

JIMMY CARPER: Our best friends in Punks are each doing their best to make it in LA. They're successful, handsome, smart, and smacking from the battles of finding love in such a small and isolated world. At once, proud and poignant, the film is infectious in its enthusiasm for its four distinctive, 20 something characters, each of whom is dealing with one form or another of urban loneliness, but who, together, get by with a little help from their amazing friends.

Marcus is a fashion photographer and quiet romantic, who seems to have everything he could ever want except that elusive lover who's also your best friend. Handsome Hill is on the revenge rebound. Chris has a boyfriend so secret everybody believes he's imaginary.

And then there's Dante, the youngest of them all, a Latino rich kid from Beverly Hills who still sees life as one, long evening out. Now, the movie opens Friday, November 16 at the Angelika Film Center, but--

BETH So this is a preview. I mean you're just--

RICHARDS:

JIMMY CARPER: This is a preview.

BETH --getting in there early.

RICHARDS:

JIMMY CARPER: That's right. We're going to have an interview that Glenn Holt from Lesbian and Gay Voices did with I believe the director of the movie.

BETH It should be quite good.

RICHARDS:

JIMMY CARPER: That's coming up later in the show, but we've got these stickers to give out now. And if you call us at 713 526-5738.

BETH 713-529.

RICHARDS:

JIMMY CARPER: What did I say?

BETH 6.

RICHARDS:

JIMMY CARPER: Oh!

[LAUGHTER]

BETH 71--

RICHARDS:

JIMMY CARPER: It's 526.

BETH 71--

RICHARDS:

JIMMY CARPER: No. 5-265-738-713526 KPFT.

BETH Let me see that. Oh, you're right. 526. It's my bad. My bad.

RICHARDS:

PARTICIPANT 1 Oh, gee, man. Woo.

:

BETH No wonder I get the wrong phone number sometimes.

RICHARDS:

[LAUGHTER]

JIMMY CARPER: 526-5738-526 KPFT. Call right now for these tickets.

PARTICIPANT 2: Yeah, darling, but please don't call 529. Didn't know. You don't wake up those dear people.

BETH You know how I remember? I look at the phone, and I say J A M, JAM KPFT 526, KPFT--

RICHARDS:

JIMMY CARPER: Yeah, see? Fortuitous.

BETH That's why I don't remember the number so well.

RICHARDS:

JIMMY CARPER: Big Roy gave me this note that Amnesty International at Rice will be having a candlelight vigil for the 54 Egyptian men in prison for being gay at the Egyptian consulate 1990 Post Oak this Tuesday at 5:00 PM. For more information, call 832-724-5751, or email Tomi Lade, Tomilade@rice.edu.

We may announce that again later on in the show. Right now, let's see, what are we doing here. Oh, yes.

[LAUGHTER]

I meant to do this at the very beginning of the show, but when council member Annise Parker walks in, and I'm just a bubbling--

BETH Knocked for a loop?

RICHARDS:

JIMMY CARPER: Yeah, you know.

PARTICIPANT 2: She really is a wonderful woman. I was standing right in front of that platform at the Gay Pride Parade when I had actually expected not to even be there. I don't even know how this happened. And I got to walk with her behind the mayor's car to the beginning of the parade, and I was actually in the PFLAG float. I wasn't even expecting that, but I got to talk to her a little bit. And she is just a wonderful person to talk to.

BETH Absolutely.

RICHARDS:

PARTICIPANT 2: I mean, and if you talk to her, if you ever get the chance to talk to her, she will actually make you forget everything else except what she's talking to you about.

JIMMY CARPER: [LAUGHS] That amazes me too.

PARTICIPANT 2: She did that to me too.

JIMMY CARPER: Yeah, yeah. That's why I'm just a bubbling blob of jelly when she walks in.

PARTICIPANT 2: So am I.

BETH So Jimmy, what did you forget when Annise came in?

RICHARDS:

JIMMY CARPER: I forgot what I did earlier this evening, and that I was the best man for Sarah DePalma, and--

BETH Laurie Wright.

RICHARDS:

JIMMY CARPER: Well, Laurie had her own best man.

BETH That's true.

RICHARDS:

JIMMY CARPER: Yes, the two of them had a Holy Union ceremony this evening at an H PEP meeting. You were there.

BETH Yes, I was.

RICHARDS:

JIMMY CARPER: And it was Louis, is Laurie's like best friend from Florida for like 20 years.

BETH Long, long time.

RICHARDS:

JIMMY CARPER: He flew in just for the event. And I was there, and we had little things to say and stuff, and hold on to this, and give the ring and all. He and I were blubbering. We both had tears in our eyes. It was just a beautiful, beautiful ceremony. Both of them looked lovely. Absolutely beautiful.

You know, Sarah was all dressed in pink, had the veil and everything, and she's just smashing.

BETH Stunning.

RICHARDS:

JIMMY CARPER: Yes. I mean, she just had this heavenly look. I guess that's the look that brides get.

