

JIMMY: Oh.

BETH And it was, oh, yeah. So he transferred her over to my phone at my bedside. And the first real memory I have
RICHARDS: after waking up from surgery is talking with my spouse.

JIMMY: Oh, how nice!

BETH So that was just, that really made it. It's just great.
RICHARDS:

JIMMY: No kidding.

BETH And we figured that I wasn't going to be any kind of great conversationalist for the first couple of days. So there
RICHARDS: was no reason for her to come up and stare at me laying in a bed.

JIMMY: Yeah, [INAUDIBLE]

BETH But I really was going to need some help getting home. So our plan was that she would come up a couple of days
RICHARDS: later. So I spent a couple of days laying in bed. They give you a--

JIMMY: How soon do they get you up?

BETH They give you a Demerol pump. I'll get to that. And so--
RICHARDS:

JIMMY: OK. Whoa, a Demerol pump?

[INTERPOSING VOICES]

BETH So you're laying there and there's a constant drip rate that goes on. And if it's really hurting, you're allowed to
RICHARDS: push the button. You can't push the button too much. The machine's built not to let you overdo it.

JIMMY: Yes?

BETH And so they run that for a couple of days. And what ends up happening is you get the automatic thing. Unless it
RICHARDS: hurts too much you push the button for about the first two days, and then they shut it off. And if you want anything, you got to push the button.

JIMMY: Yeah.

BETH And it turns out, I think I pushed the button a grand total of three times--
RICHARDS:

JIMMY: Really?

BETH --the first couple of days. And maybe another five or six times once it was that. Because it just didn't hurt that
RICHARDS: much. Now they had me all wrapped up in what they call a T-binder, which is this bandage that goes around and also underneath. And it keeps the pressure on really tight because they're trying to control bleeding and swelling and that kind of thing. And--

JIMMY: So it's like a really tight diaper?

BETH A really tight thing.

RICHARDS:

[LAUGHTER]

And the typical things are swelling, bleeding, and bruising are not even, I wouldn't even say complications. They're very typical sort of things. I was absolutely minimal on all of those. I was just really, really lucky for that.

JIMMY: OK.

BETH So about the fourth day, Teresa shows up. My spouse. And so it was really great to have her there. And she
RICHARDS: brought the laptop with the DVD and we watched a couple of movies together--

JIMMY: How nice.

BETH --and that kind of thing. And the way Dr. Schrang does it, he wants to do these with the skin grafts? Like I was
RICHARDS: saying, you have to leave them set still for a while before they'll really take. So I got up on Wednesday which was six days after my surgery. Until that sixth day I was laying in bed, had a catheter, you know.

JIMMY: Yeah, I figured. I figured--

BETH The whole nine yards. Yeah.

RICHARDS:

JIMMY: --when you said that you had this tight thing, it must have been a catheter. Yeah.

BETH Well, it's kind of funny because I-- So the sixth day they took out the catheter and I was allowed to get up.
RICHARDS:

JIMMY: Yeah?

BETH And went to the bathroom.

RICHARDS:

JIMMY: Yeah?

BETH For the first time.

RICHARDS:

JIMMY: What was that like that?

BETH That was really kind of strange.

RICHARDS:

[LAUGHTER]

Because the muscle that actually lets everything go--

JIMMY: Yes.

BETH --didn't change at all.

RICHARDS:

JIMMY: Really?

BETH Right. Because it's right up next to the bladder. It's not way down there on the end. I mean--

RICHARDS:

JIMMY: Yeah, that's true. Yes. Yeah. That's right. Of course.

BETH And so you I'm sitting there and it's like, I wonder how this-- I guess it works the same.

RICHARDS:

[LAUGHTER]

I mean, it comes out in a different place.

JIMMY: Yeah.

BETH And it's messier, but--

RICHARDS:

SPEAKER 1: Let's drive your vagina.

[LAUGHTER]

BETH My God, I love that.

RICHARDS:

JIMMY: It's like--

SPEAKER 1: It handles quite well, doesn't it?

JIMMY: Yes.

SPEAKER 1: It's a sports vagina.

[LAUGHTER]

BETH So took a little time-- Took a little longer to wipe up and all that. But it wasn't that different.

RICHARDS:

JIMMY: Yeah. Well--

BETH And got a chance to walk around a little bit. And six days and laying down flat, you get pretty weak.

RICHARDS:

JIMMY: Sure. Yes.

BETH So got up and started walking. And--

RICHARDS:

JIMMY: Did it hurt?

BETH RICHARDS: But I still had all the packing in there. It didn't really hurt as much as I would have expected. Again, was muscle soreness kind of hurt, not painful hurt. Not intense stuff hurt at all. It's just like low ache. And so I got a little bit of walking time. Walked around a little bit. That was good.

And then on the seventh day which was the day they were going to let me out, the doctor came by. He stopped by pretty much every day, but a couple of those days I was asleep when he stopped by so I didn't get to see him. But on that day, he came out and took out the packing. Now what they do is they use a speculum, just like when a woman gets her annual exam.

JIMMY: Oh, boy.

BETH RICHARDS: They open that all wide up right at the end of surgery and they pack a bunch of gauze in there. And that keeps it all open while you're laying there in bed.

JIMMY: Yeah, but after six, seven days?

BETH RICHARDS: And so on the seventh day, he comes and he starts pulling this-- a friend of mine describes it as the Indian rope trick.

[LAUGHTER]

JIMMY: Oh, well.

BETH RICHARDS: Makes a big pile of gauze on the floor.

JIMMY: Doesn't that hurt?

BETH RICHARDS: No. It felt really kind of strange to have this--

JIMMY: [INAUDIBLE]

BETH RICHARDS: Yeah, just this opening where there wasn't one.

JIMMY: Yeah.

BETH RICHARDS: You know?

JIMMY: Yeah. Exactly.

BETH RICHARDS: And it was like before that, I just felt full. Just lots of pressure. And once he did that, I could tell that there was a place that that pressure was, rather than just simply pressure.

JIMMY: Oh.

BETH RICHARDS: And so one of the things that, postoperatively, I have to do for a while here anyway, like basically the first year or a couple of years, is dilate.

JIMMY: Yes.

BETH RICHARDS: And what dilate is, is you take a stent, which is basically a dildo of varying sizes.

JIMMY: Oh, my god. She's got the-- she brought them with her.

BETH RICHARDS: [LAUGHS]

SPEAKER 1: She brought the family.

[LAUGHTER]

BETH RICHARDS: And they start off an inch. Now, you know--

JIMMY: Now these are not really what you call dildos.

BETH RICHARDS: An inch.

JIMMY: Oh, that is a dildo.

BETH RICHARDS: An inch isn't real big.

SPEAKERS: No.

JIMMY: It looks like nice candles.

BETH RICHARDS: And, yeah, they're nice and they're white. And then you go to an inch and an 8th. And they're really hard and they really like squeeze you open a lot. And then an inch and 1/4. And now we're starting to get somewhere.

JIMMY: Oh, my goodness.

