

SARAH Any woman out there tonight that's a feminist will know exactly what we're talking about.

DEPALMA:

BETH: So, yeah. Sex is--

SARAH You can put on a mommy track.

DEPALMA:

BETH: Sex is the biology, the physical nature of things, and gender is the psychology-- the brain, the social roles, the personal identities, and all the rest that goes along with that.

SARAH As Brenda Thomas likes to put it, sex is between your legs, gender's between your ears.

DEPALMA:

BETH: Eh. I'm used to it.

SARAH Which is-- I mean, it's a little more simplified version of it, but I understand her point. And it's important for

DEPALMA: people to understand that's what we're talking about here. We're talking about gender identity. We're talking about the sense that one has about whether one is male or female.

BETH: Well, I certainly knew what my gender identity was back in, even, middle school.

SARAH I was five years old when I told my mother I wanted to be a girl. And she didn't believe it, of course. [CHUCKLES]

DEPALMA: But I mean, truly, I was five years old, the first time I went to it. She literally had to padlock her closet to keep me out of her clothes. We have laughter in the background, but it's true.

BETH: I believe you. I believe you.

SARAH So that's how strong this urge, this desire is.

DEPALMA:

BETH: I had my bedroom next to the laundry room. It's amazing how my sister and I are the same size. My stepsister, who's a year younger than me, had the same exact size.

SARAH Yeah. Well, the point is that what we're talking about here is not whether one is gay or lesbian. We're talking

DEPALMA: about how you feel about yourself as being male or female.

BETH: Another one-liner that goes along with that is it's not about who you want to go to bed with, it's about who you want to go to bed as.

SARAH And who you want to go to bed as. There you go. And I realize that, for many people in the audience, the idea

DEPALMA: that one could be uncomfortable with the body that they are given sounds far-fetched. And there are, actually, some psychologists who don't buy into that. But I can tell you, I knew--

BETH: Yeah, [INAUDIBLE]

SARAH --early on that a mistake, a cosmic joke, had been made here, someplace. Somebody was playing a trick on me because there was no way that I was a boy. Just no way. Folks, I'm only 5 foot 4. Right off the bat, my height told me something. But more than that, I never, ever felt right. Just didn't. I always knew that I was not comfortable within my body. But there's a big jump to be made going from I'm not comfortable in my body to I'm actually a person of the opposite sex.

And how you make that jump is where most of the controversy seems to come in. You find a lot of people that will say, well, I don't have any problem with that. You're not comfortable with your body? Well, gee, there are a lot of disabled people who are not comfortable with their body, too, but they don't want to have sex reassignment surgery.

BETH: No, they want to have surgery to help whatever kind of disability they have, assuming those surgeries are available.

SARAH Well, there you go.

DEPALMA:

BETH: There you go.

SARAH There you go. And so, yes, I understand that it's a big jump from saying, gee, I'm not comfortable in my body to I want to be a person of the other sex. But that's exactly what a transsexual is. It's a person who understands-- and pretty much, I would say almost instinctively, they know that this mistake has been made. The next question is, at that point, is now what do you do about it?

BETH: Sure. How does anybody know what gender they are? They just know.

SARAH One of the things--

DEPALMA:

BETH: We're talking gender. We're not talking sex. Don't look in your pants and see what's there or not and say, well, that's how I know. No, no, no. What's your gender?

SARAH The person who sent me the email who said that I was selling out the gender revolutionaries and all that sort of thing, part of her argument was-- and I think there's a certain point at which she may be right. She said that, if society could change its views on what constitutes a male behavior or female behavior-- and, in fact, if we stop labeling the male behaviors and female behaviors-- you could probably cut the number of transsexual surgeries in half.

BETH: OK. We just talked about the word "behavior." We're not talking about sex. We're talking about gender.

SARAH Gender.

DEPALMA:

BETH: OK. All right, fine. I have completed a transgender transition. I now live in a world as a gender which I was not the one that I was born with. Pretty darn happy about that. That's right in the right line for me. But there's still the sex issue. They're still the anatomy issue. There's still a lot of issues around my personal perception of my body versus the way it really is.

SARAH Well, I think there's a certain point-- I think, to some extent, that she has a point-- that if we viewed gender differently, if we stopped putting people on tracks and said these are male behaviors, these are female behaviors and if we just allowed people to grow up as people, that you might be able to cut the number of sex changes in half. In half, that's the part that I have the problem with. I'm not sure it would actually make any difference in sex changes at all.

BETH: My point exactly.

SARAH Because it's not about the behavior.

DEPALMA:

BETH: It's not about the gender.

SARAH And that's what took me the longest time. It's one of the reasons that it's taken me 10 years to get to this point.

DEPALMA:

BETH: The surgery doesn't operate in your brain.

SARAH It's that I had an ongoing debate with myself for the longest time about, well, who am I having surgery for? Am I

DEPALMA: having--

BETH: There you go.

SARAH --surgery to please society? And finally, it came home to me. I'm having it because I don't feel complete.

DEPALMA:

BETH: So surgery isn't about gender.

SARAH No, it's--

DEPALMA:

BETH: Your gender is who--

SARAH --not about a behavior.

DEPALMA:

BETH: --you are.

SARAH That's the distinction. Surgery is not about behavior. It's about changing your body.

DEPALMA:

BETH: And so, the next question is-- so there's somebody here with a feminine gender-- like me, for instance-- and a male anatomy. Can society live with that? Well, sure. Can I live with that? Not at all.

