

## Life in the T Zone

*With the aid of testosterone, biological women are expanding the old ideas of male and female. But being gender-queer can involve health risks*

By Sue Rochman

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Renata Razza was born female and came out as a lesbian at 15. It was a declaration that took few by surprise. She'd always looked gender-ambiguous. But as time went on, Razza became more convinced that her internal self and her physical body didn't line up. So in 2003 she decided to start taking testosterone. But Razza, 33, doesn't identify as male, nor does he want to live life as a man. Instead, Razza wants to live in a space between male and female. His identity of choice? Gender-queer.

If bisexuals defy the notion that a person can be attracted only to one gender, gender-queers explode the concept that a person has to be one gender. "People who identify as gender-queer," says Lydia Sausa, a trainer at the California STD/HIV Prevention Training Center, "are blending and blurring and living outside of gender dichotomies." And in cities with large LGBT populations like San Francisco and on a number of college campuses, it's becoming increasingly easy to meet biological females who are taking testosterone not because they intend to transition from female to male but because they want to masculinize their bodies in a way that better reflects how they feel inside.

"People are looking at gender as being more fluid," says Luanna Rodgers, a psychotherapist who heads the Transgender Life Care program at San Francisco's Castro-Mission Health Center. "In the past there wasn't any place to go with gender except full sex reassignment. The older generation and the medical profession pretty much thought of it as a total crossover process. Now there are a lot of people who are starting to live in between the gender binary boxes."

For an older generation of feminists who fought to expand options for women, butch dykes who struggled for acceptance, and female-to-male transsexuals who wanted to leave behind their lives as women, this new use of testosterone may be hard to understand. But others say it's a logical next step for a group that has challenged gender identity constructs for a long time. "People are wanting to express multiple parts of who they are, and for some, FTM or MTF doesn't fit," says James Guay, a counselor at the Lavender Youth Recreation and Information Center in San Francisco. "It's like flipping gender on its side and looking at it from a different perspective."

Jody Vormohr, a staff physician in the Transgender Clinic at San Francisco's Tom Waddell Health Center, says that over the past few years she has begun seeing more biological females who are interested in masculinizing their bodies but not necessarily identifying as male or living their lives as men. "We had to decide if this was a population we would treat, and our decision was yes," says Vormohr. "We see people who are in all different phases of gender identity, and so we prescribe testosterone in doses that cause the effect that the patient wants."

But while it's one thing to play with gender, it's another to play with testosterone, or T, as it's commonly called. "Testosterone is a powerful drug," says Lori Kohler, a physician specializing in transgender care at San Francisco General Hospital. And,

she stresses, a physician should supervise its use. Yet all too often, Kohler and others say, they hear about people who are purchasing testosterone on the Internet or on the street or sharing doses-and needles-with friends.

Health care providers also have had to address the misconception that they can control what testosterone will or won't do to a biological female's body. A common desire, says Willy Wilkinson, a Bay Area public health consultant who works with trans youth, is for a person to want to "pick and choose certain effects of testosterone. But the reality is you can't.... Some people want to get changes to their voice and their musculature. And the voice changes are irreversible. But if a person stops taking testosterone, their musculature will go back to how it was before."

Physicians stress that a person on testosterone should have regular blood tests to ensure that the drug is not causing liver problems or increasing cholesterol to dangerously high levels. And although there have been few studies on the long-term effects of biological females taking testosterone, there are concerns that the drug, even when used at a low dose, can increase the risk of heart disease, stroke, uterine cancer, and breast cancer (this is true even if top surgery to remove the breasts has been performed).

There are sexual health concerns as well. A person who identifies as gender-queer and takes testosterone "may end up having sex with men," says Kohler. "Testosterone dramatically increases libido, and oftentimes it opens up sexuality and broadens horizons as to who a person chooses as a partner. And if they came out of the lesbian community, where lesbians generally don't think a lot about sexually transmitted diseases or becoming pregnant," they will need to think about this. (Someone on a low dose of testosterone who still has a period can get pregnant.)

Beyond that, there are the day-to-day realities of trying to live a multigendered life in a binary-gendered society. Sam Davis, a graduate student at San Francisco State University who is studying the effects of testosterone on mood, also identifies as gender-queer. Currently taking testosterone, Sam is "saving up" the thousands of dollars he will need for his top surgery. But even after the surgery, Davis, who used to identify as a butch dyke, will see himself not as male but as "an FTM gender-queer." "I don't want to leave my affiliation with my dyke past behind," he says. "And I don't feel that I fit what society considers a traditional man."

Yet, as Razza has learned, at a certain point it can become difficult to keep the changes one chooses to make to one's body from becoming defining qualities. "There's this funny thing that has happened," says Razza. "Now that I've had my top surgery, I'm not gender-ambiguous anymore. So what I want now is for people to see past my apparent gender to my femininity." Because the fact is, Razza adds, "neither 'he' or 'she' fits me 100% of the time."