

NEW YORK CITY TRANS ORAL HISTORY PROJECT

INTERVIEW TRANSCRIPT

ILAN N.

Interviewer: Tyler M.

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Transcribed by Maggy Hong

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Tyler M: Hello my name is Tyler M., and I will be having a conversation with Ilan N. for the New York City Trans Oral History Project. In collaboration with the New York Public Library Community Oral History Project. This is a oral history project centered on the experiences of trans identifying people. It is August 25th, and this is being recorded at my apartment. So can you tell me a bit about your experiences with accessing medical transitioning?

Ilan N: Sure. So I've been very lucky and very privileged with my access to medical transitions. I have a very supportive family, and so my parents... though I wasn't covered under my parents' insurance for some of my medical procedures because they were under Texas Blue Cross Blue Shield before the ACA, that was pretty bad. They didn't have an explicit transgender excluded. They paid for my top surgery and they paid for my hysterectomy which was nice and really just... I wouldn't have been able to afford it otherwise. So I'm extremely extremely privileged in that way, and then my family basically were able to come with me. My mom came with me to San Francisco when I got my top surgery. She came up here to sleep on my couch when I had my hysterectomy. That was really good, like it was an extra caretaker and stuff. But now I'm getting my phalloplasty and for once I'm now on an insurance that covers it which is great. The issue is that now I'm learning about the amount of gatekeeping that goes into that. So for some context, I'm in a unionized job. So because of that they have a very robust health insurance, and because I'm in New York City we've got the human's rights laws in New York City. We got human's rights laws from New York state. We're very covered. Even if federal protection were taken away or stripped away. I'm still definitely going to be covered which is really good. The only issue is that like do you qualify for these procedures. I need through a lot of hoops. I need to have two letters from medical mental health providers. One which is preferably as an ND or PHD. I need to have... at least one of them is supposed to have a specialty in gender therapy. Which is very hard to find someone who has explicitly a specialty in that. Then I also have to get a letter from my physical healthcare specialist since they like, "Yeah I've been on hormones for a while" which is easy for me since I've been on them since like 2010. So that's not hard, but the really hard thing is going with the mental health stuff because the fact that a lot of the people who are working as gender therapy practitioners and things like that. They're usually focused on people who are at the start of their transition. Just coming into their understanding of things and basically that's not going to make it so the questions are asking me and the way that they're interacting with me come off as a combination of one often irrelevant. Also really patronize it. I had to fill out this questionnaire for the beginning of my therapy appointments with this one group I could find. It would ask questions that I would just... I gave the wrong answers to because they inherently weren't about me. On the questionnaire it was like, "Do you have discomfort about your chest?" and it's like no I don't. I love how my chest looks, it looks great. I've had top surgery for the past 7 years, I look fine. I'm happy with it. Like, "How do you feel when you get misgendered?" Well I don't really. I don't generally get misgendered, so I don't know. What to say to this? It was supposed to be like for feelings that you've had in the past year or two. It was supposed to be like a thing. So I was like, "Well if you want me to go back, I can talk to you about that, but once we're talking about 7 years ago I can't give you the answer that I think is the one you're looking for here". So, there was a lot of stuff that was really irrelevant to me, but I'm having to go through these emotions because you're kind of cookie cutting this. I think that's the issue, not just for people like me who

are far down their... I don't want to say far down their transition because some people don't want a phalloplasty. And that's fine, but like people who are in a place where I am who do want it... what am I supposed to say? Most of us has been on hormones for a while. Most of us like, has been socially transitioned for a long time. It's really frustrating to kind of be forced to go through gender therapy. I joked with my wife, "Can I just send them a picture of my beard or something?" That's not saying having a beard is inherently masculine, but I can... what do you want from me to prove you that I'm a guy? When I've been socially transitioned and on hormones for over 7 years. Why do you need this extra hoop? Don't you think I would've had second thoughts already? And that's really frustrating to me. That sort of thing of the insurance requiring these sorts of... very specific letters.