SARAH Yeah, and that's--

DEPALMA:

BETH: And that's really where--

SARAH --the point, is that--

DEPALMA:

BETH: --it comes from.

SARAH --I can't live with it anymore. I have reached a point where--

DEPALMA:

BETH: And the reason I say society can live with that is because society doesn't see me with my pants on.

SARAH Well, society has been living with me this way for a long time, and it can probably continue to live with me this

DEPALMA:

BETH: And they wouldn't know the difference.

SARAH And there wouldn't be any particular harm that would come from that, but it's about--

DEPALMA:

BETH: It's not about them. It's about me.

SARAH I'm trying to think of how to put this. It's about a sense of completeness. I guess that is it. And I've got a pretty

DEPALMA: good life. I've got a wonderful relationship. I've got a good job. I'm very politically active, and I'm involved with lots of community activities and blah, blah, blah.

BETH: Me, too. Where's some wood to knock on?

SARAH Yeah. The point being that surgery isn't going to make me any more or any less effective as a person the day

DEPALMA: after the surgery.

BETH: True.

SARAH And people who think that they are going to have the surgery and they're going to be magically healed or cured

DEPALMA: are nuts.

BETH: From the people I've talked to, the only, single thing that it does for behavior is it improves your comfort level with yourself.

SARAH That's exactly right. Yeah, it isn't going to change anything to anybody else. No one will-- but it's about a sense of

DEPALMA: completeness. So, for the person who sent me that letter-- and I've sent an email back this person already-- I understand your sentiments about gender. I also think that the gender roles in society are a bunch of crap, to be perfectly--

BETH: Yeah. They're really oppressive.

SARAH I mean, they're really nonsense. What is this stuff about this is a female behavior, and this is a-- how about this

DEPALMA: as a human behavior?

BETH: No question about it.

SARAH Hello? You know?

DEPALMA:

BETH: Go read some Kate Bornstein. Go read some--

SARAH Yeah. Some Martin Rothblatt--

DEPALMA:

BETH: [INAUDIBLE]

SARAH Yeah. Camille Paglia and people--

DEPALMA:

BETH: Sure.

SARAH --like that. Fine. Have fun with that. But that has nothing to do with the feeling that the body is not complete. And

DEPALMA: I get really nervous about people who say to me, that tell me that they feel like they're in the wrong body because my next question is, how would you know that?

BETH: Yeah, really.

SARAH How would you know you're in a wrong body?

DEPALMA:

BETH: Yeah. What do you mean, from wrong?

SARAH I go in to talk to classes, Beth, and people ask me they'll say, well, how do know you were supposed to be a

DEPALMA: woman. I don't. I only know that the body I'm in doesn't work.

BETH: So, yeah. It's not that--

SARAH It was the wrong one.

DEPALMA:

BETH: --this is wrong, but I can say it ain't right.

SARAH It ain't right. There you go.

DEPALMA:

BETH: What's right?

SARAH And I get real--

DEPALMA:

BETH: I don't know, but I'm going to try to get somewhere closer. I know what direction is closer.

SARAH Yeah. And I get real nervous about people who say to me, well, gee, I'm really in the wrong body. How would you

DEPALMA: know? It's interesting. For a long time, I used to attend the meetings of the Gulf Coast Transgender Community. And for those of you who are out there and you're new and your questioning, or you're wondering if you are a transsexual, I highly recommend the Gulf Coast Transgender Community.

BETH: Yeah. It's a great group.

SARAH But I used to go to the Gulf Coast Transgender Community meetings quite a bit. And there was a person there
DEPALMA: who's actually fairly well-known who brought in-- she had her surgery filmed.

BETH: Oy.

SARAH She actually won an award on PBS for it. But she had her surgery filmed. And she came back-- it was a GCTC

DEPALMA: meeting-- and said, here's how you'll know if you're really a transsexual is if you can watch this film, and afterwards, still say I want to go through with it. And I sat there and was fascinated by it.

BETH: I've got to see it.

SARAH And at the end of it, I was like, oh, that's not nearly as bad as my mind had imagined it as being.

DEPALMA:

BETH: I got to see the Schrang slide show that was--

SARAH Tell people who Dr. Schrang is.

DEPALMA:

BETH: Dr. Schrang is one of the, I don't know, probably two or three dozen surgeons in the United States who does sex reassignment surgeries. He's probably one of the most prolific, along with Meltzer.

SARAH Tremendous doctor. Just don't ask me to describe his personality.

DEPALMA:

BETH: Yeah. He's got the personality of your typical-- I'm a surgeon. Therefore, I'm God.

SARAH Actually goes around showing slides of transsexuals that he has operated, saying, see what I did? Look what I've
DEPALMA: created.

BETH: Look at my great work.

JIMMY CARPER: [INAUDIBLE]

SARAH No.

DEPALMA:

BETH: He's in Neenah, Wisconsin.

SARAH He's in Neenah, Wisconsin.

DEPALMA:

BETH: Neenah, Wisconsin. He does fabulous work but he is definitely--

JIMMY CARPER: Full of himself?

BETH: He is definitely way more than full of himself.

SARAH Way more than full of himself.

DEPALMA:

BETH: Way more than--

SARAH That doesn't begin to--

DEPALMA:

BETH: --full of himself. Yeah.

JIMMY CARPER: Full of something.

BETH: There's really, in the United States, probably about three or four who do a lot. And then there's literally several dozen who do a few.