BETH Yeah. Well, there were two of them up there.

RICHARDS:

JIMMY CARPER: And there were two brides. And Laurie, yes--

BETH The white with the cutout embroidery.

RICHARDS:

JIMMY CARPER: Yeah, yeah. It's something that she doesn't normally wear.

BETH True.

RICHARDS:

PARTICIPANT 2: That just two describing it makes me wonder if any of these religious Christians who take it the wrong way could ever see a gay wedding. They just might change their mind.

JIMMY CARPER: Of course, they would because it's just as beautiful as any other mainly because most of the holy unions, their wedding, whatever the ceremony is called is written by the people who are doing it. And it's special to them. The music is special. It's just--

BETH Well, they don't have the tradition to go on where it's been in the book for centuries, and it's what we did before.

RICHARDS: And what we're going to do now is all straight from the heart. Absolutely, completely personalized.

PARTICIPANT 2: Yes, and you know, I mean, gay couples tend to love each other more than two heterosexual people who get together. And sometimes, they might be gay and closeted.

BETH I don't know if you can say more--

RICHARDS:

PARTICIPANT 2:-- and not open with themselves.

BETH They're certainly more things that have had to overcome to get to that point. I mean, you really got to mean it.

RICHARDS:

PARTICIPANT 2: Yes, you'd never value what you do not choose.

JIMMY CARPER: And there's nothing legal to keep you together. Only the love.

PARTICIPANT 2: Exactly. And if any of these people were to actually watch it and understand what was going on, they might change their minds.

JIMMY CARPER: Oh, I'm sure they would.

BETH Yeah, and growing up as a guy, you're expected to marry a woman. As a woman, you're expected to marry a guy.

RICHARDS: It's social expectation from the word go. And if you find that you're not one of those kind of people, then this is a conscious, and you know, it's a choice that you've had to make. It's not something that's just following expectations.

PARTICIPANT 2: You know, just even that-- I must be the book person tonight. It reminds me of a book called "The Spirit Book." If anybody out there sees it, I-- oh, jeez, and I forgot who wrote it. It's a very tiny little book, and it's about a spiritual journey that a man has with a seer who is in fact, a woman. And that works very well for the storyline.

And at one point in there, it teaches about choosing and that you value what you choose. The seer actually proposes to this guy, "Why don't you get a divorce?" "I would never get a divorce. It would ruin my life. It would ruin my children's lives. And make us so sad." "OK, then don't get a divorce." "But you just told me to." "Well, you said he'd ruin your life. Obviously, you think you have no choice."

And he says, "I don't get what you mean." "Well, you have the power to get a divorce. Maybe if you realize that you had that power, you'd value your marriage." And it's just because of this that most people feel trapped.

When people take society to be their box, their limiting box, they feel trapped. There in their cage. They don't value what they do every day, and it makes you depressed. Because you think that you're trapped, you have no choices. Most people have forgotten their power to choose, in my mind.

If anybody out there sees this book, pick it up. It's one of the very few good ones out there that I have read that is very open. In fact, I last saw it at Crossroads.

BETH And it's called "The Spirit Book?"

RICHARDS:

PARTICIPANT 2: "The Spirit Book." It was written, I know, by a motivational speaker. In fact, I found that out because I saw a motivational speaker that very same week by the name of Rory Aplanalp.

BETH Unfortunately, amazon.com is not getting it. So you'll have to do a little more research [INAUDIBLE] do in 2

RICHARDS: minutes.

PARTICIPANT 2: Yes, I know. It's a very sweet looking little book.

JIMMY CARPER: Oh, well.

BETH Yeah, it's not here.

RICHARDS:

JIMMY CARPER: Not there.

PARTICIPANT 2: Oh, well.

BETH Well, it's 774 hits. So it could be there, but I'm not going to find it--

RICHARDS:

[INTERPOSING VOICES]

PARTICIPANT 2: I tell you what, I'll do some research over this week and all next week end.

BETH Sound good.

RICHARDS:

MODERATOR: Beth, you were going to talk a little bit about the Harry Benjamin.

JIMMY CARPER: Oh, OK. Yeah, we can do that. More to-- back to the original topic of the second Saturday night.

JIMMY CARPER: Yes, that's right. But Ryan, don't go away, Ryan.

RYAN:

Oh, I won't.

[LAUGHTER]

BETH

The transgendered segment on the show, for those of you who aren't familiar with the Harry Benjamin

RICHARDS:

International Gender Dysphoria Association, that is the medical, psychological, legal, ethical organization that really pretty much oversees the documentation, and how things work in terms of transition for transsexuals. They have a biennial, that's every two years, conference that they hold.

And this current one that just took place this year happened in Galveston, Texas, right in our own backyard. A lot of the people from [? Katz ?] were helping to put it all together. And one of the events that they held was an open community forum where they invited literally anybody from the community to come in and have a question and answer session with a panel that was comprised of Dr. Eugene Schrang, I think his name was Pierre Monstrey, who is a doctor from Belgium, Pierre Brassard who is a surgeon from Montreal, and Lawrence who is herself, transgendered.