SPEAKER 1: I saw this on TV.

BETH RICHARDS: Oh, wait a minute. I missed one.

JIMMY: You certainly did.

SPEAKER 1: They did a thing.

BETH RICHARDS: Here's an inch and a quarter. OK.

JIMMY: OK.

BETH And then, an inch and 3/8.

RICHARDS:

JIMMY: And a half. Oh, an inch and 3/8.

BETH And an inch and a half. And let me tell you, that inch and a half, that big boy is a monster.

RICHARDS:

JIMMY: I can imagine.

STEVEN: I hated him before.

[LAUGHTER]

JIMMY: Yeah. Because I have seen they do look like your white plastic dildos.

BETH But they're freaking hard.

RICHARDS:

JIMMY: Yes, they are. They are and there's no place to put the batteries.

[LAUGHTER]

BETH No. And their whole point is to stretch and to--

RICHARDS:

JIMMY: Yes.

BETH --keep things open.

RICHARDS:

JIMMY: I had seen a movie once that had a woman who, well, who was using a stent but it was more a pyramid shaped.

BETH Really?

RICHARDS:

JIMMY: Yeah.

BETH Well, a lot of technology has come a long way.

RICHARDS:

JIMMY: That's just so.

BETH These are specifically designed by a company that engineered them to both stretched in diameter.

RICHARDS:

JIMMY: Yes.

BETH And then also help to increase the length.

RICHARDS:

JIMMY: Yes.

SPEAKER 2: And they have little markers.

BETH RICHARDS: Just based on the-- yeah. There's markers on some of them.

JIMMY: Oh.

BETH RICHARDS: And so you can figure out how deep you are.

JIMMY: Oh, my.

BETH RICHARDS: That's me.

JIMMY: Yeah. Oh. OK.

BETH RICHARDS: So I don't know what that is. It's about what, 6 and 1/2, seven inches width?

JIMMY: Not bad.

BETH RICHARDS: And so here I am, laying in the hospital. And the doctor whips all this gauze out of there, and he reaches down and he gets out the number 20, which is inch-- OK. These are in sixteenths, so 20/16 is what? Inch and a quarter. He sticks the inch and a quarter in there. He says, OK, and he pulls that one out. And he takes the inch and 3/8. He puts that one in there, and he says, OK. Meanwhile, I'm going-- [GASPS]

[LAUGHTER]

JIMMY: Oh. I thought you used one and then work your way up.

BETH RICHARDS: And then he takes the number 24 here, which is an inch and a half. He pops down there and it's like-- [GASPS] and it's like, oh, my god. And he says, all right, now-- he takes that one out and hands me the and--an inch and 3/8 one.

JIMMY: Yeah.

BETH RICHARDS: The number 22 here. And he says, now you do it. And so once I was able to do it-- by the way, person on the line. We'll get to you in a couple of minutes.

JIMMY: Yes, we will.

BETH RICHARDS: And so then he says, now you go do it. And so I showed-- He showed me how to do it, Made sure I could do it. And once I could do it--

JIMMY: [INAUDIBLE]

BETH RICHARDS: Once I could do it, then it was OK. It was OK for me to-- that's kind of like your graduation requirements. You have to be able to do this or they're going to make you learn before you leave.

JIMMY: Wow. Yeah. Because I thought maybe you would use the small one and then a week later, work your way up to the--

BETH RICHARDS: So I got to the home-- to the hotel that afternoon.

JIMMY: Yeah.

BETH RICHARDS: On the 4th of July.

JIMMY: They gave you this little, nice--

BETH RICHARDS: Well, you buy this. I had to buy this. This is probably about \$150 worth of stents and--

JIMMY: You're kidding.

BETH RICHARDS: --lube and bag and everything.

JIMMY: Oh, my God.

BETH RICHARDS: Well, they're about \$30 apiece and there's five of them here. Is that right? There's \$150 right there.

JIMMY: There you go.

BETH RICHARDS: So anyway, I got to the hotel. It was 4th of July. It was kind of neat. We got to watch the fireworks right outside the window.

JIMMY: How amaze.

BETH RICHARDS: The town fireworks from the park right across the street from the hotel. The hotel is about three blocks from the hospital. So it's just right across the way. And that evening, I got the 20 and the 22. And the 24 just wouldn't do it.

JIMMY: Wouldn't.

BETH RICHARDS: It's just too big.

JIMMY: OK.

BETH RICHARDS: And the next morning, I got the-- said, you know, 20 is kind of big. Let me start 18 and 20 and 22. And man, did 22 hurt. So even in a 12 hour period, from when I let out of the hospital to then, I had shrunk down enough.

JIMMY: Oh.

BETH RICHARDS: He just popped that 24 in there. And I'm not going to say it wasn't painful, but it was possible.

JIMMY: Yes.

BETH
RICHARDS: And for me, even that night 24 was like, oh, my god. And by the next morning it was just not going to happen. And I was starting to get worried. It turns out it was OK. I mean, because what ended up happening is once, what the real pressure was on my stitches.

SCOTT: Oh.

BETH
RICHARDS: The stitches had dissolved.

JIMMY: OK.

BETH
RICHARDS: Which took a couple of weeks. Now I can go back into the bigger sizes again.

JIMMY: OK.

BETH
RICHARDS: But I didn't know that at first and it really did kind of scare me.

JIMMY: Yeah. I can imagine.

BETH
RICHARDS: So right now I start out with the 20 and do that for 10 minutes, and then move up to the 22. And I'll do that for 15 minutes and then the 24, and I'll do that for 15 minutes. So the whole process there takes about 40 minutes plus 5 minutes to set up.

JIMMY: Yes.

BETH
RICHARDS: And about 10 minutes to clean up. So it's an hour.

JIMMY: An hour. And how often do you have to do this?

BETH
RICHARDS: And so when I first got home from the hospital, I was supposed to be doing it six times a day.

SCOTT: Oh, my god.

BETH
RICHARDS: That's six hours a day doing nothing but laying in bed dilating. It's like 8 o'clock in the morning, 11 o'clock in the morning, 2 o'clock in the afternoon, 5 o'clock in the afternoon, 8 o'clock at night, 11 o'clock at night. Oh, my god. I'm beat.

JIMMY: Yeah.

BETH
RICHARDS: So I was actually, really, most days getting in about five.

JIMMY: Yeah.

BETH RICHARDS: And been cheating, getting down to four. Been cheating, getting down to three. But the real hard and fast rule is, if it hurts you're not doing it enough.

JIMMY: Oh.

BETH RICHARDS: And so I've been lucky because everything's been really pretty easy in terms of recovery, and not having a lot of difficulty or pain or anything. So if I do it three times a day and I'm not hurting when I'm doing it, then it must be OK.

JIMMY: Yeah.

BETH RICHARDS: And I was lucky enough to get disability time off work for six weeks. So I start back to work next week.

JIMMY: Oh. So you haven't been to work yet?