SARAH I guess we've got to talk a little bit about how you start the process. If you think that you may be a transgender

DEPALMA: person-- first of all, let me say that, if you are in the Houston area, you can go to the Montrose Counseling Center. And since I sit on the board of the Montrose Counseling Center, I'm going to tell you I highly recommend it.

BETH: [LAUGHS] You made sure there are--

SARAH Although I--

DEPALMA:

BETH: --people there.

SARAH --was never there as a client, I am on the board. And I can tell you that you can go to the Montrose Counseling

DEPALMA: Center. You can receive excellent, professional counseling-- psychological counseling-- on a sliding scale to the extent of which, if you can't pay anything, then you pay nothing. So if you're in the Houston area, you are very lucky. They are not going to report this to your parents.

You can speak to these people in confidence. And consider yourself very lucky, if you're in the Houston area, that you have this kind of resource because most places don't.

BETH: OK, so say you're one of our internet listeners.

SARAH Well, if you're one of the internet listeners, then you already know that there is a ton of information on the net.

DEPALMA:

BETH: That's true.

SARAH However, finding a therapist who understands transgender issues is pretty darn tough.

DEPALMA:

BETH: So you walk into their office. You ask them if they want to talk about it. If they say they want to cure you, turn around and run like hell.

SARAH Oh, I hadn't thought about that, Beth, but that's exactly right. If you ever run across a therapist who says I'm going to cure you of your transsexualism, do not walk. Run. Get the hell out of dodge. And you can listen to us on www.kpft.org. And by the way, speaking of, this is KPFT Radio, 90.1 FM in Houston. And-- are we still doing KEOS? And KEOS College Station, Bryan.

JIMMY CARPER: 89.1.

BOTH: 89.1.

BETH: That's right.

SARAH Hello, Aggies, gig 'em.

DEPALMA:

BETH: Said from an old Aggie, yourself.

SARAH Well, I got invited to go up and speak at A&M--

DEPALMA:

BETH: That's cool.

SARAH --and I've actually had an opportunity to speak at A&M a couple of times. And yes, folks, I am an Aggie. And

DEPALMA: that's a fun experience. Anyway, going back to getting a therapist. I hadn't thought about that yet. If the therapist says we're going to cure you of your transsexualism, do not walk. Run. Get the hell out of there.

BETH: Say thank you for the conversation. Goodbye.

SARAH It's like a doctor-- anytime, if you're gay and lesbian, you go to a therapist, and the therapist says I can cure you

DEPALMA: of being gay, tell them you've heard about Exodus. You know better than that. And get out.

BETH: Yeah. Good answer. Thank you for your conversation. Goodbye.

SARAH Yeah. Yeah, thank you. So, first of all, if you're young and you're the Houston area, you can go to the Montrose

DEPALMA: Counseling Center. Now, there are a couple of private therapists in the city of Houston that are very good. And the point is, if you live outside of Houston, chances are you can contact the Montrose Counseling Center-- or you can contact some of us on the internet-- and we can usually find you a resource. At least, if you're within the state of Texas, I have a fairly good resource list.

If you're outside of Texas--

BETH: You can look around. You can still find--

SARAH You can look around. You can still find them. You may have to dig around on the internet, but you can still find them.

BETH: You can probably, also-- lately, in the last two or three years, a lot of the surgeons have been posting out internet websites and the like. And they have a lot of people that they can refer. Also, Dr. Anne Lawrence has a website.

SARAH Anne Lawrence has the best website-- and I don't know what that website address is.

DEPALMA:

BETH: www.annelawrence.com

SARAH If you want to know anything at all about sex reassignment surgery-- and I'll warn you now, including some very graphic--

BETH: Very.

SARAH --very graphic pictures of what sex reassignment surgery is, I recommend the Anne Lawrence website.

DEPALMA:

BETH: So that's w-w-w-dot-a-n-n-e-l-a-w-r-e-n-c-e-dot-com.

SARAH She tells it like it is.

DEPALMA:

BETH: And she has, in there, some lists of different therapists all across the country.

SARAH All across the country.

DEPALMA:

BETH: So it's a place to start.

SARAH You can contact the [Erickson Foundation, which is actually in the state of Washington.

DEPALMA:

BETH: They're [? agist ?] now, aren't they?

SARAH I think that they're--

DEPALMA:

BETH: Yeah. They've changed three or four times.

SARAH I guess that's right. They have changed their name.

DEPALMA:

BETH: They're still around. You can find them one way or another.

SARAH If push comes to shove, you can look up the Benjamin Society on the internet and ask for recommendations.

DEPALMA:

BETH: w-w-w-dot-h-b-i-g-d-a-- Harry Benjamin International Gender Dysphoria Association-- dot-org.

SARAH dot-org. So you don't necessarily have to live in the Houston area. But since most of our listeners are going to be in Houston, we can say that the Montrose Counseling Center is a good place to go. There are a couple of private therapists in the city. Or if you happen to really have some money, you can go to the Rosenberg Clinic in Galveston. But get ready because you're talking about-- what is he up now? What, \$115--

BETH: \$115 an hour--

SARAH --\$120--

DEPALMA:

BETH: --I think? I don't know.

SARAH --an hour?

DEPALMA:

BETH: I don't go there, so I can't really answer that for you.

SARAH Well, I'm going to be seeing him soon.

DEPALMA:

BETH: I asked him about his pricing structure, and being that it's almost a three hours drive from where I live and it was more expensive than I could make in five hours worth, it's like yeah, no.

