.) I gently point out to him that this is routine wound care and what he thinks I am has no bearing on the situation. The nurse walks out and returns in a few minutes with an administrator (probably the doctor’s boss, as he turns out to be a contractor and the only wound specialist available). The doctor and the administrator confer for a few minutes and the administrator leaves saying she will get clearance for the doctor to work. That leaves the doctor and me alone in the exam room. At that point I launch into Trans 101 and enlighten the good doctor on just why I am the way I am. By the time the administrator returns with the requested clearance (about 20 minutes later) the doctor is happily at work on my injury.

That was my 'satori'. Education resolves ignorance in most cases. It has certainly worked for me. Every time I go to speak at a church, school, or civic group I always plan at least a half-hour just for questions from the audience. And every time more than one person comes up to me and thanks me for opening their eyes to the situation. I always tell them to go forth and pass the word. I have been doing that every chance I get.

I have put this collection of my various talks together in the hope that it will inspire other people to go forth and spread the word. There are a lot of ignorant people out there and it will surely be better for all of us if we can educate them.

All of the resource material for these presentations came from the internet. With few exceptions all of the articles are my own interpretation of available information. In those few cases where I have borrowed significantly, I have given credit to the original source.

Besides this collection, I maintain a web site that contains a daily news feed of LGBTQ issues, a calendar of local LGBTQ events, links to other informative sites, a compendium of available resources and a listing of local trans-friendly professionals. You can access the site at: <http://triangleinterweave.org>.

Comments and suggestions for future revisions are always welcome.

# One Woman's Story

(Written in 2009)

I was born in 1942 in Los Angeles, a few hours after New Years Day, just at the start of WW II. I spent most of my young life in Oregon, in the heart of the Willamette Valley. It was a nice, friendly small town that was typical of the 1950's.

One of my early memories, about the age of four, is that I was not who I seemed to be. As a child of four, I couldn't be more specific; I just knew something wasn't right.

When I finally went to school (I had been "held back" a year because of my birth date), I had a clearer picture of what was wrong. There were these creatures called girls, and I found that I had a lot in common with them. I enjoyed playing with them far more than I enjoyed playing with the boys. Then I hit my first brick wall.

I wanted to grow my hair longer. But it was not allowed because I was a boy and boys just didn't do that. I wanted to wear a dress. But that was not even to be mentioned, because boys really didn't do that – and I was a boy. Actually, I was confused, but my mother was quick to point out on every possible occasion that I was a B-O-Y!

As a child I had been regularly sent to Sunday School at two different churches, so I knew all about saying prayers before bed. I had one unchanging prayer for years – that I would somehow wake up a girl. In my childish mind I figured that such a simple task would be easy for an omnipotent, omnipresent, omniscient god. When nothing happened after several years of very fervent praying, I consigned God to the same category as Santa Claus and the Tooth Fairy and moved on.

Throughout my grade school years I had balance and eyesight problems. I was always the last person selected for any schoolyard games. I didn't enjoy these games, anyway. I much preferred to sit and read or engage in some other individual activity. I just wasn't comfortable playing with the other boys or even associating with them. We had nothing in common. (I have these same balance and eyesight problems today, so if I seem a little wobbly on my feet it is, unfortunately, not because of what I have imbibed.)

I had often been attracted to my mother's jewelry and sneaked a couple of pieces of costume jewelry that I found especially pretty out of her jewelry box. I had never seen her wearing them and she did not discover that they were missing. By the age of twelve I had cobbled together a play dress out of an old bed sheet. But I was constantly in fear of my mother finding the dress, so I ended up throwing it out.

As I passed through puberty, the difference I felt seemed so out of place, became so incongruous, that I refused to accept it. Every time I got out of the shower and looked in the mirror I could very clearly see the reason for my problem. I stopped looking in mirrors. I completely denied my internal feelings and set out to be the best male I could be.

In high school I associated with a "beat" crowd and a German foreign exchange student. We spent our school hours playing Skat and our evenings in a coffee house drinking espresso and listening to bad poetry.

When I graduated from high school I applied to several colleges. I was accepted by MIT and the University of Southern California. I thought briefly about the snow and the sun and quickly chose USC.

By that time the Cuban Missile Crisis was heating up and the draft was an ever-present threat. Not wanting to end up in the Army, crawling through the mud, I took AFROTC in college. It was also just another way to show that I was really a man.

At my apartment I had my own female wardrobe for weekends, which I never dared wear outside. While at USC I bought a little sports car, and drove it far too fast most of the time. (The LA freeways were not nearly so cluttered back in those days.) I still had absolutely no idea what was wrong with me, and I had been very carefully taught that one simply did not talk about such things.

When I graduated from USC the Air Force sent me to Europe. While there, I did the ultimate male thing. I married a wonderful woman, another Air Force officer who worked in AF communications. (We actually had many of the same security restrictions, which we tended to ignore when it suited our purposes.)

I was still trying to be a good male. I never mentioned a thing about my “problem” to my wife. When I eventually left for Vietnam she was pregnant with our first child, and we bought a house in Central Florida so she could be near her father. Our daughter was born in 1970 while I was overseas. My wife wanted another child, so, in 1973, we managed to have a boy.

We returned to Florida in 1976 when I left the Air Force and raised two kids and two dogs in our little Florida house. Both of the kids turned out to be fine compassionate adults. (Brag, brag!)

In the 1950’s I had heard about Christine Jorgenson, but I was still far too young to understand what she had done and how it applied to me. In the 1970’s I found a couple of books by Dr. John Money of Johns Hopkins that talked, clinically, about transgender and intersex problems. They were interesting, but I still could not apply them to my situation. (Actually, I was still deep in a state of denial!)

My wife died in 1999, after 33 wonderful years of marriage, and after seeing both kids married. She had been sick for several years, so her death was neither sudden nor unexpected. It did, however, leave a big hole in my life. Shortly after her death I retired from some 30 years of government service.

Once I was on my own I bought several articles of women’s clothing. I did not dare to wear them outside of the house – and that wasn’t really very satisfactory – so I ended up just throwing them out. Then, in the words of Haley Mills in “The Trouble with Angels”, I had a scathingly brilliant idea. I bought select items of women’s clothing that appeared completely androgynous. I could wear them outside the house and no one would ever know – but me. I built up a complete wardrobe that consisted of shorts, blouses, underwear and shoes. By that time I had also acquired a full bushy beard and a very bald pate, so I had little fear that anyone would think I was anything but a man. I retained a couple of my male outfits for use when I absolutely had to appear male. It was a good compromise, but it was not fulfilling.

I struggled along until 2007, still trying to be the man that I thought I was born to be, and I knew I was failing. I was very depressed and was getting more and more desperate. Finally, in March 2007, I found myself sitting at home with a loaded .45 in my hand, seriously debating whether or not I should simply end the pain. I had the gun in my hand, ready to use, when I somehow found the courage to put it down. I resolved then and there that the course I had been following all my life had led to nothing but stress and pain, so it was time to chart a new course. Can you imagine just how hard it is to discard your entire life, everything you have lived with for 65 years, and start fresh?

I had made a tentative diagnosis of my problem, based on books I had read and internet sites I had visited: I believed I was a transsexual. So, on that basis, I started working on my problem.

I made an appointment with an electrologist to remove my beard. She took one look at me during our initial consultation and said, "You're a transsexual, aren't you." I simply replied, "Yes, I am." She told me to lie back and she started working. She became my first therapist, teacher and staunch supporter.

Next, I visited my family doctor to ask for hormones. To my utter surprise he agreed immediately (I sometimes wonder what he had seen). The first prescriptions he wrote out were for a very limited dosage. A few weeks later we had a meeting of the minds concerning the proper dosage.

Third, I went looking for an actual therapist who was experienced in working with Gender Dysphoria. I found an excellent Rogerian in Orlando and we started a course of visits.

Then I had to tell the kids. I invited them to a pizza party. (They loved my pizza, but they themselves had always suggested the previous pizza parties.) Since I had never suggested such a thing myself, they knew in advance something was up. After plying them with pizza and wine, I laid it all out cold: I told them that I was a transsexual and that I was going to change my gender. That the father they had known was about to disappear forever from their lives. To their credit they each said, "Okay, so what else is new?" Apparently I really had raised them well! They have to this date remained steadfastly supportive of me. (More bragging here.)

In June I was officially diagnosed with Gender Dysphoria and had a confirmed course of treatment ahead of me. In the 1960's Dr. Harry Benjamin had studied Gender Dysphoria and created a course of treatment for it. That standard was codified in the Fourth Edition of the American Psychiatric Association's Diagnostics and Statistics Manual. It was later adopted by the World Professional Association for Transgender Health and has recently been upgraded based on more current research.

I suddenly became very busy. I had to build a completely new wardrobe, change my name and prepare for my Real Life Experience - a year living full time (24/7/365) as a woman. On August 24, 2007, Robyn Lynn Kelly was born.

On September 1<sup>st</sup>, 2007, Robyn Lynn made her first public debut, in front of the Wal-Mart in The Villages, collecting money for Muscular Dystrophy. (Months before I had promised my Tall Cedars Forest that I would help them on that weekend, and I saw no reason not to honor my promise.)

When I came out as Robyn, my life became an absolute shambles. Of all the hundreds of friends and acquaintances I had amassed over the years, less than twenty-five people around the country were still speaking to me. The rest were speaking about me. My Christmas card list immediately dwindled to a total of nine people.

It was my therapist who suggested that I fill the obvious void in my life by visiting a Unitarian-Universalist church. He thought it might be good for me. So far, he has been right! I am now an active member of the UU Congregation of Lake County.

I have never been an activist – a loudmouth, yes – but not an activist. Now I am being drawn into the local transgender community and its problems. I have several friends, both locally and on-line who are transgender. I feel, rightly or wrongly, that the more people who know what Gender Dysphoria is all about, the better life will be for all of us.



Most transgender people live a very closeted life. It is generally said that they live in “stealth” mode. They desperately attempt to protect their actual condition out of fear of being mistreated should they be discovered.

Let’s look at a few facts concerning transgender individuals.

The term “transgender” is used today as an umbrella term to encompass cross dressers, transsexuals, and the intersex.

We still don’t know exactly how many transsexuals there are. The commonly accepted estimate is 1 in 1000 births. We don’t know because the last known statistics were collected in the 1960’s. There is no source for current data.

One does not choose to become a transsexual. Transsexuals, like homosexuals, are born and not made by genetics or environment. Gender Dysphoria is not catching. An imbalance in hormones in the mother’s body sometime around the twelfth week of gestation is what can cause the child to be born a transsexual. If this imbalance occurs around the 16<sup>th</sup> week of pregnancy, the child may be born a homosexual.

A person is not officially a transsexual until he or she has been diagnosed as such by properly trained and experienced personnel. The most recent standards of care have eliminated the long-standing requirement for a psychological evaluation, but therapy with a trained professional is still recommended to ensure that the individual knows what he or she is doing and is aware of the permanence of completing the treatment.

Once the transsexual is ready he or she then begins a course of hormones prescribed by an endocrinologist, or other knowledgeable physician. (Estrogen and Aldactone for the MTF and Testosterone for the FTM).

The year of living in the desired gender is also no longer required. Whenever the transsexual can afford it he or she may apply for genital reassignment surgery - the final step in the treatment program.

The biggest hurdle that the transsexual has to face is his or her appearance. Knowing inwardly that you are one gender while appearing outwardly as the other can be a problem. Younger MTF transsexuals, who can afford it, may include facial feminization, breast augmentation and voice training. Those of us who are “past our prime” just make do.

The transsexual is often not accepted, even by members of his or her own family. Family members have been known to completely reject a transsexual child or parent - not to mention the horrible strain such condition places on a marriage. No wonder the transsexual chooses to live a stealth life. Hiding from everyone and dealing with the desperation and stress in private agony and isolation. In such cases, on-line and local support groups where the transsexual can meet and talk to others facing the same challenges, without fear of injury or ostracism, are invaluable

What kind of discrimination can the average transsexual face?

Total ostracism by many different religions.

Termination from or refusal of employment and housing,

Refusal by EMS / EMT personnel to treat or transport.

Refusal of police to respond to a known transsexual – some police officers have been known to refuse to backup a fellow transsexual officer who is known to be in harm’s way.

Desertion / rejection by family and friends.

Arrest by police for trivial offenses and assignment to the general population of jails (use your imagination).

There are far more suicides among transsexuals than in the general population.

Taunting and / or attacks from others while out in public.

The cost of treatment does not come cheaply. It costs some \$60,000 for the MTF and well over \$100,000 for the FTM. The high cost often prevents the average transsexual from attaining the final step. Even hormone treatments and therapy sessions are beyond the ability of some to afford. And hormone replacement therapy, for the MTF, will be required for life

I had my genital reassignment surgery in October, 2008, by Dr. Marci Bowers, in Trinidad, Colorado, and am now on the last leg of my journey through life. I now feel happier and more at peace than at any other time in my life. Was all this worth it? OH, YES!! I only wish I had been able to start forty years ago.

# Living as a Transgender

Today I have been challenged to tell you what is like to live as a Transgender individual. Unfortunately, I am not going to be able to live up to that challenge.

You see, the word 'transgender' is actually an umbrella term that covers a number of quite different conditions. So, before I jump off the deep end, I would like to make sure that we are all swimming in the same pool.

I assume you are generally familiar with the acronym: LGBT (Lesbian, Gay, Bisexual, Transgender). Lately, the basic acronym has been enlarged by additional letters, such as LGBTQQIAA. Be that as it may, we are only concerned right now with the 'T', or transgender community.

As I have dealt with it, the transgender community includes: cross-dressers, transsexuals and the intersex. Cross-dressers are usually otherwise normal heterosexual men who have a fetish for wearing women's clothing and going out in public dressed as a woman. When posing "*en femme*" they frequently appear quite feminine. Many are married and have convinced their wives to assist them – if not also to participate with them – in their cross-dressing activity. These men are quite happily male and have no desire to alter their bodies in any way.

The intersex are individuals who are born with a chromosome imbalance. While most of us have either an xx or an xy chromosome, the intersex may end up with xxy, xyy, or even xxxy. Klinefelter's Syndrome is a common occurrence among the intersex. Such an imbalance usually results in malformed or incomplete genitals. A botched circumcision can also produce an intersex individual. An outdated belief that gender can be behaviorally controlled has caused the intersex to still be included in the transgender community.

The third subgroup consists of the transsexuals. These are individuals who are born with Gender Dysphoria. Today I will be discussing what it means to live as a transsexual.

There are two other terms that we need to understand: gender and sex. The simplest explanation is that gender is between the ears and sex is between the legs. Our genitals define which sex we belong to: male, female or, in the case of the intersex – other. Our brain may or may not determine our gender, but the portion of the brain that reflects our gender has been shown to be the same in ciswomen and transwomen and in cismen and transmen.

As far back as the 1960's, Doctor Milton Diamond at the University of Hawaii demonstrated that excess hormones present during gestation altered the gender of guinea pigs. Today the medical profession concurs that an excess of hormones present during the 12<sup>th</sup> week of pregnancy is what causes Gender Dysphoria in humans. In 2009 the American Medical Association decreed that Gender Dysphoria was a legitimate medical condition and should be treated medically. The American Psychiatric Association, in the same year, rewrote their Diagnostics and Statistics Manual to replace the term Gender Identity Disorder with Gender Dysphoria.

In Gender Dysphoria, the part of the brain that directs gender is sending out vibes that don't agree with the person's genitals. It isn't catching, it can't be 'cured' or altered through behavior or psychological treatment, it does not have any outward manifestations and it is most definitely not a choice. Left untreated it can be just as deadly as cancer.

So what is it like to be born with this condition?

Well, for the first couple of years there is no cause for concern. Everything proceeds normally. About the age of three, the human child begins to understand the concept of gender. Some kids are boys and some are girls. Shortly after this discovery, the child will begin trying to figure out just where he or she fits into the general scheme of things. In my case, my first memories go back to the age of four. At that age I identified much more with the girls I had met than with the boys.

It is at this point that life becomes difficult. Just imagine how you might react if your darling little boy comes up to you out of the blue and says, “Mommy, I’m a girl.” Most parents would gently pooh-pooh that idea and tell him to go play with his trucks. The child doesn’t understand what is going on, but he will recognize the rejection of his innermost being. So the life of the transsexual begins with confusion and rejection. If the parent’s reaction is sterner, add fear to the mix.

I do not remember my exact conversation, but I do know I never mentioned the subject again. I essentially began living a lie. Psychologists call this kind of situation “psychological dissonance”. When an individual is faced with two diametrically opposed realities, something has to give.

I had a pair of warm fuzzy winter pajamas that didn’t have a fly in the pants. I wore them out, preferring them to anything else in my drawer. In the summer I got a new pair of shortie pajamas that did have a fly. After my parents put me to bed, I got up and turned the pants around. I was always careful never to let my parents in on the process. There was definitely some fear at work here.

I grew up hiding a terrible secret. I was certain that if anyone learned my secret, something bad would happen. I did not know why I felt the way I did and I did not know why it was so wrong. Much of the time I felt like I was walking on eggs; literally tiptoeing around the house so I was not seen or heard. I was an only child and I grew up alone.

When I went to school, I was adamant that I would not wear blue jeans. My mother bought new jeans that were stiff as a board (none of the nice pretreated pants we have today). I put a pair on and it felt like I was wearing cardboard. I insisted on nice soft pants, even if they were much more expensive. My mother didn’t have a clue how to soften new jeans so she just gave in.

I had been raised a Christian, so I firmly believed in the power of prayer. I was feeling the first stirrings of stress. Every night when I went to bed I had one common prayer. I asked god to let me wake up a girl. I thought that would be a simple task for an omnipotent, omniscient, and omnipresent deity. Several years of fervent prayer produced no significant results, so I permanently consigned god to the dustbin along with Santa Claus and the Easter Bunny.

When I was about 12, I found an old sheet in the linen closet and fashioned a “dress” out of it. I would wear the dress when I was alone in my room. Wearing the dress just seemed so natural, so comfortable, that it was heavenly. But along with the comfort came fear. Fear that I would be caught wearing the dress. I was constantly on alert – listening for footsteps on the stairs. If I heard any, I would whip off the dress and hide it under my mattress. Then I would run into my closet and hide until I could get my pants on again. It was nice, but not really very satisfactory. Eventually, I cut the dress up and put the remnants in the ragbag.

My mother wanted me to date girls. I was sexually attracted to girls, but it just didn’t seem right. Mother insisted; the date was a disaster. My mother took me to the doctor for a testosterone shot. I was horrified, but thankfully the shot had no lasting effect. I was still very confused and I feared even greater rejection.

During my high school years my family situation changed abruptly causing me to deliberately repress all of my feelings. I still had no idea what was going on, but I was determined to be appropriately male. I knew that I wasn't really a male but I made the best of it. Maybe, I thought, if I did a good enough job at playing male, I would feel better.

When I was 17, I went off to college. I had my own room at first and then my own apartment. The general fear of discovery that I had been living with was suddenly gone.

I found the courage to slowly acquire a few articles of women's clothing. On weekends I would dress up and sit around the apartment. On colder days, when I could wear a heavy coat to cover my clothing, I would even venture out to a movie wearing the clothes. Sometimes I would wear panties and a bra under my male clothes when I went to classes. I felt very comfortable when I was dressed up. I joined the ROTC (to avoid being drafted), bought a fast little sports car. I even dated a little bit, but I was very uncomfortable going out with a girl and never mastered the art of male-female dating. I did meet a young lesbian and we had a very enjoyable, but platonic, relationship for a semester. She wasn't comfortable dating a "male".

She led me to realize why I had a dating problem. I could not tolerate the thought of male/female intimacy. I felt that it was my penis that made me a male and I hated that piece of excess skin. That's way too simplistic, but that was the gist of the problem.

When I graduated from college, the Air Force sent me to Europe as a Second Lieutenant. I took my ersatz female wardrobe and my little sports car with me. While I was in Europe I met a wonderful woman and I did the ultimate male thing: I married her. What was I thinking? I wasn't thinking. I still did not have enough information about my condition to ever hope to think clearly about it. Maybe, somewhere deep down I hoped that being married would magically make everything all right.

It didn't. We did have two wonderful kids, but each one was an unbelievably difficult process for me. You cannot imagine the stress and effort that was involved to accomplish that. When my wife said, "no more", I breathed a huge sigh of relief. We no longer had sexual relations. Of course, she asked why. I said I was too tired. (I was tired of trying to have sex.) She knew that I was lying, but she let the issue drop. All the old fear came back in spades. I could not even think of telling her what the real problem was. Primarily because I did not know what the real problem was.

After thirty-three years of marriage, she died of complications from diabetes. I was again on my own. I immediately bought a new set of women's clothes. And wore them whenever I had a chance. But it was no longer enough to give me peace. I threw the clothes out. That didn't work either. The stress that Gender Dysphoria causes was beginning to build up. I was getting depressed, but I struggled on.

Then I had a brilliant idea. I bought a complete wardrobe of women's clothing that was completely androgynous. I could wear the clothes full time – and no one would know. Unless they managed to note that the top two buttons on my golf shirt were on the wrong side. But the full beard that I had at the time usually hid them. I wore these clothes full time for about three years. But at last, the stress and depression won out.

I was sitting at home one night holding a loaded .45. It was pointed at my temple and my finger was on the trigger. All it would take is a gentle squeeze to end all the stress and depression and fear and pain that I had been living with all my life. I had tried everything I could think of and nothing had worked. I was absolutely desperate. Just a simple squeeze... My will to live finally won out. I put the gun down.

The next morning I walked the two short blocks to my doctor's office and told the nurse I needed to talk with the doctor. I don't know what I looked like that morning, but in fifteen minutes I was in the doctor's office. I told the doctor that I was a transsexual and needed to start hormone therapy. He just looked at me for a few seconds – which felt like an eternity – pulled out his prescription pad and wrote out a prescription for estrogen. When I left his office I was walking on air. The stress was gone, along with the depression and desperation. I could be me at long last and I had a specific course of treatment to follow.

So what's it like to live as a transsexual? It is a life filled with fear of rejection, fear of mistreatment, stress, depression and desperation. These feelings begin to some extent as soon as you realize your gender and your genitals don't match. They continue and build in intensity until you either transition or kill yourself. There is no other solution.

Personally, I have been thrown out of two doctors' offices. Denied service by two others. After my surgery, I called every OB/Gyn in the Lake County phone book looking for well-woman care. The very last one agreed to treat me. I have had ER doctors refuse to treat me. I have had lawyers refuse to take my case or even to consult with me. One lawyer, who was supposed to be LGBT friendly, took my money, delayed for weeks and finally turned my case over to a clerk who had no idea what it was all about. I have suffered harassment in the workplace. And I am not unusual. In fact, overall, I have been treated pretty well compared to other transsexuals I know.

Some have been beaten up for using the restroom, arrested and maltreated by police, denied medical treatment to the point of causing their death, and some twenty or more are killed outright each year, just in the United States.

Many transsexuals have been forced into the sex trade, because they could not get or hold a decent job. Only in the last few years have any steps been taken to ensure non-discrimination against members of the LGBT community – and the T is the last group ever to be helped.

But the world has changed since I was growing up. Today there is a plethora of web sites to help the transgender individual. The original Harry Benjamin standards of treatment have been streamlined from a minimum of two years from diagnosis to final treatment to thirty days or less in some cases. The AMA has weighed in on the issue, as has the APA. People are learning more about the Transgender Community and laws are being changed. There is still a long way to go, but at least we are on our way.

# Men in Dresses

I would like to talk to you a bit about why the term “men in dresses” is considered to be such a disparaging - and dangerous - term by the transgender community.

In order to understand why this is true, let's take a closer look at the transgender community. It consists of three major sub groups: cross dressers, transsexuals and the intersex.

Cross dressers are normal heterosexual men who have no desire to alter their bodies or to become women. They simply have a compulsion, or fetish, to wear women's clothing. Most are happily married family men and indulge their fetish after work and on weekends by going out on the town in their female personas. They are often accompanied by their wives, who coach them in the proper clothing, make-up, hairstyles, etc. Some wives were initially repulsed by their husband's behavior - until they realized it was, essentially, innocent fun. Some wives also report that sexual relations following an evening out are fantastic. Cross dressers used to be called “transvestites”, but this term is now considered to be demeaning and disrespectful and is not used in polite society.

The intersex are those persons born with ambiguous genitals. Such a person is at the mercy of some sort of a chromosomal mix-up. Instead of the usual XY or XX distribution, the person may have inherited XXY, XYY or some other combination. Klinefelter's syndrome or an androgen insensitivity may also be involved. Not many years ago the situation was remedied by just doing a little nip-tuck. If there was any way to justify marking the infant as a male, so be it. Otherwise, anything even vaguely resembling a penis was just lopped off, and the infant was to be raised as a girl. Unfortunately, that did not always work out well. When the doctor misjudged the situation, the person would grow up as though he or she had been born a transsexual. The intersex used to be called “hermaphrodites”, but that term is now considered disparaging and demeaning and is not used in polite society.

The largest group in the transgender community consists of the transsexuals. These are people born with Gender Dysphoria. Sometime about the twelfth week of gestation, the developing fetus is washed with an excess of hormones and the brain is shaped accordingly. (Sexual orientation develops about the 16<sup>th</sup> week and the genitals somewhat later.) Gender Dysphoria is defined as a condition in which a person's perceived gender does not agree with their genitals.

Medical science does not yet know exactly why this condition arises, but years of experimentation, augmented by autopsies of transsexuals, have shown that the areas of the brain that determine gender fully correspond to the individual's perceived gender. The AMA has decreed that Gender Dysphoria is a medical condition and should be treated medically. Unfortunately, medical science has not yet advanced to the point at which surgeons can just do a little nip-tuck and fix the brain.

Transsexuals are classed as Female-to-Male or Male-to-Female. The Male-to-Female transsexual is a person with male genitals and a female gender. The Female-to-Male is just the opposite. There is nothing in the newborn to indicate that there might be a problem. It is not until the child is about 4 years old that he or she begins to feel that there is something wrong. Of course, the child can neither identify the problem nor explain it.

Left untreated, Gender Dysphoria is just as much a killer as is cancer or diabetes.

The disconnect between gender and genitals results a condition known as “psychological dissonance”. This condition arises when a person is faced with two, or more, diametrically opposed realities. The two realities cannot both exist at the same time, yet both do exist and both are verifiably true. The person can see his or her genitals and can feel his or her gender and the two just don’t agree. This leads to perpetual stress that only grows over time. The constant stress brings on depression – and depression is a primary cause of suicide. In a recent survey of the transgender community it was revealed that over 40 per cent of the respondents had attempted suicide at least once. (The corresponding number for the general population is about 1.5 percent.) It is not known how many transsexuals had successfully committed suicide, as they were unable to respond to the survey. One web site maintains three chat rooms 24/7 just to deal with people who are contemplating suicide – and these chat rooms are almost always busy.

When a transsexual child enters puberty the secondary sexual characteristics that develop are not the ones desired and can be especially devastating. Puberty is bad enough when you are looking forward to the coming changes. Imagine the impact of being on the receiving end of the wrong changes. No little girl wants to have her voice suddenly deepen or her face break out with a beard – however sparse. Likewise, no little boy is going to be thrilled when he suddenly develops breasts and begins to menstruate. Yet this is just what happens to the transsexual child. Today, some parents are sufficiently knowledgeable to medically delay the onset of puberty if they suspect their child has Gender Dysphoria until such time as the child can legally determine the appropriate treatment.

To simplify the discussion, and because we are talking about “men in dresses”, I will restrict further discussion to the Male-to-Female transsexual. The treatment is essentially the same for the Female-to-Male.

In the 1960’s Dr. Harry Benjamin studied the transgender community and developed a method of treatment for Gender Dysphoria. His standard of treatment has been tested over the decades and found to work extremely well. It has been adopted by the World Professional Association for Transgender Health and is now accepted worldwide.

First, the individual had to be accurately diagnosed by a properly trained medical or psychological expert in gender disorders. If the diagnosis of Gender Dysphoria is confirmed, the patient begins hormone treatment with estrogen to reshape the body and spironolactone to block the effects of testosterone.

Then the individual will undergo a series of painful laser and electrolysis treatments to remove unwanted body and facial hair.

While that is going on it will be necessary to acquire a suitable female wardrobe, learn how to apply cosmetics and have one’s name legally changed to something more feminine.

For those young enough to benefit from the procedure, facial feminization surgery can be used to make the person appear more feminine. This is entirely optional, as is breast augmentation.

Eventually there comes that fateful day when the individual leaves the house in her new female persona, never to revert back again to male. If the person is planning on having genital reassignment surgery (which is the ultimate goal of almost all transsexuals), the treatment standards demand that the person first live for one full year in their actual gender.



All of this costs money. An MtF can expect to spend up to \$90,000 for the full process including surgery. The FtM process can cost well over \$100,000 and will include multiple surgeries. Most transsexuals can never hope to acquire such funds. Once they begin to transition, the chance of holding a good job is slim. Living on minimum wage is hard for those who are not fighting Gender Dysphoria; it is almost impossible to afford proper treatment for those who are. Clothing is often purchased in thrift shops. Hormone treatments may be missed. Facial feminization surgery and breast augmentation are out of the question. There are no voice or make-up coaches. Wives throw husbands out of the house and take their children away. Parents disown children. Siblings will reject the transsexual. Even many churches will not accept a transsexual. It is no surprise, therefore, that many MtF transsexuals end up working in the underground economy (a polite term for prostitution and drug dealing).