She's also an anesthesiologist I believe. She does have an MD, one way or the other. Eli Coleman, who is a psychologist and president of the organization, Walter Myers who is a psychologist. He is from Galveston. And the moderators were Sheila Kirk who is also a doctor, and she's also transgendered, and Jude Patton who is an activist.

There was a whole bunch of really good questions and answers, and I've kept some pretty detailed notes. So for those of you in the transgender community who couldn't make it to the community forum, I can cover what was hit real quickly here.

One of the questions was, well, why here at Trinity Episcopal Church in Galveston? The answer was, well, that's Dr. Meyer's church, and he had actually was invited to have it there by the pastor of the church who thought that it would be great if he could give something to the community in at least, having some meeting space. So this guy is a church pastor, and he's all for it. I think that's just great.

So, somebody came up with a question of, what are the age limitations for having sex reassignment surgery, or sex change surgery, as a lot of the populace knows it as? And according to the standards of care, which is the ethical guidelines published by the society, there is no specific age limit at the top or the bottom for treatment. However, you need to be able to sign informed consent. And that makes a difference depending on what state or maybe country you're in.

In Belgium, Dr. Monstrey will only work with people who are over the age of 18. Dr. Brassard has seen patients the ages of 18 to 76. He's seen from 18 to 50 for the female to male. That's a much more invasive and difficult operation. Dr. Schrang has seen as young as 15 and 1/2 to 80. And those 15-- anybody under 18, he said, has had parental support and consent.

Dr. Schrang also had some interesting things to say about early diagnosis and treatment. He basically said that if this is somebody who truly is a transsexual, who truly does, feel themselves in the wrong body, then the earliest that we can diagnose and then treat that person, the more full their life is going to be in the long run.

So he's advocating for earlier diagnosis than is typically done now, which that's a relatively controversial stance to take. Somebody asked specifically Dr. Schrang why he doesn't do female to male surgeries. And his opinion was that he's really not satisfied with his own ability to do that work.

However, there's a lot of others that do pretty good work. Among them are Dr. Monstrey and Dr. Brassard were both pretty vocal about how things work for the females to males, and pretty happy with their results.

A question was asked about for male to female hormones above age 40, if patches are better than pills, basically. The background there is that oral medications have to be processed by the liver.

JIMMY CARPER: That's right. And the older you get, the tougher that is on the body.

BETH That's right. And patches don't. And they said that Dr. Myers from here in Galveston thought that was a pretty good idea, but there's more to be looked at in there. Somebody asked, for those patients who have HIV, can they get a SRS?

Dr. Schrang said he does once he's gotten clearance from the hospitals, which is Theda Clark Hospital up in Neenah, Wisconsin. Once he's gotten clearance from their Infectious Disease Department, Dr. Monstrey in Belgium, he does it sometimes but he really didn't get into the details. Dr. Brassard said that he does.

Dr. Kirk, who was the moderator, stepped in here and said that the most important thing is the interchange between managing physician and surgeon. And the surgeon is going to see the person for the operation itself, and maybe have a little bit ahead of time. But it's really the managing physician back at home that's going to have the real bulk of the information.

MODERATOR: Oh, then again, when you're dealing with an HIV person, there's an added extra problem there because the AIDS medications, as I well know, is very hard on the liver. And so if you're taking hormones by pill, that's also hard on the liver. And you only got one liver, honey.

BETH One liver, yep.

RICHARDS:

MODERATOR: That's it.

RYAN: Nice sound effect.

BETH One of the other things that was mentioned was that the duration of the surgery is like between 4 and 6 hours.

RICHARDS: And as I understand it, there's a very specific timetable that has to be followed in terms of the medication for HIV.

JIMMY CARPER: Yeah, but there can be leeway there. I mean, I have leeway because of my radio shows.

BETH Right. Well, OK, so let me back up a little bit. 4 to 6 hours in the surgery, a couple of hours for recovery time, two or three days of not feeling very good, so.

JIMMY CARPER: Well, that's right. That's right.

BETH It's more than simply the surgery time that's involved.

RICHARDS:

JIMMY CARPER: That can be a problem if maybe you've got an upset stomach, and you--

BETH Can't keep things down.

RICHARDS:

JIMMY CARPER: -- can't keep things down, then that becomes a real problem.

BETH So, that has to be carefully managed in post-op recovery. Let's see, female to male testosterone problems

RICHARDS: involving thickening of the urethra. Somebody was having a problem with that, and the surgeons weren't familiar with this complication, but they also noted that there was a lot of possible elevated red blood count, which is called-- let me see if I can get this right, polycythemic.

JIMMY CARPER: That's a new one on me.

BETH Yeah, so basically, Dr. Kirk says that that's actually a fairly common symptom from a potential pulmonary

RICHARDS: embolism. So if you're one of those few people that are polycythemic as a result of your testosterone shots, go make sure that you're not also working towards a pulmonary embolism.