SARAH I believe he's \$120 an hour. So the point is, first of all, you're going to need to see a therapist. Now, I realize that

DEPALMA: there are some people who decide that they are transgender and they never ever decide to go and see a therapist. Let me warn you now. If you are one of those people who are out in the streets, doing street-level hormones--

BETH: Danger will [INAUDIBLE]

SARAH --for God's sakes, don't do that. We're talking about hepatitis C. We're talking about AIDS. You don't know the

DEPALMA: purity of the hormones that you're taking. Don't do that.

BETH: Hormones are very powerful things, and they have some really amazing effects. They have some really dangerous side effects. You don't know what your dosage level is if you're not being seen by a doctor on a regular basis. One of the most common-- it's still not very common, it's pretty rare-- one of the more common side effects is a thrombosis. It's a blood clot that happens in your legs. If that sucker breaks free and ends up in your lungs or your brain, you get a stroke and you die.

SARAH That's right.

DEPALMA:

BETH: You die. We're not talking about ouch. We're talking about dead. So don't fool around. Do it right. It's worth it in the end.

SARAH This can kill you. And I, just recently, was speaking with someone that happens to be a street person. And they're

DEPALMA: injecting Premarin, for god's sakes. Now--

BETH: Oh.

SARAH --and the theory was, well, if I inject it, it's going to be faster. Assuming you live that long.

DEPALMA:

BETH: OK. It's also going to be really, really hard on your liver, that has to

SARAH All of these things--

DEPALMA:

BETH: --sort that stuff out.

SARAH --work off of your liver. You really should be seeing an endocrinologist. Yes, this is an expensive proposition. And

DEPALMA: anybody who thinks that it isn't--

BETH: OK. So I've got health insurance--

SARAH --they're not paying attention.

DEPALMA:

BETH: --and an HMO. You know what I pay for my endocrinologist? \$5.

SARAH Oh, I pay \$60 a visit because my insurance won't cover it.

DEPALMA:

BETH: OK. So depending on your insurance situation, it's at least worth looking into. I used to pay something like \$260 every time I went to visit, plus lab fees, plus hormones, plus, plus, plus. And my doctor said what are you paying all that for? I said, because it's not covered under my insurance. It says so right here in the paperwork. She says, listen, they pay who I tell them to pay for.

SARAH Yeah. If you are lucky enough to get a good private doctor, you can get around a lot of the costs. For example, I

DEPALMA: haven't had lab fees, now, in a long time because my personal physician simply faxes the information to the endocrinologist.

BETH: Well, there you go.

SARAH And we save lab fees. So, there are ways around it if you use your head.

DEPALMA:

BETH: Insurance is worth it. Go find-- make it happen. But, really, see a doctor. Does the [? Stematrix ?] Clinic cover any kind of help with this?

SARAH I honestly don't know. I don't think the Clinic does that.

DEPALMA:

BETH: I'm sure they don't, but they might be able to help--

SARAH It's pretty specialized--

DEPALMA:

BETH: --with some of [INAUDIBLE]

SARAH --stuff. Yeah. They might recommend somebody. Now, it is possible that you will go to a therapist. And after

DEPALMA: some certain amount of therapy, the psychologist may decide that the issue is not one of transgenderism, that there may be underlying issues. And I think Beth and I, over the years, have met a number of people for whom we have found that was actually the case.

They went to the doctor thinking that they were transgender when, in fact, there were a lot of other underlying issues that had to be dealt with first. And when it was all done, maybe they still had transgendered issues. Maybe they didn't.

BETH: Well, there's a lot of kinds of transgender in the world. There are transsexuals, but they're also just people who are cross-dressers. And I know people who have made the mistake that says I like wearing these clothes, therefore, I'm female.

SARAH And that's nonsense.

DEPALMA:

BETH: Well, yeah, but--

SARAH For cross-dressers, it's about the clothes.

DEPALMA:

BETH: --it's easy to say it's nonsense, now, from our perspective.

SARAH From our perspective, yeah.

DEPALMA:

BETH: But when you don't know, when you're first trying to figure yourself out in the world, that's a lot harder question to answer. And I remember-- I've seen a lot of those talk show television things with transsexuals on them. And I hate all of them except for one, and it was the one where Geraldo tried to have the transsexuals who regretted their decision. Now, he struck out all three times. But the first one was when there was a guy who was a female impersonator.

SARAH I remember that, yeah.

DEPALMA:

BETH: He was addicted to drugs and alcohol, and he was sure he was going to be a transsexual. He started transition, he did all that. He got cleaned up off the drugs and he got cleaned up off the alcohol. He did some counseling, and he found out I like being a guy and I like being a female impersonator. And he was gay, and he's happy now. Was he really a transsexual who regretted his decision?

No. Geraldo went south again. But nonetheless, this guy was somebody who did the work, found out what he was really about, continues to be transgendered under the umbrella term, where he's a female impersonator, but he's happy with who he is. And he didn't have to go for surgery for it.

SARAH And Beth brings up a good point. I'm trying to think how to put this, exactly. I can't tell you how many

DEPALMA: transgendered organization meetings that I've gone to-- or organizations throughout the state, actually-- where people have walked up to me and said, this is my first time out in public, and I am a transsexual. And invariably, my response to them is how do you know that?

BETH: [LAUGHS]

SARAH Because what Beth said is exactly right. A lot of people think, oh, gee, I've got certain kinds of feelings.

DEPALMA: Therefore, I am a transsexual. Therefore, I must have sex reassignment surgery. Whoa, buckaroo. Slow down here. Let's think about this. There are all kinds of options in between. And, in fact, there are lots of people who choose never ever to have the surgery.