Is it so unusual then that some transsexuals, fighting a death dealing disease, may not look like a Hollywood star when they appear in public? They certainly don't need the public ridiculing them, laughing at them, or assaulting them. We have worked for many years to eliminate the pejorative term "men in dresses" from common usage. We thought we were being effective until recently when it seems to be making a comeback.

For example:

Back in 2008, shortly after winning the Miss Florida Pageant a young woman was on her way to work and was pulled over by a Police Officer. When he approached the window of the vehicle he seemed very friendly and referred to her as "Miss." After engaging in some friendly conversation he asked her to sit tight while he ran my drivers license through the system and suggested, if she had a clean driving record, he would issue a simple traffic warning.

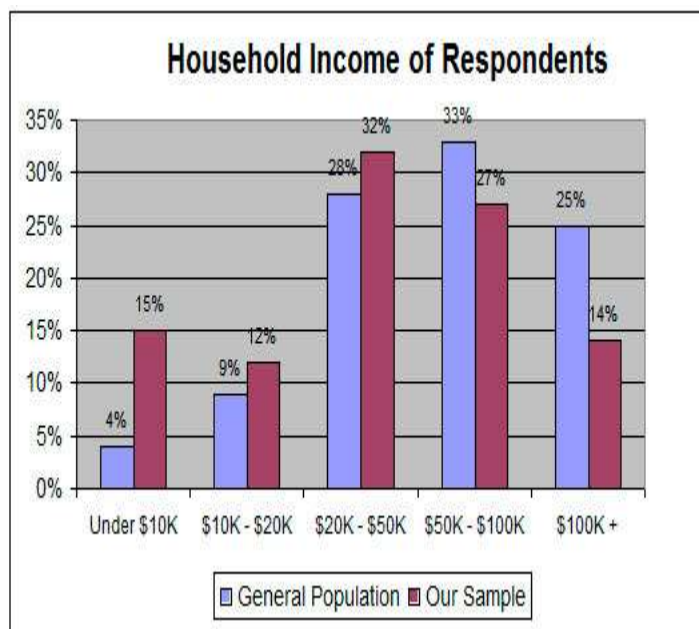
When the officer returned to the vehicle she was taken by surprise as his demeanor had completely changed and he began referring to her as "Mister" several times. She explained to him that she was a transgender female and he responded, "But you were born a man weren't you?" He added, "So you are still a man!" She was in tears because she felt humiliated. She asked him why he was disrespecting her, but he continued to be rude and hateful. He ended the conversation by once again referring to her as mister and issuing her a traffic citation.

A woman in Maryland was feeling hungry so she stopped in at a McDonald's restaurant for a meal. After eating she went to the restroom to answer a call of nature. When she exited the restroom she was attacked by two teenagers who beat her to the floor and began kicking her. We know what happened because restaurant employees stood around and filmed the event on their cell phones. The beating didn't stop until the victim had gone into a seizure and another woman patron physically intervened in the fracas at some cost to herself. The two teenagers said that they thought the woman was just a man in a dress and didn't belong in the women's restroom. The victim was in fact a post-op transsexual and belonged nowhere else. The two teenagers pled guilty to assault and are now serving their sentences.

A woman who visited a local congregation was tagged somewhat derisively by a member of the congregation as a "man in a dress". Due to her fragile condition at the time it almost caused her to flee the church. She was consoled by other members of the congregation who corrected the offender. She is now a regular member of the congregation.

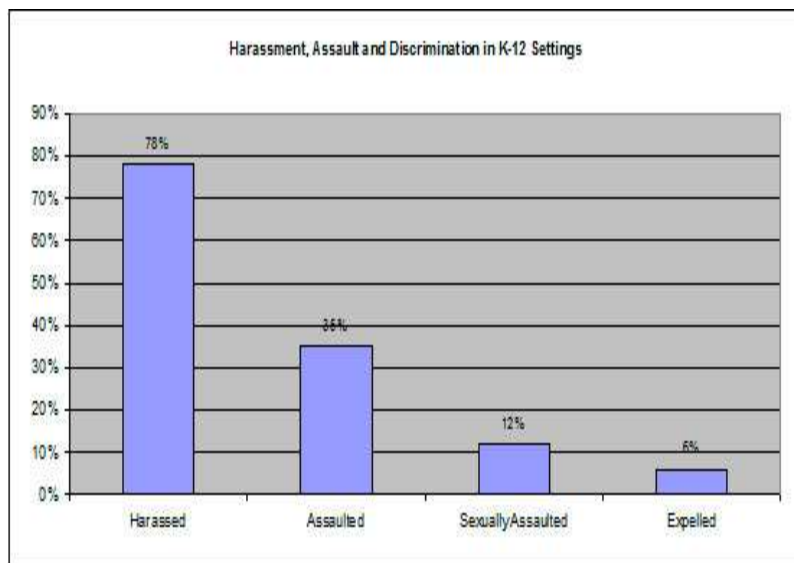
These are only a few examples. Lately, attacks on transsexuals are increasing, usually because people think that they do not appear to be legitimate women. People suffering from Gender Dysphoria do not need to be further harassed just because of some silly stereotype. Words have power. No matter how innocently they may be uttered, once uttered they can never be retracted, nor their effect erased. One just doesn't know how another person will react to a simple phrase, or what images or actions that phrase may evoke at the time or later. I can only ask you to consider the potential effect of what you may say or do – before it is too late, and another statistic is tallied up.

**Survey Conducted by:**  
**National Center for Transgender Education**  
**2015**



Discrimination was pervasive throughout the entire sample, yet the combination of anti-transgender bias and persistent, structural racism was especially devastating. People of color in general fare worse than white participants across the board, with African American transgender respondents faring far worse than all others in most areas examined.

Respondents lived in extreme poverty. Our sample was nearly four times more likely to have a household income of less than \$10,000/year compared to the general population.

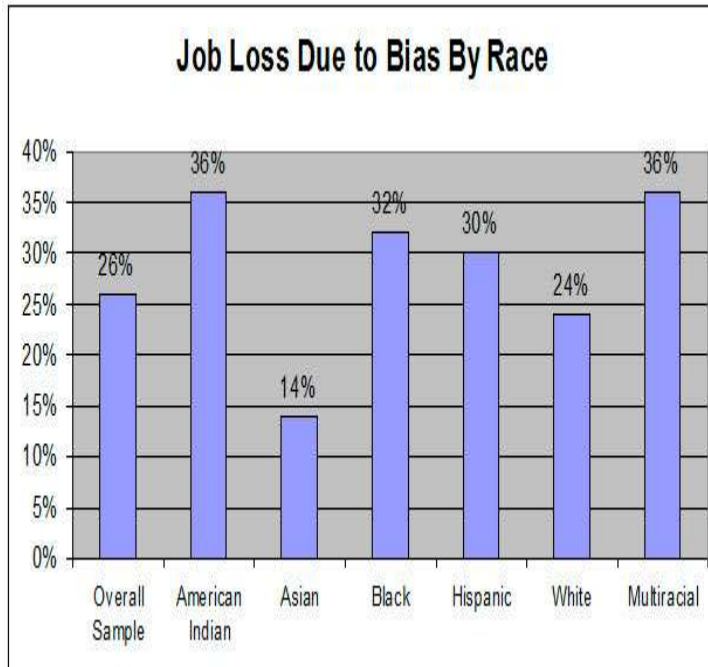


Those who expressed a transgender identity or gender non-conformity while in grades K-12 reported alarming rates of harassment (78%), physical assault (35%) and sexual violence (12%); harassment was so severe that it led almost one-sixth (15%) to leave a school in K-12 settings or in higher education.

Respondents who have been harassed and abused by teachers in K-12 settings showed dramatically worse health and other outcomes than those who did not experience such abuse. Peer harassment and abuse also had highly damaging effects.

Respondents Income by Mistreatment in School

Income	General Population	No Mistreatment	Mistreatment
Under \$10K	4	12	21
\$10K-\$20K	9	11	15
\$20K-\$50K	28	31	33
\$50K-\$100K	33	30	21
\$100K+	25	16	9



Double the rate of unemployment: Survey respondents experienced unemployment at twice the rate of the general population at the time of the survey, with rates for people of color up to four times the national unemployment rate.

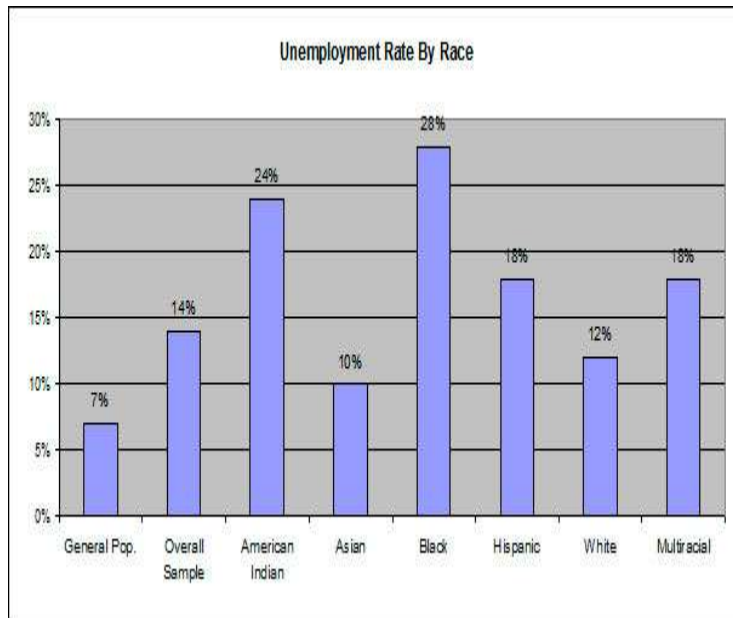
Widespread mistreatment at work: Ninety percent (90%) of those surveyed reported experiencing harassment, mistreatment or discrimination on the job or took actions like hiding who they are to avoid it.

Forty-seven percent (47%) said they had experienced an adverse job outcome, such as being fired, not hired or denied a promotion because of being transgender or gender non-conforming.

Over one-quarter (26%) reported that they had lost a job due to being transgender or gender non-conforming and 50% were harassed.

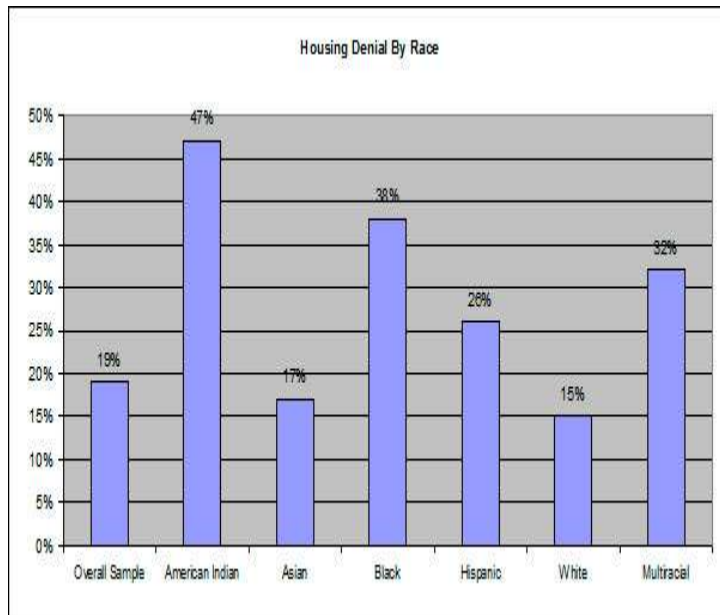
Large majorities attempted to avoid discrimination by hiding their gender or gender transition (71%) or delaying their gender transition (57%).

The vast majority (78%) of those who transitioned from one gender to the other reported that they felt more comfortable at work and their job performance improved, despite high levels of mistreatment.



Respondents who were currently unemployed experienced debilitating negative outcomes, including nearly double the rate of working in the underground economy (such as doing sex work or selling drugs), twice the homelessness, 70% more incarceration, and more negative health outcomes, such as nearly double the HIV infection rate and nearly double the rate of current drinking or drug misuse to cope with mistreatment, compared to those who were employed.

Respondents who had lost a job due to bias also experienced ruinous consequences such as four times the rate of homelessness, 70% more current drinking or misuse of drugs to cope with mistreatment, 50% more incarceration, more than double the rate working in the underground economy, and more than double the HIV infection rate, compared to those who did not lose a job due to bias.



Respondents reported various forms of direct housing discrimination — 19% reported having been refused a home or apartment and 11% reported being evicted because of their gender identity/expression.

One-fifth (19%) reported experiencing homelessness at some point in their lives because they were transgender or gender non-conforming; the majority of those trying to access a homeless shelter were harassed by shelter staff or residents (55%), 29% were turned away altogether, and 22% were sexually assaulted by residents or staff.

Almost 2% of respondents were currently homeless, which is almost twice the rate of the general population (1%).<sup>vi</sup>

Respondents reported less than half the national rate of home ownership: 32% reported owning their home compared to 67% of the general population.

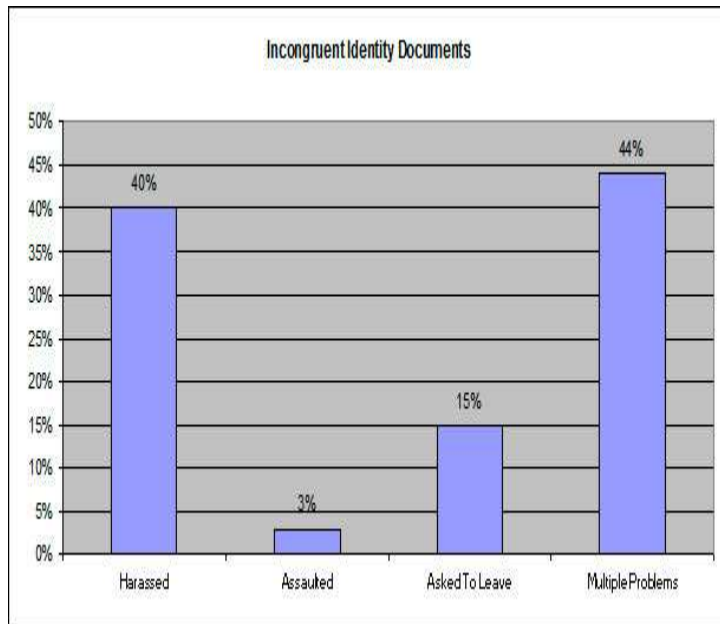
Discrimination in Public Accommodations

Location	Denied Equal Treatment	Harassed	Physically Assaulted
Retail Store	32%	37%	3%
Police	20%	29%	6%
Medical	24%	25%	2%
Hotel / Restaurant	19%	25%	2%
Government	22%	22%	1%
Transportation	9%	22%	4%
Emergency Room	13%	16%	1%
Air Travel	11%	17%	1%
Court	12%	12%	1%
Mental Health	11%	12%	1%
Legal Services	8%	6%	1%
EMT	5%	7%	1%
Shelter	6%	4%	1%
Rape Crisis	5%	4%	1%
Drug Treatment	3%	4%	1%

Fifty-three percent (53%) of respondents reported being verbally harassed or disrespected in a place of public accommodation, including hotels, restaurants, buses, airports and government agencies.

Respondents experienced widespread abuse in the public sector, and were often abused at the hands of “helping” professionals and government officials. One fifth (22%) were denied equal treatment by a government agency or official; 29% reported police harassment or disrespect; and 12% had been denied equal treatment or harassed by judges or court officials.

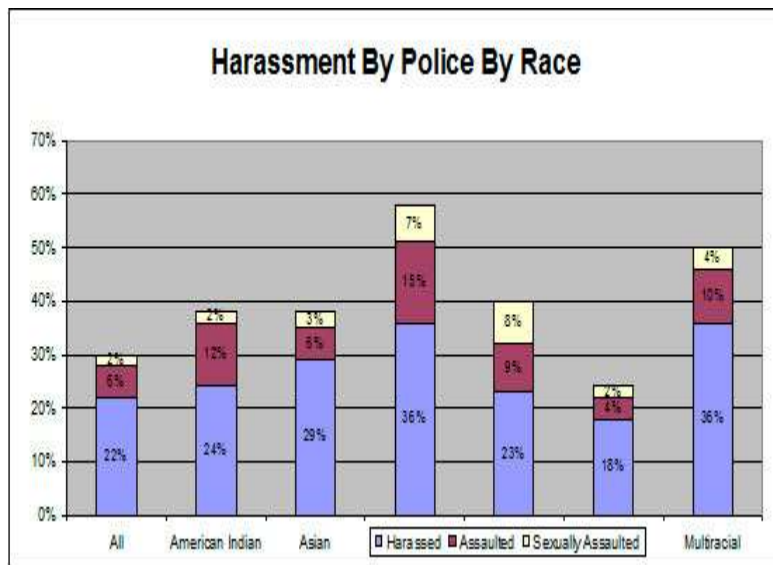




Of those who have transitioned gender, only one-fifth (21%) have been able to update *all* of their IDs and records with their new gender. One-third (33%) of those who had transitioned had updated *none* of their IDs/records.

Only 59% reported updating the gender on their driver's license/state ID, meaning 41% live without ID that matches their gender identity.

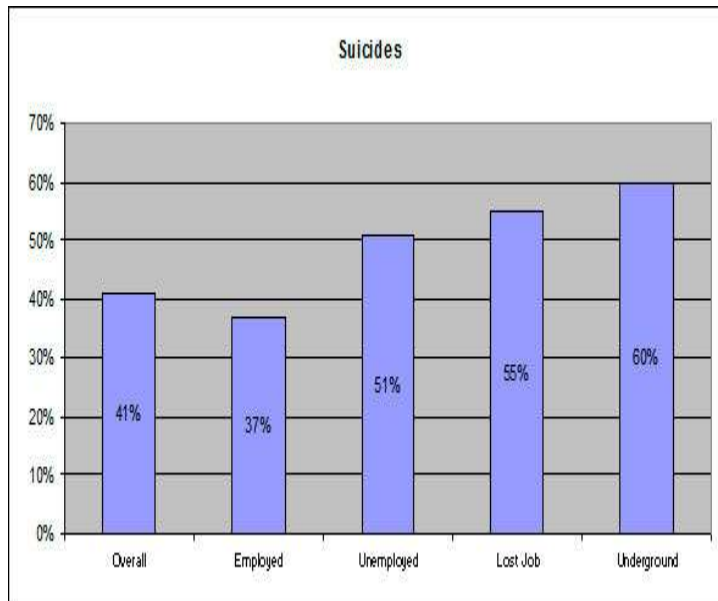
Forty percent (40%) of those who presented ID (when it was required in the ordinary course of life) that did not match their gender identity/expression reported being harassed, 3% reported being attacked or assaulted, and 15% reported being asked to leave.



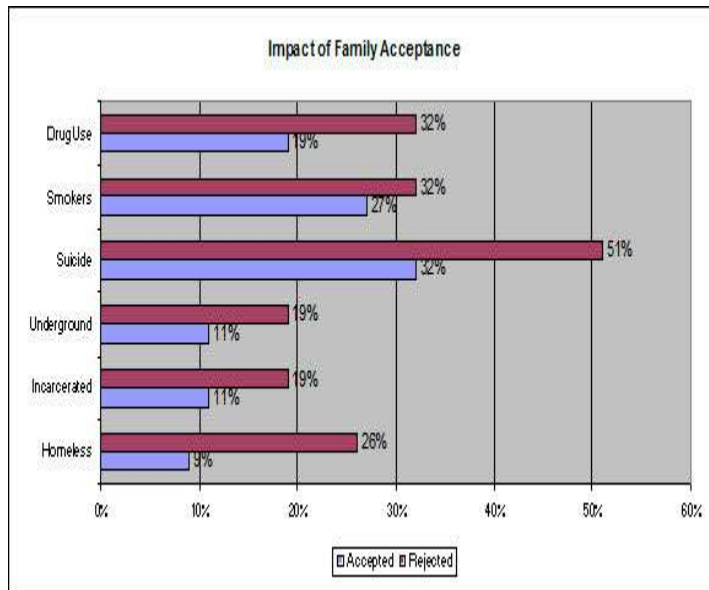
One-fifth (22%) of respondents who have interacted with police reported harassment by police, with much higher rates reported by people of color.

Almost half of the respondents (46%) reported being uncomfortable seeking police assistance.

Physical and sexual assault in jail/prison is a serious problem: 16% of respondents who had been to jail or prison reported being physically assaulted and 15% reported being sexually assaulted.

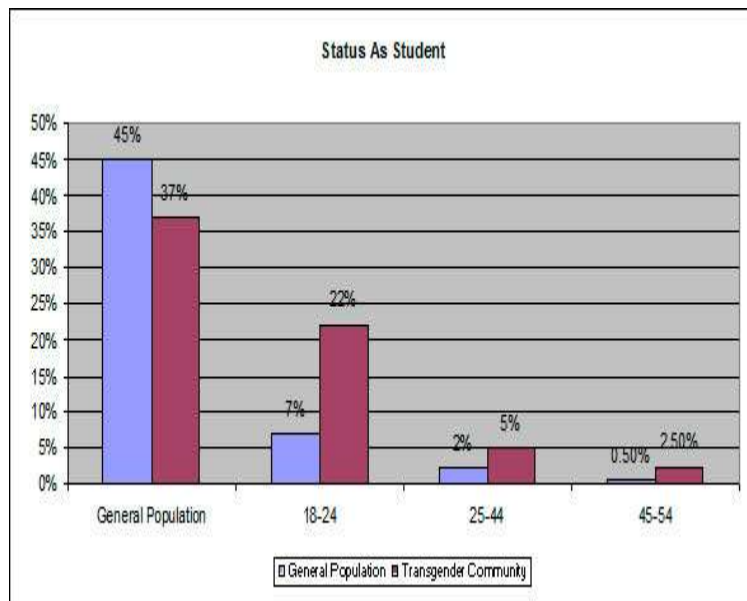


A staggering 41% of respondents reported attempting suicide compared to 1.6% of the general population, with rates rising for those who lost a job due to bias (55%), were harassed/bullied in school (51%), had low household income, or were the victim of physical assault (61%) or sexual assault (64%).



Forty-three percent (43%) maintained most of their family bonds, while 57% experienced significant family rejection.

In the face of extensive institutional discrimination, family acceptance had a protective affect against many threats to well-being including health risks such as HIV infection and suicide. Families were more likely to remain together and provide support for transgender and gender non-conforming family members than stereotypes suggest.



Despite high levels of harassment, bullying and violence in school, many respondents were able to obtain an education by returning to school. Although fewer 18 to 24-year-olds were currently in school compared to the general population, respondents returned to school in large numbers at later ages, with 22% of those aged 25-44 currently in school (compared to 7% of the general population).

It is part of social and legal convention in the United States to discriminate against, ridicule, and abuse transgender and gender non-conforming people within foundational institutions such as the family, schools, the workplace and health care settings, every day. Instead of recognizing that the moral failure lies in society's unwillingness to embrace different gender identities and expressions, society blames transgender and gender non-conforming people for bringing the discrimination and violence on themselves.

Nearly every system and institution in the United States, both large and small, from local to national, is implicated by this data. Medical providers and health systems, government agencies, families, businesses and employers, schools and colleges, police departments, jail and prison systems—each of these systems and institutions is failing daily in its obligation to serve transgender and gender non-conforming people, instead subjecting them to mistreatment ranging from commonplace disrespect to outright violence, abuse and the denial of human dignity. The consequences of these widespread injustices are human and real, ranging from unemployment and homelessness to illness and death.

## Rejection in the Trans Community

Each year on November 20<sup>th</sup> the Transgender Community celebrates the Transgender Day of Remembrance. It is a time to reflect back on and honor those members of the community who suffered abuse and/or death as a result of being who they were. In 2009 there were almost 200 cities having celebrations. They began in New Zealand and Australia, continued west through Asia to Europe and Africa, then crossed the Atlantic to South and North America ending the day in Alaska.

I want to talk a little bit about why we have a Day of Remembrance and the basic cause of it. The transgender individual is still, with very few exceptions, the one person against whom it is still legal to discriminate. And many segments of our society seem to take immense pleasure in doing just that. As a result of that discrimination and rejection, the death rate among transgender community is significantly higher than among the population in general. This is not just a result of hate crimes, but also involves a much higher suicide rate due to the stress that continued rejection and discrimination places on the human animal.

But before we get into the details of what is going on, perhaps it would be best to take a look at just what the transgender community includes and what makes it the ideal target. The word “transgender” is generally accepted today as an umbrella term covering cross dressers, transsexuals and the intersex.

A cross dresser is a heterosexual male who enjoys, for whatever reason, wearing women’s clothing. This category includes men who simply cross dress at home, do so in public as a routine event and those who appear on stage as female impersonators. These individuals used to be called transvestites; but that term is now considered disparaging and demeaning.

A transsexual is a person suffering from Gender Dysphoria. Originally classified in the DSM-IV, this condition has been recognized by the American Medical Association as a legitimate medical concern. Gender Dysphoria is a condition that develops during the twelfth week of pregnancy and lasts a lifetime. It can be treated and managed, but it can never be cured. People with this condition come to realize, usually at a very early age, that they were born in the wrong body. Over time this condition causes severe psychological dissonance resulting in stress, depression and desperation. If the situation persists, it can cause the person to believe that suicide is the only way to end the pain.

Let’s take a moment out here to consider the difference between gender and sex. All of the off-color jokes aside, there is an easy way to distinguish between the two. Gender is what exists between the ears and sex is what exists between the legs. Medical science has as yet no way to look between the ears to determine what a person’s gender really is. They rely solely upon what is between the legs – and sometimes the two just are not in synch.

The intersex are individuals born with a physical genital anomaly. It may be as simple as a single underdeveloped organ, or as severe as two complete sets of genitals – one male and one female. These individuals have previously been referred to as hermaphrodites, but this term also is no longer considered appropriate. There have been a few rare occurrences of doctors making errors when circumcising a baby boy, or simply misreading the genitals at the time of delivery. In some cases, doctors have knowingly performed a little nip and tuck on a confused set of genitals and then mis-assigned the baby’s sex, only to have parents mystified years later by their child’s lament that he or she isn’t the gender, which was originally assigned.

None of these individuals has any distinguishing marks or scars, no particular skin color, or any other sort of signal that designates them as the target for rejection or ridicule or discrimination. If you met one walking down the street or in a college classroom, you would have no way of knowing that they were transgender. So what is the big deal?

Unfortunately, there are still a lot of people out there in the wilds of our society that don't understand anything about the transgender, don't want to understand anything and have been influenced by centuries of religious training in their churches and synagogues and mosques. Some of these people are ignorant; some have low self-esteem and are just looking for a chance to "have a little fun". A lot of these people still confuse gender identity with sexual orientation. Many think that being transgender is just a matter of choice. The Jerry Springers, Dr. Phils and others of their ilk invite the transgender on their television shows and proceed to put them down and make fun of them. The ignorant out there are watching these shows and just lapping it all up.

The cross dresser and the intersex can usually avoid detection. I know a few cross dressers who have interwoven their passion into their marriages with great success. Their wives accept cross dressing as a cute little fetish, because their husbands are quite obviously healthy males even when they are in drag. The man's only problem occurs if he has an accident when he is out in public in drag. Or the husband and wife happen to bump into friends when they are out together. The intersex may only encounter a problem when they go in for medical treatment and their condition is detected. I remember when I was growing up that one of our relatives was intersex. It was whispered and treated quite obviously as a topic that was somehow shameful and should not be discussed. Such instances can be embarrassing, but they are seldom fatal. The intersex can still suffer rejection. One intersex person explains it this way:

*I was born intersex and had surgery within two months of birth to remove whatever female genitalia and organs I might have had. I'm not sure why it was thought that I should be male. My breasts started to develop when I was 10 years old. My doctor(s) and my parents realized that they had made a big mistake. At about age 11-12 I was given large amounts of testosterone to force my body to imprint as male. Of course, I had no say in these decisions and was not told what was going on other than that I was not developing properly.*

*After forty years of playing the role of a man, I could no longer lie to women to be with them. I was lesbian and that is how I saw and thought about myself. I wanted to have a girl-girl relationship. So, I moved towards transitioning, which I have done. I will be having GRS surgery sometime in the late summer or fall of 2010.*

*I am now in a domestic partnership with a woman who is really all I need for a support system.*

With the transsexual, the situation is vastly different. Almost every month there will be an article in a newspaper or on the internet documenting another transsexual who has been physically abused or even killed, just because they have a condition they didn't ask for, don't want and, in many cases, can do nothing about. Why is this?