Tyler M: Do you have to seek out gender therapy on your own?

Ilan: I got a referral. [Inaudible] were really nice and really helpful and stuff like that, but finding someone who specialize in gender therapy who had open slots. I had to go to Jersey. Especially because I had to have two letters from two separate people. I'm just like, "Why? Why do I need this much proof to show to you?" I just... I don't know the statistics of how many people seek out a phalloplasty and don't want it, but I'm pretty sure if you're gonna go through something that's this intense you probably know you want it. And that's really frustrating to me. The nice thing is that my doctor is really cool. Gonna be with Dr. Curtis Crane whose very experienced. The really good thing is that his practice is in Austin as well as San Francisco. My mother was very excited about that because she lives near Austin, and so she can see me without having to fly. So she's very excited about that. So yeah, I'm kind of dealing with that aspect. I think of going through the process for... I've been very lucky because of the fact that I used [inaudible] a lot. That I haven't had a lot of horror stories of really bad doctor experiences because of the fact that I work with a doctors... I often work with doctors office that were explicitly for LGBTQ communities. But it's like the amount of gatekeeping that's happening with my insurance now has been really frustrating. So that's kind of where I'm at there.

Tyler M: How's the social and emotional environment seeking phalloplasty or even wanting phalloplasty?

Ilan: It's hard, like I know that when I first kind of started looking into it, I mean one of the most famous magazines for transmen is literally called "Original Plumbing". There's a lot of stigma and there's a lot of shame centered around men who want phalloplasties. There are people who will call them Franken penises. The amount of shitty things that I hear about them is so much that most phalloplasty facebook groups, most phalloplasty social groups are incredibly secretive. Or often you have to prove that you're in the process of trying to have one because they're so [inaudible] with people who basically come in to either gawk or like treat you like a freak, or to come in to talk about how you're... how phalloplasty is inherently bad. They're just obviously going to be badly done, and you're not going to look right.

Tyler M: Just to clarify, this includes transmen?

Ilan: Oh yeah, this is heavily transmen. There are a lot of transmen who for whatever reason who, I don't know why, have decided to be really shitty to people with phalloplasties. And I'm like, "I don't know why". I understand why people don't want it for themselves. That's cool, that's your own choice, but there's this weird vitriolics against men who decide to get phalloplasties. I think that part of it that phalloplasty used to be less similar to how cis men's penises look like in the past. There are a lot of people who think that they still look like that, and they still work like that. So they become very, like they're either upset that they can't get one or they see it as people doing something that's stupid. Then they kind of let that out onto people who are doing them, and the thing is that the technology for phalloplasty has gotten really good. Like, sensation is almost... it's very very common. It's almost rare now that you don't have sensation. There's a number of different techniques you know, for whatever configuration that you want. There are higher rates of complications, but they're usually complications that can be dealt with like there are complications that can be fixed. And they... if what you want is to have genitalia that looks similar to cis man's they are very... I've looked at pictures and I looked at videos and things. They look very very similar, like they do not look different from that. And if that's something you want, if that helps your dysphoria, then that's great. And it will help me, it helps my dysphoria to have something like that. That's what I want, and it's just really frustrating to me that there's so much stigma and animosity against it. There are just a lot of people who view as this procedure that's not, why are you trying? Because it's not ever going to look right. It's like one, you're never gonna know what I want. Don't talk to me about looking right. Two, if what you mean by looking right is looking cis then actually yeah you can get that. That's not an impossibility. That's my screeb.

Tyler M: So you're talking about phallo, and we're just gonna talk a little more about the other medical procedures trans people go through and transmass people.