JIMMY CARPER: Yeah. Ooh.

BETH Very interesting question here. The certified social worker was asked a question. Part of their ethics is that they

RICHARDS: do pro bono work. This person asked if the surgeons would ever consider doing pro bono work.

JIMMY CARPER: Hmm, why?

BETH Well, because there's an awful lot of transsexuals out there who are either indigent or in very low income

RICHARDS: positions. And we're talking about \$14,000.

JIMMY CARPER: I understand that, but after surgery, you've got-- if you're indigent and you can't afford hormones, isn't that going to be a problem?

BETH Hormones cost about \$1 a day.

RICHARDS:

JIMMY CARPER: Oh, was that all?

BETH That's about all.

RICHARDS:

JIMMY CARPER: OK.

BETH Well, of course, it depends on what your dosage is. That's what mine were costing me when I was paying for him

RICHARDS: without insurance. I'm on a pretty low dose. That's all it takes for me. Some people I know as much as 3 times.

That's a \$3 a day. It's still not any huge numbers.

JIMMY CARPER: OK.

BETH So, there's a lot of people who are going to be able to get by with \$3 a day, but \$14 grand in a shot.

RICHARDS:

JIMMY CARPER: That's true, but you run into the problem that no insurance covers it.

BETH Tell me about it.

RICHARDS:

JIMMY CARPER: You know, period.

BETH With very few exceptions. There are cases--

RICHARDS:

JIMMY CARPER: Well, Christie Lee Littleton.

BETH Well, no. Even--

RICHARDS:

JIMMY CARPER: But that was the experimental thing.

BETH Well, yeah. To give you a little background, that was back in like the late 1960s when people were still trying to

RICHARDS: decide whether it was something that should or shouldn't be done. They needed to have some research to do that. So, some of the funding for that research paid for several people's surgery. Christie Lee Littleton was among them.

But even now, a friend of mine worked for a company where her company was doing a self insurance program, and they covered it. But that is by far the rarity, and the rare exception that proves the rule that it's not covered by insurance. You just start with that premise, and you're going to be most likely right.

JIMMY CARPER: Well, you can look at it and a long term basis of pay the \$14,000 for the operation now or pay thousands of in psychiatric fees later on.

BETH Yeah. Well, the doctors had an interesting response to that. Most of them said, "There's some parts of that are

RICHARDS: beyond our control. The hospital and the anesthesiologist for certain." Some of them said, "We're in a privately-owned, for profit hospital, and there's nothing we can ever do about that."

But on the hove, doctors themselves thought it was not a bad idea. They just didn't know how they would be able to implement it. So there might be a possibility. I hope--

JIMMY CARPER: I hope so. I hope so.

BETH -- of some that in certain rare cases. I mean, certainly they're not going to be one to be bombarded by everybody

RICHARDS: wanting it free.

JIMMY CARPER: No, no, but they can say, OK, we're going to do two cases a year.

BETH Fix some number like that. Yeah, and I think that that would be an incredible step on that part.

RICHARDS:

JIMMY CARPER: Yes, I do too. I do too.

BETH But we'll see what happened. The next question was about HIV medications interacting with estrogens in-- of

RICHARDS: ovary produced estrogens in a female to male. The basic answer to that is, "We don't know very much about that. There needs to be a lot more studies done."

The next question was about the United States health care system. Can this society leverage the trans activists with the legislatures? In other words, we've got transgender lobby days that occur here in Texas once every other year to our state legislator, and we go down to Washington every year with them. Can Harry Benjamin Society have literature available that we can use in that lobbying effort?

JIMMY CARPER: There should be.

BETH There's a committee that's being put together with Stephen Whittle, which is another we've heard on this show before. And he is chairing that committee. It's the Legal Issues Committee. So there will be more documentation from this society of doctors, psychologists helping professionals that can possibly be used in the lobby days that we do periodically.

JIMMY CARPER: Great.

BETH A question again for the society about birth certificates. There are some states and some countries that will not, under any circumstances, change a birth certificate no matter what surgeries have or have not been done. Basically, members of the society have volunteered to testify as an expert witness. But again, because it's state by state, and because it changes the focus from health care to-- OK, because it's state by state, it's a little bit harder to put together a consistent policy that can be used everywhere.

So again, it's like getting the individual members of the society to association actually, to be able to come in and do that kind of thing. However, the association as a whole is changing its focus. It started out being strictly about health care, and that's it. Now, it's becoming much more about human rights, the rights of transgender, the basic human rights of transgendered people, in addition to simply just what are the ethical procedures to be followed towards these people.

JIMMY CARPER: Well, that's a logical, political--

BETH Yeah, outgrowth of the way the whole world is moving at this point. The next question was, what about the **RICHARDS:** minimum age for SRS without parental consent?

JIMMY CARPER: Ooh, well, wouldn't it have to be the age of consent and wherever they are?