Transsexuals who seek treatment for their condition have a significant period of time in which they will be neither fish nor fowl. A Female-to-Male transsexual may have major problems concealing his breasts. A Male-to-Female will often be tagged as a "man in a dress". Before we continue, let us take a few minutes to discuss the "treatment" which a transsexual had to endure to correct his or her birth defect:

*To be officially diagnosed as a transsexual requires several sessions with a psychologist who is qualified and trained to diagnose Gender Dysphoria.*

*Once officially diagnosed the individual begins a course of hormone treatments to reshape the body and bring on puberty in the appropriate gender.*

*Once the transsexual is ready (has changed his/her name, built up a suitable wardrobe, and amassed the necessary courage), he or she will begin a mandatory period living 24/7/365 in their appropriate gender. This period is called the Real Life Test. It used to be one year, but has now been shortened to six months. During this period, there can be no going back to the previous gender.*

*Then, if the person can afford it, and can get two letters attesting to his/her satisfactory completion of the test, the transsexual can apply for genital reassignment surgery.*

*In most states, it is only after this final surgery that the transsexual can get the gender marker on the driver license and other identification legally changed.*

*All of this is expensive: about \$60,000 for a MTF transsexual and over \$100,000 for a FTM.*

A transsexual who is employed cannot conceal transition from one gender to another from his/her employer. Many employers, when faced with the challenge of dealing with a transsexual on the payroll, simply decide to take the easy way out and fire the transsexual. A transsexual in transition will find it extremely difficult to secure new employment. And that has nothing to do with the state of the economy – though present conditions magnify these problems considerably. With the exception of precious few communities (Gainesville, Tampa, Dunedin, Miami Beach, Polk County, Tallahassee, Broward County and St Petersburg, among others here in Florida), the transsexual has no legal recourse to firing. One retired colonel secured a job with the Library of Congress and was told he was fully qualified for the position. When he told his employer that he was a transsexual and would be transitioning, the job evaporated. She subsequently sued, won a large settlement and got the job; but she was a rare individual.

Even the simple act of changing one's name, is fraught with danger. One transsexual was doing her best to proceed cautiously, but a "friend" of hers noticed the name change petition on-line and outed her to people in four or five counties. She related that, within a week, of the 250 or so friends and acquaintances she had around Central Florida about five were still talking to her – the rest were talking about her. If she happened to run across one of her former friends in a restaurant, for example, she said she suddenly became the object of constant stares and whispered conversation. She said it was something akin to being an exhibit in a zoo.

Another transsexual required medical treatment and was forced to call 9-1-1. When the EMTs discovered that she was a transsexual, they almost refused to transport her. When she arrived at the hospital she was given virtually no treatment and was told that she was faking her illness and to just go home. On the few occasions when she was admitted to the hospital overnight, despite her appearance, she was assigned to a room with a man. Letters of protest written to the hospital had no impact at all. After several bouts with the EMT service, the police finally told her that if she called 9-1-1 again they would arrest her and throw her in jail.

Speaking of jail, can you just imagine the problems that would face a transsexual who was arrested and thrown into the local jail?

Some churches are accepting, but they are very few and far between. Most "Christian" churches will ignore the teachings of their supposed teacher. The transsexual, especially, is not wanted. He or she is just not in synch with the teachings of the church.



But the biggest problem facing the transsexual is that of his or her own family. Spouses feel betrayed and seek separation and divorce, taking any children with them. When the matter comes to divorce court, judges often award almost complete custody and large alimony and child support payments to the spouse. Leaving the poor transgender to find a way to make the payments – despite a lack of good jobs – or face jail. Parents often disown their own children. Adult children and siblings will refuse any contact with the transsexual. Let me read a few stories from some transsexuals in their own words concerning their experiences with their families.

*“My life was turned upside down by the good intentions of an acquaintance and community actives. By placing my name into consideration for a great honor as the Grand Marshall of our local "Pride Parade" she nearly destroyed my life and me.*

*“Her good intentions brought an end to my dating and drove away nearly every close friend and family member still speaking to me. I was plunged into such a depth of depression I once again found myself fighting to not end my own life...”*

*“The days around my father's death and funeral were some of the hardest in my life. During that time I got to watch my whole family come together in love, comfort and support of each other while keeping me at more than arms length. On the day we buried my father I watched my five kids and ex-wife come together with my brothers and sister and refuse to even acknowledge my existence. So on that day I buried my father and emotionally buried my old life.*

*“I also met and have become very close to the woman who was my father's partner and companion for the last twelve years of his life .In a strange twist of Life, she and her family have become my support system. While my family has totally rejected and abandoned me, she and her family have totally accepted and embraced me. In losing my family and father I have found a surrogate mother and family. Karma.”*

In the synopsis for this talk I said that I would tell you what you could do to ease the problem. And, no, it doesn't involve money. It is something much more precious. Take every opportunity to learn about the transgender community. Then, should you ever encounter a person who may be transgender – treat them just as you would any other individual. Be accepting and treat other people as you would want to be treated if you were in their shoes. Secondly, spread the knowledge you have learned. Educate others as I have tried to educate you. Hate is very disturbing when you see it in action. It is even more disturbing when it is directed at you for no good reason under the sun. It is up to us to do everything we can to help eliminate it wherever it may arise.

# Hospital Transphobia

One of the things that continues to be an issue in the trans community is the negative treatment that trans people get at the hands of people in the medical establishment.

While some doctors, nurses, EMT's and other medical personnel are caring, compassionate and professional; we have some *ne kulturny* fools in the bunch as well.

We have doctors who fail to live up to the Hippocratic Oath and nurses, EMT's and other medical personnel who are more concerned with maintaining their faith based bigotry of trans people than providing the medical care their transgender patients need and deserve. Even at the expense of that trans person's life.

The nightmare scenario for many transgender people took place almost 15 years ago on August 7, 1995.

Tyra Hunter was on her way to work in Washington DC when the car she was riding in was involved in an accident. She was refused timely treatment by DC Fire Department EMT Adrian Williams and later at DC General Hospital that would have saved her life.

Worse, while Williams was not treating Tyra, he took the time to disrespectfully mock her. And what was his punishment? A promotion by the DCFD.

Sadly, the less than stellar treatment trans people receive in medical facilities still happens. I had a transgender woman tell me recently about her transphobic medical experience while getting an essential kidney dialysis treatment.

In July, 2010, Erin Vaught went to see her doc and told him she was coughing up a lot of blood, and, without divulging what possible conditions could have caused it (privacy reasons), he told her to call him if it got worse and that she had to figure out how to pay for an MRI and various other tests. Later, she coughed almost a cup of blood and decided to go to the E.R. The doctor had told her if she had to go to the E.R. to go to Muncie rather than New Castle, as they would be more tolerant being a bigger city and a university hospital.

So she and her partner got their son ready and drove to Muncie. They went into the hospital emergency room - not too busy considering - and the familiar looks started. She was used to them. So she went to the desk, with her partner and son and started giving them her info. There were two people at the desk doing intake; one was possibly training the other. When they got to the surgery question, Erin told them all her surgeries. But the nurse kept pressing, "Are you sure you haven't had any other surgeries?" Erin repeated that she didn't.

They completed the registration and put "M" as Erin's gender. Erin pointed out that her ID said female. The nurse looked annoyed and the lady next to her snickered. She told this jock type triage person to take my vitals; he glared at Erin for a second then turned his head and said, "Remember payback sucks." Erin looked at him with a slightly angry look and he said, "Not about you, something from earlier."

So Erin figured, fair enough. Erin and her partner go back to the examining room after waiting in the waiting room for- it felt like maybe an hour. Neither of them was watching the clock at that point. While they were walking to the room, there were more stares. They were sitting in the room with the door shut, and a nurse came in and told them she wanted a urine test and she took Erin to the bathroom. While Erin was in there, she heard suppressed laughing and

someone muttered something about "good thing it's a unisex bathroom." This was through the door - not to her face.

When Erin got back to the room, her partner was looking like she wanted to cry and fight someone at the same time. Erin asked her what was wrong, and she told her that people kept laughing while I was in there, and poking their heads in the room and asking about me. One nurse finally asked, "So is it a he or a she? Or a he-she?"

Erin's wife finally said to the nurse, "She is my wife, not an it."

To which the nurse replied with a chuckle, "Well, what do you want me to say? I can't tell. Until I know then he is an it. Now I know, and I know he is a he."

The nurse who had taken Erin to the bathroom came back and started asking her a bunch of questions, most she recognized as normal medical questions. Then she asked, "How long have you been a transvestite?"

So Erin explained that she wasn't a transvestite, and for the millionth time proceeded with Transgender 101. Erin's partner had told the nurse the same thing when Erin was in the bathroom.

The nurse left the room. Erin and her partner proceeded to wait... and wait... and wait. After waiting about two hours or so the nurse came back and gave my son a coloring book and a couple of crayons.

Erin later read a report saying that the coloring book was used to imply, "We were nice!"

That was the hospital's "proof" that no mistreatment took place.

The nurse came back in not long after bringing the coloring book and asked a series of bizarre questions. "Do you ever feel so angry you might lose control?" "Are you able to buy groceries every week?" "Do you ever feel overwhelmed?" "Have you ever thought about suicide?" Erin and her partner were confused and still are.

Erin was quite mad, but kept it in check and said, "When are we going to see a doctor?" She told me that I could not be seen until I had my doctor write orders. (For tests?) Erin asked, "Why do I need to do that? This is an emergency room."

The nurse replied, "Well, we don't know how to go about treating someone with your condition."

Erin responded, "I don't even know my condition. That's why I'm here!"

The nurse said, "No. Your other condition. The transvestite thing." Erin felt angry, and was fighting her hardest to keep from crying, She was embarrassed and grabbed her son and left quickly so they wouldn't see her cry

And that was the whole incident, as well as Erin's words could put it.

But it didn't stop there...

A month later, Ball Memorial Hospital's President and CEO Michael Haley and others did the right thing and apologized to Erin Vaught for the treatment she received during the emergency room visit.

Vaught, a transsexual patient, said she was ridiculed and humiliated by hospital staff when she went to the emergency room for treatment for coughing up blood. She told the press in July

she was snickered at and heard staff openly comment, "So, is it a he or a she? Or a he-she?" And that was just the beginning. Definitely humiliating.

About six weeks after the incident and following an investigation, BMH in cooperation with the Indiana Transgender Rights Advocacy Alliance and Indiana Equality, announced hospital staff will receive mandatory lesbian, gay, bisexual and transgender (LGBT) awareness training.

Vaught's reaction: "I'm happy with the outcome. I think that we reached a positive resolution."

A win-win situation.

Ball hospital officials should be lauded for taking quick and positive action, and not shirking their responsibility or passing the blame somewhere else.

The hospital's mantra of providing quality care is only reinforced with the apology and LGBT training.

No one deserves to be treated in a demeaning and dehumanizing manner. Quality care extends well beyond the scope of receiving appropriate medical care.

And it was especially egregious that Vaught's incident happened in a hospital setting where people expect those who work there to be caring, kind and compassionate. To be sure, it would be a mistake to paint all hospital employees as condoning bad behavior. No doubt this behavior was exhibited by a tiny proportion of the people who work there, and is likely (I hope) not a view condoned by most of the staff.

And to the haters out there who believe mandatory LGBT training is condoning an immoral lifestyle: You're certainly entitled to your beliefs, but it's hard to see how treating a person with common decency, as you, yourself, would want to be treated, is anything other than an exercise in proper manners.

Ball Memorial Hospital has a quality brand image that hospital officials have worked diligently to preserve and grow. These latest steps can only serve to protect that brand and enhance the hospital's status in the community. Officials took the proper action to preserve the hospital's status.

And other businesses and agencies can look at Ball Memorial Hospital's actions as a positive example of how to right a wrong to the benefit of all sides.

And that's before we even get started with pharmacists who refuse to fill hormone prescriptions on specious faith based grounds or, if they grudgingly have to do so, disrespect the trans person availing themselves of their services. And other medical personnel who simply refuse to treat a transgender person.

So yes, there's a lot of work we must do to ensure that no transgender person is denied care or mistreated while receiving it.

But at the same time the medical profession needs to look inward, do the right thing and come down on those people in its ranks who believe their religious beliefs and transphobic attitudes outweigh their oaths to do no harm and take care of all patients who seek their services.

And the point also needs to be driven home that 'all patients' includes transgender people as well.

## Diversity and Discrimination

Please forgive me if I do not present a logical and accurate account of my subject. Everyone knows that we women are just a bunch of flibbertigibbets, certainly not capable of logical thought. Rather large and detailed books have been written about discrimination. I will be speaking mostly in generalities and, perhaps, with some emotion. If I am successful, I hope that I will make you think a little.

It is my contention, largely derived from personal observation, that the human animal has an inherent drive to discriminate against others whom he believes to be of a lower class, more unusual, or more unworthy than himself. In doing so he makes himself feel better about his position in life and boosts his ego. It does not much matter to him whom he puts down, but it is better if the other poor soul is a member of some particular group or community. It is easier to rant against “them” than it is against a single individual. Of course, all bets are off if the individual is an unduly famous representative of a class. Many women, unfortunately, tend unthinkingly to follow the lead of their husband or some other prominent figure in their lives.

Most of us consider ourselves tolerant and accepting of others. But who among us had not rooted for his own favorite team at the expense of another’s? Some sports fans tend to take a little friendly discrimination to the extreme when they proceed to riot, destroy private property, start fires and even injure or kill in the name of some favored sports team.

Is it any wonder, then, that many of us see nothing wrong with maintaining a good healthy discrimination toward others when such important things as sex or skin color or religion is involved? Most of us are very carefully taught as children whom we should accept and against whom we should discriminate. If we don’t learn it at home, then certainly we will learn it in church. Is there a church anywhere, present company excepted of course, that doesn’t look down upon, berate or just downright hate some other church, or some particular group?

With our individual tendencies to discriminate, it is only natural that we, as a country, have a history of national discrimination. Long before we decided, for political reasons, that we should not discriminate we managed to lay down quite a track record.

When the first colonists arrived in this part of the world, they discovered native Indian populations with well-established communities and socio-political arrangements. They were intelligent and managed to have settled on most of the arable land. The colonists needed that land in order to survive. So... they did the only honorable thing. They took it. All they had on their side was a few muskets and a very powerful ally – smallpox. By the time the disease had run its course among the indigenous and very susceptible population, their number had dwindled to an easily manageable size. The Indians, thus, became the first community against which we openly discriminated. After all, they were all ignorant (didn’t do things the European way), irreligious (didn’t believe in Christianity) savages (they had a history of warring among themselves).

We persisted in this blatant discrimination until we had driven the Indians from any useful land onto arid, worthless reservations where we would let them live in peace, so long as they stayed there and behaved themselves. Of course, if we subsequently found some use for the reservation land we would simply move them off of it to an even more desolate area.

As the number of colonists increased, a few undesirables snuck in. These were people who did not adhere to the popular religious beliefs. Quakers and (shudder) Catholics were forced out of many established communities. If they didn’t agree to leave willingly, several were killed.

We had the arable farmland so we started to develop it. No sensible colonist was going to stoop to picking someone else's cotton. The obvious solution was to import slave labor from Africa and elsewhere. After all, it was the Africans themselves who engaged in tribal warfare and took the defeated enemy as slaves. Then they sold the slaves to the white man for a tidy profit, thereby eliminating one problem and increasing their treasury all at the same time. The imported slaves became the replacement objects for general discrimination, which lasted unabated for three centuries.

Mark Twain, in his book, "Huckleberry Finn", showed a unique insight into the discrimination problem. During Huck's raft trip down the Mississippi with the escaped slave, the slave is injured. While tending the injury, Huck comments with some surprise that the slave's blood is as red as his own. Huck had known many slaves, but had never seen any of them to be as human as he was.

Following the Civil War, when slaves supposedly were freed and no longer the objects of blatant discrimination, two other groups rose to prominence: the European immigrants and women. The European immigrants came in droves and established small enclaves or ghettos in our larger cities. Despite the fact that virtually all the citizens of this country originally came from Europe, the new arrivals were subjects of discrimination until they were more fully assimilated into American society. At the same time religious groups, especially the Jewish and Catholic communities, became objects for unbridled discrimination.

Women were another matter. They had been objects of discrimination for thousands of years. So it was no big thing to continue the practice. But, thanks to some of the advances made during the 19<sup>th</sup> Century, women in America had managed to acquire an education. Many of them now opined that the term "man" in the Declaration of Independence really meant both men *and* women. They began demanding the right to vote. They eventually attained that right, but it was many more years before they earned the right to enter the general workforce, and even longer before the glass ceiling broached and they started to receive parity in pay and advancement with men.

I don't remember much of WW II. But I do remember the 50's through the 90's quite well. I was part of that society. I remember civil rights marches and the outright discrimination that blacks still suffered, especially in the South.

I remember the feminist movement, even though I was not intimately involved in it. I never did burn a bra. But I understood the arguments the women in our society were making. I remember the Vietnam War, the protests, the violence and the killing of innocent civilians in this country. I remember President Kennedy's assassination, Dr. Martin Luther King, Jr.'s assassination and the riots across the US. I also remember listening live to President Johnson loudly proclaim to the American people that we were definitely not bombing in Laos or Cambodia. At that time, I happened to be plotting bomb damage assessments of our air strikes in Cambodia.

By the 1980's, many of these issues had been somewhat resolved and the country went looking for some other group that could become the new whipping boy for national discrimination. They found it in the homosexual community.

The Religious Right had long proclaimed the homosexual as an abomination, the accursed of their god. The homosexual had remained in the closet for so long that perhaps even some of them had come to believe it. No one really knew what caused homosexuality, so when the bigot said it was a "choice", people believed it. Many phonies claimed success in retraining

homosexuals and garnered great testimonials, which the media willingly spread far and wide. Meanwhile, the average homosexual stayed fast in the closet. The penalty for leaving the closet was derision at best, often becoming an outcast, losing one's job, getting a severe beating or even killed. No one really cared if there was one more or less homosexual wandering around. And, of course, homosexuals couldn't have anything to do with children – their disease might rub off.

The police were the primary force used to enforce discrimination against the gay community. Beatings, arrest and jail time were common events for those determined to be gay. In the late 1960's there were two riots – the Compton Cafeteria riot in Los Angeles and the Stonewall Bar riot in Greenwich Village. Each of these lasted for days and changed the general police attitude toward the gay community. No politician wanted to see another riot in his town. Attitudes were beginning to change.

A bill was introduced into the US congress in the mid 1970's that would do for gays and lesbians what various civil rights bills had done for African-Americans, women and others. It went nowhere. In 1994, a stripped-down version of the bill was re-introduced in Congress; it also did not progress.

In 2007, Representative Barney Frank introduced a new bill that would offer protection from discrimination to lesbians, gays, bisexuals and transgender. It was called the Employment Non-Discrimination Act, ENDA for short. There were three general proposals toward the bill in Congress. 1) Dump the whole idea because President Bush had promised to veto it in any format. 2) Remove the protections on gender identity and try to force a gay only bill through. 3) Keep the bill as is, knowing it probably won't pass. After much acrimonious arguing, they decided on option 2 and the bill passed the House with flying colors. When the bill got to the Senate, it was intentionally killed in committee meetings. Later, there was another version of ENDA that passed the Senate but was ignored in the Republican-controlled House.

Today we seem to be living a much freer society. The Defense of Marriage Act (DOMA) has been ruled unconstitutional by the Supreme Court. Gay marriage is slowly, but surely?, being instituted across the country. There is even an on-going lawsuit in Florida to force the State to allow gay marriage.

It now appears that the transgender community is the current discrimination target in this country. Everyone else is at least notionally acceptable. I have several friends, both locally and on-line who are transgender. I feel, rightly or wrongly, that the more people know about that closeted community the better life will be for all of them. I say closeted, because most transgender individuals live a very stealth life. They desperately attempt to hide their actual condition out of fear of being mistreated, or even killed, should they be discovered.

How many of you actually know a transgender? (comment...)

Who is doing all this discriminating? In the political arena – the Republicans. In the social arena – the Religious Right. In your own neighborhood – the uneducated.

How are they doing it? By using scare tactics and widely spread innuendo and outright lying.

Why are they doing it? Because they can. Because we, the tolerant and educated, are willing to sit back and do nothing about their discrimination.

Case in point. Last June, the California legislature passed a landmark bill, AB-1266, which essentially said that transgender children in California schools have the right to be treated

according to their innate gender, without prejudice or discrimination. Last August, Governor Jerry Brown signed it. The law went into effect in January 2014.

Immediately, a coalition of conservative groups formed under the umbrella organization Privacy for All Students and led by Republican strategist Frank Schubert. They began to hammer away at the bathroom meme, spread lies about transgender students and use other scare tactics to sway public opinion against the legislation. The fact that the same rules had been followed for several years by two of the larger California school districts was of no concern to them. The media latched on to the juicier aspects of the PAS rants and gave them broad coverage.

That by itself didn't work. So a new organization, the Pacific Justice League, was formed with more money and a broader reach. The lies and propaganda were increased and a petition was launched to place the issue on the November 2014 ballot. Over 600,000 signatures were gathered. Thanks to a friendly court decision concerning the deadline for presenting the signatures, the final count was insufficient to force the issue to ballot. The petition drive eventually failed.

Meanwhile, the law is in effect, and the world has not ended, yet. None of the proponents has been struck by lightning. Guess, God doesn't mind...



## Violence Against Youth/Scared to Sleep

Over the phone, Joan has a calm and lilting Southern accent. She is an adult now, but when she entered the juvenile justice system at 12 years of age, she presented herself as a boy and used male pronouns. Today, she's 18 and was just recently released from the system. Being closeted about her gender identity was never an option for her. "It's very obvious with me because of how I walk, talk, the way I do things," she says. And while her sentencing judge had told her that she wouldn't be in prison for long, it was five years before a sympathetic counselor made a formal request for her release. In her letter to the judge, the counselor mentioned in passing that Joan had confided in her that she was probably transgender, and that she was in a romantic relationship with another boy at the facility. On the voicemail he left in response to the counselor's report, the judge openly laughed and called the recommendation a joke. He said that based on those facts, he would absolutely deny the request for a release hearing. "Many judges in rural states still conflate sex offenses with sexual orientation and gender identity," says a representative of the Juvenile Justice Project. It was months before Joan was finally set free.

Across the United States, the brutal and dysfunctional juvenile justice system sends queer youth to prison in disproportionate numbers, fails to protect them from violence and discrimination while they're inside and to this day condones attempts to turn them straight. Antigay policies aren't just a problem in the Deep South or rural regions. According to Jody Marksamer of the National Center for Lesbian Rights, one of co-authors of a recent report on LGBT youth in the juvenile justice system, "These things happen in every state."

The road to incarceration begins in pretrial detention, before the youth even meets a judge. Laws and professional standards state that it's appropriate to detain a child before trial only if she might run away or harm someone. Yet for queer youth, these standards are frequently ignored. According to UC Santa Cruz researcher Dr. Angela Irvine, LGBT youth are two times more likely than straight youth to land in a prison cell before adjudication for nonviolent offenses like truancy, running away and prostitution. According to Ilona Picou, executive director of Juvenile Regional Services, Inc., some 50 percent of the gay youth picked up for nonviolent offenses in Louisiana in 2009 were sent to jail to await trial, while less than 10 percent of straight kids were. "Once a child is detained, the judge assumes there's a reason the child can't go home," says Dr. Marty Beyer, a juvenile justice specialist. "A kid coming into court wearing handcuffs and shackles versus a kid coming in with his parents—it makes a very different impression."

Once adjudicated and sent to secure care, LGBT youth often face abusive peers. "I was scared to sleep at night because I didn't know if I was going to wake up in the morning," writes one incarcerated youth at Louisiana's Swanson Center for Youth. One 15-year-old who was shuttled back and forth from group homes and secure facilities in Shreveport, New Orleans and Baton Rouge reports that staff did nothing when he reported a rape because he "reported it too late," that he was "whipped with a clothes hanger" for rule violations and that the abuse from staff and other youth was so bad that he tried to kill himself. Two of Joan's gay friends were raped in prison by other youths. One of them was assaulted so viciously that the injuries required internal stitches. Staff put Joan's other friend in isolation to protect him from further assault.

Joan reports that she was physically attacked by other youth nearly every day that she was in the system. Shortly after arriving, Joan found her shoes in the trash, covered in urine and spit. Frequently, youths attacked Joan for refusing to perform sex acts. Other queer youth in the facility had similar experiences. "We're all in the same category," she says. And there was nowhere to hide. "It was basically like a big dorm—one big room where everybody sleeps, that's

what's going on," Joan says. "Sometimes you would get sent to lockdown for fighting back, but there's nothing else you can do." Joan reported the abuse to staff, but "they would just wait till things happened. Sometimes the staff would tell the other youth to stop. Sometimes they wouldn't."

When Joan was 13 or 14, the bullying and violence became so bad that staff placed her in protective custody, where she remained for a month. But even after what she had experienced, lockdown was so painful that she requested to be returned to the dorm. Sending LGBT victims of violence into isolation, instead of punishing their attackers, is common practice across the country, even though a federal court has held the practice to be unconstitutional and the American Psychological Association opposes it. And once the youth are put on lockdown—whether to punish or to protect—they miss out on crucial educational opportunities. In 2006, a bisexual youth in California petitioned the court to be removed from his facility because staff members had kept him in isolation for twenty-three hours a day. At 20 years old, he had missed so much schooling that he was only halfway to his high school diploma.

Besides using isolation to purportedly protect queer youth, guards also use lockdown as punishment. "We had one kid who wouldn't go to school because he was afraid" of the other youth in the facility, says Wesley Ware. And because he was on the mental health unit, a certain amount of social interaction was required as part of his rehabilitation program. For refusing to leave his cell, he was put on lockdown for noncompliance, and his chances for release diminished yet again.

Often, queer youth face as much hostility from prison guards as they do from peers. When a youth faces bullying or violence from another kid, staff can be reluctant to intervene. "The staff views it as [the kid] deserves it, or he's asking for it—so they don't intervene or they'll egg it on," Ware says. They view it as "good for the kid—gotta teach him and have it beat out of him. Then, when the gay kid finally breaks, he faces the disciplinary consequences."

Guards are often bullies themselves. Joan reports that staff called her "a disgrace to mankind," a "punk," or "fucking faggot" on a daily basis and threatened her, saying, "I'll beat your fucking ass." When staff called Joan "faggot" or other names, sometimes she talked back. "Sometimes I would even say, I'm proud to be that," Joan says. She would receive more tickets for talking back.

There are even reports of staff members sending youths to attack other kids. "When it happened, it was something all the youth knew," Joan says. "Basically, someone would be left out there in the open." This is not unique to Louisiana. A 16-year-old gay man in Los Angeles interviewed in 2008 reported that staff members used other youth to intimidate him. Another child in the California system reported that "a female staff member set up a bisexual youth and let straight guys into his room to beat him up. I woke up and saw blood on the walls and on the ground."

LGBT kids are often targeted for sexual assault. A 2009 Department of Justice report shows that across the country, LGBT youth are twelve times more likely than straight youth to report being sexually assaulted by a fellow inmate. In Louisiana alone, 10 percent of all youth—gay and straight—reported abuse by a staff member. Joan reports that she was propositioned twice by guards when she was 14. When she refused, she was verbally abused and called a "bitch."

An LGBT youth's problems with the law frequently begin at home. "LGBT youth are more likely to be arrested than straight youth because they're more likely to be pushed out of their homes," says Dr. Beyer. And "family rejection is a direct pipeline to the juvenile justice system,"

says San Francisco State University researcher Caitlin Ryan of the Family Acceptance Project. While only 3-10 percent of Americans are lesbian, gay, bisexual or transgender, LGBT youth make up 15 percent of the prison population. Indeed, one-quarter of all LGBT youth are kicked out of their homes or run away. Compared to their heterosexual peers, incarcerated LGBT youth are twice as likely to report abuse at the hands of family members, homelessness or state-ordered foster placement. A shocking estimated 20-40 percent of homeless youth identify as LGBT.

Courts and law enforcement officials often fail to recognize the factors that drive LGBT youth into the system. Of a 16-year-old client who was a runaway, Picou says, "Everybody refused to allow him to be in a group home or foster care home. He was in super-custody like he's a terrorist. Nobody asked him why he ran away or whether he was prostituting to stay alive." And while a toxic home life leads LGBT youth to live on the street, an unwelcoming school system leads many to avoid school altogether, leading to truancy.

Until 2007, gay and gender non-conforming youth in Louisiana's juvenile justice system were regularly subjected to "sexual identity confusion" counseling. At 14, Joan went through this process herself. Though she emphasized again and again that she was not confused and had no desire to change her sexuality or gender identity, counselors grilled her for five sessions. Remarks ranged from emotional appeals ("This is not who you are; I don't want you to be like that") to psychobabble ("Maybe you like boys because you're around them so much") to veiled threats ("You're making a distraction in the unit; while you're here, this is how you need to act because it's drawing attention to you"). For other kids, these threats translated into consequences. One feminine gay youth was sent to lockdown for having his hair up. When a male-to-female transgender youth wished to use a female name and pronouns, the counselors refused and advised staff to force her to wear male clothing.

More blatant and brutal antigay conversion efforts have taken place across the country. In an East Coast state that's the subject of an ongoing investigation, prison authorities permit religious volunteers to enter a youth facility to lead explicitly antigay Bible classes. Lesbian youths who refuse to attend the programs have had their sentences extended from nine to upwards of thirteen months. In Mississippi, a judge—with parental approval—sent a lesbian youth to a private hospital for two weeks to cure her homosexuality. In Pennsylvania, a counselor handed out antigay religious tracts to youth in her facility. In Georgia, when a child who had never committed a sexual offense came out as transgender, she was sent to a facility for youth likely to commit sexual offenses against children. Every major mental health, pediatrics or child welfare organization strongly condemns these practices.