Ilan: Yeah sure. So I had a laparoscopic [inaudible] so I only had five tiny little... or not five sorry. I had four tiny incisions that were each 5 millimeters long, and they were on my stomach. One was in my belly button and one is a little bit above my belly button. There were two on the sides of my belly button. They basically just used a robot to cut things up very very fine and take it out. So it was very [inaudible] I didn't even stay overnight. I walked out afterword. It was a full complete cleaning out. I didn't have like it got rid of all the organs in the area like the cervix. And it just... I walked out. Like I waddled out, let's be honest. Then I was walking around within a few days. I had to wear sweatpants for like a week. It basically was like the entirety of my recovery was like don't wear a belt because it was all internal damage. So the recovery was easier in a lot of ways because it was mostly just the fact that you're getting a lot of internal trauma due to the [inaudible] nature of it. But it heals pretty quickly, and it heals pretty easily in most cases. At least my case. I actually got it for a lot of different reasons. Partially because I didn't want kids. I didn't want kids biologically, and I didn't want kids period. So it wasn't really a loss for me. I have friends who are trans dudes who have kids while on testosterone, and they were fine. I have one friend who has two kids that he had with his trans partner, which was like awesome and great for them. I have a cat, and that's all I really need. But one of the really big things for me was the risks of intermutual atrophy. So testosterone will often, I think it's a 45% chance or so, have a rate of causing uterine and [inaudible] atrophy. Which means that you can get some spasms. You can get issues with fibers growth similar to PCOS, they're not exactly the same on like your various

organ parts. That can cause pain or that can cause issues down the line. So it's the sort of thing where you kind of if you want to keep it there are ways to do that, and there are ways to mitigate those. Though I didn't really look into them because if you don't have a reason to keep it then I didn't really see any reason not to take it out. Atrophy is like an issue that isn't just about [inaudible]. Atrophy does occur on like the genitalia, like in the internal genitalia basically due to testosterone. The problem with that is you get little fissures, like little tiny fissures internally. The problem with it is that the traditional way to treat it, like when you go to the doctors, is that they say, "Well we usually use topical estrogen for that" because it occurs in women who have low estrogen. And you're like, "Ok but no". Some guys use it and they do it and they're fine with it, that's totally chill. That's fine but in my case scent is very important to me, and it does change your general scent to something that's not going to be testosterone related. For me, that is just like a 100% [inaudible]. So what I actually found out, I did some research, and if you use a silicone lube that has vitamin E in it. So I use Uber Lube. Feel like I'm doing product placement now. You can use a small amount of it and do it every night on your junk, and it made it so I wasn't getting fissures anymore because the vitamin E was helping with elasticity and stuff like that. The moisture helped with any dryness issues so that was really nice. So that's what I would suggest if you aren't... or you're having that kind of issue and you don't want to use the traditional topical estrogen method. It's frustrating because those are the things we never get talked to about. If you take testosterone you'll like grow a beard, and you'll like sweat more, and you'll have this stuff. No one talks about you might develop atrophy. Like no one talked to me about this. It's not like it would've changed my decision, but it would've been cool to be prepped [laughter]. So I know some guys will sometimes do stuff where they keep an ovary in or something like that because they want the option to being produce estrogen if they choose to go off testosterone or something like that. Because the problem is you do need one of the two. You need to have estrogen or testosterone in your system to be healthy. So if you ever choose to go off testosterone when you've had a full hysterectomy that includes taking an ovariectomy and everything you really do need to start take a type of hormone. Like you need to take estrogen or you need to take testosterone even if it might be in lower amounts or something. That's why people have issues when they go into menopause; they're not getting enough of one of those hormones. For top surgery, I don't know. I feel like my advice for top surgery is the same advice I have for any major surgery ever. Which is there are these little patches for anti nausea that you put them behind your ear, and they work for three days or so. The medications that you get for pain killers will make you nauseated. So my doctor made sure I had one of those on for my first week after surgery, and I never had nausea issues. Thinking about how much, you know, stuff was probably going on with my chest at the time because I just had a major surgery I lost four pounds. [Laughter] I was very large chested, and if I ever had to throw up during that time it really sucked. I was on a lot of percocet. My poor mother. I was so demanding because I was hella high. In those first three days I'd be like, "Give me tea!" and my mom would be like, "I literally just put a cup of tea next to you" and I was like, "A different tea!". And I threatened to... whenever she would not [inaudible] I would threaten to squirt her with my drains. She was like, "One: ew. Two: you literally can't squirt people with your drains. They're not pressurized where you can squirt things. You just empty them into a sink. They're not pressurized into a thing that is possible, like you probably don't want to put this part in" but I was just silly. I was like, "I don't know, I'll make it happen. I'll like translate physics". If you can. If you have top surgery, or you have a surgery like