BETH And a very interesting thing about that is Dr. Brassard in Canada says that 14 is the youngest age in Canada. And **RICHARDS:** I guess that would be Quebec. However, the standards of Care Document says, it is the age of legality and the location of the surgeon.

JIMMY CARPER: Well, as I understand it, the Harry Benjamin Society requires a year of psychiatric treatment. So that would kind of determine whether the person was really ready for this.

BETH There's a whole chapter in the standards of care that talks about requirements versus readiness.
RICHARDS:

JIMMY CARPER: And what about the body?

BETH Well, that's something that Dr. Schrang actually brought up. He's like, if you do it too young before the person's gone completely through puberty, you've taken away any chance of reproduction. Because surprisingly enough, there's a lot of people who will freeze sperm or freeze eggs. And then later on with the partner, will have a biological child of their own.

JIMMY CARPER: Sure.

BETH The person who is the sperm donor is now the mother. The person who was the egg donor is now the father.

RICHARDS:

JIMMY CARPER: Well--

BETH It's a little peculiar to think about, but it works.

RICHARDS:

[LAUGHTER]

JIMMY CARPER: Well, it works the same way when the children are produced the regular way.

BETH Yes, it does.

RICHARDS:

JIMMY CARPER: As you well know. Yes, OK, so.

BETH But Dr. Coleman, who is the President of the Association, said that brought up a really interesting analogy, and

RICHARDS: that is birth control. And you've got these girls that are 16 years old or whatever going in to ask for birth control pills without parental consent.

And it's that whole same ball of ethical wax that gets wrapped up around that issue that's going to get wrapped up around this issue. And it's not settled for that issue yet. So, it's going to be a while before it's settled for this one.

Somebody had a question about the very specifics of the female to male procedures, and whether or not, the urethra went to the tip of the neopenis. And specifically, Dr. Monstrey and Dr. Brassard, who were both the people there who do the female to male procedures, said yes, it does. You can, in fact, as a female to male transsexual, stand at urinal. Just fine. Thank you very much.

[LAUGHTER]

JIMMY CARPER: Yes. As I understand it, a penis can be constructed. However, having it have an erection, there's always a problem.

BETH Apparently, there's a solution to that as well. There's some kind of an-- OK, so I am personally not all that aware of the details, but yeah, there's an implanted prosthesis with a pump that will allow some form of erection to take place. Again, it's not something I've personally looked into the balls.

JIMMY CARPER: No, but it's a very complicated type of thing.

BETH The whole female to male procedure is a very complicated type of thing.

RICHARDS:

JIMMY CARPER: Much more expensive too.

BETH We're getting to that.

RICHARDS:

JIMMY CARPER: Ooh.

[LAUGHTER]

BETH So OK, so the next question was about cost issues. In this case, it was about how to-- OK, yeah. There was a

RICHARDS: question of what about the cost issues of mental health care for those people who have gone ahead and had the SRS without following the guidelines published by the Benjamin Society.

JIMMY CARPER: How can they have it without it?

BETH You can find doctors all over the world who do SRS. Most of them subscribe to the Harry Benjamin Standards of

RICHARDS: Care. Some of them don't.

JIMMY CARPER: Some don't. OK.

BETH Those are not the ones you want to go to, but--

RICHARDS:

JIMMY CARPER: No, you don't. You don't. You really, honestly don't want to do that.

BETH But there are people who seem to think that anything is better than waiting because that's really what it

RICHARDS: amounts to. If you can wait and save your money and go to the reputable ones, you'll get a much better result.

JIMMY CARPER: You certainly will, and you'll be in a better place mentally.

BETH There are people who will take your money and do something.

RICHARDS:

JIMMY CARPER: Yes, it may not be what you want. And you may have a lot of complications, even death.

BETH That has happened.

RICHARDS:

JIMMY CARPER: Yes. I do need to remind folks that they are listening to *After Hours Queer Radio with Attitude* on KPFT Houston and KEOS College Station. I'm Jimmy Carper. Beth Richards is here.

BETH Man, the time is flying.

RICHARDS:

JIMMY CARPER: Yes, it is. It is 2 o'clock.

BETH I'll speed this up again. OK, somebody asked, so what about the aesthetics and the sensitivity? In other words,

RICHARDS: the plumbing and the electricity.

JIMMY CARPER: There you go.

BETH And Dr. Brassard said, "Listen, it's very subjective. You have to compare visually people with people. You can't go by websites. You can't go by discussions. You can't go by words. If you really, really want the answer to this question, go talk to the people who have had it, and ask them to show you."

[LAUGHTER]

JIMMY CARPER: OK.

BETH And as far as sensitivity-- OK, if you want to get the basics, you can go to Anne Lawrence's website, and she is
RICHARDS: collecting pictures.

JIMMY CARPER: Oh, really?

BETH Yes, she is. And I don't have the URL off the top of my head, but it's really easy to find any of the search engines.
RICHARDS: Just type in Anne Lawrence.