The courts have not been silent on this issue. In 2006, in a stunning, first-of-its-kind decision, a federal court in Hawaii held that the facility's "relentless campaign of violence, physical and sexual assault, imposed social isolation and near constant use of homophobic slurs" was unconstitutional. The children who were plaintiffs in that case faced discriminatory and cruel treatment very similar to what Joan and others have faced. This decision spurred advocates in California, New York, New Jersey and elsewhere to push for reform—with some success.

In the aftermath of the ruling, the Hawaii Youth Correctional Facility implemented mandatory training for the entire staff. The experience is instructive for other juvenile justice systems. "There were certain individuals sitting there with arms folded and steam coming out of their ears. They weren't about to have their opinions changed on the okayness of being LGBT," says Dr. Robert Bidwell, a pediatrician who assisted with the training and works at HYCF. The crucial difference, says Bidwell, is that "the training empowered the people who never felt

comfortable with that prejudice to hear loud and clear from the director of youth services that this will not be tolerated."

To be sure, even in the worst facilities, gay youth can often find some allies. Joan told me how in the midst of the terror she experienced, the women who taught school in the facility "were basically another momma to me." One staff member who physically attacked Joan was ultimately investigated and fired. But at the root of this problem, says Jody Marksamer, is a cold truth. "In the juvenile justice world, even when staff members believe something poses a litigation risk, they'll keep doing it until somebody inside tells them they have to stop doing it, or they get sued."

## Whose Rights?

In 1789 the several states agreed that government “shall make no law respecting the establishment of religion, or prohibiting the free exercise thereof...” All has been well for over 200 years. Everyone just sort of agreed on what that language meant. Then things started to change.

In 1964, the Civil Rights Act established general standards against racial discrimination. Once it was discovered that black and white folk can get along together – if they have to - the concept of non-discrimination was expanded a bit.

In 1974 the Civil Rights Act was amended to include the little word “sex”. Of course, back then, sex just meant men and women. Thirty years later the equality of men and women was fairly well established. Women were getting better pay, better jobs and they were even serving equally in the military. Things weren’t perfect, but they had improved.

Then the concept of equal rights was expanded again to include the LGBTQ community. Congress decided that the area was off-limits. The LGBTQ voting block was just too small to be of interest to the politicians. But the courts, they were another matter. The Federal Courts have been very active recently and have determined the concept of non-discrimination most definitely applies to members of the LGBTQ community.

The problem really came to a head following the Supreme Court’s decision that gutted the Defense of Marriage Act. After that surprise, lower level federal courts began decreeing that gay marriage was now permissible. Gay and lesbian couples, who had been frustrated for so long, began flocking to the states that allowed them to marry.

Naturally, these couples wanted all the frills that are associated with a typical marriage ceremony. A few gay couples were turned away by businesses when they tried to order cakes or catering or photography for their weddings. The actions of these few businesses, however intended, provoked a firestorm of retaliation and counter retaliation in the press.

We now find ourselves in the throes of a great conflict testing which of the precepts of freedom, or what sort of a compromise, will endure.

In Arizona, a group of conservative lawmakers decided that the time had come to protect their commercial brethren from potential lawsuits that were likely to result when they refused service to the LGBTQ community. They put forth a new law, Bill 1062, that they touted as a protection of the free exercise of religion. In fact, upon reading the verbiage of the law, there was nothing in it that said the intent was to discriminate against the LGBTQ community. The words “homosexual” and “gay” were not in the law. Unfortunately, that was not how the LGBTQ community viewed the law.

If these Arizona legislators were being perfectly candid, they would have labeled their so-called Religious Freedom Restoration Act precisely what it was, a "Right to Use Religion as an Excuse to Discriminate Against Gay Men and Lesbians Act."

Supporters insisted the Arizona bill was not anti-gay. But what else do you call a bill that "protects" the right of businesses to discriminate against gay people, as long as businesses attribute their discrimination to their religious beliefs?

Fortunately the state's conservative Republican Gov. Jan Brewer did the right thing. After major business groups and prominent Arizona Republicans — including some lawmakers who

had voted for it — insisted that the new law would be bad for tourism and other businesses, she vetoed the bill. That veto left various conservative groups howling in pain and anguish.

But the issue has hardly gone away. Similar "religious freedom" legislation appeared in Kansas, Mississippi, Missouri and Oklahoma, where conservative activists vowed to press on.

Most of these laws have been pulled by their proponents. But many fear the reprieve is only temporary. Several states have stated that they are reviewing the wording of their laws to remove any blatant statements implying discrimination.

Bakers in Colorado and Oregon lost cases that made national news after they claimed religious reasons for their refusal to sell wedding cakes to same-sex couples. Those decisions set off alarm bells, not only on the far right. After all, a wedding cake may be an artful and tantalizing dessert to some of us, but to others it is apparently a holy sacrament.

As a result, there are numerous open-minded Christians, for example, who believe in equal rights for gay men and lesbians, yet still think gay marriage is a sinful corruption of a relationship ordained by God.

We now face a situation in which claimed rights are in conflict. Members of the LGBTQ community say, "We want the right to marry the ones we love." The religious factions claim that their Bible states that marriage is between one man and one woman. That it is against their god's law for two men or two women to marry. Each side is adamant that their viewpoint must be accepted by everyone.

Those who push for gay marriage say, with some validity, that no one will be forced to violate their religious beliefs if two men or two women marry. Surely, no one is going to hold a gun to the head of a priest and demand that he perform a marriage ceremony for John and Jim. There are many qualified ministers and churches that will gladly conduct a gay marriage in the states where it is legal. That certainly allows those who protest such an action to stay in their churches completely unmolested.

So where is the problem when Governor Jan Brewer vetoed Arizona's new conscience law that protected people of faith from having to provide services to gay couples. There are a number of businesses that provide wedding cakes, commemorative photographs, bridal gowns, or disc jockeys. If one person doesn't want the business, there are always others who do not snub money from the LGBTQ community. In fact, many businesses have placed signs in their windows openly stating that want to serve the LGBT community.

Vetoing the law took away no one's religious freedom. The bigot's religious beliefs are still safe. Only his cash drawer is a little light. No one is forcing anyone to provide services that violated their deeply held religious principles.

But that is not the opinion of the Religious conservative. Just as the Supreme Court declared parts of the Defense of Marriage Act unconstitutional last year, and some states began passing laws to legalize gay marriage, opposition forces coalesced. But they are scared that any open bigotry may be deemed illegal and make them subject to lawsuits. By passing religious freedom laws they are attempting to cloak their bigotry. Sometimes, that has even worked.

The proponents of the Arizona law say it was about protecting someone against a lawsuit if he refused to bake a cake or take a picture. But there is something more hiding in the background. There is an old saying that your right stops where my nose starts. Where do a person's religious rights end and his pushing his religious views onto others begin?

Most of us will agree that there is now no legitimate way to refuse to serve a Negro at a lunch counter by quoting a Bible verse. Similarly, despite how deeply one believes marriage is only between one man and one woman, laws that protect religious freedom can't be expanded to allow a business to refuse service to a customer because the business owner can point to a specific Bible verse.

If this is allowed, how do we enforce the anti-discrimination laws that say public accommodations must be open to everyone?

Discrimination is not new in this country. Previous targets of discrimination have included: Catholics, Irish, Native Americans, Blacks, and women. Discrimination is hurtful. When people discriminate against something we hold dear, or something that is simply innate within us, it rankles the spirit. But, try as we may, not every act of discrimination is illegal.

In the United States, discrimination, loosely based on the Judeo-Christian Bible, has been used for centuries to control and lessen the worth of many different groups. Women were kept subservient to men, denied rights of inheritance or property ownership, prevented from holding any job other than teacher or nurse, denied the right to vote and forced to be submissive to their husbands.

Discrimination against the black population was not only prevalent in the South. But that is where we remember segregated lunch counters. Heaven forbid, literally, if a black and white person should bump elbows while enjoying a bowl of soup. Even churches themselves were segregated in the South, if not by dictum, at least by practice.

Discrimination in the name of god has for ages been directed from one religious denomination against another. From the early days of this country, supposedly founded by people seeking religious freedom, people of the wrong religion have been shunned or killed. The Jews, the Catholics, the Mormons come readily to mind.

Every religion welcomes converts to its particular beliefs. But, if one Christian sect cannot even agree to accept other Christians, then it follows that there must be a tendency to discriminate inherent within the religion. To most religious people, the concept of freedom of religion seems to mean the freedom to force their particular religious belief on everyone else and to condemn whomever they choose. Now the bigots are demanding, in the name of religion, that they be allowed to discriminate against LGBTQ individuals.

If someone should protest their behavior, they loudly proclaim that their religious freedom is being infringed. They demand to be free to refuse service to anyone they don't like. But, if some employer bans Moslem body and head covers, it is an outrage. If national health care mandates a provision for abortion or birth control either the policy must be changed or it is unfair to demand that they provide it to their employees.

How can we honor the Constitution's provision of freedom of religion, and still provide a fair and equal environment for every citizen? It certainly can't be done by government fiat against the actions of a religion – that would violate the establishment of religion clause. We can't just outlaw any religion that discriminates. We can, of course prosecute any person who violates the law, be he religious or not. But that would just make the true believers angrier than ever.

We could, I suppose, appeal to a sense of reason, but we are talking about religion here. And most religious adherents have already given up any sense of reason for simple faith.

It would appear that the only way that the LGBTQ community can gain any semblance of equality is through government action. If a law is enacted to guarantee equal rights to the LGBTQ community, then the religious bigots will either have to curtail their discrimination or be prosecuted in the courts. The Employment Non-Discrimination Act (ENDA) is just such a law, and it is pending in the Congress right now. The Supreme Court is poised this year to consider the Constitutional basis for prohibiting Gay Marriage.

No one in the LGBTQ community wants to tell anyone else what their religious beliefs should be. The religious bigots can believe whatever they want. The LGBTQ community won't interfere with their right to believe what they want. The community only demands that they do the same: that they do not try to force their particular homophobia on anyone else by disguising it as religious dogma.

I went to Tallahassee a few years ago on Lobby Day and carried a sign that asked the question, "How does my civil union affect you marriage?" I subsequently carried the same sign in a local parade. One of the respectable citizens on the sidewalk called me a "Pervert". Bet he learned that in church.

We need to develop an educated public that won't put up with that sort of conduct. If the LGBTQ community is ever to realize the life, liberty and pursuit of happiness that is supposedly guaranteed to each and every citizen of this country, then the populace is going to have to step up and demand that religion stay in the church and the home where it rightfully belongs.

Conservative Christians, if they really deserve that title, should not be in the condemnation business, but in the restoration business. Paul preached an extensive sermon on the subject of "judge not, lest ye be judged." Jesus himself taught that condemnation was wrong when he challenged the crowd to "cast the first stone." In fact, one young woman listened to a member of her local town council refer to a clause in the Bible stating that people like her are to be stoned to death and inferring that such was the law of GOD. She got up to speak in rebuttal. She walked to the dais, took a large rock out of the bag she was carrying, placed it in front of the member who had suggested stoning, then stood back and reminded the man that he said it was the word of god that people like her should be stoned. She offered herself as a ready target if he really believed that everything in the Bible was indeed the word of god. There was a brief silence, then the crowd broke out in laughter and applause.

There are some churchgoers who have had it pounded into their heads that marriage is a sacred religious rite to unite a man and a woman into a union in which it is permissible, yea mandatory, to have sex. But what about another church, equally legitimate, in which marriage is considered a sacred union of two individuals? The only way these two churches can survive is to agree to differ. If either one demands that the other converts his way of thinking, someone's religious freedom is going to disappear.

So the solution to the problem, while utterly simple, is going to be hard to come by. First, we need a law that says discrimination is illegal. Then we need an attitude that says live and let live. I invite you to join me in working for both.



## A Child's Story

Many transgender people say they first realized as children that they should have been born a different sex. The following scenarios are based on the stories of the individuals involved. The names have been changed, but the facts are accurate.

Jay's story:

When Jay was 3, he and his mother went shopping together. Jay asked if they could turn down the girls' aisle and pointed to a princess dress and said, 'Mom, can I have that?' A few days later at day care, Jay brought his mom over to some dresses. "Look, Mom, this is the one I wanted." The teachers assured her that at that age, boys play with girls' stuff and girls play with boys' stuff and Jay played with both. It was no big deal.

A few months passed and Jay still hounded his parents to buy a dress. They finally relented. But it became more than a phase. At home, the dress was all Jay wanted to wear. Soon he asked for a nightgown. Then, as Jay was about to turn 4, he started pushing down on his genitals a lot. He would press them down and squeeze his legs together as if he didn't have male genitalia. His parents checked for rashes or itches. But Jay insisted that he simply didn't like them.

Jay's parents gradually allowed him to wear the sparkly clothes and have the girls' toys he wanted. Around Christmas, Jay was invited to a birthday party with all the 4- and 5-year-old boys and girls from day care. Jay wanted to wear girls' clothes to the party. When Jay showed up at the party, the other kids are like, 'Cool. Let's go skate.'

Then one day in January, Jay showed up at school dressed as a girl. The kids were OK all day long, but after they got home and talked to their parents, they came back and said (to Jay), 'You're weird.' In the pickup line after school, parents stopped making eye contact with Jay's mother. Invitations stopped coming. Some parents said they would call, but they never did.

Jay is now a transgender 6-year-old. She has the support of both parents. She sits, legs tucked, on a canopied bed near a closet filled with princess dresses. She has already lost her best friends. Kids who used to ask Jay to birthday parties stopped calling. Parents in preschool avoided making eye contact.

But, Jay is a happy, kind, sweet, considerate kid and nothing has changed, except Jay, born and known to all as a boy, has been determined to be transgender. The rough-and-tumble kid who once sported buzz cuts and dressed for his birthday as a pirate was growing her chestnut hair below her shoulders.

The family is not sure what lies ahead except that from now on, Jay is growing up as a girl.

Ivan's story:

Ivan, 18, felt comfortable enough with the atmosphere at his high school to agree to be the focus of a video played last year for the student body.

For years, Ivan had been known as a girl. In the video, he revealed that he is transgender, explained what it meant and said he preferred to be called by his male name.

The reaction has been almost all positive. Some people said, "I don't approve of what you're doing, but I'm still going to be your friend" or "I think what you're doing is really brave and you have a lot of courage."

Ivan said, "I've known since I was 8. What makes me a boy is that I don't feel comfortable in my female body. It's not that God made a mistake or I'm blaming anybody. It's that I was born in the wrong body and I need to fix that."

As late as his junior year, Ivan was still known to all but a few classmates as a girl. He had even grown his hair long. "Still, looking in the mirror and stuff, I still saw a boy," he said. "I will look at my old pictures and stuff when I was a girl and I'll think, 'That's not me. Who is that person?'"

Recently Ivan shopped for a suit for a date for an upcoming dance.

Ivan was adopted from China in 1997 as a 17-month-old girl. His mother remembers when Ivan was 8. "He didn't like dressing in girls' clothes.

He really didn't get into playing with other little girls in the same way they played. But Ivan wasn't sure he was transgender until last fall, his junior year, when he said he was transgender."

Now she feels, "He is so happy and feels so much better about himself, I have to be OK with it. I am so glad to see that he is feeling comfortable in his body. I'm pleased that he's happy."

Positive experiences like Ivan's bring hope. There are still some problems, he said. At school he is not allowed to use the boys' restrooms but must go to a nurse's bathroom, which is hardly convenient for his schedule.

Sal's story:

It was a primal scream that went right through me and sent distress signals to my heart. My beautiful 4-year-old daughter stood up in the bathtub as though she were possessed. "Mommy, I'm supposed to be a boy. God made a mistake!" she screamed through heaving tears. Somehow I stayed calm, put my arms around her and tried to calm her down. We talked and talked over the next several years, and I spent hours on the internet looking for children's books, social groups, summer camps, films, anything that might help Sal feel less alone and isolated. There just wasn't anything for children who questioned their gender or felt different, unless they were older.

School was torture. I dropped her off, and then I pretended to drive off but instead I parked across the street and watched as she tried to navigate the schoolyard, a daunting task for even the bravest. I was heartbroken. A million memories of her nine years on the planet went through my head.

She was adopted at birth and was diagnosed as being on the autistic spectrum. There were the many psycho-educational tests, therapies and ongoing gender questions. We tried switching schools for middle school, but by the time sixth grade was coming to an end, things still didn't feel right for Sal. She was gifted, had some learning challenges and was desperate to be a real boy.

Like any good mother I tracked down a doctor who was right here in L.A., at Children's Hospital. We went to several appointments, and Sal went through several years of psychotherapy with a gender specialist.

It was quite by accident that we next landed at Bridges Academy, a school for twice-gifted children. It was there that Sal began to blossom and I first heard about the LifeWorks Mentoring program. I called them immediately and was told that it was for kids between the ages of 14 and 24. My heart sank as I told them, "Sal is 12. But please, just meet her. See if you think she'd fit in." We went the following day and they agreed that Sal would be a great addition to LifeWorks and were willing to give it a try.

Sal is a loving, compassionate, kind, understanding and honest person. He is smart, creative, intuitive and mature way beyond his years, but he's also a man living in a woman's body.

Fast-forward a bit, and Sal's doctors have concluded that he is not autistic. Artistic? Yes! Eccentric? Yes! Emotionally delayed? No! Socially delayed? Well, for a girl, a little bit, but for a boy, it's pretty typical 17-year-old behavior.

So how do we handle children who shock us so dramatically at a very young age?

Gender and Family Project director and psychiatrist Jean Malpas said, "Family acceptance dramatically decreases mental health problems, school drop-out and suicide among gender non-conforming kids and there is a huge demand from children and parents for guidance here." While numbers are understood to be relatively steady – and research is scant – Malpas believes his project is inundated because of pent-up demand for groundbreaking, affirmative support services.

He argues that children questioning their gender are best helped by a positive attitude from parents and professionals from as young an age as possible. Such children are no more likely to end up transitioning to the opposite sex than those forced to conform to gender norms. The Gender and Family Project counsels children as young as four who tell their parents they believe they do not match their biological gender. Malpas has been involved with 50 families in the New York area since he launched services two years ago and now plans a major expansion with more facilities for teenagers and siblings.

He also said, "The child could be a boy who really likes to do 'girl things' or a girl who is a tomboy, or a kid who is fundamentally sure of their transgender identity – it's a spectrum" The project encourages the children to play freely in an environment that's subtly structured, but where they think they are "just hanging out" with like-minded peers. Parents meet other parents and share fears and advice, and family units receive therapy.

Malpas said that some of the project's children are living in their perceived gender identity, which does not match their biological gender, some are simply exploring different gender expressions.

An affirmative attitude can't make a child transgender or gay. But offering a child with Gender Dysphoria or non-conformity issues our services extremely early, and involving their parents, keeps families together. Ultimately it can help avoid mental health problems and even suicide.

At Boston Children's Hospital, which operates one of the leading programs for transgender children, physician Norman Spack said he has treated more than 250 transgender children.

In puberty's earliest stages, children can be given hormone blockers, which have reversible effects. When given to young female-to-male (FTM) children, the blockers help prevent menstruation and the development of breast tissue, which can be psychologically jarring for individuals who identify as male. In male-to-female (MTF) children, blockers help prevent the deepening voice, facial hair and other changes that accompany male puberty.

Because early hormone therapy can have negative side effects on the developing body — most doctors roundly agree that young kids should not be subject to any permanent medical intervention until later in puberty.

Permanent hormone therapy comes later. And one must be at least age 18 before undergoing the "top" or "bottom" surgeries to add or remove breast tissue or augment or remove lower

genitalia. The surgeries are not required or necessary and a great many transgender men and women never have them -- usually because they cannot afford them.

We are talking about a subset of kids who are saying, "I was born in the wrong body. My body doesn't match my brain. God made a mistake." Just as homosexuality was once considered a mental disorder, the American Psychiatric Association has for years used "gender identity disorder" to explain and diagnose transgender individuals. The diagnosis has been a mixed blessing. It allowed people to receive medical treatment such as counseling, hormones and even surgery and sometimes have it covered by insurance. But it also suggested that transgender people suffered a stigmatizing mental illness. And made them automatically unfit for military service.

As a consequence, the American Psychiatric Association (APA) changed the name of the condition in the latest edition of its Diagnostic and Statistical Manual of Mental Disorders to "Gender Dysphoria," an unhappiness with one's biological gender. Simply replacing 'disorder' with 'dysphoria' removed the connotation that the patient is mentally ill.

Caroline Gibbs, a Kansas City psychologist who sees more than 100 clients at the Transgender Institute, said many transgender people realize their gender when they are as young as 3, 4 or 5. Others "come out," publicly revealing their gender identity, at puberty. Still others wait until after they finish high school, from age 19 to the mid 20s.

But some people are so afraid, they bury this. My oldest client is 73, male to female.

Jill Jacobson, an endocrinologist at Children's Mercy Hospital, saw her first transgender patient several years ago — an 8-year-old girl who at age 3 had asked her mother, "If I died and went to heaven, would I come back in the right body?" Now Jacobson is using hormone blockers to treat 28 children from grade school to high school who are making the transition from one gender to the other. Nearly all began treatment in the last year and a half.

We have come a long way, but we are not yet where we need to be. A lack of family acceptance or bullying in school or desertion by friends can easily cause a transgender child to have an unbearable life and quickly lead a fragile transgender child to suicide.

Up to 80% of school children who display minority gender expression face verbal, physical or cyber harassment, according to research from the Gay, Lesbian and Straight Education Network. The most recent National Transgender Discrimination Survey found that as many as 41% of transgender people attempt suicide at some point, compared with 1.6% of the general population.

# The Bathroom Meme

The word “meme” is a modern construct, dating from about 1976. It refers to a pervasive thought or thought pattern that replicates itself via cultural means; a parasitic code, or virus of the mind especially contagious to children and the impressionable. The “bathroom meme” is a term being used recently to refer to certain bigoted, discriminatory and prejudicial attitudes of many segments of our population toward transgender individuals.

The common ordinary bathroom is a central feature and essential commodity in our society. Unless otherwise designated, they are assumed to be sexually dichotomous and separate-but-equal. When necessary, most people just locate the closest appropriate one, walk in, utilize the facilities and walk out. It’s something we do several times every day, without ever thinking about it. It is an essential element of our society without which we could hardly manage. For some people, however, the simple act of using a bathroom is fraught with anxiety, fear and danger.

These are the people who comprise the transgender community: the cross dressers, the transsexuals, the intersex and the gender queer. These individuals also need to use the bathroom on a regular basis. But, unless they are using the bathroom in their own home, that simple act often takes great courage.

Many states still do not guarantee the people free access to public facilities. In those states, you use a public restroom at your own peril. If no one objects, you are okay. But if someone does object...

Common results have included:

A woman used a restroom at McDonalds. When she exited the facility she was set upon by two teenage girls who beat her so severely she went into convulsions and a coma. The staff and customers in the restaurant stood by and watched. Some took pictures. The teens thought she was transgender.

A woman, who describes herself as “not the most feminine,” went to an upper scale restaurant with her partner after the Gay Pride Parade last year. While she was in the women’s bathroom, a male bouncer burst in and told her that she had to leave. Although she showed him her state photo identification card, which identified her as a woman, the bouncer insisted that she leave the bathroom, and subsequently her entire group was ejected from the restaurant.

In one store a woman leaving the restroom was challenged by another patron. Store security was called and threatened the woman with eviction and arrest. Until she pulled out an id card that signified she was indeed female

Some of you may recall a TV commercial that aired a few years ago when Gainesville, FL, was in the process of enacting an LGBT anti-discrimination law. The ad began by showing a park with children playing on a merry-go-round. A little girl gets off and heads to the restroom. Shortly after she enters, this scruffy man, bearded and dirty, is shown skulking around the restroom and then enters. As the ad’s closing music is played, one can hear a pitiful scream in the background. The audio track of the ad cautions the listening public (parents) that if the anti-discrimination legislation is passed, transsexual predators – predators passing themselves off as transsexuals – will invade the restrooms being used by young girls.

Recently, a teenage girl reported that she was attacked while she was in the restroom. Following further investigation, this claim was shown to be completely false and the girl recanted her story. Despite the ever watchful and vigilant public, no transgender individual has ever been caught using the women's restroom for anything but its intended purpose. It has never, ever happened.

The entire "bathroom meme" as it exists today is a scare tactic perpetrated by a fanatical, bigoted and ignorant segment of our society to encourage discrimination against members of the transgender community. The bigots want to scare the general public into rising up and supporting their prejudice. They want to drive the transgender community back into the closet, into hiding, so that they will not be forced to deal with them openly and honestly.

It is interesting that the "bathroom meme" is focused solely on trans women entering a woman's restroom for the purpose of molesting little girls. Not a word is ever said about a trans man entering a men's restroom to molest little boys. But, considering the pedophilia seemingly rampant in the Catholic Church, that should at least be a rational consideration.

Three states are not just ignoring these depraved bigots; they are fighting back. In 2013, the California legislature passed a sweeping new law ensuring the protection of all transgender children in the state's school system. Known as AB-1266, the law was signed by Governor Jerry Brown and went into effect January 1, 2014. This law simply demands that all schools treat transgender children according to their innate gender, not their birth gender. Not only can trans children now play on the appropriate sports team and attend the appropriate classes, they can also use the appropriate restrooms and locker rooms.

If you haven't heard the explosion of bigotry from California, you haven't been listening. At first it was just local anti-LGBT groups. Then the Pacific Justice Institute jumped into the fray with national money and started spreading ignorance and intolerance.

Many ads focused on the "bathroom meme" were forthcoming. When that didn't work, they started a petition drive to force the issue onto the November ballot. The petition was thoroughly reviewed by the several voting precincts. At last, they reported that the necessary number of legal signatures had not been reached. There would be no vote.

After the law went into effect, the PJI charged a trans student with maliciously entering a girls' restroom as a sexual predator. They picked a real student and spread the rumors around the state. As soon as the student's school learned of the charges, they investigated the situation and completely exonerated the student. The whole episode was simply, and intentionally, a pack of lies. Unfortunately, the news media picked up the story and continued to spread it around without ever bothering to validate its accuracy. The PJI has proven yet again that the louder and longer you scream and the bigger lie you tell, the more people will believe you.

What no one seems to realize is that at least two of the largest school districts in California had been following the provisions of AB-1266 for several years before it was enacted. Neither school district has ever reported a problem. Since the legislation went into effect, there have been no problems reported in any of the state's districts.

Following California's lead, the state of Maine is in the process of instituting a similar law. There have been a few minor complaints, but these have gone nowhere and there is, as yet, no Atlantic Justice Institute.

The Coy Mathis incident is a recent case in point. When Coy started kindergarten, her mother went to the teacher and explained that Coy was a transgender child. There were no

problems that year. Coy made friends among the girls and used the girls' restroom without any incidents. The next year in the first grade, Coy progressed well – until December. At that point the mother of another student called the school and complained that a boy was using the girls' restroom. She demanded that this stop at once lest her daughter be somehow harmed. The teacher told a completely confused Coy that she could no longer use the girls' restroom. That she would henceforth have to use the boys' restroom. Coy's mother pulled her out of the school immediately and took action against the school district.

Recently, in Utah, a republican legislator put forth a bill that would require anyone using a segregated bathroom have his or her actual genitalia validated -- even if it required physical observation. Presumably, this would require a person to get a notarized document from a physician attesting to his or her actual gender before entering a public bathroom. This law eventually went nowhere

One solution to the problem proposed by well-meaning individuals suggests that transgender individuals use unisex or gender neutral bathrooms. While well intended, this is hardly a viable solution. For example: unless the person using the bathroom was a parent with children in tow, the bigot observing the action could easily assume that the person was transgender. This would amount to a public outing and could prove not only embarrassing, but even fatal. This would be an especially serious problem in schools or work environments. Further, unisex bathroom are not always collocated with the regular segregated facilities. In some cases, transgender individuals must exit buildings and walk some distance to find such a facility. Creating sufficient unisex facilities in places where they are not normally needed puts an increased cost burden on the establishment.

But even the unisex bathroom is not free from attack. Pamela Geller, on Fox News, ranted as follows:

These gender-neutral facilities are being installed in universities across America. Not small marginal colleges, but major institutions such as NYU. These bathrooms are for both girls and boys. What it means, and what most parents who send their kids to these cesspools for \$70,000 a year don't know, is that these non-gender specific bathrooms have stalls and urinals. Urinals. So if your daughter is one of the few who don't relate to the disgusting whores of, say, "Girls," or fellate any guy who asks her to, and if she actually respects herself, her body and her self-worth, this could be - sexually traumatic

Before you call me prudish or old-fashioned, think of it this way. A young girl finishes class, goes to the bathroom to refresh herself and she opens the door to the restroom to find a male student whom she has never met relieving himself in a urinal. What is going to protect girls from sexual predators in such a situation?

How many college frat boys might use this venue to masturbate or expose themselves to victims? They could always say they were just taking a whiz and the girl is neurotic, or manophobic.