I've actually seen several studies that suggest that the number of people who, from the start of the process to actually obtaining surgery, the number of people who actually complete the process is around 10%.

BETH: 10% That's the number I keep hearing.

SARAH Yeah, it's around--

DEPALMA:

BETH: I believe that. I believe that's correct.

SARAH And I think it's for lots of reasons. Number one is the financial issue. But I think there are a lot of other people

DEPALMA: who find that there are some other stops along the way where they are comfortable and choose to remain.

BETH: Bottom line is, you've got to do what you do to get yourself happy. This world is about joy. If you're not living with joy, you've got to do something different in your life. And if you find that place that makes you happy and that joy is simply being the guy that you were born with who gets to wear women's clothes when he goes out to the club meetings and that kind of thing, great. If you find that you're fully transsexual and need to have surgery to have the comfort in your life, great. If you're anywhere in between that, also great. Find that place--

[INTERPOSING VOICES]

SARAH The point is that gender is not a set place on the map. Gender is a continuum. And then, once you find a spot on this continuum where you're comfortable-- and if it's short of surgery, yeah. So it's short of surgery. The important thing is-- exactly, as best you said-- you're comfortable and you're happy. In my case, I've been happy for a long time. Now, it's going on 10 years for me, and I've been perfectly fine without the surgery. And, in truth, if something happened and I couldn't have the surgery, I'd still be fine. Because surgery is not my be all to end all.

I look at surgery, at this point, as the frosting on the cake. I've got a pretty good cake, and now, I'm going to frost it.

BETH: You know--

SARAH But you know what? I can live without the frosting if I have to.

DEPALMA:

BETH: Somebody once said to her, her surgical experience was she laid on a bed and counted back from hundreds and woke up a little later, sore.

SARAH [LAUGHS]

DEPALMA:

BETH: And that's, really, the extent of the surgery itself. It was the rest of it that went around that-- the transition, the living, the getting there, the going away from it that was important part. It's not--

SARAH Ricky Wilchins said the--

DEPALMA:

BETH: --about the surgery.

SARAH --same thing. Ricky Wilchins said the same thing.

DEPALMA:

BETH: You know that [INAUDIBLE]

SARAH But somebody asked her-- they said, well, aren't you courageous for having the surgery? And she said no. She

DEPALMA: said the courageous part is getting to the point of being ready for the surgery. The surgery is not a big deal. And, of course,

BETH: [INAUDIBLE]

SARAH If you're talking about you're flying home from Canada a week later and you're that sore, it is a big deal. But I

DEPALMA: understand her point.

And so, for those of you who are out there and you think that you may be transgender and you think, oh, that automatically means that I am transsexual. No, it doesn't automatically mean any such thing.

BETH: Correct.

SARAH It can mean anything from you like to occasionally cross-dress in the privacy of your own bedroom to you like to

DEPALMA: cross-dress and, once or twice a month, go out into the bars, to a whole range of options in between. And I have no patience with people who imply, or say outright, oh, being a transsexual is the elite of the transgender world. Oh, stop.

BETH: And the other side of that same coin I'm just-- I love that word, just-- a cross-dresser.

SARAH You're not just in anything. Yeah, that's what been [INAUDIBLE] people for a long time. Don't ever come to me

DEPALMA: and say you're just a cross-dresser.

BETH: No, you're just a human being. You're just a what? Come on, just.

SARAH Yeah. What is this just stuff? But you and I both have met a number of people who act like-- we know the

DEPALMA: transgenders. They're at the top of the heap. They're the elite of the transgender world.

BETH: Or the transsexuals are at the top.

SARAH Yeah. Well, hey--

DEPALMA:

BETH: I disagree.

SARAH --that and 5 cents would almost be worth something at McDonald's. [LAUGHS]

DEPALMA:

BETH: Yeah. I remember, when I was first hooking up with the support group, somebody told me, oh, you're a transsexual. Wow. They're so exotic. I'd let-- and I'm thinking about this the next day as I'm mopping--

SARAH Exotic?

DEPALMA:

BETH: --the kitchen floor.

JIMMY CARPER: [LAUGHS]

SARAH (BEWILDERED) Exotic? Wait, wait, wait. Exotic?

DEPALMA:

BETH: You must lead such an interesting life. Yeah, while I'm here, let me mop the floor for a while.

SARAH Oh, yeah. It's a real interesting life. I get up, go to work every day. I come home. I'm tired. I go to the gym, and I

DEPALMA: go to bed. [WHISTLES] Wow, I don't think you could take any more excitement. My heart just wouldn't-- stop it. But you're right. There are people who think that way. And the point is that, for those of you who are sitting out there and say, well, I just know I'm a transsexual.

Well, it could be. It could be. But be aware that there are a lot of steps between I'm a cross-dresser to I'm a transsexual on my way to surgery. And being post-surgical is not tantamount to saying that I am among the elite. It is tantamount to saying I was among the lucky who was able to get the money together to get it done. That's a big difference.

BETH: And I was among the ones who found myself having to go this far to be happy. I couldn't stop any earlier.

SARAH Yeah. And that's no great blessing.

DEPALMA:

BETH: I concur. [CHUCKLES]

SARAH There's one person who-- I had a person who contacted me. I had gone to speak to a transgender group, up in

DEPALMA: East Texas. And this person contacted me afterward and said that I seemed-- what was the word that she used-- obsessed with telling people that surgery was not the ultimate answer, and who did I think I was because a surgery is the answer? The answer to what?