JIMMY CARPER: Ann or Anne?

BETH Anne actually, and it'll take you right there.

RICHARDS:

JIMMY CARPER: And how do you spell Lawrence?

BETH | a w r e n c e. And again, she was one of the members of the panel, that she's an anesthesiologist. And being in
RICHARDS: the medical profession in her own right, she got interested in helping people and providing the information that the surgeons weren't necessarily providing.

So, among the things on her website is a collection of examples from the different doctors that do the operation so that you can get a visual sense anyway, even if you can't get the real thing.

JIMMY CARPER: OK.

BETH Dr. Lawrence relates that when the glands is relocated to the clitoris, some 80% of the people who were polled--
RICHARDS: and she's putting together a polling of Dr. Meltzer's patient, Dr. Meltzer from Portland. Some 80% of them are orgasmic which--

JIMMY CARPER: Means 20% are not.

BETH 20% are not. OK, and actually, that 80% number is considered pretty high.

RICHARDS:

JIMMY CARPER: Yeah, I was surprised to hear that.

BETH Frankly, of the North American surgeons, there's three that really top my list-- Brassard, Meltzer, and Schrang.
RICHARDS: And if Meltzer is getting 80%, what about those other dozens and dozens of surgeons who are not in that top three.

JIMMY CARPER: That's right.

BETH You know, so it's worth it--

RICHARDS:

JIMMY CARPER: That's another reason you want to go to the best.

BETH The people who know what they're doing. And there is a question about the importance of perennial electrolysis,

RICHARDS: or as some people call it, South Pole electrolysis.

JIMMY CARPER: Woo.

BETH Yeah, this is--

RICHARDS:

JIMMY CARPER: Yeah, that's--

BETH --really comfy.

RICHARDS:

JIMMY CARPER: No, that's a big problem because if you don't have electrolysis done, then as I understand it, then you start having hair growing inside of the vagina.

BETH So basically, yeah. So a small portion of the base of the penis, in some people, has hair growing on it. And if that

RICHARDS: hair is not treated in any way, it'll continue to grow even when it's now part of the new vagina.

JIMMY CARPER: And you don't want that.

BETH That would be bad. That would be bad.

RICHARDS:

JIMMY CARPER: And it's really hard to do electrolysis once you have--

BETH Once it's inside.

RICHARDS:

JIMMY CARPER: Yes.

BETH Yeah, so there's two methods of dealing with that. First is yeah, you can go and have electrolysis done. Not very

RICHARDS: comfortable, but very effective. Some of the surgeons now are doing follicle cauterity, where they're taking

basically the electric cauterization pen that they use to seal blood vessels, and they're-- excuse me. Excuse me.

And they're using that to cauterize the blood vessels in the follicles while they're on the table.

JIMMY CARPER: Whoa! Boy, that--

BETH Works great.

RICHARDS:

JIMMY CARPER: Yeah, but--

BETH But it's not 100%-- I mean, he's only got a limited amount of time and a limited amount of visibility.

RICHARDS:

JIMMY CARPER: And the healing process must take a lot longer that way too, because now it's inside that's healing.

BETH Yeah. Actually, a friend of mine had been to Dr. Schrang. It's coming up on two years ago now. And she had exactly this procedure. And she thought it was fabulous because it didn't involve any of the pain of electrolysis because you're already knocked out. And yeah, the healing was a little bit longer, but not significantly longer than it would have been normally.

JIMMY CARPER: Really?

BETH I mean, yeah, it's all healing at the same time. So OK, the sutures are healing up over here, and the cautery is healing up over there. They're all healing together

JIMMY CARPER: You hurt anyway.

BETH Yeah. So that does leave some hair no matter what procedure is used, but again, less is better. So if it's something that you're really, really concerned about, and you're really a bear, then you might want to think about going for electrolysis ahead of time. If you're really a Twinkie, then you might be able to get away completely with the electrocautery from the surgeon himself.

Somebody else asked, so how do you learn to do this? I mean, there doesn't appear to be any place where you can go and take a surgical residency in SRS or anything like that. Dr. Schrang--

JIMMY CARPER: Wow. That's right.

BETH -- came up with a really interesting anecdote about his first one.

RICHARDS:

JIMMY CARPER: Everyone has their first.

BETH Everybody has their first. And somebody walked into his office and said, you know, I need this done, and I'd like **RICHARDS:** you to do it.

JIMMY CARPER: Oh, OK.

BETH And it's pretty much what he said. He said, Oh, OK, let me go take a look. And he took a look at all his anatomy **RICHARDS:** books and studied, and talked with some other doctors, and came up with a way to do it. He tried it out and it worked much better than he really thought it would.

And ever since that day, he's been refining that technique to where he's got it down very, very well now.

JIMMY CARPER: You know what, I'd much rather be the 200th patient than the first.

BETH Well, you know what, every other surgeon in the room was nodding their head, going yeah, same thing happened **RICHARDS:** to me.