This is sexual abuse. It is scary.

This individual has obviously never used any of the gender-neutral restrooms I have seen. They are single user facilities with locking outer doors. Most usually just support a single stool. But there have been other complaints. Most of the complaints center around men using these facilities with something less than desired cleanliness. One woman commented that the mess left by men indicates that urinating with a penis must be more difficult than it looks.

So, what do you do about the “bathroom meme”?

Get over it!

When you need to use a bathroom, find an appropriate facility, go in, do what you have to do, and leave. Do not spend a lot of time eyeballing the other patrons; it is neither necessary nor polite. Remember, they are there doing exactly what you are doing – nothing more, nothing less. If they are behaving normally, ignore them. Rest assured, they are ignoring you. If you happen to see a known transgender individual treat her or him just as you would any other acquaintance.

Should you encounter a stranger who seems a little nervous or unsure, consider that this may be new territory to them. And you could be the enemy. Unless they specifically ask you a question, or start a conversation (highly unlikely!), just go about your business as if they were not present. Don’t stare, don’t gasp, and – for crying out loud – don’t turn around and walk out.

Remember the cases reported at the beginning: not every person who looks like a transgender really is a transgender. And, unless you are in Utah, there is no law that says you must report potential violators to the police. (The lady who was ousted from the restaurant sued and won a tidy sum.)

Most of the propaganda is aimed at the MtF individual. But guys, there are just as many FtM people out there as there are MtF. So, when that guy walks in to the men’s bathroom and heads for a stall, don’t be surprised if that “Aw, shucks!” comment is followed by an attack on the toilet paper dispenser. Rest assured he will not ask if you have an extra sanitary napkin or a tampon.

And if you just happen to see the guy at the next urinal holding a device instead of a penis, remember good etiquette – eyes front and mouth shut.

The rules are simple, but the execution is not easy. The bigots and the religious right have been hammering away for years now, practically screaming at us that any transgender person using a public bathroom is a threat to every little girl and most women. When faced with such a constant deluge of lies and propaganda – most of it very well done – it is hard not to be swayed.

But do the best you can.



For a look at this problem from a different perspective, I offer the following:

From: Owen Strachan, executive director of the Council on Biblical Manhood & Womanhood and assistant professor of Christian Theology and Church History at Boyce College in Louisville, Kentucky:

The gender revolution will not be televised. Why? Because it is taking place in your local public bathroom.

It's true: gender upheaval, coming soon to a commode near you. In Maine, the state Supreme Judicial Court found in a recent court case that a young woman described a transgender could enter male or female restrooms. In California, the state legislature passed a bill that gives students who self-identify as "transgender" the right "to participate in sex-segregated programs, activities and facilities," including the use of restrooms of both sexes. As if using public restrooms wasn't frightful enough!

The effect of these watershed developments in the water closet is hard to miss. Depending on their "gender expression," boys and girls may now enter restrooms of the opposite sex as they see fit. These bizarre developments sound more like a dreaded group project in Gender Studies 101 than an act of the state. Gender revisionists have made a fuss about the "fluidity" of gender for years now, but their views have largely failed to penetrate mainstream American public life. All this is now changing.

In our enlightened new world, boys can shower with girls. They can enter a locker room of the opposite sex when they wish, and, provided they profess to be transgender, no one can stop them. This is true not only of teenagers, but kindergartners. The sexually curious no longer have a barrier to their exploration. Teachers cannot step in. Administrators cannot intervene. In public schools, per the will of the Maine judiciary and the California legislature, children no longer enjoy the protection our society has assumed as a matter of course.

Gender confusion is real. If you've been raised in a sexually compromised home, or if your father has been absent, you may well puzzle over what it means to be a man and a woman. In a country whose culture of marriage is collapsing, an increasing number of boys and girls will lack such basic parental wisdom. They'll flirt with being transgender and have little compass for moral behavior as a boy or girl. It is tragic that legislators and judges, leaders appointed to protect children, are abetting and encouraging this confusion.

These measures in Maine and California are seemingly laudable. They have been handed down in the name of opposing bullying. Legislatures and courts should oppose bullying. But there is a palpable irony in these acts of the state. They have effectively bullied their citizens into accepting gender revisionism that compromises the privacy of their children and places them in hostile environments. This is as unnecessary as it is alarming. The public officials involved in both decisions seek to oppose injustice, but they are perpetuating it.

The Maine and California leaders do deserve points for creativity, however. Faced with an opportunity to stave off gender revisionists, they have instead created a new right. This is the right of all citizens, no matter how deviant, to enter any restroom, and of all teenage boys, no matter how sexually prurient, to shower with the girls. Behold America in 2014: you have the right to life, liberty, and the pursuit of "gender expression."

This is all very silly. Sex differences are not controversial. They are coded into our physiology. According to scientists like Bill and Anne Moir, men have on average 1,000 percent more testosterone than women. Women generally have much higher serotonin levels and speak

thousands more words per day than men. Men and women are anatomically different in some obvious yet crucial ways. We cannot produce children without respecting the natural design of our bodies. The gender-fluid society may sound promising, but when applied at the granular level, it shows its obviously impractical nature. Like facts, bodies are stubborn things.

You don't need to be a snake-handling religious nutjob to see this. Jews and Christians, Republicans and Democrats, wealthy and poor can see that sexual distinctiveness is not a threat, but a basic fact of life. My own tradition, evangelical Christianity, grounds sexual identity in the creative design of God (Genesis 2:14-25). Jesus affirmed this bedrock reality when he said, "He who created them from the beginning made them male and female" (Matthew 19:4). But to affirm gender differences, you don't need sacred wisdom. You just need two eyes that function and a brain amenable to common sense.

The majority opinion of the Maine decision counseled that its finding was "not to be taken lightly." You could almost say that this news should be received while sitting down. Whatever your posture, this much is clear: in Maine, California, and possibly other states in coming days, being a boy or girl is now seen by the state as a fluid reality (to quote Will Smith in *Hitch*). For the health of the next generation, and from a sense of compassion, people of good faith from a wide range of backgrounds should oppose this sexual confusion. Let's let boys be boys, and girls be girls. Let's give them the privacy and protection they need. Childhood is confusing enough without a revolution in the restroom.

Then, from a published report about the event discussed in the main text:

Khadijah Farmer was ejected from a women's restroom because, she was told, she looked too much like a man.

The woman, Khadijah Farmer of Hell's Kitchen, who describes herself as "not the most feminine," went to the restaurant, the Caliente Cab Company, with her partner, Joelle Evans, after the Gay Pride Parade on June 24 last year.

While she was in the women's bathroom, a male bouncer burst in and told her that she had to leave. Although Ms. Farmer showed him her state non-driver photo identification card, which identified her as a woman, the bouncer insisted that she leave the bathroom, and subsequently her entire group was ejected from the restaurant.

The Transgender Legal Defense and Education Fund filed suit in October in State Supreme Court in Manhattan against Caliente Cab, asserting that she was the victim of gender discrimination.

While Ms. Farmer has always identified herself as a woman, the defense fund took up the case because it touched upon many issues that transgender people commonly face and could set an interesting legal precedent, representatives of the group said.

"It really straddled the line of gender expression," said Michael D. Silverman, the executive director of the defense fund.

Caliente Cab decided to negotiate, and the settlement was signed last Friday. The restaurant will also pay the legal fund \$15,000.

"The settlement was so darn good," Mr. Silverman said. "We got everything we wanted for Khadijah, and in terms of getting good terms on the issues we were looking at, we couldn't in good conscience litigate."

Among the workplace practices that Caliente Cab agreed to adopt in the settlement was to add gender identity and expression to its corporate nondiscrimination policy; to adopt a gender-neutral dress code for its employees; and to amend its employee handbook to state "persons patronizing or employed at Caliente have the right to use the bathroom facilities consistent with their gender identity and expression."

David S. Aronowitz, a lawyer for the restaurant, said in a statement: "An enlightened attitude and progressive thinking is woven into Caliente's culture and in its efforts to promote the social welfare of all members of the community. Caliente, while disputing the portrayal of the events as reported by the plaintiff, is happy the matter is resolved amicably without engaging in protracted litigation."

Note that the preceding observations occurred some 7 years ago. The World has yet to come to an end.

## The Third Word

I want you all to think about the third word that was ever said about you. Or, if you were delivering, the person you were delivering. And you can all mouth it if you want or say it out loud. The first two words were, “It’s a...”

Well, I also deal with issues where there’s not a certainty if it is a girl or a boy, so the mixed answer was very appropriate. Of course, now the answer often comes not at birth but at the ultrasound session, unless the prospective parents choose to be surprised like we all used to be.

But I want you to think about what it is that leads to the third word, because the third word is a description of your sex. And by that I mean made on the basis of a glance at your genitals.

Now, I am used to cases in which there are mismatches in the external genitals or between the external and the internal. In such cases one literally has to figure out what is the actual description of your sex when there is nothing definable at the time of birth. And when I talk about sexual definition I’m not talking about your sexual orientation.

We don’t say, “It’s a gay boy.” Or, “It’s a lesbian girl.” Those situations don’t really manifest themselves until the second decade of life. Nor do they define your gender, which is different from your anatomic sex, but describes your self-concept. Do you see yourself as a male or female or somewhere in the spectrum in between?

Gender definition usually shows up in the first decade of life, and it can be very confusing for parents because it is quite normative for children to act in a cross-gender play and way. There are studies that show that even 80 percent of children who act in that fashion will not persist in wanting to be the opposite gender by the time when puberty begins.

But, when puberty does begin, between the age of 10 to 12 in girls and between 12 to 14 in boys, with the accompanying breast budding in girls or two to three times increase in the size of the genitals of boys, the child who says they are in the absolute wrong body is almost certain to be transgender and is extremely unlikely to change those feelings no matter how anybody tries reparative therapy or any other noxious thing.

Being transgender is relatively rare. Dr. Norman Spack, who practiced pediatric endocrinology, relates that while he had little previous experience with transgender individuals, he once saw one of his patients at age 24, who had gone to Harvard as a genetic female with three male roommates who knew the whole story and a registrar who listed him on course lists with a male name. He finally went to the doctor after graduating saying, “Help me!”

Dr. Spack had treated a lot of people with incorrect gonads. He agreed to treat the young man, if he, in turn, would teach the doctor what being transgender was all about. The doctor proceeded over time to take care of all the members of the young man’s support group. Dr. Spack became really confused in the process, because he thought it was relatively easy at a young age to just give people the hormones of the gender in which they were affirming. But then his patient married, and he married a woman who had been born a male, had married as a male, had two children, then transitioned to female. Now this delightful female was attached to his male patient. In fact they got legally married because they showed up as a man and a woman, and who knew?

Dr. Spack wondered: did this make his patient gay or was he straight? He was getting sexual orientation confused with gender identity. And, he relates, his patient said to him: Look, if you

just think of this you will get it right. Sexual orientation is who you go to bed with; gender identity is who you go to bed as.

Subsequently we learn from many adults that if we don't look, peek, as to who their partner is, we would never be able to guess, better than chance, whether they are gay, straight, bi or asexual in their affirmed gender. In other words, one thing has nothing to do with the other. And the data show it.

Most doctors who take care of transgender individuals find it very painful. Many of them had to give up so much of their lives. Sometimes their parents, their siblings and even their own children would reject them. Their divorcing spouse would forbid them from seeing their own children. It was awful, but why did they transition, even as old as 50 or 60 years of age? Because they felt they had to affirm themselves before they ended up killing themselves. Indeed, the rate of suicide among untreated transgender people is among the highest in the world.

So, what was the solution?

Dr. Spack went to a conference in the Netherlands, where there are experts in this area. He saw the most remarkable thing. They were treating young adolescents, after giving them the most intense testing of gender, by blocking the puberty that they didn't want.

Basically, kids look about the same until they go through puberty. At that point, if the child feels that they are in the wrong sex, they will feel like Pinocchio becoming a donkey. The fantasy that they held, that with puberty their body will change to be what they wanted, actually is nullified by the puberty they get. And they fall apart.

So that's why putting puberty on hold is so important. Why "on hold"? You can't just give an adolescent the opposite hormones. They are too young. They will end up stunted in growth. And do you think you can have a meaningful conversation about the fertility effects of such treatment with a 10-year-old girl, a 12-year-old boy? By putting puberty on hold, the doctor buys four or five years time in the diagnostic process so that they can work out the proper program. Their patients can have more testing; they can live without feeling that their bodies have betrayed them.

Putting puberty on hold is the start of a program called 12-16-18. The blocking hormones are given around age 12. And remember: the blocking hormones are completely reversible. As soon as they are stopped, normal puberty will resume. But when you give the hormones of the opposite sex, the child will start sprouting breasts or facial hair and the voice will change, depending on which hormones you are using. And those effects are permanent or will require surgery to reverse, where that is even possible. So this is serious and should be handled at the 15-, 16-year old level.

At age 16, the adolescent can be reexamined, and if still qualified, the body changing hormones can be administered. Then, at 18, they are eligible for surgery. And, while there is no good genital surgery for female-to-male transsexuals, the available male-to-female surgery has fooled gynecologists. That's how good it can be.

In the Netherlands Dr. Spack looked at how their patients were doing and found that they just looked like everybody else, except that their puberty was delayed. But once they gave them the hormones consistent with the gender they affirmed, they looked beautiful. They looked normal. They had normal heights. You would never be able to pick them out in a crowd.

At that point, Dr. Spack decided that he was going start employing this treatment in the United States. That this is really where the pediatric endocrine realm should be. In fact, if a

doctor is going to deal with kids in the range 10-12, 10-14, that's pediatric endocrinology. So he brought some transgender kids in and made this the standard of treatment and Children's Hospital was behind it.

By showing them the kids before and after, people who never got treated and people who wished to be treated, and pictures of the Dutch, the Hospital went to him and said, "You've got to do something for these kids."

Where were these kids before? There were out there suffering, is where they were.

Dr. Spack started his program in 2007. It became the first program of its kind, modeled after the Dutch program, in North America. And since the program started it has treated 160 patients. About 75% of the patients came from within 150 miles of Boston. Others came from England.

Photo: Jackie (center)



Jackie had been abused in the Midlands, in England. She was 12 years old in this picture. She was living as a girl, but she was being beaten up. It was a horror show. They had to home-school her. And the reason she went to Boston is because the British would not treat anybody with anything under age 16. Which means they were consigning them to the wrong adult body, no matter what happened, even if they tested them thoroughly. Jackie, on top of it, was, by virtue of skeletal markings, destined to be six feet five. And yet she had just begun a male puberty. Dr. Spack not only used the Dutch treatment program to block Jackie's testosterone, but, because he was an endocrinologist, he also used a low dose of estrogen at age 13 to close the epiphyses, the growth plates, and stopped Jackie's growth.

Photo: Jackie (Left)



And so here she is at 16, on the left. And, on her 16<sup>th</sup> birthday, she went to Thailand, where they would do genital plastic surgery. (They will do it at 18, now.) And she ended up being 5' 11", but more than that she has normal breast size.

By blocking testosterone, every one of the patients in the program has appropriate breast size if they start the program at an early age.

Photo: Jackie (Right)



And, on the far right, there she is. She went public and became a semi-finalist in the Miss England competition. The judges debated as to whether she could participate. But I am told that one of the judges quipped that, “She has more natural self than half the other contestants.” Although some of it had been rearranged a little bit, it’s all her DNA. She has become a remarkable spokeswoman. She was offered a contract as a model, at which point she teased by saying, “You know, I might have had a better chance as a model if you had made me sex feet one.”

Photo: Nicole



So this picture, I think, says it all. These are Nicole and brother Jonas, identical twin boys – and proven to be identical. Nicole had affirmed herself as a girl at age three. At age seven her parents changed her name. They began the hormone-blocking program at the very onset of puberty. You can imagine by looking at Jonas at age 14 that male puberty is early in this family. Jonas looks more like a 16-year-old. But this makes the point all the more, that parents have to be conscious of how the child is developing. In this picture, Nicole has had puberty blocking treatments and Jonas just proceeded normally. He is what Nicole would look like if she had not had the hormone blockers. He has a prominent Adam’s apple. He has angular facial structure, a



mustache and you can see a height difference because he's gone through a growth spurt that she won't get. Now, Nicole is on estrogen and has a bit of a form to her.

This family went to the White House recently because of their work in overturning an anti-discrimination bill in Maine. That bill would have blocked transgender people from using public bathrooms - and it looked like the bill was going to pass. But Nicole went personally to every legislator in Maine and said, "I can do this. If they see me they will understand why I'm no threat in the ladies' room, but I can be threatened in the men's room." And then they finally got it.

So where do we go from here? Well, we still have a ways to go in the terms of anti-discrimination. There are only 17 states that have a law against discrimination in housing, employment and public accommodations. And five of them are in New England. We need less expensive drugs. They cost a fortune. And we need to get this condition out of the DSM. It is as much a psychiatric disease as being gay or lesbian, and that was thrown out in 1973, and the whole world changed. And this isn't going to break anybody's budget. This is not that common. But the risks of not doing anything for the transsexual not only puts all of them at risk of losing their lives to suicide, but it also says something about whether we are a truly inclusive society

From a presentation by Dr. Norman P. Spack, Boston Children's Hospital

# The Freakin' Cage

(Speaker paces back and forth in front of audience)

You really don't have to be afraid of me. I am safely lodged within this cage you have put around me. You can stare at me all you wish. You have built this cage and there is nothing I can do about it. Oh, I can rattle the bars, shake the cage a bit; but the bars are very strong. I can never escape.

But why did you build it? Why are you so afraid of me? I look like you. I bleed red blood when you rend my flesh. We share the same basic DNA – the same chromosomes. We live in the same country and share the same social habits. What is it about me that makes you so afraid?

Maybe it's because I was born with a birth defect. What? You can't see it? Well, that's because it's not as simple as a clubfoot, or a harelip, or even spinal bifida. All of those are easily corrected by surgery. In my case, the defect is not visible. It will not appear on an x-ray. It can't be felt – except by me. But it is real – and, if left untreated, it is just as deadly as cancer. The American Medical Association has declared it a legitimate medical condition and the American Psychiatric Association has given it a name in its new Diagnostics and Statistics Manual: Gender Dysphoria. Medical researchers have even identified the likely spot in the brain that is responsible for the condition: the Bed Stria Terminalis-c. But they have no idea how to do a neat little nip-tuck and fix the problem.

Dr. Milton Diamond of the University of Hawai'i first proved the existence of Gender Dysphoria in the 1960's. He found that he could masculinize or feminize an entire litter of guinea pigs simply by injecting the mother with androgen or estrogen during the pregnancy. His results were replicated by others, but his work was lost amid the rampant publicity from Dr. John Money of Johns-Hopkins Psycho-Sexual Clinic who loudly proclaimed that he could change gender via behavior modification. Dr. Money's efforts have been totally discredited, but the guinea pig study has only recently been rediscovered. The medical profession now believes that Gender Dysphoria occurs in humans if the mother experiences a large influx of estrogen or androgen about the 12<sup>th</sup> week of pregnancy.

So that's what sets us apart: I was born with Gender Dysphoria. That's why you put me in this cage. If you keep me here and deny me the treatment I need to correct my problem I will surely die. Oh yes, there is a treatment for my condition. Dr. Harry Benjamin worked out the treatment in the 1960's. If I get the proper treatment, I will live. But the treatment is very expensive and requires doctors who have taken the time to learn the proper procedures. Most doctors I have gone to for help have turned me away.

Then there is the other problem... I seem to be a very rare specimen. There are some people who don't believe that I exist. There are those like you who believe I should be caged. Then there are those who believe that I should not be treated for my condition. These are the people that proclaim that their god does not make mistakes; that I should not change the way I was born. These same people applaud surgery to correct other types of birth defects. A special group of them even operates hospitals to correct birth defects in children free of charge.

My problem may be that my birth defect is invisible. It can't be seen by others and only troubles me. In fact, I am the only person who knows about my defect. I even had to wait for a couple of years before I could tell anybody about my problem. I have to learn the words and what they mean. Then I can tell people.

But no one will believe me. They say that I am going through a phase. They say that I am mixed up. They say that I am crazy! They insist that I don't have a problem at all. On what do they base these magnificent proclamations? On a close examination of my genitals, of course.

The doctor who assisted in my birth took half a second out at the most critical point to glance between my legs. If he saw what could pass for a penis, he stated emphatically that I was a boy. If he didn't see a penis, I was a girl. His finding was duly noted on my birth certificate. That was official and that was supposed to settle the issue for all time. No one bothered to ask me.

That's how our society operates. People are either male or female based on whether or not they have a penis. M or F; there is no other option. To justify that conclusion, our Judeo-Christian society proudly points to a 4000 year-old collection of manuscripts that states their god made man and woman. (And all the other plants and animals on earth, but let's not go into that.)

They know from the same source that there were homosexuals roaming around from the earliest time. So, there is no reason to believe that the planet was totally bereft of transsexuals. And later manuscripts, only 2000 years old, confirm this fact. We'll revisit the religious discrimination question again later.

Now, let's take a look at what might happen if I were actually released from this freak-n cage. I suppose I could just run off somewhere and cower out of sight. You know: out of sight – out of mind. Constantly hiding is almost as bad as being incarcerated. Perhaps I could just walk quietly among you. If I didn't look at you and you avoided looking at me, it would almost be as though I didn't exist. Social exile is very potent. Maybe I could eventually find other people like me and we could huddle together for warmth and support. In some places we are already denied housing, denied a job, denied the use of public accommodations.

Perhaps we could find some location that accepted us. We would have to travel there. That costs money, which we don't have because we can't find employment. And if you think that dealing with the TSA is a nuisance, for us it is a totally embarrassing, dehumanizing experience. No matter how much we just want to blend in and be ignored, there are some of you who insist on pointing us out, jeering at us, and, if all else fails, brutalizing us – killing us – just because we were born with a birth defect.

On the other hand, we all have a god-given defect. We all need to empty our bladders and bowels on a regular basis. In the "old days" the solution was easy – we just headed for the nearest outhouse. They were usually one-holers and relatively private. Now, when we are out in public we head for the nearest public restroom, usually designed for multiple use to compensate for our larger population. These are usually designated by the requisite "M" or "F". And therein lies our problem. Which one do we use to lessen the probability that we will end up being beaten or arrested?

The bigots are on the job. They don't want us to have equal access to public facilities. They will fight tooth and nail to see to that any laws that are made in our favor are unmade just as quickly. They want to ensure that no scruffy male can gain access to their little girls by putting on a dress and posing as a transsexual. They are quick to tell us that we should use the facility that corresponds to our genitals, not our actual gender. So a woman looking every bit as good as Miss Florida ducks into the "M" facility. While a man with a beard and male attire heads for the "W" facility. That may be generally legal, but it is extremely dangerous. And the legality may only be determined at the police station or the judge's bench or the local hospital.

The more I think about it, this cage is looking pretty good. But, seriously, I really do want to get out – to be accepted as an equal member of society.

What I have described is the current life of a person born with Gender Dysphoria. It is dismal. But there is hope for the future.

The original standards of care required months of therapy, a full year living openly in the gender you are claiming and two letters of concurrence from a psychiatrist or psychologist to get the necessary genital reconstruction surgery. Hormone treatments had to wait for formal authorization. The total cost was over \$60,000 for a male-to-female and over \$100,000 for a female-to-male transition. This cost, for a person who could hardly find a steady job or a place to live, was astronomical. No insurance company would cover any part of the cost. You could not get valid id's in your claimed gender without surgery. Just try getting along in our society when your appearance suggests one gender and your id says the opposite.

Today, the standards have eased. Therapy is recommended, but not required. Any medical or mental health professional can sign the letters authorizing surgery. Hormone treatments may begin immediately. The real life experience has been reduced to six months, and is even optional. Some states are now authorizing name and gender change with a letter from a medical professional. But the high costs have only gone up.

But the biggest change is just coming on the scene. Dr. Norman Spack of Boston Children's Hospital went to the Netherlands recently and brought back a new treatment program for children with Gender Dysphoria. He calls it the 12-16-18 program. As soon as a child with Gender Dysphoria encounters the first signs of puberty (around the age of 11 for girls, 12-13 for boys) the doctor begins hormone treatments to delay the onset of puberty. At the age of 16, if the child is still experiencing Gender Dysphoria, the doctor will begin body shaping hormones for the desired gender. At the age of 18, the young adult may consent to genital reconstruction surgery. This procedure alleviates the most devastating aspects of Gender Dysphoria – the completely unwanted body changes brought on by puberty – and produces adults who have absolutely no trouble passing in their true gender.

So here we are – at the end game. How is all of this going to end? It's really up to you. I am still here in the freak-n cage you built. The times are changing and you are in charge of the change. Do we move forward and eliminate the cage or do we keep it? We are at a decision point. Conservative Christian groups are demanding that religious freedom trump equal rights. That is a political decision. If it holds true then all of the advances that the LGBT community has fought for over the past years will be for naught.

You have a lot to think about. Life isn't easy, but it is especially hard when you are born with a birth defect – and we haven't even scratched the surface of the problems faced by the intersex and the gender queer.

# Trans in School



## Welcome

The following discussion applies primarily to non-parochial schools. Church supported and focused schools are generally not able to process the concept of a fluid gender identity. It is not likely that a transgender student would survive long in such an environment.



### Definitions:

Before we get into the meat of our discussion, it is important that we are all speaking the same language. Allow me to provide some common definitions for the terms I will be using:

**Gender Identity:** The way in which a person sees himself or herself with respect to male or female or somewhere in between. Usually fixed and known by the age of four, sometimes more fluid. It has nothing to do with sexual orientation.

**Transgender:** Umbrella term covering those individuals whose gender expression varies from the more common male/female dichotomy. Includes: transsexuals, intersex and cross-dressers.

**Transsexual:** An individual whose gender identity does not correspond with his or her birth-assigned sex. Such individuals are born with a medical condition called Gender Dysphoria

**Intersex:** A person whose genitals are malformed due to a chromosomal defect or hormonal incompatibility.

## Transgender Children in School

School is a  
Protective,  
Nurturing,  
Learning  
Environment



When we think of our school system we imagine a place that is a:  
**Protective, Nurturing Learning Environment.**  
But is that really true for the transgender student?



According to a recent study by the National Center for Transgender Education:  
Hearing biased remarks, including homophobic remarks, in school;  
Feeling unsafe in school because of personal characteristics, such as  
Sexual orientation, gender expression, or race/ethnicity;  
Missing classes or days of school because of safety reasons; and  
Experiencing harassment and assault in school  
are primary causes for students to contemplate suicide.




## Transgender Children in School

**Students feel unsafe in school because of personal characteristics such as:**  
**Sexual Orientation**  
**Gender**  
**Identity/Expression**



This study, *Injustice at Every Turn*, surveyed over 6000 transsexuals spread across the US. It is the largest survey of its kind ever done.

## Transgender Children in School



**Students experience harassment and assault in school from other students and teachers**

The study summed up the NCTE findings with respect to schools as follows:



Lessons Learned (NCTE: Injustice at Every Turn, 2011)

Harassed 78%

Physically Assaulted 35%

Sexually Assaulted 12%

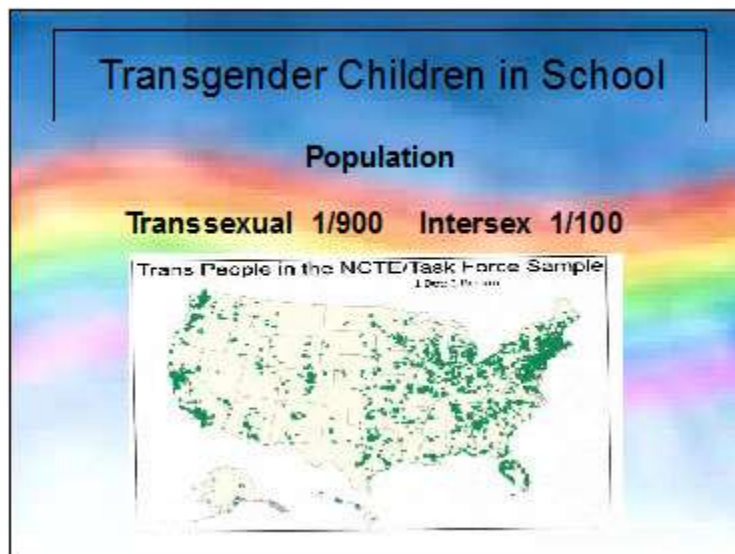
Expelled 6%

As a direct result of the overpowering discrimination they faced, the attempted suicide rate for transsexuals alone was:

Attempted Suicide 41%

The national rate for attempted suicide is: 1.6%

It should be noted that the harassment and the bullying came not only from other students, but also from the teachers who were in charge of the students' well being. Why would the teachers exhibit such behavior? At best the reasons include: A lack of education regarding transgender issues.



How many transgender students are there in the general population?

#### Population

Transsexual 1/1000 (WPATH)

Intersex 1/100 (Intersex Society of North America)

The map at the bottom of the slide shows the transsexual population in the US in 2011, as indicated by responses to the NCTE study. It is almost an exact match for the general population distribution.

How will you be able to identify all of these transgender students?