phalloplasty, or even a meatoplasty or anything like that, have someone who's a caretaker that you know because you're gonna be real high at first. You need someone who loves you, or at least is a close friend who won't want to murder you after those first few days where you're gonna be real high and real helpless. I'm very lucky that I have my mom, and now I have my wife with me. When I go down to Texas for my phalloplasty we're gonna rent a place. We're thinking of doing an apartment swap basically. We're gonna have a place for two months that's an Airbnb or an apartment swap or something. My biggest concern for her is caregiver fatigue. One of the reasons I'm happy my family is there too. My sister is there, who is a doctor, which is great. There's my mom, you know, and there's my dad. There's people there who can take some of the burden off of her and give her social interaction that I won't be able to do. If I'm in the middle of healing and stuff like that, so I really want to make sure that she's not having all the pressure on her. Once again, this is one of those things like privilege. I'm incredibly privileged. I have a family who will help. A lot of people don't, and that's a big privilege that I have. I have the funds to be able to travel, like all the way down to Texas for my surgery to get the doctor that I really wanted. I have a job that gives me 3 months of paid time off. That's a huge privilege. These are all things that like having to balance different aspects of your life. This is why we have so many GoFundMes for procedures like this, and that's why I always try to give to those GoFundMes because there's a lot of privilege that comes with my personal interactions with these procedures. Because of the support network that I have, because of the monetary situation that I'm currently in, and there are a lot of people who can't get the treatments that they need because of the fact that they don't have the funds. Even though they're being covered by insurance, right? They're being covered by insurance, but are they being covered by the time off they'll need for optimal healing? First bad complications happen in the first two months. So I'm able to be right by my doctor for the first two months, but a lot of people can't be. They have to go right back home because they have to go to work soon. That's a lot, that's a lot. And having a dedicated caregiver, having my wife there, having someone who has a job. Because of the fact she's a cartoonist and writer who can move her job because she works from home. That's huge. So that's the sort of thing that I feel like if there's anything that I'd advise to people who are friends with trans people, is going through surgery or something like that, to reach out and try to offer help. Even if it's just like, "I will make you dinner" or "I will come and be with you and be present with you for like a day" or something. A lot of people don't have the support network that I do, don't have an ongoing relationship that I do; allowing them to have that. I know that I'm going to be doing that anyway who are friends of mine who live in the area of Texas. That can come hangout with, you know, my wife. I love her a lot and she's going to be having a lot of stress a lot of burden, and I don't want her to be isolated. The fact that she's willing to do all this is huge and I'm very lucky to have her. [Inaudible] it's gonna be a very big procedure. It's one of the things also that I feel very lucky that I'm with someone who is like... I'm not doing this for her. I'm doing this for my own dysphoria and stuff. I feel very lucky that I'm with someone who likes my penis now and is excited about my penis later [laughter] and doesn't have kind of issues with either. And part of that is the fact that she doesn't have genital preferences so she's like, "I don't know, I don't care" and that's a thing with our relationship. It's fine, but it's not true for everybody. So some people have to like not only having to process this all by themselves, they're also having to process their partner's emotions and dealing with that so it's harder too. So I feel very lucky that she's gung ho for all kind of wang. That's probably not the best way of putting it. It was funny when I was in the