BETH RICHARDS: Not yet. I stopped in a couple of days part-time just to catch up and see what's going on and see how things are going. But I haven't been back full time yet. The doctor recommends six weeks off work.

JIMMY: Yeah.

BETH RICHARDS: So based on the fact that I don't have a job that involves a lot of heavy lifting and everything, I can go back. It's actually six weeks from the time I left the hospital so that six weeks would have been August 19. But because I don't have any heavy lifting and all that kind of stuff, he said it was OK to go back at least part-time a little bit early. So by the 19th I have to be back full time. But I figured better than going from none to all--

JIMMY: Yeah. Good point.

BETH RICHARDS: --I could take some time next week and do half days--

JIMMY: Good point.

BETH RICHARDS: --and kind of get back into it again. So--

JIMMY: Because you can't do any dilating at work.

BETH RICHARDS: No. So it's going to be wake up in the morning, dilate, go to work.

JIMMY: Yeah.

BETH RICHARDS: Come home at lunch, dilate, go to work.

JIMMY: Whoa.

BETH RICHARDS: Come home right after work, dilate. Have the evening, dilate again before bedtime.

JIMMY: Yeah.

BETH RICHARDS: That's, I want to do four. And you know, I'll probably end up doing four some days and three others.

JIMMY: Yeah.

BETH RICHARDS: But it's an hour a time.

JIMMY: And how long do you have to do this?

BETH RICHARDS: When I first got home from the hospital, they said six weeks. And he said, after six weeks cut it down by one. So I'm a little ahead of schedule.

JIMMY: Oh, OK. I see what you mean.

BETH RICHARDS: And he said, after about three or four months, cut it down to it to four. And then after about six months, three, and after eight months or so, two. And after a year, one. And after that, do it whenever you feel like it.

JIMMY: Oh, OK.

BETH RICHARDS: So it tapers off.

JIMMY: Yeah

BETH RICHARDS: And I've been like I said, tapering it off quicker than I'm supposed to be. But again, it's not hurting so I must be doing all right.

JIMMY: Yeah. OK. Jennifer is going to call back, I think.

BETH RICHARDS: Yeah. The phone system here, you got to do it the right way.

JIMMY: Yeah, you do. Because they answered it out in the lobby and--

BETH RICHARDS: Yeah.

JIMMY: --we can't put any-- anybody--

BETH RICHARDS: If answers it on the lobby, then it's going to be in the lobby. It's not going to be in the studio.

JIMMY: Yeah, it's not going to be in the studio.

BETH RICHARDS: Yeah.

JIMMY: It's a weird thing.

BETH Anyway, so--
RICHARDS:

JIMMY: And Jennifer knows that.

BETH Yeah.
RICHARDS:

JIMMY: She does her has show here.

BETH Evening show here.
RICHARDS:

JIMMY: Yeah.

BETH Late night show here.
RICHARDS:

JIMMY: Very late night these days. Yes. You know her.

BETH I've met her a couple of times.
RICHARDS:

JIMMY: Yeah. Jennifer Wagner.

SPEAKER 1: [INAUDIBLE]

BETH Maybe they did. Maybe they got it. Maybe they didn't.
RICHARDS:

JIMMY: OK.

BETH Maybe they got it again.
RICHARDS:

JIMMY: People are running all around in the hallways and--

BETH So, yeah, I was hoping that we would get some--
RICHARDS:

SPEAKER 2: Natalie is without her clothes.

BETH I would hoping that we'd get some questions. Whether were they calling questions or Jimmy questions or Bobby
RICHARDS: questions or whatever.

JIMMY: Yeah.

BETH Because like I said, we've talked about this in passing--
RICHARDS:

JIMMY: Yes, we have.

BETH --dozens of times, but we've never had details.

RICHARDS:

JIMMY: Well, the segment has been on the air for seven years, and almost eight years. And we've never really had anyone with the experience to come on and talk about it. So, yeah, she called back?

SPEAKER 3: All I've got to--

BETH Phone calls gone again.

RICHARDS:

JIMMY: Jennifer, call back.

SPEAKER 3: All I've got to say is I've had 18 operations for my disability.

JIMMY: Oh, yes.

SPEAKER 3: And I can't begin to imagine the work that this--

BETH Well, it's--

RICHARDS:

SPEAKER 3: --operation takes to deal with--

JIMMY: That we--

SPEAKER 3: --in the long-term.

JIMMY: Yeah.

BETH Well, the recovery time you mean?

RICHARDS:

SPEAKER 3: Between recovery time and doing all the dilating, and then and all of that.

SPEAKER 2: I didn't know all of that was involved as well.

SPEAKER 3: Oh, see, I knew about this. I saw this on like a PBS special or something. I saw this on TV and I was like, oh, cool. And that's a lot of stuff.

JIMMY: This woman was walking around doing it and I thought, how bizarre.

BETH I don't know how you go ahead and do that, but she figured out a way then, you know, OK, great.

RICHARDS:

STEVEN: So was the procedure about--

JIMMY: Stephen, more on the microphone.

STEVEN: So was a procedure about the same more for an F to M transgender?

BETH Oh, it's completely different for an F to M.

RICHARDS:

JIMMY: Oh. And we're talking big money here.

BETH Yeah. As one of the guys told--

RICHARDS:

JIMMY: Because it was [? crap. ?]

BETH As one of the guys told me once, it's easier to dig a hole than build a pole.

RICHARDS:

[LAUGHTER]

JIMMY: Yeah. Creating a penis is still in the surgical infancy.

BETH There's a couple of different techniques that they use. One of them, basically, under the influence of

RICHARDS: testosterone, the clitoris will grow. And it'll try to take on the form that it would have taken on if it had had that from the prenatal stage. It ain't going to make it. It's never going to be a full-sized penis.

JIMMY: But it'll be like an inch or more.

BETH It'll be like 2 to 3 inches.

RICHARDS:

JIMMY: Oh, really?

BETH Yeah. But it's not going to be 5 and it's not going to be an inch in diameter.

RICHARDS:

JIMMY: No.

BETH It's not going to be anything-- It's going to look like a little kid.

RICHARDS:

JIMMY: Yeah.

BETH And so there's ways that they can release some of the clitoral hood that'll help that be more like three inches

RICHARDS: and less like, you know I'm saying. There's another one where they'll take a piece of the forearm complete with some of the underlying muscles and use the skin, and leaves huge scars. And that gives you the full 5 inch with an inch diameter kind of thing, but it's really invasive and it's really tough.

JIMMY: And don't they have to have a pump system--

BETH Something in to--

RICHARDS:

JIMMY: --in there make it erect?

BETH RICHARDS: Yeah, I'm not-- Like I said, for some reason, Jimmy, I haven't done a lot of research on it.

JIMMY: But we're talking \$50,000 here.

BETH RICHARDS: We're probably talking at least that.

JIMMY: Yeah.