JIMMY CARPER: Wow. Wow. So it's not like they do internship with another doctor who's doing them already.

BETH Yeah, yeah. Well, that was back to that question about pro bono work. None of them are teaching hospitals **RICHARDS:** where that kind of thing goes on. They're all in either private hospitals or general hospitals.

JIMMY CARPER: I wonder if it's even taught.

BETH I'm sure it's not. I'm sure it's not.

RICHARDS:

JIMMY CARPER: Do these doctors have their own little group that kind of trade, that hey, you know, I found a great way to do this or?

BETH Yes, they do. It's called the Harry Benjamin International Gender Dysphoria Association.

RICHARDS:

JIMMY CARPER: OK, duh.

[LAUGHTER]

BETH And that's part of what they talk about when they get together at these conference every two years. Yeah, there

RICHARDS: was a whole track, and I guess it was Saturday morning where everybody went through their own little slideshows and compared notes.

[LAUGHTER]

The next question was, does a non circumcised patient have an advantage?

JIMMY CARPER: Wow, I didn't even think about that.

BETH Yeah, Dr. Brassard who sees a lot more Europeans-- well, actually she's a good mix being from Canada. He says,

RICHARDS: yeah, actually it helps to have a little bit of extra material to work on.

[LAUGHTER]

Dr. Lawrence who says that there's a study being done at Charing Cross Hospital in London, England says that they seem to think so too. Dr. Meltzer's patient survey, the one that she's doing with the guy from Portland here, says that it's not quite so well as correlated or sorry, not quite as well correlated.

On the other hand, they're dealing with a population that most of the people are circumcised. That's just the way it is in the United States.

JIMMY CARPER: Yeah, it's changing.

BETH Yeah. Let's see, the next question was, is there any effort made to supply info to the American Medical

RICHARDS: Association about Transgendered Care?

JIMMY CARPER: Yes, please.

BETH And the answer to that was not much yet, but there's a lot of interest. And so they're going to be putting together

RICHARDS: some stuff on that, but it's going to take a while before that actually comes about. But they recognize the importance of that, and they're working towards it.

And that brought up a question of, hey, how about if we move this diagnosis from the American Psychiatric Association's DSM-IV over to the American Medical Association's ICD, which is their diagnostic procedure manual?

JIMMY CARPER: Hey, hey, hey.

BETH Well, that has very divided opinions.

RICHARDS:

JIMMY CARPER: What?

BETH That's to me, it seemed really obvious that that's what should be done too. But it turns out that the American

RICHARDS: Medical Association's document is the kind of thing where if you can devise a test for it, they'll put it in their diagnostic manual. So, if you can come up with a test, a medical test where you can take blood or a biopsy or something like that, and yes, this person is transsexual--

JIMMY CARPER: Physical.

BETH Then they would be-- right. Then they would be very happy to put it in their thing. But until such a test exists,

RICHARDS: they're really not going to be putting it over in the American Medical Association's document.

JIMMY CARPER: OK. I get it. I get.

BETH So I thought, to me, this is a medical problem. This is not a psychological problem.

RICHARDS:

JIMMY CARPER: It's a birth defect as Phyllis likes to call it, a birth defect.

BETH I'll call it a birth defect. You know, I mean, is it a defect to be transsexual? Oh, no.

RICHARDS:

JIMMY CARPER: No, it's a defect that you're not. You know what I mean?

BETH Yeah, it's a defect that I'm not the way my brain appears to be wired. Yeah, OK, well, in any case, until somebody

RICHARDS: can come up with a physical objective, verifiable test, it's probably not going to end up in the AMA's document.

On the other hand, they are talking more and more with the AMA. It started out that there weren't any connection between the two organizations. But now, they're starting to get to be some dialogue going back and forth. And again, that'll help with just the general care of transgendered persons more so than this specific thing.

JIMMY CARPER: What else do we got?

BETH I'm getting close to the bottom.

RICHARDS:

JIMMY CARPER: Oh, good. OK. Not good, but you know.

BETH Yeah. Somebody asked if there's any University programs, they're talking about psychology here, covering

RICHARDS: gender identity disorders, which is the title that the Diagnostic Statistical Manual uses for this. Dr. Coleman says that the human sexuality courses are pretty common in University settings, but the topics aren't standardized. So very few cover any gender identity disorder issues.

A lot of the psychologists in the audience then stood up and said, yeah, we had five minutes, one class to talk about it in my entire three years in grad school. Anne Lawrence stood up and once again-- I'm sorry, Dr. Kirk stood up and once again encouraged the community to go out and do presentations at colleges.

Now I've participated in that. I know Sarah has and Vanessa has. And it's something that you can find in the Houston area, but in Keokuk, Iowa, you're kind of stuck.

[LAUGHTER]

JIMMY CARPER: Kinda.