A parent may speak to you before classes commence, informing you that their child is transgender. One of your students may suddenly tell you that he or she is transgender. Either the parent or child may provide a letter from a professional (doctor, psychologist or social worker) identifying the child as transgender.



It is important to realize that the ONLY person who really knows what gender he or she is-is the child. There are no outward signs, no definitive diagnoses. The professionals can only confirm what the child intuitively knows.

#### Indications

Parental Information  
Student Confirmation  
Medical Confirmation



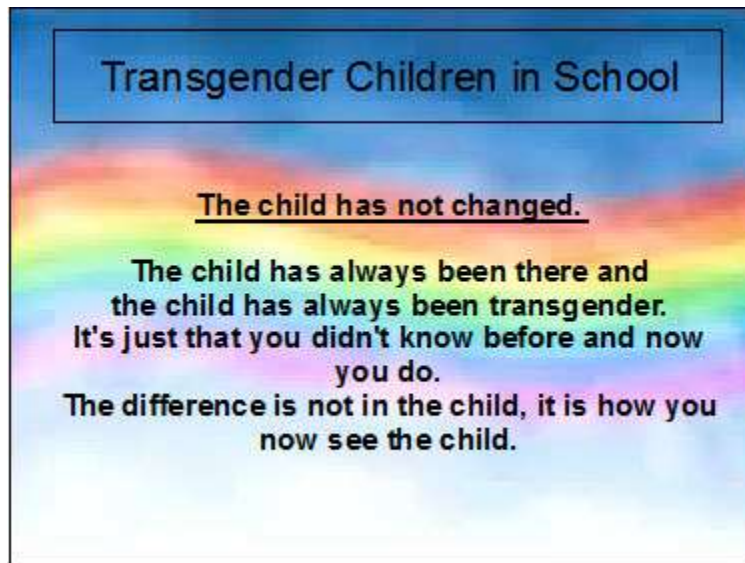
Under what circumstances may you encounter a transgender child? The family may have just moved into the community, or you may be teaching kindergarten or a first grade class that accepts new students. The child may have transferred from another school. This is especially likely if the previous school provided a hostile environment or the child only recently began transitioning between genders. Or, the most delicate situation, the child may begin transitioning in the middle of the school year.

#### Situation

New student

Transfer Student

Transitioning Student



Comment: *The child you love is still there. The child you love has always been there, and that child has always been transgender. It's just that you didn't know before, and now you do. The difference is not in your child. The difference is in the new knowledge that you have about the child, how you now see him or her, and how your life will be now that you are aware that you have a boy instead of a girl or a girl instead of a boy.*

What kind of a situation is this going to cause you as an administrator or a teacher in the classroom? First, you must realize that the child is in a very fragile condition. The child just wants to fit in, but – especially if he or she is a transfer student or is just beginning to transition – the child will be especially fearful. Every time you interact with the child you will be bettering or worsening the child's condition.



You have to comply with school policies and procedures, but if you can do it with love and understanding, you will make your life and the life of the child much better. Here are some of the situations you may encounter:



### Situations – Part 1

**Clothing / Appearance:** Schools usually have separate dress codes for boys and girls. Allow the child to follow the dress code that matches his or her gender identity.

**Name:** School records may require a legal name. Classrooms are not so restricted. Use the child's preferred name and pronouns. And encourage the other students to do likewise.

**Student Interaction:** It is going to be up to the teacher in the classroom to ensure that the other students know what is going on with regard to a student's transition. Teachers should also be on the lookout for any sign of bullying and stop it immediately.

**Classroom Segregation:** Some schools assign boys and girls to separate classrooms. It is up to the school administration to ensure that the transgender student is assigned to the classroom that matches his or her preferred gender.

Those were the easy problems, although they may become more difficult depending on parental reaction. Now we will cover the really nasty problems – many of which will actually encourage parental intervention.

Now we come to the really stick situations in which parents of other children often get involved.



## Situations – Part 2

**Physical Education / Recess Activities:** The transgender child will show a definite preference for participating in activities that relate to his or her preferred gender. When forced to participate in activities that relate to his or her birth gender, the transgender student will rebel and refuse to participate. Indicators include how the other children relate to the transgender child. Do the other boys tease the transgender child for being too feminine? Do the other girls consider the transgender child too rough and tough? How do the parents react when you reassign the child to his preferred group?

**Bathroom Use:** This is the biggie! Are you as a teacher and your administration strong enough to do the right thing and allow the transgender student to use the bathroom that corresponds to his or her preferred gender? Yes, the minute a parent finds out what is going on, there will be hell to pay. But what is your primary job? To provide a safe environment for the child or to cater to some weird societal convention? Separate is not equal.

*Story: When one school learned of a student's transgender status, they immediately forced the student to use a bathroom that was located in an old storage facility several minutes away from her classroom. The bathroom was dirty and had no lock on the door. The student left the school.*

Other students will soon learn that Johnny or Judy is no longer using the student bathrooms, but is using some special bathroom. How are you going to explain that and convince the other children there is not something strange about Johnny or Judy? The hazing, harassing and bullying will begin immediately and you will be the cause of it.

**Locker Room Use:** This is akin to bathroom use, but far touchier. Stalls in bathrooms actually provide total privacy. Showers and changing facilities in locker rooms do not. Sooner or later someone is going to realize that Johnny's or Judy's genitals do not match those of the other children in the locker room. This is going to be far harder to



handle that the bathroom issue. True, the transgender student can change in some other location, but showers will be out of the question. Do not even think about forcing the transgender child into the locker room that corresponds to his or her birth sex. That would be pure ostracism and would destroy that child's self image. Remember, the transgender child is especially fragile.

### Official Policy:

Policies are usually set by the State, enhanced by the School Board, and sent down to the schools as set in concrete. If you had a transgender friendly policy, you would not be here today. You know best the options and procedures for changing policy. It won't be easy; it may take a long time. But if you don't try, nothing will change and this education will essentially be a waste of time. Start by figuring out how you can best serve the transgender student within the limits of your official policy. If you have to bend a few rules, do so. Again, remember why you are there in the school in the first place. Do everything you can, and maybe a few things you aren't supposed to do, to help the transgender student. The payoff may be a saved life.



### Two Stories:

**Pat** was born male but decided at the age of eight that she was a girl. She loved her school gym class, but after three years her teachers forced her to join a team of boys; humiliated, her grades suffered, she lost friends and she refused to go out during breaks. She eventually dropped out of school.

**Coy** was born male, but proclaimed at age four that she was a girl. She started kindergarten as a girl and was completely accepted by her classmates as such. She made friends with the other girls. She was promoted from kindergarten to the first grade and continued participating in school as a girl. In December a teacher informed Coy that she could no longer use the girls' bathroom. Henceforth, she would have to use the boys' bathroom. When Coy told her mother about this, she immediately pulled Coy out

*of school and began homes schooling. The ACLU eventually got involved and the school was forced to changes its policy.*



### Solutions – In the classroom

**Let the student be the student:** This does not imply chaos. It simply means that you do not force gender stereotypes on the student if they don't fit. Only the student can tell you what gender identity he or she prefers. Accept what the student says in the absence of any contrary information. Do not automatically contact the parents for verification! If they do not yet know how the child feels, the result might not be pretty. Many parents have thrown their own children out of the house because they were transgender. If you must confirm, ask the child whom you should contact.

**Teach the other students, if necessary:** If the child's appearance in the classroom is causing a problem with the other students, this has just become a teachable moment. Tell the other students what is happening; explain gender dysphoria – that it is a medical condition completely out of the child's control.

**Be mindful of bullying:** This is self-explanatory. Bullying or harassment may begin or increase when other children learn about the transgender child. Nip it in the bud or it may get so out of hand that the transgender child will be put at serious risk.



### Solutions – In the school

#### GSA – Gay Straight Alliance Club

*Story: A few years ago, a high school student in Colorado asked her school to allow a Gay Straight Alliance Club. She had a sponsor ready and other students that were interested. The school refused to allow the club. The ACLU intervened and the school was going to be forced to allow the club. The school revised its policy and banned all after-school clubs. The parents of the other children raised such a ruckus that the school was forced to back down and reinstate the clubs along with the Gay Straight Alliance Club. Within one year there was a GSA in every high school in the state. This lawsuit established the national policy called "Equal Access" that forces secondary schools to permit a GSA if they have any other after-school clubs.*

*Story: Two years ago a middle school student in Florida asked to have a GSA club in her school. Following a brief lawsuit, the School Board allowed the club to meet for the final three weeks of the school year. During the summer members of the School Board lobbied state legislators to change the existing law to prevent GSA clubs in middle schools. Another student brought a lawsuit against the school board that has been in litigation for a year with no end in sight.*



### Solutions – in the Community

**PFLAG – Parents Friends of Lesbians and Gays**  
Counseling, Information, Education, Anti-bullying

**TYFA – Trans Youth Family and Allies**  
Information for Transgender Youth and their Families/Allies

**GLSEN – Gay Lesbian Straight Education Network**  
**National School Climate Survey (NSCS). (1999)**  
Educational information and guidance

**ACLU**  
**First Amendment**  
**Title VII**  
**Title IX**

Equal Access and other lawsuits to enforce equality for the LGBTQ Community

## Transgender Children in School

### Your Goal:

- (1) to foster an educational environment that is safe and free from discrimination for all students, regardless of sex, sexual orientation, gender identity, or gender expression, and**
- (2) to facilitate compliance with local, state and federal laws concerning bullying, harassment and discrimination**

### Your Goals

- (1) To foster an educational environment that is safe and free from discrimination for all students, regardless of sex, sexual orientation, gender identity, or gender expression, and
- (2) To facilitate compliance with local, state and federal laws concerning bullying, harassment and discrimination.

## Transgender Children in School

### The Result:

**A Protective,  
Nurturing,  
Learning  
Environment**



## Transgender Children in School

### Resources:

National Center for Transgender Education: [ncte.org](http://ncte.org)

World Prof. Assoc. for Transgender Health: [wpath.org](http://wpath.org)

Gay Lesbian Straight Education Network: [glsen.org](http://glsen.org)

Gay Straight Alliance Club: [gsanetwork.org](http://gsanetwork.org)

Trans Youth Family and Allies: [imatyfa.org](http://imatyfa.org)

Parents Friends of Lesbians and Gays: [pflag.org](http://pflag.org)

Resources

## Transgender Children in School

### Questions?

Questions?

Thank You



## Annual Transgender Day of Remembrance

November is the time of year when many of us think about the Transgender Day of Remembrance (TDOR), a day in which groups across the world hold vigils to remember those that have been brutally murdered simply because of their gender identity.

Each year, as we approach the fourth Thursday in November, we honor yet more victims of the horrific violence that has gone largely unnoticed. These are just a few of the individuals whose lives were silenced this year by gender bias and gender hatred.

I'm joining with the *Standing on the Side of Love* campaign to reach out to our congregation again this year and bring awareness to the senseless murders that continue to happen in our country as well as abroad.

We gather here today to mark another anniversary of the Transgender Day of Remembrance. The Transgender Day of Remembrance was set aside to memorialize those who were killed due to anti-transgender hatred or prejudice. Today we often memorialize all LGBTQ individuals who were killed or severely beaten during the preceding 12 months.

Rita Hester, an African American transgender woman, was stabbed to death in her apartment in Allston, Mass. on Nov. 28, 1998. An outpouring of community grief and support led to a candlelight vigil taking place just a few days afterward.

Shortly after the vigil, Gwendolyn Ann Smith, a transgender activist, founded the Transgender Day of Remembrance, a day to memorialize those who fall victim to transgender hatred. Rita Hester's murder also kicked off the "Remembering Our Dead" web project and a San Francisco candlelight vigil in 1999. Rita Hester's murder — like most anti-transgender murder cases — has yet to be solved.

Due to the interest in both the web site and that original vigil, it was decided to create an annual memorial to those killed

Although not every person represented during the Day of Remembrance self-identified as transgender — that is, as a transsexual, cross-dresser, intersex or otherwise gender-variant — each was a victim of violence based on bias against transgender people. Since 1998 an average of 30 deaths have been recorded each year.

We live in times more sensitive than ever to hatred based violence, especially since the events of September, 2001. Yet even now, the deaths of those based on anti-transgender hatred or prejudice are largely ignored. Over the last decade, some three persons per month have died due to transgender-based hate or prejudice, regardless of any other factors in their lives. This trend shows no sign of abating.

The Transgender Day of Remembrance serves several purposes. It raises public awareness of hate crimes against transgender people, an action that current media doesn't perform. The Day of Remembrance publicly mourns and honors the lives of our brothers and sisters who might otherwise be forgotten. Through the vigil, we express love and respect for our people in the face of national indifference and hatred. The Day of Remembrance reminds non-transgender people that we are their sons, daughters, parents, friends and lovers. The Day of Remembrance gives our allies a chance to step forward with us and stand in vigil, memorializing those of us who have died due to transphobic violence.



Transphobia is the hate or fear of gender variant people, which is similar to homophobia. Unlike homophobic acts, however, violent crimes against transgender men and women are not considered hate crimes in many states. The Transgender Day of Remembrance is a response to the discriminatory actions without proper judicial ramifications.

Between January 2011 and May 2011, 55 transgender-related murders had been registered in 19 countries, according to a worldwide research project that examines the human rights situation of transgender persons throughout the world. Four of these murders occurred in the United States, a slight decrease compared to previous years.

A study conducted by the National Gay and Lesbian Task Force and the National Center for Transgender Equality, surveyed nearly 6,500 transgender Americans.

The study found that 26 percent of respondents had experienced some type of physical assault because they were transgender. And well over half of those polled said they had experienced serious discrimination. This includes being incarcerated, evicted, or fired because of their gender identity.

Ten years ago, only two states had laws protecting transgender individuals from discrimination. Now, 15 states do. But it isn't up to policymakers and police officers alone to curb discrimination against transgender people: It's up to society as a whole. There is no safe city — there is no safe state — for transgender people in the United States.

Rachel Crandall, co-founder and executive director of Transgender Michigan said, “Transgender Day of Remembrance is very important because it’s the day to remember transgendered people who were killed solely because they were transgender. It’s my way of thanking those who have lost their lives and paved the way for the transgender men and women who follow after them.”

Michelle Fox-Phillips, co-founder of Transgender Detroit, an organization that advocates for Transgender issues in the metro Detroit area said, “I don’t know how to explain it [Transgender Day of Remembrance]. It’s the most important transgender event of the year. All these victims need to get recognition in some way. The press ignores them, the police ignore them.”

In many Unitarian Universalist congregations, a moment during a Sunday worship service in November has been set aside to remember that violence and hatred still exist, and to grieve for the lives changed and lost due to this violence. The following resolution was passed at the General Assembly (GA) in Portland, OR, in 2007 in support of transgender people and education for non-trans confronting Gender Identity Discrimination.

*“Whereas* the President of the Unitarian Universalist Association of Congregations noted, in his June 21st report to the General Assembly, the work of our West Florida congregations on the issue of employment discrimination against transgender individuals, and

*Whereas* there has been no prior statement by the General Assembly specifically addressing our Association's views on transgender identity,

*Be it resolved* that the 2007 General Assembly affirms its commitment to the inherent worth and dignity of **every** human being, including transgender individuals.

*We further resolve* to express this spiritual value through our employment practices, educational efforts, congregational life, and public witness, and **encourage** member congregations and societies to explore with their communities the important differences between sexual orientation and transgender identity.

The GA continued, while the Sunday closest to November 20th is ideal, it is more important to find an appropriate time regardless of when it is—to grieve, honor, and remember those who have died.

UUA Pres. Rev. Peter Morales said in a statement last year, “Anti-transgender violence is a stunning epidemic, embodying the darkest aspects of human nature. Perpetrators of such violence have succumbed to the moral plagues of fear, hatred, and cruelty, turning away from love and compassion. Sadly, the victims of their murderous rage are too often forgotten by society at large.”

When Matthew Shepard was killed, the Catholic priest in Laramie, WY, is reported to have said that Matthew would be our teacher, now after death.

What can we learn from hate and misunderstanding?

Why must it take death for us to realize someone has humanity?

Every person has something to teach us.

This past year, all too many people who we would identify as transgender were attacked simply for seeming to be different.

In many cultures, transgender people have been celebrated as people with insights about humanity, as people who understand gender more so than others, and as healers.

Let us take a moment to remember those lives that have been affected by violence and grieve for the loss of life at the hands of violence. Parents have lost children, spouses have lost loved ones, and we all lose when someone dies too soon.

May we remember and honor those who have died and work toward a world where the violence is no more. May we learn from others in life what they have to teach us.

**Join us in a vigil "Remembering Our Dead"**

(Reading and Roll Call for Transgender Day of Remembrance)

CHRISSIE BATES, 45,

A transgender woman living northeast of the Basilica of St. Mary in downtown Minneapolis was killed on January 12<sup>th</sup>. She was the city's first homicide victim this year.

TYRA TRENT, 25,

Was found dead on February 23<sup>rd</sup> in a vacant Baltimore home. Her family says she was constantly tormented because of the way she looked.

MARCAL CAMERO TYE, 25,

Was found by police a little after 5am Tuesday, March 8, on Highway 334 in east-central Arkansas. The body appeared to have been shot and dragged under a car Tuesday.

CHRISSY LEE POLIS, 22,

was attacked by two women ages 14 and 18, savagely beaten on April 22, in a McDonald's Restaurant. She experienced a seizure and was left twitching on the floor. Her crime was that she had used the women's restroom.

MICHAEL HUMPHREY, 59, and CLAYTON CAPSHAW, 61,

a gay couple found murdered inside a burned Lake Highlands apartment on April 28th.

UNKNOWN TRANSMAN, 27,

was beaten, raped and robbed on May 18<sup>th</sup> in St. Paul, MN, by another man who was looking for things he could sell to buy cocaine. The assailant was subsequently arrested, tried and convicted.

MISS NATE NATE aka NATHAN EUGENE DAVIS, 44,

Was murdered on June 13<sup>th</sup> and her body was found behind a trash bin at an apartment complex.

CAMILA GUZMAN, 38,

Stabbed several times in the back and neck on August 1, 2011, in New York City.

LASHAI MCLEAN, 23,

Shot on street in Washington, DC. A few days later a memorial to her was destroyed and a teddy bear burned.

Another Transgender woman was shot a few blocks away.

On 26 August by Kenneth Furr, an off-duty police officer, stood on the hood of a car and shot through its windshield, hitting two transgender women and a male friend, wounding one critically. The officer is a 20-year veteran of the city's police force and is currently in jail, awaiting trial.

According to a Baptist report, there has been "an increasing pattern of violence" against transgender persons in the nation's capital, including seven muggings in August and September.

GAURAV GOPALAN, 36,

Engineering research scientist Gaurav Gopalan was an enthusiastic learner, friends said. Gaurav Gopalan had three main loves in his life: helicopters, Shakespeare and his partner of five years, Bob Schaeffer. He died on September 12<sup>th</sup> from suspicious causes.

#### UNKNOWN TRANSWOMAN

was shot in the neck on Sept. 12. The bullet punctured both of her lungs and lodged next to her heart, where it remains. The shooter accepted the plea bargain to one count of Aggravated Assault While Armed, which carries a 5-year mandatory minimum and a maximum of 30 or 40 years.

AKEEM LAUREL, 27,

was shot to death on Sept. 16. Police still are looking for his killer.

JAMEY RODEMEYER, 14,

On Sunday, Sept. 18, 2011, Jamey Rodemeyer took his own life at the age of 14. Earlier this year he had participated in the "It Gets Better" Project, but just a week before the suicide, he wrote, "I always say how bullied I am, but no one listens. ... What do I have to do so people will listen to me?" It didn't get better for Jamey.

LUCIE PARKIN, 36,

was shot and killed Sept. 20 in a motel room on Hesperian Boulevard in Hayward, CA. Her killer has been arrested and charged with the homicide.

#### UNKNOWN TRANSWOMAN

was stabbed in the abdomen on Sept. 26th by two male suspects. The suspects also verbally assaulted the survivor and her friends with homophobic/transphobic language before the attack. Thankfully, the victim's injuries were non-life threatening and responding police officers were able to arrest both suspects. They are being charged with Assault with a Deadly Weapon – Bias Related.

RASHAUN BERNARD HOWARD, 26,

was shot and killed by 16-year-old Jarrett Jones on October 17<sup>th</sup>.

SHELLY MOORE, 19,

was last seen on 23 October at 1:30 AM at the 900 block of Longfellow St. in Detroit, MI. Moore's killers did not just kill this teen. They dismembered her. They burned her. They dumped the remains along a service drive on the side of an interstate. They did all they could to make her a non-entity. Then Moore's mother had to identify her child solely from a charred torso.

ASHLYNN CONNER, 10,

committed suicide November 11 after enduring bullying that included being called a boy when she had her hair cut short. Family members believe she took her own life due to bullying and teasing that had gone on for several years.

CASSIDY NATHAN VICKERS, 32,

was shot to death on November 19 in Hollywood, California. Her killer was seen and is being sought.

Let us never forget the courageous souls who lost their lives in the struggle for acceptance — not simply on a personal level, but in society as a whole.

Let us never forget those who didn't — or couldn't — abide by the “gender rules” society placed on them. And how could they, when in the deepest abysses of their souls, they knew they were not the gender they portrayed to the world?

This day is not about trying to inspire pity, but about reflection and hope. Please take a moment to reflect on the spirit of this memorial.

It's a feeling I know all too well, of being driven to the brink of suicide by the demons in my mind. Knowing in my heart I was a woman, even though physiology and society told me I was a man. Obviously, this day isn't going to elicit the same reaction from the majority of the community as it did for me.

Being forced to live a lie on a daily basis is bad enough, but having to live life in fear is worse. No one should ever have to fear physical violence for just being themselves. We are simply trying to have the outside of our bodies match the inside and it is a struggle that is nearly incomprehensible to someone who does not question their innate gender

We are blessed to live in a time where things are improving. For instance, in 2010, 337 companies achieved a 100 percent in the Human Rights Campaign's Corporate Equality Index, more states and communities are enacting equal rights ordinances, as are government departments of labor, housing and health. The World Professional Association for Transgender Health has significantly eased (and reduced the overall cost of) the standards for care. And on Nov. 3, the IRS overturned a long-standing decision of disallowing tax deductions for medical care related to gender transition.

I'm proud of who I have become, but I am also looking forward to the day when I'm viewed not for being a transsexual, but simply for being female.

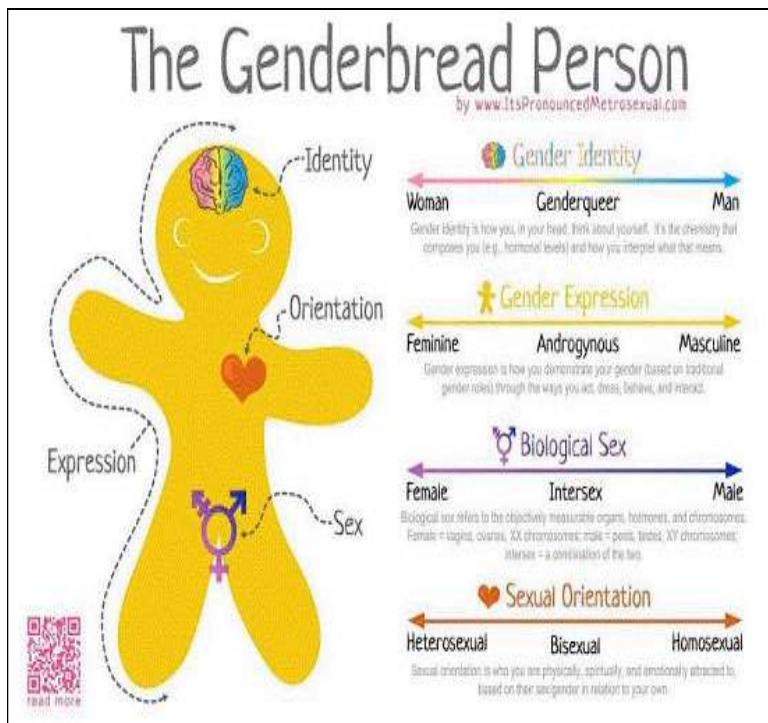
Everyday is better than the last, because I'm truly, genuinely happy. Yet as things inevitably improve, I cannot — and will not — forget those who died or suffered unspeakable violence for being true to themselves.

[Days of remembrance are just that and there will always be those who are more affected by the cause than others.]

May our congregation be a place where all are welcomed, where all can learn and all can be teachers. May our congregation be a place where all are safe. May our congregation be a place where people can seek and experience wholeness.

# Transgender 101

The Transgender community is most often referred to by the “T” in the LGBTQ acronym. Transgender is a collective term usually including: Cross-dressers, transsexuals and the intersex. In the United States the transgender community makes up approximately 3% of the population.



Before getting involved with the transgender community, let's take a few minutes to consider what is involved when we talk about gender. We use the terms “woman”, “feminine” and “female” – along with their binary counterparts “man”, “masculine” and “male” – all the time. But we seldom pause to think about what these terms actually mean.

When a baby is born, the doctor usually takes a second or two out a very busy period to glance between the baby's legs. If the doctor sees a penis, the baby is a male; otherwise the baby is a female. That is what we call the baby's biological sex. It is all about the genitals.

The proud parents will begin dressing and socializing their baby based on the baby's biological sex. The color and type of clothing as well as the behavior emphasized is what makes up the child's gender expression. This gender expression is referred to as masculine or feminine.

About the age of three years, the child will understand the concept of gender and be able to say, “I am a boy” or “I am a girl”. This is because there is a part of our brain that tells us which gender we are. And it is working by the age of three. Gender identity is referred to as being a man or a woman.

Thus, we have the three pair of terms:

Man/Woman defining our gender identity as defined by our brain.

Masculine/feminine defining our gender expression as defined by what we wear and how we behave.

Male/female defining our biological sex as defined by our genitals.

Now, let's look at the three groups that comprise the transgender community.

The first group is the cross-dressers. Cross-dressers used to be called, "transvestites"; but that term has fallen into disuse and is now considered a very disrespectful term. Cross-dressers are almost exclusively heterosexual males who just happen to enjoy wearing women's clothing. Psychologically, cross-dressing is considered to be a fetish. (A harmless behavior that one is compelled to engage in.) Many cross dressers are happily married and a few of their wives have reported to me that, after a night on the town with their husbands dressed as women, the sex is fantastic. Mind you, not all cross-dressers are men; but when women put on men's clothing, no one pays any attention. How often do you see a woman wearing blue jeans? Cross dressers usually devote a great deal of time to their wardrobe and make-up. A cross-dresser wants to look like a beautiful woman and most accomplish just that. Whenever possible, married cross-dressers recruit their wives to aid them. Many cross-dressers only dress on weekends or special occasions.

There is a special group of cross-dressers: gay men. When gay men dress up as women it is frequently to perform on stage. Such men are known as drag queens. They often create a unique persona and flamboyant dress by which they are widely known. An even smaller group of men who dress up to perform are the female impersonators. These men select one specific female performer to impersonate and will do such a good job that they really do act and sound just like the woman they are emulating. Joan Rivers, Marilyn Monroe and Dolly Parton are just a few of the women who have been successfully impersonated by men.

The second group in the transgender community is the transsexuals. A transsexual is a person who is born with Gender Dysphoria. The part of the brain that determines one's gender is formed during the twelfth week of pregnancy. Modern medicine thinks that when the mother's body is awash in excess hormones at this time, the part of the brain that determines gender can be malformed. When that happens, a male baby can end up with a woman's gender and vice versa. A transsexual is a person whose innate sense of gender does not agree with his or her sex.

The American Medical Association has declared that Gender Dysphoria is a medical condition and should be treated by medical means. That doesn't mean that they advocate cutting into the brain to fix things. That would be nice, but modern medicine does not yet know how to do that. They know which part of the brain is mixed up, but they don't know how to un-mix it.

So why not just let it be and change your gender behavior to conform to your genitals. Wouldn't that solve the problem? In a word, no it won't. You see Gender Dysphoria, left untreated, is just as great a killer as cancer. Let's take a minute to let that sink in: just as great a killer as cancer.

A treatment for Gender Dysphoria has been devised. It involves an influx of the proper hormones followed by surgery to correct the genital presentation. In some cases, psychological intervention will be called for to verify that the individual actually does have Gender Dysphoria. But Gender Dysphoria is not, I repeat, not a mental disease or disorder.

The interim solution is to postpone hormones and surgery and just dress and act appropriately. Some females may be able to get away with acting like men; but it is a very rare male who can pass as a woman without turning a few heads. Perhaps you have heard the

derogatory term, “a man in a dress”. The main reason we are pushing so hard today for non-discrimination laws for members of the LGBTQ community is to allow the members of the transgender community to apply for and keep jobs and housing while they wait for final surgical intervention.

The last group in the transgender community is the intersex. An intersex person is by definition a person who was born with ambiguous genitals. There are many causes for an intersex condition, but most involve a variation of the usual xx or xy chromosomes and can be exacerbated by a problem with the normal sexual hormones testosterone or estrogen. Years ago, an intersex person was referred to as a hermaphrodite. This term is now considered to be obsolete and disrespectful.