STEVEN: In my psychology book, they-- In my psychology book-- we have to turn the mics-- they explain the different procedures but they didn't really go into depth a lot about it. And one of the ones was the graph from the forearm. And the pictures were-- they didn't really look more realistic. I mean, they kind of looked--

BETH RICHARDS: So the doctor that I went to has been asked to do female to male surgeries before, and he doesn't do them. He just won't. Because in his opinion, he can't do one that looks and acts and functions the way something he would be happy to have.

JIMMY: Yeah.

SPEAKER 4: [INAUDIBLE]

BETH RICHARDS: And that's really what his criteria is. For me, I'm not kidding, it's a miracle. So do we have her?

SPEAKER 4: Yeah, but I can't put her on hold.

BETH RICHARDS: Oh, OK. Can we just pick her up? Does Jimmy know how to do this?

SPEAKER 4: Can we pick her up? I don't know.

BETH RICHARDS: But we'll figure this out.

SPEAKER 4: Let's say at--

JIMMY: Yeah why don't you try that.

SPEAKER 4: Here.

BETH RICHARDS: Are you are you there?

JIMMY: Is Chris around?

SPEAKER 4: No.

BETH RICHARDS: No. Live radio, folks.

SPEAKER 4: We'll be back in a little bit.

BETH RICHARDS: Live radio.

JIMMY: Do y'all know how to put her on hold?

SPEAKER 3: You press the hold button.

JIMMY: I think he doesn't have a hold button.

BETH RICHARDS: Oh, in the other studio?

JIMMY: Yeah.

BETH RICHARDS: Yeah.

JIMMY: It's the phone is just there, right?

SPEAKER 3: The phone is just there. It's just on its own.

BETH RICHARDS: Its just there.

JIMMY: OK.

BETH RICHARDS: Anyway.

JIMMY: We're going to do this. Jennifer?

BETH RICHARDS: We'll figure this out.

JIMMY: You're listening to After Hours on KPFT Houston and KEOS College Station. Jennifer, please call back one more time and we'll answer it in the talk studio. That way we can put you on hold and then put you on the air. Got it?

BETH RICHARDS: Makes sense?

JIMMY: OK.

BETH RICHARDS: Anyway. So the F to M's really do have a lot more difficult surgical procedure to go through. On the other hand. Testosterone is amazingly powerful.

JIMMY: Yes.

STEVEN: Right.

BETH RICHARDS: And so if you ever met a female to male transsexual, you probably wouldn't know. Because they get the beards, they get the bulk up with the muscles. Everything that a guy gets through puberty, they get. And it's just amazing how strong and how powerful testosterone is at making males. And that works the other way around for female-- for male to female transsexuals because they've had that testosterone they have to overcome.

STEVEN: Right, and break it down. Take it take that testosterone away and bump up the estrogen.

JIMMY: OK. Now you guys will have to go into the talk studio and put on headphones to hear Jennifer.

BETH RICHARDS: Yeah, because you can't hear Jennifer unless you're on the monitors.

JIMMY: Yeah. If someone will hit the air button air.

BETH RICHARDS: Air.

JIMMY: And then hit the--

BETH RICHARDS: Hit the blinky light.

JIMMY: And Jennifer should be there.

JENNIFER: Hi, Jimmy.

JIMMY: Hi, Jennifer. How you doing?

JENNIFER: Who is the name of the lovely lady I'm listening to?

JIMMY: Beth Richards.

BETH RICHARDS: Beth Richards.

JENNIFER: But I know you, Beth.

BETH RICHARDS: Yeah, we met.

JENNIFER: It's Jennifer.

JIMMY: Yes.

BETH RICHARDS: Yeah, we met a couple of times.

JENNIFER: You did it. Congratulations.

BETH RICHARDS: Thank you.

JENNIFER: Oh, you guys did say. Who did you go?

BETH

Schrang.

RICHARDS:

JENNIFER: Oh, OK. That's in--

BETH

Yeah. Dr. Eugene Schrang in Neenah, Wisconsin.

RICHARDS:

JENNIFER: Wisconsin? Of course, yeah. I was Menard myself.

BETH

OK. Menard works out of Montreal.

RICHARDS:

JENNIFER: Correct. But he retired now by the way.

BETH

Is he fully retired or semi-retired?

RICHARDS:

JENNIFER: As I understand it, he's fully retired.

BETH

OK

RICHARDS:

JENNIFER: I haven't spoken to him but he has a replaced--

BETH

Yeah. He was transitioning his practice over to a fellow by the name of Brossard.

RICHARDS:

JENNIFER: Brossard.

BETH

Was it Pierre Brossard or Phillipe Brossard? Something-- it starts with a P.

RICHARDS:

JENNIFER: Something like that, yeah.

BETH

And he was number three on my list. He does pretty good work. No, he does really good work.

RICHARDS:

JENNIFER: Oh, Dr. Menard does magnificent work. You mention the clitoral sensation thing?

BETH

Uh-huh?

RICHARDS:

JENNIFER: I have not only clitoral sensation, and I know what I'm saying this on the radio--

JIMMY: That's OK.

BETH

Yeah.

RICHARDS:

JENNIFER: But I also have ejaculative orgasms which is extremely rare even among the quote, "genetic," unquote, females.

JIMMY: Oh, really?

BETH
RICHARDS: Oh, yeah.

JENNIFER: You've heard of female ejaculation have you not?

JIMMY AND
BETH: Oh, yes.

JENNIFER: OK.

BETH
RICHARDS: Well, it's a little--

JENNIFER: My surgery was in October 30 of 1995, and it was spring of 1999 that I was doing the nasty thing and all of a sudden, wow, goojee, you know what I mean?

BETH
RICHARDS: So that's four years between--

JENNIFER: It took me four years. Before that, I had orgasms that were sort of ocean feeling, that I got a nice swelling feeling, but then it sort of faded away. But then spring of '94, four years later, all of a sudden, I started doing this gusher thing.

And I've seen-- I've met two non-transsexual women as we-- who were ejaculative. And I found that not only the smell of-- two lovers of mine had that phenomenon. And the smell of what I put out and the viscosity of it is precisely the same as what they were doing. Dr. Menard doesn't know about this yet. I haven't called him yet, but I'm planning to.

BETH
RICHARDS: Well, a lot of Schrang's patients have reported that sort of thing too. And here it is for me six weeks and two days. I can't wait for four weeks or four years. We'll have this conversation again and see where things are.

JENNIFER: Maybe it won't take you four years it took me that long. I was always orgasmic. But I have been-- Since spring of '99 I have been ejaculative, like big time, and it feels very much like the previous thing did only better.

BETH
RICHARDS: One of the things that a lot of people warn me about ahead of time was, they're going to take a lot of these nerves and pull them and yank them and move them around. And the way that nerves respond to that is they shut down. They'll come back. They don't get cut, they're not destroyed. They're just traumatized and they respond by cutting off for a while. And you'll have some numb spots. Not me, man. It's been--

JENNIFER: Well, one thing is a lot of women say they don't have sensation inside of the vagina. Well, I beg to differ because woman does.

BETH
RICHARDS: I sure do. But--

JENNIFER: Then it still do.