BETH: Yeah. That's the answer. What's the question?

SARAH Yeah. I'm sorry, I missed something in that translation. Surgery is the answer to what question? Because I missed

DEPALMA: it somewhere. The fact that you could not find an intermediate stop that you were comfortable with, to me, in some ways, you could easily be construed as something of a failure rather than as a success, depending on how you look at it. So this stuff about, well, it's exotic-- in your words-- or elite, it's nonsense.

BETH: Yeah. I walked into my shrink's office in 1991 saying, listen, I don't want to go for surgery. I'm not here to hit the end point today. I want to find out if that's where I have to be. I want to explore all the options between here and there because, to me, that's a last resort. If I can't get happy somewhere between here and there, then that's going to be a long, long, hard road that's going to have to cost me a lot.

SARAH I actually told my first therapist that being a woman was a pain in the ass. And it did! And wasn't there something that we could do so that that wouldn't have to be the end result? Jimmy's having a good time with that. Jimmy's over here, cracking-- well, I did. And it is a pain in the ass, Jimmy. When you get up at 5:00 in the morning to do your makeup every day and your pantyhose and all this other crap and go out the door and face the world, it is a royal pain in the ass. And let me tell you something. Feminists are right. Women are treated second-class.

BETH: You're absolutely right.

SARAH Don't anybody let you--

DEPALMA:

BETH: You're absolutely--

SARAH --tell you different.

DEPALMA:

BETH: So I'm not the makeup-and-heels kind. I'm more of the "jeans and polo shirt" kind that goes to work--

SARAH Well, your job--

DEPALMA:

BETH: --every day. But--

SARAH --is a lot different from mine.

DEPALMA:

BETH: --I'll tell you what. I have been really, really, really lucky that I haven't lost ground in my job, but it takes a heck of a lot more work to gain any ground. And any feminist in the last 20 years will tell you the same thing. You've got to work twice as hard to get half as much. And I believe it. I've been on both sides of that coin, and I have absolutely no doubt about it.

SARAH And fortunately for a woman, that's not difficult. [LAUGHS]

DEPALMA:

Jimmy's putting on headphones over there.

JIMMY CARPER: [INAUDIBLE]

SARAH Well, good.

DEPALMA:

BETH: What mike number are you on, Jimmy? Hold a finger up.

SARAH Oh, yeah.

DEPALMA:

BETH: Number three or number four? All right.

SARAH Three, four.

DEPALMA:

JIMMY CARPER: There we go. OK. Something that you said that I'd like to touch on more-- and I think it's something that we have to say to the entire community-- if you're not happy with yourself, don't look for something else to make you happy. I've had people say, oh, if I only had a lover, I would be complete. No, you have to be complete first. And I think the idea of if I had the surgery, it's going to solve all my problems--

SARAH [INAUDIBLE]

DEPALMA:

JIMMY CARPER: --I don't think that's the right attitude.

SARAH The answer that you're seeking is not out there, somewhere. The answer is between your ears. And you're right,

DEPALMA: Jimmy. That's a mistake that I hear a lot of people make. And it's something I've thought about a lot, about in the decision process for coming to surgery, is why. Why did I want that? Why couldn't I have accepted one of those intermediate places, and why wouldn't that have been good enough?

JIMMY CARPER: Now, I'm not saying that the surgery isn't important. But I'm saying--

SARAH No, no.

DEPALMA:

JIMMY CARPER: --that it's not the end all, be all.

SARAH Well, the point-- and that's exactly the--

DEPALMA:

BETH: Think you've got everybody's [INAUDIBLE]

SARAH --point-- is that I kept searching myself, saying, why do I want the surgery? Am I approaching surgery with the

DEPALMA: idea that it's a cure-all? Am I approaching surgery that it's going to fix something? Am I approaching surgery because I think society demands it? All these things, I wanted to have them resolved. The last thing that I want is to come out of surgery, and then think, what the hell did I do this for?

[LAUGHTER]

JIMMY CARPER: That's right.

SARAH I mean, by that point, I had better be sure. And it really worries me when I get letters or emails from people who

DEPALMA: act as if, gee, if I have my surgery, everything is going to be hunky-dory. You know what? You still have to go back to work. You still have to go buy groceries. Your life has to go forward. Surgery doesn't change any of that stuff. The only thing it can conceivably change is how you feel about yourself is whether you're happy or content with the body you now have or you're not. That's all it's going to do.

And, to some extent, I understand why therapists put people through so many hoops because I'm finding that more and more people don't ask those kind of questions of themselves. That surgery is a race, and let's see if I can make it from point A to point B in exactly one year and then, never deal with those issues 'till after the surgery, when it's a--

BETH: The wrong answer.

SARAH --day late and a dollar short.

DEPALMA:

BETH: Wrong answer. Thank you for playing. Try again.

JIMMY CARPER: And you touched on something--

BETH: Well, this one, there is no trying again.

SARAH And then, I've come to understand, in some sense, why there are the gatekeepers. My objection to the

DEPALMA: gatekeepers is that they don't work on an individual basis. Is it the rules that exist for transsexuals, or one size fits all?

JIMMY CARPER: You just touched on something that struck me because I was having a conversation earlier this evening with some friends. And one of these people was doing one of those, like you said earlier, if only this, then I would be happy with how I am right now. And I was sitting there, going, no.

[LAUGHTER]

In this person's case, he was lamenting not having a boyfriend at this young age. And I'm sitting here, going, no, be happy with who you are right now. Be happy with your life. Then be happy with who you are before you go worrying about being with somebody else. And in this respect, you were talking about how you have to be happy with-- you can't put the cart before the horse.