In the old days (as little as 10 years ago), the procedure for handling an intersex baby was relatively simple. A day or so following the delivery the doctor would closely examine the baby. If the doctor could find anything that looked like a working penis, even if it were extremely small or misshapen, whatever external female genitals might be present would be surgically disposed of and the baby would be raised as a boy. If there was no functioning penis, whatever remnant of a penis and testicles that might be present would be disposed of and the baby would be raised as a girl – even if there were no internal female organs.

When these children were older, they quickly discovered that their genitals often had little or no resemblance to those of other children. They would become aware of their own gender identity and frequently it would not agree with the genitals they did have. Some intersex children raised as boys discovered upon reaching puberty that they were growing breasts and starting to menstruate – with no outlet for the menstrual blood.

These conditions were bad enough, but in checking their birth records, these intersex individuals would find no mention at all of the intersex condition. There was no discernable cause for their present condition. Even their parents were not told about their condition. It was a condition that people just did not talk about - most likely from the shame of being sexually deficient.

Today doctors are waiting until the child can tell them which gender they favor. Then, with the marvels of modern plastic surgery, a much more appropriate genital modification can be made.

This concludes Transgender 101. I am ready for any and all questions you may have.



# Transgender 201

By definition a transsexual is a person who is born with Gender Dysphoria. In a person with Gender Dysphoria, the part of the brain that determines one's gender, the bed nucleus of the Bed Stria Terminalis c (BSTc), can be malformed during the twelfth week of pregnancy. Modern medicine thinks that this happens when the mother's body is awash in excess hormones. When that occurs, a male baby can end up with a woman's gender and vice versa. A transsexual is a person whose innate sense of gender does not agree with his or her sex.

That is a diagnosis only a doctor could love. It really isn't necessary to know the medical details to understand what it means to be a transsexual. That is what we are going to look at.

It all begins at birth when the doctor utters those infamous three little words, "It's a ..." (Fill in the blank). From that point on the question on everyone's tongue is, "Is it a girl or a boy?" The proud parents will have dressed the newborn in colors appropriate to the baby's gender. They will begin socializing the child in the proper behavior. And everyone will be oh so happy. There is no outward indication that the baby has been born with a deformity or disability. There is no test that can be run to discover the danger that lies beneath the skull.

The average transsexual's first experience comes about the age of three or four years of age. It happens just as the child begins to understand that the world is comprised of little boys and little girls, and that they are different. The next thing the child does is try to figure out just what he is. (For the sake of simplicity, I am going to talk about a child who was born male and subsequently discovers that he is really female. Exactly the same story is true of the child born female who discovers she is really a male.)

Little Johnny has always been dressed in pants and drab colors, had short hair and played with trucks, tools and other boy toys. When he went to the day care center, pre-k, whatever, he saw little girls wearing dresses and bright colors, who had long hair and played with dolls and tea sets. Little Johnny was envious of the little girls. He wanted to wear bright colors, have long hair and play with dolls. Little Johnny was about to discover his innate gender.

Imagine the parent's surprise and shock when little Johnny pipes up one day and says, "But, Mommy, I'm a girl." Now children often cross the "gender line" from time to time. They do it to experiment and because it is fun. So Mommy's natural and immediate response is to reassure little Johnny that he is a boy, and tell him to go back to playing with his trains and trucks. She is not about to let his hair grow out or buy him a dress.

So far, so good. Until little Johnny continues to persist in his belief that he is really a girl. This very soon goes beyond being a game and starts to become serious. Even today, most parents are not going to leap to the conclusion that little Johnny might really be a transsexual. Most parents even today don't know what a transsexual is. Eventually a loving and caring parent is going to become concerned and may seek help from a trusted professional. And this is where little Johnny's life begins to hang in the balance. There are still precious few doctors skilled in the transsexual condition. There are even less church leaders who look kindly on the transgender individual. Two current phrases are "abomination to god" and "it's just a lifestyle choice – we can fix that".

Even the average PFLAG (Parents and Friends of Lesbians and Gays) chapter may not have a qualified transgender counselor available. No parent is going to immediately run off to a transgender support group; that would be a tacit admission as to what the problem really is.

So little Johnny's first experience is most likely going to lead to denial and rejection of his inner being. This is just the start of a life of rejection and mistreatment that leads to stress and depression and ends in suicide. The suicide rate among transsexuals is over 40%. (The suicide rate in the general population is only 1.6%.)

But that does not mean that there is no hope for little Johnny. If the parents do get good information, they will learn that a treatment program for children now exists among a few trained doctors. If not in this country, then in the Netherlands.

The program consists of four phases and lasts until the child is over 18 years of age. Phase One consists of a detailed psychological examination. Not to determine whether the child has a mental problem – remember that Gender Dysphoria is a medical problem, not a mental problem. The psychologist just wants to determine that Johnny really knows what he is talking about. At any age, only the individual can determine what his or her gender is. No one else can.

If the initial testing proves out, then phase two will begin just as soon as the first signs of puberty are observed. This is usually about age 11-12 for girls and age 13 for boys. But it can occur at any age. When the first signs of puberty are observed, the child is started on a hormone cocktail that will delay the further onset of puberty and is completely reversible. This phase will last until the child is 16 years old.

Phase three begins at age sixteen. The hormone cocktail is changed from delaying puberty to encouraging and enhancing the gender that the child has announced is his or her own. This allows the desired sexual characteristics to develop and stops the undesired characteristics.

Phase four can begin any time after the age of 18. It is during phase four that the genitals are realigned to the desired structure.

This is the modern course of treatment for Gender Dysphoria. It has proven exceptionally successful. It is endorsed by the Worldwide Professional Association for Transgender Health (WPATH) and the American Medical Association (AMA). It is so far advanced over what has been available as to make the previous treatment seem utterly barbaric.

But this solution is only available if the parents recognize that their child has a medical problem and have the love and compassion to seek treatment. If the parents reject the child's claims out of hand or seek a religious solution, or even completely reject their transsexual children, ... well, ... have I mentioned suicide?

Even if the parents recognize there is a problem and try to help, without the above treatment, there is another devil lurking around. It is called: puberty.

Remember the Genderbread Person; gender is in the mind and is defined by hormones present during gestation. Our primary sexual characteristics – our genitals – are determined, not by our hormones *per se*, but by our chromosomes: the xx chromosomes for females and xy chromosomes for males. These same chromosomes return during puberty to determine our secondary sexual characteristics.

By the time a child hits puberty that child definitely knows what gender he or she is. If the child was born a boy, but considers herself a girl, can you even imagine the absolute horror she feels when, instead of breasts and menstruation, she finds an even larger set of sexual organs, a permanently deepened voice and a beard! On the other side, a child born a girl who considers himself a boy is devastated when his breasts suddenly enlarge and he begins to bleed from his vagina! Just how many of you men in the audience would feel comfortable inserting a tampon?

But, unless proper treatment has been established by the time puberty arrives, this is exactly what is going to happen. And it is definitely not OK! I know of at least one twelve-year old who committed suicide when faced with puberty.

With or without parental support, the transsexual will eventually come to the point at which he or she must establish an entirely new public persona. If the child is in school when this happens, there is the matter of rejection by teachers and school personnel, bullying by the other students, and bathroom / locker room problems. One young transsexual, who had parental support, went to kindergarten dressed as a girl. She made friends, used the girls' restroom and had a great year. She was promoted to first grade and continued doing her thing. Then, in December, her teacher suddenly informed her that she could no longer use the girls' restroom; she would have to use the boys' restroom. She was confused and devastated. Another child's parent had found out about her and had complained. Her mother immediately pulled her out of school, but the damage had been done. (Coy Mathis, CO, 2012)

Changing your name is the first step. Then come corrected documentation, an appropriate wardrobe, hairstyle, make-up, voice and behavior. Therein arises your second problem. Laws vary from state-to-state, but most transsexuals can have a devastating experience when go to the Department of Motor Vehicles to update their driver's license. New standards have made a driver's license a national ID. If your gender expression doesn't match your sex, you may not be able to get a driver's license or a state ID. So why don't you just change you gender officially. Well, you can't do that in Florida and several other states. Some states will allow it only after you have had Genital Realignment Surgery. Don't even think about changing your birth certificate or military records or high school / college diplomas.

All of this requires a large sum of money. So how are you going to earn that money? Sure, get a job. But then you are going to have to show your Social Security card. And when the gender on your id or on the application you filled out doesn't match the Social Security Administration's records, kiss that job good-bye. It's just as bad if your appearance doesn't match the sex marker on your official records. So, suppose you bite the bullet and revert to your old gender, just to get a job... That might work, but don't plan on transitioning while on the job. Oh, the Human Relations department will tell you it's not a problem; then you will suddenly find yourself fired and out on the sidewalk looking in. Transwomen are especially at risk in the job market. That is why so many of them have been forced to resort to the sex trades just to put food on the table.

We haven't even begun to discuss the problems faced by transsexuals in society in general. You can expect to be thrown out of stores, restaurants and bars on a regular basis. Need medical or legal care? Many lawyers and doctors will simply refuse to see you, or, if you manage to get an appointment, they will throw you out of their office as soon as they discover who you are. Emergency rooms are no better. You had better plan on staying healthy and not have any accidents. Now, I know that you are all nice, law-abiding citizens. But stay away from the police. They can be deadly. One transwoman was arrested and taken into the booking room at the police station where she was handcuffed to metal bench. Then the two arresting officers took turns beating her to a pulp. They were caught in the act on the booking room camera, but that did not make the poor woman feel any better. (Memphis, TN)

Lastly, let me address a problem that is absolutely unique to the transsexual community. Let's assume you have miraculously made it over all the hurdles and have successfully transitioned. Congratulations! You have changed your gender. But gender identity and sexual orientation are two separate and distinct functions. You still have the sexual orientation you were

born with. So far, there is no known way to change sexual orientation. So, get ready for it... If you started out life as a heterosexual male, you are now a homosexual female. You are a lesbian. (If you, as a transwoman, are now sexually attracted to men, then you were initially a gay guy.) If you are a transsexual you either started out life as a homosexual or you are going to end life as a homosexual. There is no way around it. That brings on a whole new learning experience. And I am not going to delve into all the pitfalls and problems inherent in dating as a transsexual.

This concludes Transgender 201. I am ready for any and all questions you may have.

## Transgender 301

The average transsexual's first gender awareness comes about the age of three or four years. It happens just as the child begins to understand that the world is comprised of little boys and little girls, and that they are different. The next thing the child does is try to figure out just what gender he or she really is.

(For purpose of this discussion I am going to presume that the child is a male, born with a penis and testicles. The same basic concepts outlined herein will apply to either sex, unless otherwise noted.)

If the child eventually figures out that his gender agrees with his sex, then my tale is over. But, suppose the child turns out to be a transsexual or intersex. What happens next?

If the child is intersex, the parents will be well aware of the situation and should be easily swayed to take some corrective action. Most modern doctors will be willing to assist the child and there is no legal or religious impediment to treating the child.

But if the parents are blissfully unaware that the child is a transsexual, there is no way to tell what may transpire.

When the parents are deeply religious or seek religious counseling and reject the child's complaint, there is precious little that the child can do to sway the outcome. He may eventually attempt to get some adult friend on his side to champion his cause. If that is not possible, or ultimately fails, the child is left to live a lie, facing continual stress and desperation until he eventually becomes old enough to make his own medical decisions, is thrown out of the home and forced to live elsewhere, or simply commits suicide.

If the parents actually care about their child, the scenario will probably go something like this.

The first step is to let the child be comfortable. If little Johnny wants to wear a dress and play with dolls, let him. It does no harm for a boy to play with dolls at home. The parents need to be especially careful with other children coming into the house or interacting with Johnny while he is dressed. Children carry tales and the reaction of other parents may be severe. As a matter of fact, the reaction of other people outside the family will be the biggest problem that little Johnny's parents are going to have to deal with.

Of course, if the child is little Joanie, the situation is greatly simplified – for a while. Little Joanie is simply a tomboy. There is no real problem when a little girl wears pants and plays in the mud.

The next problem arises when little Johnny goes to day-care or starts school. And the problem is little Johnny's name. If little Johnny came out as transgender at the age of three or four, by five or six Johnny will know by what name she wants to be addressed. Unfortunately, schools will want to use Johnny's birth name. It will be up to the parent to intervene and insist that Johnny be addressed by her selected name, despite what is on the official records.

This is also when the biggest social problem of all will arise: which bathroom the child will use. In the lower grades it really makes little difference, except for social custom. If the child dresses and acts like one particular gender, and the school uses an appropriate name, then as far as the other children are concerned everything is all right. But if one child learns the secret and tells a parent, the lid may blow off. Shame, bigotry and hatred will enter the picture for the first

time. But certainly not the last. At this point everything depends on little Johnny's parents. It is essential that they stand up for Johnny and offer as much support as possible – no matter what form it may take.

This will be the child's life for several years. During that time the child will learn about bullying, bigotry, ignorance and discrimination. If he or she is really unlucky these experiences may also include some physical violence.

When puberty hits, little Johnny's world will turn upside down. Little Johnny's genitals will increase in size and activity. His voice will deepen – permanently, his beard will begin growing and his body shape will broaden and become more muscular. All of this, while delightful to a true little boy, will be devastating to Johnny. Little Joanie will fare no better. No little boy will want to see his breasts begin to grow or experience his first menstrual period.

In the old days all Johnny or Joanie could do would be to cope as well as possible. Today, if their parents are on the job, they will take their child to one of the very few pediatricians who are trained in treating transsexual children. But there aren't enough such doctors in the U.S. yet. So let's proceed on the assumption that Johnny and Joanie will continue as transsexuals have for the past thirty years.

It is in this period that therapy sessions, counseling and support groups play a most valuable role. The internet is also available to people today, but the information presented is not always accurate. For a beginner, it is very difficult to determine what information to believe and what is false.

Joanie will have the easier task. She can cut her hair short, dress in casual male clothing, bind her breasts and get along quite well. The other girls may snub her, but bullying will be at a minimum and there is little chance of violence.

Everything conspires against Johnny. He may have been able to alter his appearance and name in grade school, but the time of innocent cute ends when he enters middle school. Boys and girls are much more precocious. Gym classes with the attendant locker rooms preclude dressing. The more daring male-to-female (MTF) transsexual might try wearing women's underclothing, but that could be very dangerous should it be found out. Many schools had strict sexually specific dress codes that had to be obeyed and which are often restricted to the students' sex.

This is a period in which the transsexual sees no hope and the stress and desperation of daily life are significant. Even on weekends and vacations, dressing becomes a major problem. The genitals and larynx have increased in size making them too prominent to be easily hidden. The beard is heavier and more noticeable. It tends to show through even heavy foundation and concealer. Of course, the voice is also deeper.

Johnny can compensate for all of these problems with practice, experience and a lot of money. Many things can be accomplished if his parents are willing and have the necessary funds. If the parents are unwilling to help or don't have the money, there is little that can be done.

Consider the following wish list for a beginning MTF transsexual.

Therapy: \$150 per visit, once or twice a month for one year

Cosmetics: \$25 per month, depending on usage

Genital binder: \$25 each

Breast forms: \$25 per set

Beard removal: \$7,000 (Combined laser and electrolysis) over two years

Body hair: \$2,000 - \$10,000 Depending on density and coverage

Facial feminization surgery: \$30,000 (does not include beard removal)

Wardrobe: \$500 at thrift shop sales

Travel to therapy/support groups: \$40 per month depending on frequency and distance

Hair: \$50 per month; Wig: \$500 each for fair quality

Voice lessons: \$5,000

Hormones: \$35 per month, when available

The list is a little different for an FTM transsexual

Chest binder: \$35 each

Genital package: \$25 each

Functional penis: \$100 - \$200

Haircut: \$20 per month

Hormones: \$40 month, when available

Unless a young transsexual is accepted for treatment at the onset of puberty, they will likely have to wait until they attain legal age to pursue further treatments. At that time they will fall under the general guidelines for transsexual treatment laid down by the World Professional Association for Transgender Health (WPATH). Most doctors follow these standards when treating adult transsexuals. These standards lead to the final end desired by most transsexuals, genital re-alignment Surgery (GRS). For those not seeking GRS, the standards simply indicate a possible course of action, but are not compulsory.

The standards call for the following prior to GRS: therapy to ensure that the individual does indeed have Gender Dysphoria, living full time in the desired gender, and hormone treatments.

If Johnny and Joanie have made it this far, the last step is available to them. There are several respected surgeons available in the U.S. and Thailand who will perform GRS. Most of these doctors still require two letters of approval from mental health therapists. (In the past at least one of the letters had to come from a psychiatrist.) The new WPATH standards have altered this somewhat, but the doctors still want to cover themselves legally. GRS is absolutely irreversible.

But if you thought the other costs were prohibitive, GRS for an MTF will cost some \$50,000 in the U.S. and about \$30,000 in Thailand. Yes, the Thai doctors are cheaper, but don't forget the airfare. And while GRS is cheaper in Thailand, the quality of after-care is not nearly as good. If the patient wants breast augmentation in the bargain, add another \$5,000 - \$8,000 to the cost. Additional related surgeries such as a tracheal shave will add to the cost

For an FTM, the costs are somewhat less and are more widely available. The creation of a working penis is still very much in the experimental stage. It is a long involved process requiring skin grafts and is not guaranteed. The various procedures include:

Double mastectomy: \$5,000

With Chest Reconstruction: \$9,000

Hysterectomy: \$15,000 - \$20,000

Metoidioplasty: \$9,000

Testicular implants: \$8,000

Phalloplasty: \$200,000

The important factor to keep in mind when considering GRS is to completely check out the surgeon. You are putting your entire future in the hands of the surgeon.

Another benefit available today is that many insurance companies now cover some or all of the cost of the GRS surgery. Any expenses incurred over and above what is covered by insurance can now be deducted from your income taxes. The problem, of course, is securing the job that pays for the insurance.

This concludes Transgender 301. I am ready for any and all questions you may have.



# Transgender 401

We are going to spend a few minutes looking at the various surgical options that are available to the transsexual. Some of the slides that accompany this talk are rather graphic, so be forewarned.

Most of the surgical options available to FTM transsexual are run-of-the mill operations, which have been available to most women for many years. They are neither special nor spectacular and can be performed by any competent surgeon. Those procedures of special interest to the FTM transsexual include:

The double mastectomy. In and of itself it is relatively simple. But the average gynecologist is not prepared to finish the job for the transsexual. The scars often left after a simple mastectomy are unsightly and not something any man would be proud of.



The FTM will want the job performed by a qualified plastic surgeon who can reconstruct the chest into something resembling the male chest.



The ring metoidioplasty is a procedure in which the tendons supporting the clitoris are severed and the urethra is redirected through the clitoris. When properly executed this will permit the clitoris to be used for urination and sexual feeling. It will not, however be able to become erect in the male fashion.



Phalloplasty is the ultimate goal of the FTM transsexual. The surgery is still experimental and very expensive, costing about \$200,000. The surgery involves selecting a donor site for the skin of the penis and glans, and is usually performed in two or three stages. The penis can be used for urination, but can only become erect by using a pump in the scrotum to fill a bladder contained in the penis.

**Phalloplasty**



**Phalloplasty**



**Phalloplasty**



Other cosmetic surgeries could be sought, mostly involving facial features. These are usually simple procedures performed by any plastic surgeon.

The Male to Female (FTM) transsexual faces much more daunting surgery. The full gamut of surgeries includes the following:

The tracheal shave is a minor procedure literally to shave some cartilage from the front of the trachea. This serves to lessen the protrusion of the typical male larynx.



Hair removal is a more complicated subject. While it technically isn't surgery, it is a major medical procedure for an MTF. Today most hair removal is done with a laser. It is fast and does a fairly good job. But, it will not work on white (light gray) hairs very well.



Electrolysis still does a better job, but it is more expensive and takes longer. In both cases, hairs have to be active for a treatment to work and a third of hairs are dormant at any given time. Leg hair and underarm hair can always be shaved. Arm hair can be waxed. Body hair and the beard must be permanently removed. Then there is the special case: prior to GRS, the penile hair and half of the scrotal hair must be permanently removed. With the exception of the hair at the base of the abdomen, all hair in the groin should be permanently removed. Nothing is more obvious than shaved hair that is growing back. At the beginning stages of transition, a good foundation and facial concealer can be used to hide a closely shaven beard, but they won't last all day.

Facial feminization is extremely important to the MTF transsexual. The male face has certain characteristics, such as a heavy brow, a deep chin and a prominent nose. We don't see these in society because there other clues marking males from females and when these click in, the rest just follow automatically. But when a man wants to transition into a woman, he must ensure that all markers that show or are obvious are also changed. The surgery is expensive and painful and recuperation can easily last for well over a month. But it can be marvelously effective in convincing the world at large that you really are female.



Breast augmentation is not difficult nor is convalescence over long. A few GRS surgeons will perform breast augmentation in conjunction with GRS. I have spoken with women who have opted for this option and they invariably say that it prolongs recovery from GRS. They also tend to talk a lot about the elephant that got into their room and sat on their chest. Some plastic surgeons will not perform breast augmentation on an MTF transsexual. This is just another example of the discrimination heaped on the transsexual by the medical community.



All right, the preliminaries are over. It is time to get down to the real thing, MTF Genital Re-alignment Surgery. There are two standard approaches: using a piece of the small intestine to form the vagina or using the skin from the penis to do the job. Today, the penile inversion method has almost become the standard around the world. The following slides will depict – in very graphic detail – the three-four hour surgery required to convert the male genitals into very realistic female genitals. Guys, just remember: This is not happening to you!

(Complete slide show with appropriate comments.)

### Penile Inversion



Ready for Surgery

### Penile Inversion



Marking Incisions

### Penile Inversion



Removing the penile skin



## Penile Inversion



The bare penis

## Penile Inversion



Excising corpus and urethra

## Penile Inversion



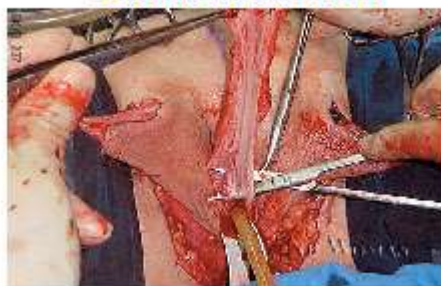
Isolating remains of the penis

### Penile Inversion



Inserting catheter

### Penile Inversion



Isolating nerve bundle

### Penile Inversion



Preparing clitoris

### Penile Inversion



Clitoris in place

### Penile Inversion



Stretching scrotal tissue

### Penile Inversion



Testing vagina

### Penile Inversion



Depth adequate

### Penile Inversion



All incisions closed

### Penile Inversion



Finished product

### Penile Inversion



Dilating

### Penile Inversion



Post op

This concludes Transgender 401. I am ready to answer any and all questions.

## There's Always Hope

A friend of mine recently suggested I write about her giving up on gender transition because she had settled for a permanently unhappy life. I told her in reply that this was simply not something I could write about. It's not that there aren't such situations, mind you – some people with Gender Dysphoria have had to delay transitions, and I've heard of a few who transitioned and then felt the need to return to their birth gender. They found life in their birth gender, as bad as it was, preferable to the challenges and pitfalls of transition.

The reason I did not feel I could fulfill her request is simple. Even in the darkest moments, I believe that there is hope. Many, many transsexuals have considered or even attempted suicide because of the stress and desperation engendered by their situation. I, too, spent a couple of very desperate hours holding a loaded .45, and wondering if it wouldn't be better to just end the stress and desperation I had been suffering most of my life.

When I was a child, I decided there was no way I could ever be open enough about my own gender issues to even put them into words. I had no way of knowing that there was a path to transition let alone how to start down such a path. It simply was not an option for a kid in my time, in my neighborhood. I knew my parents would not approve of such a thing; that I would be forced from considering such a thing and very likely would be kicked out of their house if I persisted. If that were to happen I would not have many opportunities for basic survival, let alone a transition.

But not doing something about this condition was all the more difficult. I learned to sublimate my feelings. I learned to live with the despair and pain. I decided to become the best male I could be. In the end, I lost decades of my life, coupled with a lot of otherwise damaging habits.

Since coming out a few years ago, I have met transgender people who have overcome odds far greater than any I imagined as a kid. Many did indeed end up on the street – and survived. Many seem to have decided that there was nowhere else to go but up, and nothing left to lose in the process.

I've heard from many transsexuals yearning for gender transition. Many had reasons why they would not be able to attain such a goal: They're too poor, too ugly, too old, would be fired, would lose their family or spouse, would lose too much whatever. At the same time, I know many others who did transition, who overcame abject poverty, appearance issues, the specter of old age, and other obstacles. One could argue, then, that the only thing holding a person back is the person him- or herself.

Not everyone chooses to transition. Indeed, if one does not feel the overwhelming need to do so, then maybe it's best to seek a therapist's assistance before doing something so drastic and so potentially damaging.

Our world is slowly, very slowly, becoming more tolerant of gender variations beyond the simple male-female binary system. Some people have occupied gender variations of their own choosing and desire for decades – perhaps centuries. Consider the lives of Joan of Arc, George Sand, Virginia Woolf's allegorical novel, Orlando, written in 1928 and the more recent story of Teena Brandon. I am highly encouraged to live in a time when one does not need to go undergo surgery to be considered as living in his or her preferred gender, and when one can do what they wish to step away from such constructs altogether.

Today the transgender umbrella embraces the cross-dresser, the transsexual, and the intersex. The typical cross-dresser is a heterosexual man who, for whatever reason, enjoys dressing up as a woman. Such a person has no desire to change his gender, simply to give the impression he has.

The transsexual is a person suffering from Gender Dysphoria, a recognized medical condition that originates in the womb and had an established cause as early as the 1960's. The transsexual's gender identity conflicts with his or her physical – birth – sex. Since we cannot yet change the physical make-up of the brain, the only treatment remaining is to change the body. Such treatment is effective in 99% of the time.

An intersex person has all or part of the physical genitalia of both sexes. If the gender of such a person is misidentified at birth, the person usually faces a life very much like that of the transsexual.

Add to this mix the drag queens and drag kings, who in many cases are simply actors playing a role, and the gender queer who simply spurn the male-female dichotomy, and you have a varied and vibrant community.

Things have changed dramatically over the last few decades in favor of transgender people. We've gone from the days when a person could be arrested for not wearing enough of the clothing of their birth gender (remember the Stonewall riot?) to today when a growing number of states and municipalities have at least some form of transgender protections. We even see true and accurate representations of transgender people in the media, and the most battle-hardened veteran has turned up wearing a skirt (Chris Beck). We don't pretend to have achieved perfection – no we still have a long way to go – but we are a far cry from where things were.

I first got involved with transgender activism in 2007. At that time, a number of starry-eyed activists tried to imagine what changes we might see in our lifetimes. In the years since then, our wildest imaginings have come and gone, leaving us in unexplored territory. I cannot but hope – even expect – that things will continue to change for the better, and what is "pie in the sky" now will be surpassed in the coming decades, if we keep hope in our hearts, our eyes on the goal and continue to press forward with all our might.

Transition is by its very nature a time of movement. Sometimes that movement is incredibly slow, and sometimes painful realities can stand in the way of rapid fulfillment. From my own experience, I understand the frustration that delays can provoke. It can be very tempting to just throw in the towel and give up when the odds seem impossibly stacked against you. Defeat is seductively easy, but its price is despair.

"Despairing", "giving up" and "settling" are our biggest enemies. Transgender people as a whole often have to find a way to speak their truth in a world where those closest to us are just as likely to call us deluded, or worse, than perfect strangers.

Those who stand against us would love nothing more for all of us to give up. We are mocked and belittled by those who would seek to bully us into submission. We're "re-gendered" by people desiring to fit our lives into their own image. In the worst-case scenarios we are all but erased from existence. Families even claim the bodies of their deceased transgender relatives, and strip away their gender preferences, making them something in death they never desired in life.

It is up to us, and those who care about us, to stand up for what we believe in – and we must constantly remember that the only person who gets a say in our life is us.

So, no, I am not going to write about giving up. Perhaps I watched one too many Hollywood movies in my time, where the hero either succeeded through perseverance or went out in a blaze of glory. I just cannot believe in giving up when there's still a chance – no matter how small – to succeed.

I am still struggling, but I am now doing it with a happy heart and a smile on my face. I have never felt better in my life. And with your help and support I know I, and those like me, will succeed.

Adapted from a story by Gwendolyn Ann Smith



## A Child is Dead

Roy A. Jones is dead. His alleged killer, Pedro Jones, is in custody. The 17-month-old child's mother and her family are distraught, angry, and full of deep, heart-wrenching sorrow.

Pedro Jones, 20, was Roy Jones's babysitter and his mother's boyfriend, but is otherwise no relation to either. While the infant and his family were part of the Shinnecock Indian Reservation in Suffolk County, Long Island, Pedro Jones was not

Roy A. Jones died of cardiac arrest. According to New York State Police, this was caused by Pedro Jones hitting the child "several times throughout the body with closed fists." Jones has pleaded not guilty to first-degree manslaughter charges, arguing that he had "never struck the kid that hard before."

What would cause Pedro Jones to pummel to death the 17-month-old son of his girlfriend, whom she had entrusted to his care? "I was trying to make him act like a boy instead of a little girl," Pedro Jones reportedly said.