BETH RICHARDS: So you know, I was amazed at that. Because I was expecting. I was expecting some numb spots and there weren't any.

JENNIFER: In fact, well obviously your doctor did again, do a damn good job, and mine did too. Beth, it's so good. I haven't seen you in ages after three years.

BETH RICHARDS: Yeah.

JENNIFER: God bless you. And thank-- Oh, man, I'm so happy for you.

BETH RICHARDS: Well, I am too. Like I said at the beginning of this, there were some strange financial situations that were preventing me from going ahead and doing this years ago that finally broke loose last fall.

JENNIFER: We talked about some of this the first time and only time we actually met. I'm so happy with you.

BETH RICHARDS: Well, you know, I'm not kidding. It was a long time coming. And when it finally, everything broke free and we were able to do it, we just went for it. Steve's over here, waving his hand.

JENNIFER: It me been 39 years, you know what I'm saying?

BETH RICHARDS: Yeah. Yeah.

JENNIFER: Also, one other thing is I still have and always have had clitoral hypersensitivity.

BETH RICHARDS: Better that than any other that.

JENNIFER: You having any of that?

BETH RICHARDS: I don't know about hypersensitivity. I mean, it's certainly very nice, but I can't say if that's hypersensitivity.

JENNIFER: The first six months to a year I was like, I would have-- I was walking bowlegged. It was very intensely sensitive. And in fact, I'm going to tell you a joke here. You're going to love it.

BETH RICHARDS: Oh-oh. Oh-oh.

JENNIFER: I called Dr. Menard and told him about my clitoral hypersensitivity because it was so bad. It was almost-- it was painful. It was hard to walk. And he said-- he's a French-Canadian, you know?

BETH RICHARDS: Oh, [SPEAKING FRENCH]

JENNIFER: And the Quebecois are strange people. I love them. I know many Quebecois and they are interesting people. And I called him to complain about this, and here is what he said. He said, oh, lucky you. You will have the sheets wet in the fun big.

[LAUGHTER]

STEVEN: Before you leave I had one question.

JIMMY: Yeah, Steven has a question for you.

STEVEN: And call me ignorant on the whole subject, but if they remove the testicles, how do you have ejaculation? That's--

JENNIFER: Beats the hell out of me. Why don't you call the

BETH RICHARDS: Doctor? I actually have an answer to that.

JIMMY: Yeah, I know I do.

JENNIFER: I would love to hear it.

BETH RICHARDS: OK, because--

JENNIFER: It's probably the prostate having something to do with it.

BETH RICHARDS: You're on the right track. One of the things that Dr. Schrang has been least satisfied with is lubrication.

JENNIFER: And I don't have a problem with that naturally.

BETH RICHARDS: And he does, you know, his patients have responded that they do OK with that. Not great with that. But on general, OK with that. And he developed a technique that's relatively difficult to do and it's costly. And he doesn't do very many of them, where he relocates the duct from the Cowper's gland, which remains in there.

JENNIFER: Oh, yeah.

BETH RICHARDS: The Cowper's gland generates a sort of a--

STEVEN: Pre-cum.

BETH RICHARDS: Exactly. Exactly. It's the--

JENNIFER: Evidently, Dr. Menard did the same thing.

BETH RICHARDS: And so if you don't relocate it, it just comes out of the urethral opening. You mean so that area down there certainly gets plenty of wet when you're aroused, but it's not--

JENNIFER: If I take my finger and diddle the right place, all of a sudden go, whoosh!

BETH And is it coming--

RICHARDS:

JENNIFER: I mean, it comes--

BETH --inner-vaginally? Or is it--

RICHARDS:

JENNIFER: Everywhere. Vaginally, clitoral, everywhere.

BETH Yeah, OK.

RICHARDS:

JENNIFER: Flood.

BETH So you're probably getting some of the prostate, and you're probably getting some of the Cowper's gland.

RICHARDS: There's another one in there.

JENNIFER: I really don't know what Dr. Menard did. We never went into any details about it, but you know what I'm getting.

BETH Yeah, you're on the right track. It's the glands that are still there that are what's doing it. And it's not the testicles,

RICHARDS: so that the--

JENNIFER: But I've seen-- I actually have been with two different, what do you call them, non-transsexual women who would, I mean, like spray halfway across the bed.

BETH Yeah.

RICHARDS:

JENNIFER: And I was like in a-- The first time I experienced that, I thought I'd just been peed on. And I took my fingers and I sniffed and I tasted, and went, no, this is something else.

JIMMY: Oh, my god.

JENNIFER: So what part of the female body that we have is making that happen?

[MUSIC PLAYING]

BETH Hey, Jimmy's got the CD on.

RICHARDS:

JIMMY: Sorry.

[LAUGHTER]

STEVEN: One more question. And it's probably strictly female, from birthing. But what about the whole multiple orgasm thing? Is that just?

BETH Oh, no. That's real. And I think that's actually more hormonal based than it is anything else, because--

RICHARDS:

JENNIFER: I would agree with that.

BETH RICHARDS: Because I noticed that change years ago when I was like on hormones for a while.

JIMMY: Oh, really?

BETH RICHARDS: Oh, yeah.

JIMMY: And where do we get these on?

[LAUGHTER]

BETH RICHARDS: Well you go see your shrink, and your shrink would give you a letter that introduces you to your endo after seeing the shrink for at least-- what is it, a month? Three months, I think it is. And the way you find all this out is you look at the Harry Benjamin International Gender Dysphoria Association standards of care. That's got the whole list on it.

JIMMY: There you go.

JENNIFER: Been there, done that.

BETH RICHARDS: Been there, done that. Yeah. And--

JENNIFER: Well, I'm going to be seven years post-op. I was done October '95. That makes me, October 30, '95 which makes me October 30, seven years post-op.

BETH RICHARDS: Halloween. So around October I'll be seven months post-op.

[LAUGHTER]

JENNIFER: Yeah.

STEVEN: David's birthday.

JENNIFER: Well, I think that what's really interesting is that the 31st is Celtic and New Year's.

BETH RICHARDS: Oh, yeah.

JENNIFER: Did you know that?

BETH RICHARDS: Uh-huh.

JENNIFER: Samheim. So I'm thinking. And one of the traditions of Samheim is that the doors between the worlds open up and people and things can change forms. Isn't in that magical?

[LAUGHTER]

JIMMY: It is.

BETH RICHARDS: Oh, I thought it was particularly appropriate that I got my independence from the hospital on Independence Day.

JIMMY: No kidding.

JENNIFER: That works for me though. That's as good as Samheim right there, I think. Yeah.

BETH RICHARDS: Yeah.

JENNIFER: Thank you, congratu-- so much-- lations.

BETH RICHARDS: Thanks. Yeah, I'm really just amazed.

JIMMY: Yeah.

JENNIFER: I'm like, I'm coming up on seven years, and I'll tell you what. The orgasms I'm having these days isn't even close to anything. I mean, it is intense. It's incredible. I'm like, it's awesome.

JIMMY: You're very lucky.