BETH Yeah, I know. So, it's very localized in terms of where you can find this kind of information. Census and **RICHARDS:** occurrence documents, it really hasn't been much. There's some funding for research that's just now beginning, and of course, Dr. Lawrence's study is just beginning too. So a lot of this is now starting to occur.

And if you go look at Lynn Conway's website, www.lynnconway.com, she's starting to do some studies too, and she's got her early results published out there that are pretty amazing. Hers are based simply on interviewing surgeons and seeing how many they've done since 1969. And the answer comes out to about one in every 2,500 females walking around in the world today is a post-op transsexual.

JIMMY CARPER: Wow. That's a lot, you know.

BETH You think that that's a lot, and then you start looking around, and you know, who do that's post-op transsexual? **RICHARDS:** And the numbers start adding up. And it's like--

JIMMY CARPER: Well, that's true. But you know, I know a lot of transsexuals.

BETH I'm still not convinced about the one in 2,500, but one in 5,000 wouldn't surprise me. So, even if she's off by a **RICHARDS:** factor of 2--

JIMMY CARPER: No, you know, I don't know.

BETH We'll see.

RICHARDS:

JIMMY CARPER: Yeah, we'll see.

BETH Like I said, it's still pretty early.

RICHARDS:

JIMMY CARPER: Yeah.

BETH Just to comment that yes, having the diagnosis is important because it's used in legal cases. And this was an **RICHARDS:** Australian case. Oh yeah, the Veterans Administration. There are doctors within the Veterans Administration who actually have quite a lot of experience, and they knew who to refer people to.

Nobody within the Veterans Administration is going to do SRS, but they are aware of the issues and they know who to refer to. No Veterans Administration won't pay for any of it either. But at least, they can get you to the right people.

Now, to your question, Jimmy, the cost. The costs. Dr. Monstrey from Belgium, he does it in a one stage. With breast augmentation comes to between \$10,000 and \$12,000 depending on the exchange rate. Dr. Brassard in Canada, who claims that the Canadian dollar is worth nothing--

[LAUGHTER]

-- will do male to female at \$9,500 and an additional \$2,500 for breast augmentation. By the way, that's where Sarah DePalma is looking to go. Dr. Schrang is at \$14,000, and that's where I'm looking to go. And Dr. Meltzer is also at \$14,000. And that's all for male to female. Female to male--

JIMMY CARPER: Now, there's a difference.

BETH Unfortunately, they didn't give us the actual numbers, but everybody just kind of nodded their head, and said, oh
RICHARDS: yeah, it's a lot more. And if you go and look into it, it's anywhere from about \$35,000 to a \$100,000 depending on just how much you want done, and where you want it done at.

JIMMY CARPER: That's right. Because you're talking about mastectomy, you're talking about--

BETH Pretty much mastectomy. Everybody does. And then hysterectomy, removing the ovaries and the uterus. That's
RICHARDS: very common, but less common than just the mastectomy. And then if you want to get into penile construction--

JIMMY CARPER: That's where the price goes up.

BETH That's where the price goes up. It certainly does. There's a different procedures that people have worked out for
RICHARDS: that, and some are more effective than others. And the more effective ones are the more expensive ones. You could just count on it. We're down to the last couple of them here.

JIMMY CARPER: OK. Wait a minute, we have a comment.

TRACY: I have a question.

JIMMY CARPER: Yes, and you are?

TRACY: Tracy.

JIMMY CARPER: Hi, Tracy.

BETH Hi, Tracy.

RICHARDS:

JIMMY CARPER: She bleached her hair. I didn't recognize her.

[LAUGHTER]

TRACY: We just came back from boarding. And now, what are the legalities? Like, once you change sexes, what happens? Do you officially become-- like, if you're a woman getting changed to a man, do you officially become a man, or are you still recognized as a woman because you were born woman?

JIMMY CARPER: That depends. It depends on where you live, where you were born--

BETH What judge you happen to go see.

RICHARDS:

JIMMY CARPER: That's right. We were just talking about that earlier that--

PARTICIPANT : that that judge had for his Martini lunch.

JIMMY CARPER: Yeah, then in Harris County, you cannot get a name change. All the judges are Republican in Harris County.

BETH OK, well, let me at least outline--

RICHARDS:

TRACY: No offense to any Republicans out there, but oh God.

JIMMY CARPER: No, but that's--

BETH Well, let me outline what I'm at least most familiar with. So, you specifically asked about female to male?

RICHARDS:

TRACY: Well, or male to female.

BETH But I'm in a better position to answer your question male to female.

RICHARDS:

JIMMY CARPER: That's true.

TRACY: OK.

BETH So you start off with required counseling before you can even get a recommendation to see a medical doctor

RICHARDS: about getting hormones. Then you've got more required counseling, and more time before you can have the surgery done.

In order to have the surgery done, you have had to have lived an entire minimum of a year in the gender that you're trying to become. That pretty much involves right there a name change at least by some legal method.

And so the laws on the books right now for how to get a name change are, you can walk up to any civil court and petition for a name change as long as you're not doing it for.