This isn't a case of a transgender person being killed, but for all we know Roy A. Jones could have been. This wasn't a gay youth who was murdered, but again, Roy A. Jones might have identified as such one day. This was nothing more than a 17-month-old infant who was beaten because a 20-year-old in whose care he was placed decided this child's actions were not manly enough to suit him.

An average 12-24-month-old toddler knows how to crawl, and can even stand a bit. At the upper end, they can begin to walk. They're starting to feed themselves, though not without help. They might enjoy picture books, and can even help turn pages. They can't speak much, possibly stringing together a word or two in some very simple phrases, and they may have a vocabulary of five to 50 words to choose from. They're curious about others, and less wary of strangers, and will often attempt to imitate adults.

In light of this, I wonder how a 17-month-old "acts" in one gender or another. Does a 17-month-old even have an idea of gender so fully formed that they know how to present themselves in a gender?

We spend an awful lot of time gendering children in this country, from the ever-increasing slew of action figures and pretty dolls to toy segregation in the "kids' meals" at fast food joints and camouflage onesies or princess dresses for the youngest tots.

But I find myself baffled that somehow a 17-month-old is going to have even the most rudimentary working knowledge of all the "boys do this and girls do that" stuff with which our culture is infested. I certainly don't see anything about this incident that tells me such a youngster is going to even understand much in the way of gender differences.

This is an issue larger than Pedro Jones, someone whose concept of remorse for his actions is to say, "one mistake, and I'm going to do 20 years?" and who has all but admitted to hitting Roy Jones on previous occasions. No, while the crime would be no more or less heinous if it was an isolated case, there have been quite a number before this. Infants younger than Roy were force-fed glass and thrown at walls because they were born with ambiguous genitalia, as well as older children beaten and killed by family members or neighbors because they were transcending gender norms.

Again, I doubt Roy Jones had yet put much thought into gender, let alone the concept of being transgender. The issue is not in and of itself a "transgender issue." We all – transgender, homosexual, and even those who view themselves as neither – can face hatred, discrimination, violence, and even murder because someone else feels we're crossing gender boundaries.

I am frustrated when I hear people tell me that transgender issues are not their issues, because I know that they've all been discriminated against at one time or another on the basis of their gender expression or their sexual orientation. Any stereotype caricature used against an individual is as much an exercise in gender bashing or gay bashing.

I am also frustrated when some in the transgender community wants to push gays, lesbians, or even other transgender people away. We all face this sort of behavior and we all need to stand together to combat it. If a 17-month-old toddler with little notion of gender can find himself beaten until his tiny heart gives out, then we all should be able to see that the issue of violence against people for not falling within some other person's views of gender transcends all the issues and dramas of identity politics.

Things in this country are becoming less polarized, but all sorts of people are still coming out of the woodwork to spew hatred, and they're not making any attempt to hair split over our identities. We shouldn't either. Not with stakes this high.

Roy A. Jones should not have died in vain. Let his death remind all of us that anyone, even the most innocent amongst us, can be a victim – and let us all, united, fight for a world where an injustice like this would be unthinkable, where children can live their lives without fear of those they and their families trust, and where parents don't see their children murdered for not being "man" or "woman" enough.

Adapted from an article by Gwendolyn Ann Smith

# **The Cost of Discrimination**

Why is it that we humans take such perverse pleasure in degrading and making fun of those who happen to differ from us? This is not something new; we have done it throughout our history. The American Indian was called a savage and depicted as a common drunk. Natives from Africa were brought to this country as property and chattel and deemed something less than human for decades. Women were considered too incompetent to hold a job (other than nurse or teacher) and definitely too dumb to vote. Homosexuals have been labeled as mentally defective and “abominations to God”, unfit to marry or adopt children. And lately, the “redneck” has been held up as a target for scorn and derision.

All of these previous assumptions have been proven to be the result of simple bigotry and ignorance. Today there are laws in place to dissuade people from discriminating against many classes of people. One would think that by now we would have learned that humans come in all colors, sizes, weights, ancestry, and religions. Disabilities are things to be corrected or accommodated, not laughed at. Most ancient religions teach that people should treat others as they wish to be treated. Do we enjoy having others poke fun at us, laugh at us because we are perceived as different?

But still we insist on finding some class of people to mock or discriminate against. It seems to be the only way some of us can overcome a severe case of low self-esteem. Now we are parodying and laughing at members of the transgender community. That old and worn epithet “men in dresses” seems to be making a comeback.

It is one thing to laugh at performers on a stage. They are up there to entertain us and may often be dressed in outrageous clothes, or even none at all. We are supposed to be wise enough to know that the laughing stops when we leave the theater; that people dressed in an unusual fashion on the street or in the grocery store are not there to be mocked or laughed at. Unfortunately, that is often not the case. A woman was severely beaten for using the “wrong” restroom; the winner of a Miss Florida contest was verbally humiliated by a police officer; people are denied services, employment or housing because of how they appear to others, and children are bullied in schools.

Many members of the transgender community are born with a legitimate medical condition and are especially vulnerable to such discrimination. The stress they endure is unimaginable and that stress can lead to suicide. Recent studies have shown that transgender children bullied in school have a later history of failure, drug and alcohol abuse, and even suicide.

Our actions have consequences. We need to remember that what happens in a theater should stay in the theater. If we laugh at an actor and then go out to the grocery store and mock or ridicule a person there, what are we teaching our children? They are liable to take that attitude to their school with possibly lethal results.

Many religious leaders today are teaching acceptance and tolerance of those who are different from us. Even if we do not feel comfortable accepting all people, we should at least abide by the ages old teachings and be tolerant of them. And encourage our children to do the same.

# If I Am Not Myself

The Rabbi Hillel once said:

“If I am not for myself, who will be?

If I am for myself alone, what am I?

And if not now, when?”

Here is some of what I have learned over the last 15 years.

Being transgender is clearly not a choice. Why would anyone choose to endanger their entire life, in all likelihood lose significant parts of their career potential as well as friends and family? No one does this out of choice. They do it out of necessity. It is about grappling with the soul of one's being.

Just imagine. If you are not a transgender individual, what must it feel like to always think, as far back as you may remember, that you should have the body of the opposite gender? That you were “born in the wrong body”.

If you are older, say around my age, you likely did not have access to information about how others have dealt with this dilemma. You may have tried to conform to your outward appearance as best you could, maybe with some secretive cross-dressing for identity confirmation, until you could no longer do so. Due to related anxiety or depression, you may have gone for mental healthcare, but not revealed the real problem or encountered clinicians who did not understand the problem. You now know the risks of trying to change your outward appearance, including the possibility of being harassed, assaulted or even murdered (as is the case every year). If you are married, you risk the possibility of losing your spouse. If a parent still raising your child, will he or she be able to accept your looking like a “mother” instead of a “father” or a “father” instead of a “mother”?

If you are younger, even pre-pubertal, what do you and your family do about it? Should you try intensive behavioral therapy to accept your biological appearance? Should you stop the hormonal changes of adolescence to make future physical changes easier? Or, should you just wait to see how this all eventually works out?

In this country you never quite fit into any social group. Although in some countries, at some times in history, people like you have been revered; here and now you are the most discriminated against minority group. Although you are usually associated with the LGBT (Lesbian, Gay, Bisexual, Transgender, Queer) coalition, you are not discriminated against due to sexual preference like the others, but for your gender identity. You aren't welcomed by most religious traditions, nor even by all other members of the LGBT society.

If you want to proceed with changing your physical appearance to match your gender identity, money may be a major obstacle. Usually, insurance doesn't cover corrective surgery. Sometimes, you have to stop midway during the process, for financial reasons. Then, even with the best surgeons, the female to male genital surgery is more cosmetic than functional.

You are often left wondering, why did this happen to you? Though some genetic correlations are beginning to emerge, and the popular consensus is that a hormone imbalance during the twelfth week of pregnancy can result in Gender Dysphoria, the exact process remains a mystery.

“I am at peace now, and feel whole, for the first time in my life.”

All these trials, and more, call for the utmost courage. But eventually maneuvering through this obstacle course over many years and emerging as a really new person, both in name and appearance, can almost seem miraculous.

In less than 5% of cases the individual regrets making the journey. But the vast majority seems to be much more satisfied and happy, despite continued social stress related to the physical change. Some “pass” easily; many don’t.

Though supportive psychotherapy and practical coaching is usually necessary along the way, the real triumph comes more from hormonal and surgical treatment.

In the beginning we had standards of care for developed by Dr. Harry Benjamin in the 1960’s (now monitored by the World Professional Association for Transgender Health). The standards were first published in 1979, and have undergone several revisions. The last revision was in 2011, including a new resolution by the American Medical Association.

“Because Gender Dysphoria is currently listed the Diagnostic and Statistical Manual of the American Psychological Association, transgender people are assumed to be mentally ill.”

Once upon a time, homosexuality was included in the Diagnostic and Statistical Manual of the American Psychological Association as a mental disorder, but that was removed in 1973. Gender Identity Disorder, a mental disease, was replaced by Gender Dysphoria in 2015. By definition a ‘dysphoria’ is not a mental condition, just a place holder for insurance purposes.

However the diagnosis is redefined, there is much any of us can do. Some of the best advice I’ve found comes from a local advocacy group. It provides 10 Quick Tips for dealing with transgender individuals.

#### 10 Quick Tips

1. Language: Use the name, pronoun, and terms preferred by those you encounter.
2. Manners: Never discuss a person’s transgender status with others unless it is absolutely necessary for their well-being or safety.
3. Focus: Try to help in any way the person desires, and refrain from using the transgender person primarily as an educational opportunity for yourself or colleagues (unless offered)
4. Policies: Your agency (congregation) should have a written policy on non-discrimination on the basis of sexual orientation as well as gender identity
5. Confrontation: Have a policy that prohibits prejudicial behaviors and statements, not only by staff, but also by other individuals.
6. Paperwork: Make sure records appropriately distinguish between sexual orientation and gender identity.
7. Know & Tell: Sensitive questions should be prefaced with an explanation about why the information is needed.
8. Empower: Lead the way when necessary, but allow the transgender patient to take over when possible.
9. Be Creative: Existing systems, forms, and facilities may not fit transgender people, so adapt them to their needs
10. Advocate: Push for beneficial changes, either in your agency (congregation), in your field, or as a volunteer citizen.

To that list, I would add 1 more tip:

11 Learn, Learn, Learn: Given our lack of exposure and knowledge, find ways to learn more. Go to a transgender organization or event. Attend an in-service presentation on the topic. See the movie “Boys Don’t Cry.” Read some autobiographies.

Finally, when you happen to meet or see a transgender person, treat him or her just as you would treat any other person.

## Early Morning

It was early morning in Washington, D.C. I got to my desk shortly after 6 a.m. in order to plow through an avalanche of emails. I was surprised to see a note from an attorney in Oregon. She was someone I had known for a number of years, a successful trans woman. I had not heard from her in some time. I will call her Elizabeth.

I opened up the message and almost immediately understood that I was reading a suicide note. She spoke of her loneliness and her despair. She spoke of the extraordinary difficulties of living as a prominent attorney who also presented as an outspoken trans activist. She finished with language that indicated a clear intent to end her life.

For a moment I just absorbed the pain, the anguish of her words. Elizabeth was a smart woman; she knew how transgender individuals were often underrepresented. She lived that and could live it no longer. I realized that she was saying goodbye to me and to the others who were also sent the note.

It was 6 in the morning on the East Coast. Her note was sent a little before 3 a.m. Pacific Standard Time. She was still alive. She had sent this to a handful of friends and colleagues. That would give her time to do what she intended to do, plenty of time before people got to their morning emails. Except me. I read this as dawn broke on the nation's capitol. I could stop her.

I immediately called a mutual friend. It was 3 a.m. her time. I woke her with a hysterical greeting: "Elizabeth is going to kill herself. She hasn't done it yet. We need to stop her." My friend kept me on her home phone as she called the police on her cell. Their response was swift. The Portland Police Bureau got to Elizabeth's home very quickly. They rang her bell. No answer. They tried to call her. No answer. And so they broke in, hoping to stop a suicide attempt. No one was home.

I sat in my office in D.C., still on the phone with our friend, who was still on the call with the police. Where could Elizabeth be in the middle of the night? Where would she go to end her life? Where else but where she spent most of her time, where she was successful and accomplished and where she practiced law! We stayed with the police by phone as they drove toward her office building. We kept consoling ourselves with the knowledge that she might still be alive, that she had no idea that her missive had been read and responded to. We could get to her in time.

The police finally reached her law office phone. No one answered officers' calls. They got to the front door of the building. As they opened the door a single gunshot rang out through the corridors. Then silence. We had missed her by seconds.

Elizabeth died of a gunshot wound to the head. Self-inflicted. Suicide.

# The Window

I don't remember the first four years of my life. The first event of note transpired during my fifth year. That was when I discovered the window. It was a small window, oval in shape, with no distinguishing properties. Looking through the window I could see a fascinating world. In that world I could see my mother and father, our house and, eventually, my neighborhood. I enjoyed looking through the window and spent many hours engaged in just that pastime.

As I looked through the window enjoying the world on the other side, I came to realize that I had no control over the view. I was in here, not out there. I didn't even know where "here" was. All I knew was that "here" was my side of the window and that everything else was on the other side. I could look out and see everything, but I had no contact with it.

Life on the other side of the window seemed to be so happy and busy. In contrast, my life inside the window consisted of drab and boring sameness. I often looked out upon a scene that I desperately wanted to be a part of. I began to dream of being part of that other world, but I did not know how to open the window so that I could pass through it. I spent many days dreaming and yearning.

I tried several times to get through the window. Once I almost made it, but then my mother saw me and drove me right back to the other side of the window and slammed it shut behind me. I was almost resigned to spending the rest of my life behind the window, almost.

After all, I reflected, life on the inside wasn't so bad. I wasn't abused or punished if I stayed on my side of the window. I did not want for anything, except the chance to really be me in that other world.

So it was that I spent a lifetime inside looking out through the little window. Seasons passed; years passed. I grew, yet I remained a child. Eventually I came to believe that I could never live successfully on the other side of the window, even if I could get there. I did not doubt for a minute that I would die on this side of the window, never having truly experienced life.

Every so often pressure and desperation drove me to try to escape through the window. Once or twice I almost made it completely through the window. But there was still a problem. Being only partially through the window I could not entirely be myself on the other side. Nor could I divorce myself completely from my home behind the window. Although the outside world was marvelous and exciting, it was also terrifying. In the end I was forced to retreat back behind the window.

Then came the fateful night. As I looked out of the window I saw the gun. This would never do... The gun was pointing directly at me. I did expect to die here on my side of the window, but I was not ready to die so soon. Besides, I had never really lived. It came to me that if I were to live I would have to get control of that gun. To do that, I would have to get through the window. No half measures would suffice; it was all or nothing. I used all the strength I could muster to shatter the window and leapt through it before the first shards hit the ground. The gun was now mine to control. I carefully laid it on a nearby table.

The threat of the gun was gone, for the moment, but a new threat loomed. The window was gone. I was free at last. But I had no preparation for life in the outer world. All the watching I had done was well and good, but watching is no substitute for experience. Whatever might come, at least I knew that I could never again go back behind the window.



If I were to survive in this new world I was so determined to enter, I had a lot of work ahead of me. I hardly knew where to begin, so I started making a list of those things I would have to do. Then I took a few deep breaths and realized that however hard the coming months might be, I would for the first time in my life really be myself. That made all the difference.

## **Thoughts to Ponder**

## Basic Questions

Here are ten very basic questions that nobody knows the answer to:

- \* How many transgender people are there?
- \* How common are the various transgender thoughts, feelings and beliefs?
- \* How common are transgender actions like cross-dressing, body modifications, and “soft mods” like shaving?
- \* How common are transgender name and pronoun changes?
- \* How common are part-time cross living and full time transition?
- \* How often are sexual activities part of transgender activities?
- \* How common are diseases and destructive habits among transgender populations?
- \* How many transgender people are in long-term relationships?
- \* How often are various subgroups targeted by violence and discrimination?
- \* How satisfied are transsexuals twenty, thirty or forty years post-transition?
- \* How many more transgender people does God have to create before we ask ourselves whether God actually wants them around?

# Population Density

The National Transgender Discrimination Survey Sample



1 dot = 1 respondent

### Population Density in the United States



1 dot = 100,000 people

## the seam of skin and scales

I am not a woman trapped in a man's body.  
This body is no man's; it is mine; it is me,  
and there is no man in that equation.  
And I am not trapped in it.  
There are a million and one ways out of this body,  
and I have clung to it, tooth and claw,  
despite an endless line of people and  
institutions who would rather I  
vacate the premises,  
and have sometimes been willing  
to make me bleed to convince me they're right.

This body is mine and I claim it and its bruises,  
and it is not a man's, and I am not trapped here.  
I have looked leaving my body in the eye  
and I have said, in the end, *hell no*.  
There is too much to do, too much to love,  
too many who need one more of us to  
say *hell no* and help them say the same.  
You might not like it.  
It might be a wrongness to you.

I am done with traps.  
I am done with the philosophy of traps,  
and I am done with the feminism of who  
owns my body for what cause.  
It is time for something that tells you that  
I am here for blood—my blood,  
the blood of my loved ones,  
the blood of the people who have battered  
themselves against my life  
and found me still here.

It is time for a feminism of the monstrous.

This is my body.  
This is me.  
This is the voice that says get your names  
off of my parts and your hands off  
them too.  
This says stop colonizing my reality  
and telling me what I mean  
without listening to a word I say.  
What I say may be in a language incomprehensible,

but there is time for that,  
and it is right now,  
because this is a monster's creed.  
It is for the cobbled-together,  
the sewn-up, the grafted on.  
It is for the golden, the under-the-earth,  
the foreign, the travels-by-night;  
the filthy ship-sinking cave-dwelling  
bone-cracking gorgeousness  
that says hell no, I am not tidy.

I am not easy.  
I am not what you suppose me to be,  
and until you listen to my voice and  
look me in the eyes,  
I will cling fast to this life no matter  
how far you drive me, how deep,  
with how many torches and pitchforks,  
biting back the whole way down.  
I will not give you my suicide.  
I will not give you my surrender.

This is for the Lilim,  
because you forget that the next part,  
after your co-opted icon parts ways with  
Adam and goes her own way, is  
*and she begat monsters,*  
and she becomes terrifying.  
This is for the Gorgons and the vampires  
and the chimaeras,  
for Cybele and Baba Yaga, Hel and Ashtoreth,  
for Lamia and Scylla,  
for Kali and Kapo'ula-kina'u.  
This is for all of them with teeth.

It is time to look the monstrous in the eye.  
It is time.  
It is time to say that we are beautiful in our fierceness,  
and that we are our own.  
We are not the rejects of what we can never be.  
We are what we were meant to be.  
We are not pieces of wholes thrown together incorrectly.  
We are not mistakes.  
We are not inferior knockoffs of someone else.  
If our monstrousness is frightening,  
then it is time we bare our teeth and draw

that fear close to us  
and stop being so afraid of our fearsomeness  
that we fear everyone and everything right back.

I am throwing my head back, here, and saying it:  
No more being afraid.

Hell no.

My monstrosity is not a place of shame.

It is a strength.

It is the power to say *I am mine* and

*I* will tell you what I mean.

Not you.

I am not anything trapped in anyone's body.

I am tougher than that,

and I have plenty of blood to spare

in this body of mine,

and plenty more miles to go before any of you

can bring me to my knees,

and I dare you to try.

I am choosing to stay here,

and it is mine to choose.

And if that means changing shape,

If it means putting together the unexpected,

that is any monster's ancient right.

It is damn well traditional.

The only ones setting traps are the ones in our way.

There.

There's my teeth.

There's my cause.

*Boo.*

*Hiss.*

Keep kicking:

A thousand, thousand slimy things lived on.

And so will I.

Little Light, 15 January 2007



## **Times and Gender are Different**

I'm standing right here,  
Just in a mess of my own feelings,  
Far from fine.

In your eyes I seem to fall  
Farther and faster than you can catch me.  
From a boy balancing on your shoulders,  
Looking at the stars.

Where were you from that time on?  
Touch me again instead of ducking out.  
Where are your arms when I need them  
To wrap around and hold me?

I am standing right here,  
Just as you left me.  
I'm begging right here...

I will try and I will try  
I will try to be whoever you need me.

See me.

## To Be Or Not To Be

To be, or not to be: that is the question:  
Whether 'tis nobler in the mind to suffer  
The slings and arrows of outrageous fortune,  
Or to take arms against a sea of troubles,  
And by opposing end them? To die: to sleep;  
No more; and by a sleep to say we end  
The heart-ache and the thousand natural shocks  
That flesh is heir to, 'tis a consummation  
Devoutly to be wish'd. To die, to sleep;  
To sleep: perchance to dream: ay, there's the rub;  
For in that sleep of death what dreams may come  
When we have shuffled off this mortal coil,  
Must give us pause: there's the respect  
That makes calamity of so long life;  
For who would bear the whips and scorns of time,  
The oppressor's wrong, the proud man's contumely,  
The pangs of despised love, the law's delay,  
The insolence of office and the spurns  
That patient merit of the unworthy takes,  
When he himself might his quietus make  
With a bare bodkin? who would fardels bear,  
To grunt and sweat under a weary life,  
But that the dread of something after death,  
The undiscover'd country from whose bourn  
No traveller returns, puzzles the will  
And makes us rather bear those ills we have  
Than fly to others that we know not of?  
Thus conscience does make cowards of us all;  
And thus the native hue of resolution  
Is sicklied o'er with the pale cast of thought,  
And enterprises of great pith and moment  
With this regard their currents turn awry,  
And lose the name of action.

*Hamlet*, Act 3, Scene 1

I can remember reading of a hypothetical question that could be posed to someone who expressed a feeling that they were "trapped in the wrong body". It was something along the lines of, "If someone offered you a pill that would make you feel at home in your present body, would you take it or would you run away?" The assumption was that refusing the pill would mean that your gender identity was so strong that "losing" it via this imaginary pill would be much more horrific a possibility than dealing with the uncertainties of trying to change one's body.

Of course, suicide is another sort of pill to take. The general conception of suicide is that it is a response to unbearable psychological pain. The person committing suicide would rather die than live with the pain. However, I long ago learned a different way of viewing suicide, which is that the suicidal person is metaphorically saying, "No matter how bad things get, I won't change." In fact, this is a way that some people express their decision to transition. They changed rather than commit suicide.

Last evening I was out walking and found myself thinking again of something that I have often imagined. If someone offered me a button that I could push that would mean that I had never come into existence, would I push it? Suicide is horrific not only because of the death of the individual, but also because of its effects on those connected to the person who carries out the act. However, if the egg and sperm that fused to begin the process that lead to me typing these words had never encountered each other, there would be no one to mourn my absence from the world.

So, the question is, "Would you push that button?" Your answer, "?"

## **Re: To Be Or Not To Be**

Wow, that was one powerful message!

It also really hit home, because I was one of those who faced the decision of beginning to transition or simply pulling the trigger of the pistol I was holding. It took me some two hours to finally decide to put the gun down and face whatever my new life might bring.

Would I press your magic button? No, I wouldn't. Not because I have led such a great life. Besides having Gender Dysphoria, I came from a broken family and lived for many years with an alcoholic mother who on occasion used me for a punching bag - before passing out completely. I have been rejected by more different organizations and people in my life than I care to remember, and that was before I began to transition.

But I have also experienced great highs and many happy times – perhaps made even more significant because of the lousy life I was leading.

No, I choose life over death. And I would likewise choose life over never having had the chance to be. I have an innate curiosity that continues to draw me forward into new adventures, be they good or bad. I attempt to enjoy the good ones and to learn from the bad ones. The number of good adventures is increasing daily. For the first time in my life I can look forward with joy to what may come.

Despite its ups and downs, I find it difficult to imagine why you would choose never to experience life at all.

# References

## How to Books

*Staging Your Comeback* by Hopkins, Christopher  
*Delusions of Gender* by Fine, Cordelia  
*Don't Go To The Cosmetics Counter Without Me* by Begoun, Paula  
*Feminizing Hormonal Therapy For The Transgender* by Kirk, Sheila  
*How To Be A Woman Though Male* by Prince, Virginia  
*Look, Speak & Behave for Women* by Yasko-Mangum, Jamie  
*Make-up Guide* by Anonymous  
*Our Bodies, Ourselves* by Boston Women's Health Group Collective  
*Transgender Child* by Brill, Stephanie  
*Transexual Workers - An Employer's Guide* by Walworth, Janis  
*Uninvited Dilemma* by Stuart, Kim Elizabeth  
*Welcoming Our Trans Family and Friends* by PFLAG  
*Working With A Transsexual – Guide For Coworkers* by Walworth, Janis

## **DVDs**

Becoming You - Makeup Theory  
Becoming You - Makeup Application  
Finding Your Female Voice  
Finding Your Female Voice - Spectrogram Exercises  
Finding Your Female Voice - Instruction Booklet  
All by Deep Stealth Productions

## Narratives

### Books

*On the Couch* by Michele Angelo  
*I am J* by Cris Beam  
*The Lives of Transgender People* by Genny Beemyn  
*She's Not The Man I Married* by Helen Boyd  
*She's Not There* by Jenny Boylan  
*I'm Looking Through You* by Jenny Boylan  
*Stuck in the Middle with You* by Jenny Boylan  
*The Woman I Was Not Born To Be* by Aleshia Brevard  
*True Selves* by Mildred L. Brown  
*As Nature Made Him* by John Colapinto  
*Allies and Angels* by Terri Cook  
*Male Bodies - Women's Souls* by Lee Ray Costa  
*Gay Marriage, Real Life* by Michelle Bates Deakin  
*Middlesex* by Jeffrey Eugenides  
*Mom, I Need to be a Girl* by Just Evelyn  
*Stone Butch Blues* by Leslie Feinberg  
*Trans Liberation - Beyond Pink And Blue* by Leslie Feinberg  
*Trans Gender Warriors* by Leslie Feinberg  
*Transgender Voices* by Lori Girshick  
*Being Emily* by Rachael Gold  
*My Brother, My Sister* by Molly Haskell  
*Transgender Explained* by Joanne Herman  
*Trans-Kin* by Eleanor Hubbard  
*This Girl's Life* by Courtney Ingram  
*Always My Child* by Kevin Jennings  
*Almost Perfect* by Brian Katcher  
*Helping Your Transgender Teen* by Irvin Keieger  
*Mt Princess Boy* by Cheryl Kilodavis  
*The Cross in the Closet* by Timothy Kurck  
*Wrapped In Blue* by Donna Rose  
*The Unlikely Disciple* by Kevin Roose  
*Are You a Boy or a Girl?* by Amy E. Ryken  
*Whipping Girl* by Julia Serano  
*Sawdust Confessions* by William Sievert  
*Homosexuality and the Bible* by Walter Wink  
*Annabel* by Kathleen Winter

**TV**

<i>After Transition</i>	Unk
<i>American Transgender</i>	2012
<i>Beautiful Daughters</i>	2005
<i>Changing Sexes</i>	2007
Chloe Prince Story	2007
<i>Larry King Live</i>	2007
<i>Lavern Cox Presents: the T-Word</i>	2014
<i>My Unique Family</i>	2007
<i>Sex Change Hospital</i>	2008
<i>Sex Change: "The Aftermath"</i>	
1&2	2007
3&4	2007
5	2007
Stonewall Riot	2011
<i>Transgender MD</i>	2009
<i>Trantasia</i>	2006
<i>Transgender Children</i>	2011
<i>True Lives:</i>	
"I'm Changing My Sex"	2011



**Films**

<i>Almost Myself</i>	2007
<i>Billy Elliot</i>	2001
<i>Birdcage</i>	1996
<i>Boys Don't Cry</i>	1999
<i>Be Yourself:</i>	
<i>Faith &amp; Families</i>	unkn
<i>For the Bible Tells Me So</i>	2007
<i>Gun Hill Road</i>	2011
<i>Middle Sexes</i>	2006
<i>Milk</i>	2008
<i>Normal</i>	2003
<i>Prodigal Sons</i>	2008
<i>Soldier's Girl</i>	2002
<i>Screaming Queens</i>	2005
<i>Ticked Off Trannies With</i>	
<i>Knives</i>	2010
<i>Tomboy</i>	2012
<i>Trans</i>	2012
<i>Transamerica</i>	2005
<i>Transgender MD</i>	2009
<i>Trinidad</i>	2009
<i>Two Spirits</i>	2011
<i>What Do You Know</i>	2011

## Postscript

Robyn Kelly retired from over 30 years of Government service specializing in systems analysis for Air Force Intelligence operations, Naval recruit education and Army training simulation contract management. She also served as the Director of Data Processing for Lake Sumter Community College where she also taught several courses in data processing.

Robyn received a Masters Degree in Human Relations from the University of Oklahoma and has spent several years as a group counselor/facilitator. She assisted in establishing Gender Identity in Florida Today in Orange County, Florida, and served on its board of directors. Robyn established the Triangle Interweave web site and has served as the Secretary of the Board of the Triangle Interweave Chapter in Lake County.

Robyn regularly speaks on conditions faced by members of the LGBTQ community and answers questions on LGBTQ issues.

Email: [triangleinterweave@gmail.com](mailto:triangleinterweave@gmail.com)

Website: <http://triangleinterweave.org>