BETH RICHARDS: One of the things-- One of the things that really, really amazed me was about two weeks after I'd gotten home, I had just finished up my wonderful dilation session and I was standing there at the back room--

JENNIFER: Lots of fun, isn't it?

BETH RICHARDS: Oh, yeah. Yeah, that's the other thing. People look at this and say, oh, a dildo, must be fun. Wrong.

[LAUGHTER]

JENNIFER: Brah, you know what hurt the worst?

BETH RICHARDS: This is work. This ain't fun. What hurt?

JENNIFER: You know what hurt the worst? The dilutions weren't that bad.

BETH RICHARDS: Yeah.

JENNIFER: It was the boobs.

BETH RICHARDS: Really? Oh, you had breast augmentation too?

JENNIFER: Yeah, well, Dr. Menard has this combination deal. I got my Adam's apple taken out, I got my boobs done. And got a purse and got my eyelids lifted as well. All the same package.

BETH RICHARDS: Oh, man.

JENNIFER: Would you believe it was only \$11,000?

BETH RICHARDS: And that was seven years ago. That's about right.

JIMMY: Wow.

BETH RICHARDS: Yeah.

JENNIFER: I played \$11,600, got all four surgeries done all at once.

BETH RICHARDS: Yep.

JENNIFER: And they there, it's a beautiful place up in Montreal they have. They have a halfway house. You go to the halfway house and stay there a few days.

BETH RICHARDS: Yeah, he lets you out of the hospital earlier, doesn't he?

JENNIFER: Yeah. Well, what he does is-- what I went through, my surgery was scheduled for Tuesday and they want you there the Friday night before. You get there Friday night. You spend the weekend at their halfway house so they can observe you, and then Monday morning is usually done. The surgery is Monday or Tuesday. Wednesday if he's got a lot of them.

They take you from the halfway house into his little private hospital place. And you're there for like four or five days max, and then you go back to the halfway house. They teach you the dilutions. They take-- you have a stent just like you talked about, except with a ton of gauze stuffed inside of a monstrous rubber. Which by the end of the week with-- yeah, it was what you were talking about. You're feeling like this thing needs to get out of you now, oh!

[LAUGHTER]

Very uncomfortable Yes. Very filled feeling. I know. Oh, you were talking and I was going, yes, yes, yes

JIMMY: Yes.

JENNIFER: I know that one.

JIMMY: This is the first time we've ever had this discussion.

BETH RICHARDS: Yeah. Like I said, we've mentioned the topic but never had the details.

JIMMY: Because we never had anybody.

**BETH
RICHARDS:** So as I think--

JENNIFER: Jimmy, I would-- Jimmy, I would have gladly I accepted.

JIMMY: I know, I know. I didn't even think of you.

**BETH
RICHARDS:** One of the things that I noticed about, well, both Meltzer in Portland and Menard, and now Brossard in Montreal, are doing is they do let you out earlier. They don't do the full thickness skin graft the same way that Dr. Schrang does. And the reason he wants you to stay flat on your back is for that thing to set up really well.

JENNIFER: Well, isn't he the guy with the wire?

**BETH
RICHARDS:** Both Barber and Schrang do the wire. And what she's talking about is--

JIMMY: Yeah, what's the wire?

**BETH
RICHARDS:** So on a male, the base of the penis--

JENNIFER: I for a movie of Dr Schrang at-- I was living in New York when I went to do this thing.

**BETH
RICHARDS:** Was it the movie or the slide show?

JENNIFER: No I wasn't the national--

**BETH
RICHARDS:** Or was it a movie of the slide show

JENNIFER: I think it was the movie of the slide show.

**BETH
RICHARDS:** Yeah.

JENNIFER: Because I was hanging out when I went through the whole thing.

**BETH
RICHARDS:** OK, so let me explain the background there. The situation there is--

JIMMY: Where's the wire?

**BETH
RICHARDS:** The situation there is that Dr. Schrang occasionally makes visits to different support groups around the country and has a slide show that he shows us at.

JENNIFER: Yeah. I was hanging out at the Gay and Lesbian Community Services Center in New York City on 13th Street. Hanging out with-- May have heard of her name. Her name is Dr. Barbara Warren?

BETH OK, yeah, I've heard her. Yeah.

RICHARDS:

JENNIFER: She's been on a number of shows. She's been a psychologist. She's the Head Psychologist of the Social Services Division at the Gay and Lesbian Community Services Center. And she's head of something called Gender Identity Project which was the support organization that got me through the thing.

BETH OK. So he goes around, he does this slide show. But he doesn't go to every single place in the country. So

RICHARDS: somebody made a movie of him doing the slide show. And so that's reason.

JENNIFER: That's the one I saw.

JIMMY: OK, got it.

BETH And so in that, he describes his process all the way through end-to-end. And--

RICHARDS:

JENNIFER: With pictures.

BETH --what this wire-- yeah. Oh, very detailed pictures. In fact, the first time I saw this slide show was in '93. And

RICHARDS: when he got to the first couple of slides out, this is my office.

JENNIFER: Oh, that was about the same time I saw it.

BETH Yeah. This is my office. This is the hospital. This is the town. This is the surgery room. And they wheel somebody

RICHARDS: in. And then they show somebody getting the first incision for the breast augmentation. and the woman next to me falls off her chair, out cold flat out on the floor.

[LAUGHTER]

JIMMY: Well--

JENNIFER: Well, I tell you what. I may have taken a quarter inch off of my teeth watching it, but I didn't take a chance.

BETH So what she saw in there is a technique that both Dr. Schrang and Dr. Barber used. In a male, the base of the

RICHARDS: penis is basically on the front, right?

JIMMY: Yes.

BETH OK.

RICHARDS:

JENNIFER: Yeah, exactly. Yeah, sure.

BETH The base of the penis is going to become the opening of the vagina. That's on the bottom. How do you get it to

RICHARDS: move from the front to the bottom?

JIMMY: Yeah.

BETH Answer. You lift off some of the skin almost as far up to the belly button and slide it down. And so you stretch out

RICHARDS: all that skin. And you remember I was saying that I felt that, all that tight feeling?

JIMMY: Oh, yeah.

**BETH
RICHARDS:** Part of that was that.

JIMMY: Yeah.

**BETH
RICHARDS:** How does it stay there? He takes a roll of gauze, it's about an inch in diameter and maybe two inches long, and loops a stitch down through the skin. And that was one of the more painful parts of my recovery, is I had these two little places where the stitch came through. And the stitch goes down and under the pubic bone, I think, and back out again. And around this, they call it a bolster. This cotton thing. And then he tightens that sucker down real tight.

SPEAKER 1: A bolster like on a sofa?

**BETH
RICHARDS:** Yeah. And it holds that skin down long enough for it to heal down in that lower position. And the stitch is actually made of wire.

JENNIFER: [INAUDIBLE]

JIMMY: Oh.

JENNIFER: I saw there was a piece of piano looking wire.