First, be happy with who you are. And then--

SARAH Get on with the rest of them.

DEPALMA:

JIMMY CARPER: Yeah. Go for the rest of them.

SARAH I played that game for a while. If only I had discovered I was transgendered earlier. If only I had had the

DEPALMA: experiences of being a little girl. And you know what? That's a game that you're never going to win. And it took me a long time to get to-- and, actually, I credit my life partner for bringing me around to taking a more sensible approach to this. Because, as she points out, if all of those other "if onlys" had taken place, we would never have met.

And I thought, wait a minute, here. Let me rethink this. And she was exactly right. And, honestly, I have to say that my life has been an incredible adventure. Everything from having been a freedom rider in the '60s to today, my life has been one incredible-- I've had a blast. And so, to play that "if only" game-- when I'm in my more lucid moments and I sit down and think about it, I realize all that I would have missed if those "if onlys" had occurred. And I don't think most people--

BETH: Yeah. It certainly hasn't been a boring path.

SARAH It has not been a boring path. No. If nothing else, transition is interesting.

DEPALMA:

JIMMY CARPER: People are always asking me if I regret any part of any of the stuff I've been through at all-- the surgeries for my disability, the relationship I was in, all of that. And I'm like, no. Everything that I've been through has made me who I am now. And at this point in my life, I am happy with who I have become.

SARAH But, see-- now, I think that's a point most people don't ever reach. Honestly, I think that churches are filled with

DEPALMA: people trying to look up higher for that. They're looking for some supreme being to give them that, or they are in some therapist's office, wanting some shrink to give them that. And not to be sacrilegious about this-- I mean, after all, this is Easter Sunday-- but if you really want to be saved, start between your own two ears instead of looking outside for some magic bullet. Because I don't think that happiness is going to be found in a magic bullet.

And I worry about the transsexuals who say things like, that the surgery is going to fix their-- because, if anything, the surgery complicates your life. It doesn't fix anything.

BETH: Oh, yeah.

SARAH And I think the public might be interested to know that, even after the surgery, things are not over.

DEPALMA:

BETH: Oh, no. You get to do the dilation, several times a day at first.

SARAH What happens is, after the surgery, your body has a natural tendency to want to reclose. They have created a

DEPALMA: vagina in your body, so your body wants to reclose. So you have these-- what they call them stents, which is a polite way of saying dildos. And they come in different sizes. And the point is you have to use them to keep that from closing up. And, for some people, they may have to use them forever and ever. In most cases, that's not true, but it can be. Your hormone maintenance drops. It's about the same as what a woman would have if she was taking birth control.

BETH: Or post-menopausal.

SARAH But there have been several studies now that are concluding that transsexuals do, indeed, have a higher risk for

DEPALMA: breast cancer or other kinds of cancers because of the high dosages of hormones that they have been taking.

And the point is that people out there who may be listening to this and they think, oh, well, these people chose to do what they're doing-- yeah, I would willingly choose to go out and blow all of this money and put all up with this stuff because I didn't have anything better to do with my life? Please.

BETH: I did--

JIMMY CARPER: They use that same--

BETH: --choose to--

JIMMY CARPER: --argument to justify--

BETH: --do this. I just choose to have the action. I didn't choose to be who I am. I don't get to choose who I am. I just get to choose what I do about it. And my choice was to sit around and be a vegetable who was depressed out of my wits or move on with life.

SARAH I choose to be happy with my life. That's a choice.

DEPALMA:

BETH: Exactly. And the way that I got to this point-- OK, it's going to cost me some things, but I'm a lot happier now than I was before transition. And everybody who I've been in contact with on both sides of the transition can see that as one of the first things they see.

SARAH That's one of the interesting things. If transition is going well-- if it really is for you, a lot of people report that

DEPALMA: same experience. And I had that happen, too. People would start saying, you seem so much happier since you've done this. Well, it's easy to be happy when you're comfortable with yourself. When you start feeling comfortable with yourself and you start feeling comfortable about who you are, gee, it starts to show.

JIMMY CARPER: It starts to show. Your personality changes--

SARAH Oh, yeah.

DEPALMA:

JIMMY CARPER: --altogether.

BETH: I've been hearing the same concept over and over in this whole conversation, but we never actually put the two-word name to it-- self-esteem. It really is.

SARAH But how many people do you know who don't have any?

DEPALMA:

BETH: Well, the first part of that is self. It's not coming from somewhere else. You're absolutely right. It's got to happen between your own two ears, by you.

SARAH Well, the point that I wanted to make to this person who wrote to me and said that I was selling out the gender

DEPALMA: people, and this and that, is that, in the end, your decision to have surgery or not have surgery is an intensely personal decision, and it doesn't have anything to do with anybody else.

BETH: Or their politics.

SARAH Or their politics, or their beliefs in gender, or their religion, or their life partners, or anything else. It has nothing

DEPALMA: to do with anything else other than yourself. You're the one who has to live with your body at night, alone. So in the end, it's you only about you. It can't be about other people. And that's been the hardest decision for me to learn, really, is that it's not about gender politics. It's not about transgender politics. It's not about how my parents feel. It's not about how my life partner feels. It's about how I feel. And--

JIMMY CARPER: Who are you doing it for? Are you doing it--

SARAH Who am I doing--

DEPALMA:

JIMMY CARPER: --for yourself, or--

SARAH --it for? Exactly.