**BETH
RICHARDS:** Yeah. It's about, I would have to guess somewhere between 12 and 14 gauge wire. It's a solid, it's like rung--

JENNIFER: Yeah. It's a big piece of piano looking wire.

**BETH
RICHARDS:** Yeah. Run current through your 110, you know. That's 12 gauge.

[LAUGHTER]

That's 12 gauge is 110, the stuff you buy at Glomax.

JENNIFER: Not joking around.

JIMMY: Yeah.

**BETH
RICHARDS:** And it's not quite that big, but it's darn close. And so--

JIMMY: Will it hurt you?

JENNIFER: Dr. Menard does--

BETH RICHARDS: Yeah.

JENNIFER: He does the vulvoplasty and the vagina all in one go. I don't know how he does it.

BETH RICHARDS: Yeah. It's more dangerous but if works for you, great, because you only have to do the one surgery.

JENNIFER: And I understand Dr. Schrang, you do a little bit better in depth.

BETH RICHARDS: I don't have anything to compare other people by but I'm doing pretty good.

JENNIFER: Well, I haven't had very much sex with guys so I don't really know because I'm a lesbian, basically.

BETH RICHARDS: Well, I just got these little marks on my dilator and I know which mark I come to. So if that can--

JENNIFER: I still have my dilators because I haven't used them in years. I did for the first--

JIMMY: Well, it's a good six inches.

JENNIFER: --couple of years.

BETH RICHARDS: So yeah, there's a mark every half inch, starting at-- I don't know-- what is that, about 3 and 1/2 inches?

JENNIFER: I have these clear acrylic units.

BETH RICHARDS: OK. Yeah. The ones from Canada?

JENNIFER: Yeah. I've got those. Yeah.

BETH RICHARDS: Yeah. I got the ones from Connecticut. But--

[LAUGHTER]

JENNIFER: Did they do they send you home with a really neat bidet?

BETH RICHARDS: With a what?

STEVEN: Bidet.

BETH RICHARDS: No, they didn't. No, they didn't.

STEVEN: A portable bidet?

JENNIFER: Oh--

**BETH
RICHARDS:** No, they didn't.

JENNIFER: --that's so cool.

**BETH
RICHARDS:** Yeah, that-- I could see how that could come in handy. Because I had to do an awful lot of wiping there. Every time you get done with this you got all the lube everywhere.

STEVEN: Oh, yeah. As I mentioned.

JENNIFER: I had to pay like \$75 for the damn thing. But there was this the day you could sit on your toilet seat and hook it up to your sink. And you press a little button.

JIMMY: Sure, I've seen those advertised.

JENNIFER: [INAUDIBLE] It was wonderful.

JIMMY: Yeah.

JENNIFER: Spoiled me horribly. I love them. I want another one. I don't know where they get it.

STEVEN: I remember the first time I asked my dad what the second--

**BETH
RICHARDS:** What is that thing?

STEVEN: What's the second toilet sitting next to?

[LAUGHTER]

JENNIFER: Yeah. [INAUDIBLE]

**BETH
RICHARDS:** He was like, don't ask.

JIMMY: They're in Europe lot.

**BETH
RICHARDS:** Yeah.

JENNIFER: The people like feminine freshness. It makes you feel more good, I tell you that.

JIMMY: It's good for the guys too.

**BETH
RICHARDS:** Go watch *Crocodile Dundee*. What's this thing?

[LAUGHTER]

JENNIFER: Works, right?

SPEAKER 1: I should have [INAUDIBLE]

JIMMY: OK. Look--

BETH It's to wash me back, son.
RICHARDS:

JIMMY: Jennifer, we got to flesh out this segment.

JENNIFER: So glad I got to talk to you. I can't believe it's you. This is so special.

BETH I'm--
RICHARDS:

JENNIFER: Because you are the first person I met when I came down to-- The first time it came down to After Hours.

BETH Really?
RICHARDS:

JENNIFER: To check out the madhouse. To check out the--

BETH Madhouse?
RICHARDS:

JENNIFER: My fellow transgender [INAUDIBLE]

BETH *After Hours?*
RICHARDS:

[LAUGHTER]

No.

JENNIFER: That I came down to check out After Hours. You were-- The first time I came with-- come for transgender night, I didn't have to have a show then--

BETH Yeah.
RICHARDS:

JENNIFER: --as I do now. And I remember meeting you. You had the very, very long hair and the really nice boobs, and--

BETH I don't know about that.
RICHARDS:

JIMMY: She still does.

[LAUGHTER]

BETH Yeah. That's one of the things that I did. I was like--
RICHARDS:

JENNIFER: Being a lesbian, I notice these things.

BETH RICHARDS: I was really not excited about the prospect of laying on my hair for a week. So I actually scheduled a hair appointment the day of surgery in the -- the day of my check-in day, in the morning. And went into one of the hair places right across from the hotel. And it was kind of funny because it's like, hi, can I get a shampoo and set? And what I really want is to get my hair braided, because I'm going to be like in the hospital laying on it for a week. And at that point, everybody in the place knows what's going on.

JIMMY: Of course. Of course.

JENNIFER: Yeah, really. Sure.

BETH RICHARDS: This is a small town. Everybody knows what's going on in the hospital.

STEVEN: Oh. Actually, before the show ends, I wanted to ask you to a question. I'm asking on behalf of kids at HATCH. We actually have a few female to male transgender people. And I know of at least one male to female transgender are aspiring to be. Is there any advice that you would give them, like the younger generation?

BETH RICHARDS: Well, stick with it. Follow your heart, really, is what it amounts to.

JENNIFER: And also avoid drug use. Avoid prostitution. Things like that. Because if you screw around and get yourself AIDS or hepatitis C or something like that, your chances of getting a doctor to do you is vastly increased. In fact, I don't believe any of the surgeons-- this, I can't swear to this, but as I understand it, none of the surgeons will perform the surgery on a person who has AIDS.

BETH RICHARDS: OK. So Schrang will do HIV positive.

JIMMY: Oh, really?

BETH RICHARDS: But only if your t-cell count is very high and you don't have active, you know, anything going on.

JENNIFER: As far I know, the Montreal won't. And I don't know for sure.

STEVEN: And that's for health reasons, right?

BETH RICHARDS: And he charges more because of the testing and everything else.

STEVEN: Sure.

BETH RICHARDS: So it's going to be a lot tougher. But I answered earlier. The first half which is the philosophical half. The second half, the practical half, the whole process--

JENNIFER: So keep yourself healthy, obviously.

BETH RICHARDS: The whole process starts with counseling.

JIMMY: It sure does.

BETH RICHARDS: And so what you need to do is you need to find a counselor who has dealt with it before and isn't hostile to it. And that is pretty tough.

JENNIFER: Good advice. I was very lucky in that department.

BETH RICHARDS: That's actually pretty tough. And so don't be afraid to fire your counselor. If your counselor comes back and says, we're going to cure you, run screaming from the building.

[LAUGHTER]

JIMMY: Yeah.

JENNIFER: My very first counselor, the very first counselor I had for this, I was in the process of saying know I really can't deal with this about me. And this is like '82, '83, something like that. I went to this counselor and he was wonderful. The first thing he told me is that, the chances of me curing what you have is nonexistent.

BETH RICHARDS: Sounds like you had somebody who knew what they were doing.

JENNIFER: You have two choices. You can either learn to accept yourself as you are or doom yourself to failure. Pick one. And when you make that decision, come back to me and we'll work one way or another. And he said, but if you choose that you want to not be this way, I-- He said that I can guarantee you that it will not work. And you know what was interesting?

I met that man and his name was Dr. Neal Isaacson. I must say his name on the air. He's from New York. And in 1994, 10 years later, I went back to him and said, Doc, I'm Jennifer now. Don't I look good in a skirt? And he was like, Jennifer, you look beautiful. And I said, well, I'm here to see you about a letter because I needed an extra a psychiatrist. And he said, no problem, you got it.

BETH RICHARDS: Yeah.

JENNIFER: Cost me \$100 to do my second letter. And this is a man you know who first told me that there's no way we're going to carry you. You can either learn to accept it or learn to deny it, but denying it never works. He told me.

BETH RICHARDS: I'm not a great person to ask about who to go for counseling in Houston because--

JENNIFER: Well, this was somebody in New York.

BETH RICHARDS: Because I did all mine in Philadelphia before I moved down here. So I can't give you the names of counselors here in Houston per se, exactly. I know Dr. Cold is at the Rosenberg Clinic in Galveston.

JENNIFER: I'm sure that he's had some of the other people we know.

BETH RICHARDS: And is like probably one of the most--

JIMMY: You probably would have better luck at the Montrose Counseling Center.

BETH RICHARDS: These days, you definitely would. Over a couple of years ago there's been a lot of education that's gone on down there.

JIMMY: Yeah--

[INTERPOSING VOICES]

BETH RICHARDS: I'm sorry, Jennifer?

JENNIFER: Wouldn't TATS and those people know?

BETH RICHARDS: Yeah, TATS, I'm sure, would know. And--

JENNIFER: If you got their phone number, should we give this out?

BETH RICHARDS: I don't have it off the top of my head.

JIMMY: Oh.

JENNIFER: Oh. Too bad.

BETH RICHARDS: It's not that hard to find if you look in the back of like the--

JIMMY: *Triangle.*

BETH RICHARDS: *Triangle.*

JIMMY: Or *The Voice*.

BETH RICHARDS: *The Voice*. Another place to look--

JIMMY: TATS. Texas Association for Transsexual Support.

BETH RICHARDS: Transsexual Support. Another great place to look if you're on the South Side of town is CATS, which is the Community Awareness for Transgendered Support. And that one I can name off the top of my head, at least their website.

JENNIFER: Just sock it to us.

BETH RICHARDS: Which is www.tghelp.org. Ain't that hard. I mean, www.tghelp.org.

JENNIFER: Repeat that one more time.

BETH No.

RICHARDS:

[LAUGHTER]

Www.tghelp.org.

JIMMY: I have one question from a caller. And I believe this is a sincere question.

BETH That's OK. Hey, I believe any honest question deserves an honest answer.

RICHARDS:

JIMMY: Boy some in Houston wants to know, if I had sex with someone like her, how would I classify it? Hetero, homo or what?

BETH I love these questions.

RICHARDS:

JENNIFER: Hetero.

BETH First off--

RICHARDS:

JENNIFER: Absolutely, hetero.

BETH First off--

RICHARDS:

JIMMY: Yes.

BETH My sexual orientation and my gender identity are two completely different things. A good friend of mine--

RICHARDS:

SPEAKER 3: Amen.

BETH --posed or responded to this as, sexual orientation is who I want to go to bed with. Gender orientation is who I want to go to bed as. OK? So at this point, not only am I a woman in terms of my gender orientation, my gender identity. The way I think of myself. But now I'm also a female in terms of my sex. And if you want to view me as who I am, and you're male and you to go to bed with me now, then you're a male going to bed with a female.

JENNIFER: Exactly right. That's what I said. That [INAUDIBLE] heterosexual.

BETH If you want to try to think of me as somebody who I was, who you never met--

RICHARDS:

JIMMY: I can't imagine.

BETH --and try to put on some kind of theoretical thing going on. Then, OK, you could work your way into thinking that you were doing something homosexual. But if you like told your friend, you see that woman over there who I went to bed with? That makes me gay. I think they'd laugh at you.

JIMMY: Yeah, I think they would too.

JENNIFER: I don't think so. Because when you insert a penis into a vagina, you have heterosexual sex.

**BETH
RICHARDS:** That's my point. That's my point, you know?

JENNIFER: Yeah. Exactly. Nothing about it--

**BETH
RICHARDS:** If you got done having heterosexual sex and then you told somebody, I just had heterosexual sex with somebody. I guess I'm gay because of who they used to be.

JIMMY: No. Uh-uh.

**BETH
RICHARDS:** It doesn't work. I mean, it just--

JENNIFER: Oh, no. You're absolutely right.

**BETH
RICHARDS:** I can't wrap my head around that and make it work in any real way. And I don't think anybody who actually-- You know, we can sit here and do theory. But when you actually get right down to it, it doesn't work like that.

JENNIFER: One thing that makes me a little unpopular with certain transgendered people is that I'm a post-op, long-term. And in American society there's two things. There's males. There's females. Males have a dangler, females having innie And that's the bottom line.

And once you get the operation and you have the innie instead of the outie, and then you can go and get your ID changed over and get the F on all the paperwork. But until then, you don't get that.

**BETH
RICHARDS:** Well, I had--

JENNIFER: I'm not sure where that is.

**BETH
RICHARDS:** Yeah.

JENNIFER: I would like to think that anybody who identifies as female and regardless of their genitalia, should be female. But in the real world, it doesn't work like that.

**BETH
RICHARDS:** It's kind of a mixed bag. Currently in Texas, there is no law about gender change. And there is a law that the gender change is basically left up to-- It's kind of like, by default, the gender change is left up to the discretion of the judge. So very passable thesis can walk into a judge, but not in Harris County because of some political situations--

[INTERPOSING VOICES]

**BETH
RICHARDS:** --that are going on here.

JENNIFER: Not in New York either. I tell you that right now.

**BETH
RICHARDS:** But, yeah. Well, yeah. Well, the New York's not in Texas. And the way it is, is that you can walk into a judge who's a very passable judge, if you've got a good lawyer who knows what they're doing, they will grant you a name change and a gender change. If you're not passable because it's up to the judge's discretion, that's it. You're out of luck.

If you're in Houston. If you're in Harris County, because of some Republican lobbying of the judges that happened a couple of years ago, you're out of luck also.

JIMMY: Yes.

**BETH
RICHARDS:** And with the Feds, like right now I can go get my passport and it'll say F on it. A year ago, if I walked into the passport office, and while I did this in '98, they gave me my name, Elizabeth Anne Richard, and they put M in the box.

JIMMY: Ooh. Ouch.