DEPALMA:

JIMMY CARPER: --because somebody else thinks you should do this--

BETH: Or shouldn't.

JIMMY CARPER: --to be the complete picture of what the word says-- that transsexual, transgender. It's about you, on the inside.

SARAH I remember having this conversation with Dee McKellar one time. And Dee was just staunchly that surgery was a

DEPALMA: terrible thing to do. And I remember asking her once. I said, if you had the money and it was all said and done, would you do it? She just looked at me and smiled and nodded her head and said, well, yes, she would.

And I thought-- so, deep down, underneath all this other stuff, she felt the same way. She was just never lucky enough to have the money and things to put it out, to do it to get that done. But I would, really, say this to anybody. If you're looking at any transgendered issue tonight-- not just surgery-- you really need to sit down and think about this in terms of what does this mean to you. And in some cases, you also need to ask yourself, what is it going to mean if you decide to make it known?

If you decide you're going to tell your wife, if you decide you're going to discuss this with your kids, if you decide you're going to discuss this with employers--

BETH: Or your parents.

SARAH --or your parents, what does that-- those are issues where you have to think, to sit down and say, well, this is

DEPALMA: about them and me. But surgery doesn't fit into that. Surgery, in the end, is about one person, and they have to be able to live with that when they go home.

BETH: Yeah. I'm in a situation where I'm in a family. And the decision on whether or not to spend \$18,000 is not my decision alone.

SARAH No. You've got kids and you've got other responsibilities.

DEPALMA:

BETH: My decision to want surgery is my own, but I have postponed that for a lot of years-- a lot, a lot of years-- because of my family's financial situation. If I had abandoned them-- if I had given up on that whole part of my identity of being a parent, which is just as much as big a part of my identity as being a woman-- then I probably would have been in this financial situation to have done this years ago. But I wasn't willing to spend that price.

SARAH I can't even conceive of you as not a parent. Because you're so much involved with your kids' lives, that's hard for me to imagine Beth, not a parent. That doesn't compute.

DEPALMA:

BETH: No, it really is a part of who I am. And that one thing probably cost me 10 years in starting transition, and it's delayed surgery for, probably, another close to 8 or 10 years. So the decision to have surgery itself is not necessarily the same as the decision to know you want it. I know I want it, but it's going to be a shared decision to figure out when we can afford it and when we can put it in the schedule. For me, I've got 20 more months.

SARAH To the 16-year-old and to the other people who are out there are listening to us and they're new with this process or they're thinking about starting the transition process, let me say this. The key to success in transition is two things-- at least, in my mind. One is you have to make the decision that you are going to take your time. And the second one is you have to be willing to go slowly, that it can't be erased. And if I was going to add a third one in there, it would be you've got to have a sense of humor about this.

[CHUCKLE]

I mean, truly, if you take this process too seriously, that alone would be enough to kill you.

BETH: There have been a lot of experiences I've had where I came away with a choice. I can either cry or I can laugh. [LAUGHS] And I've chose to laugh more times than cry, I'll tell you.

SARAH And I have to say, I've had some pretty interesting experiences, even in grocery stores, overhearing some conversations. And you know me. I'll just step right into the middle of the conversation.

BETH: Yeah, yeah. [INAUDIBLE]

SARAH [LAUGHS] But, really, you have to be willing to go slow. You have to be willing to think your way through it. And it can't be a race. You've got to be sure every step of the way. And I would say if, in the process, you discover that I'm not a transsexual, it's OK. It really is. It's OK. It's OK to be a cross-dresser. It's OK to be a person who lives and is the opposite sex, but doesn't have the surgery. It's OK to be at one of those stops in between.

BETH: Sure is.

JIMMY CARPER: It's OK to be--

SARAH You don't have--

DEPALMA:

JIMMY CARPER: --anywhere on that scale.

SARAH Pardon?

DEPALMA:

JIMMY CARPER: It's OK to be anywhere on that scale, as--

SARAH It's OK to be--

DEPALMA:

JIMMY CARPER: --as long as you--

SARAH --anywhere on there. And it's OK to try this experience and discover it's not for you and back out. That's why it's called transition. You have to be willing to take this as a learning experience. And I would also say this. Especially for those of you who are young, if you discover that you're transgendered, I think what you've heard tonight is it's not the end of the world.

I encourage you to educate yourself about this process and to take your time. And I know you hate listening to elders or old farts like me. But if we can impart any advice to you, that would be it. And listen, get as much background advice as you can. Because, as I like to say, if you're wrong about the surgery, you don't get it reattached.

[CHUCKLE]

Yeah, there are no refunds for this deal.

JIMMY CARPER: It doesn't work quite the same way in reverse.

SARAH No, it doesn't. And Jimmy, you want to do some music?

DEPALMA:

JIMMY CARPER: Well, what I want to do-- we need to close out. And I need to-- I've got an interview that I want to put on. And I believe that Francisco has shown up. So we have a Latino hour coming up in the second half of the show.

SARAH OK. Well, then, we'll go ahead and sign off. And Beth, tomorrow, we'd have fun with that.

DEPALMA:

BETH: Goodnight, everybody.

SARAH And as we always end up with our saying with our show, when decorum becomes repression, the only dignity that free people have is to speak out. OK. It's yours, Jimmy.

JIMMY CARPER: Thank you very much, Sarah. And I just always love your shows.

[CHUCKLE]

And now, you get to spend 20 minutes with a wonderful, wonderful, imaginative artist by the name of Aiden Shaw. And that's coming up right now.

[MUSIC PLAYING]