doctor's office. He's a cis man, but he's been doing this for quite a while so at this point one of the things that like when I was reading up on him people were like, "Well he seems very callous" but I think it's because he has a sense of humor about it at this point. His bedside manner was exactly what I needed. It was great because we were talking about it, and you know, one of the things we talked about was why am I getting the procedure that I'm getting. Which is meant for people who are heavier because I'm a little heavier. He mentioned the reason why we're doing that is because there might be issues with a bit of a [inaudible] problem where it would be a little bit too gurdy because of just my weight. That's why we'd want to do this other procedure, which is the one I wanted originally. Which is the one that uses your forearm. So he was like, "I'm glad that you want that because I think that's the best for you and your weight" and things like that. [Laughter] Basically just gestures at my partner who's in the room with me like, "It'll be good for you, it'll be best for her" [laughter] and it was just this really funny moment. I can understand why some people would be like, "That's very cavalier to be saying something like that" but it made it feel like it was less stressful. It didn't feel like we were all stressed about a really scary procedure, which it is. It was the sort of moment like, "Yep, this is the thing where we're talking about penises". We all know that at one point my intention is to use it, and no one is awkwardly avoiding that fact. I think her response was actually, "You don't know me" [laughter] which was really funny. She was like, "You don't know" and I was like, "Well I prefer it not to be [inaudible] we'll keep it down" and she was like, "I understand". I'm really glad. So relationship wise I feel I really lucked out with her. She's so supportive throughout our relationship, and I talked to her even early on that this was something I'd probably want like years ago, but it was always the sort of the thing that I wanted it to get to the point where I felt comfortable and when the technology have gotten... even comparing the last 5 years phalloplasties have gotten better and better. Success rates have been higher. Glandplasties were a big thing for me. For me, aesthetics are important, and aesthetically a glansplasty is really really beneficial. For just how it looks like medical tattooing is a thing that I'm gonna be doing. Which I was like, "Can you do medical tattooing before sensation comes back?" and it's like not usually. I was like, "Oh no that'll be terrible". So now I've got this thing where I'm walking around with one arm that's bare because I've been doing lasers and electrolysis so I don't have a wolly wang. But it's really funny. I think that having a sense of humor about something that's scary is helpful for me. So I was rubbing lotion on it after a particularly painful electrolysis session and she was helping me with it. And I was like, "Is this a handjob from the future?" and she was like, "You're gonna be a penis soon, it'll be good" pats my arm. I'm like, "Thank you for talking to it. Confirming its desires" and she's like, "Yeah it knows... someday". Yeah the only problem is going to the laser places or the electrolysis places. These aren't people who are used to doing one arm. [Laughter] just one of your arms. It's just always awkward because they're always like, "Well don't you want the other arm?" like, "No this is for a medical procedure". Sometimes they push them and sometimes they don't. The ones that push I'm like, "It's for a penis... it's for a penis ok" and that will make them stop pushing at me. But I usually don't want to open with, "It's gonna be a penis". You don't need to know that about my life. I do comment sometimes that I feel like I'm getting this phallo partially for dysphoria sake and partially I can make a lot of dick jokes now. So many dick jokes. And that is why we're all here today. Do you have any other questions regarding that or regarding like... generally?

Tyler M: I think just a question you'd like to... especially since we're talking about transman issues and you've been giving a lot of advice. Is there anything... doesn't have to be medically related or even trans related really. Is there anything you'd like people a little bit younger than you to hear?

Ilan: I guess one of the biggest things is I realized that I was trans when I was 18. I didn't start living my life as socially transitioned as a man until I was 23. The reason why was because I thought I wouldn't look right, or people would never see me as a man. I think that my biggest advice would be: 1. People look all sorts of ways. Like cis people. You don't have to look a certain way to be a guy or girl or whatever. This is especially for people who are binary because I think this is a fear that is more of a binary issue because people who are not binary inherently are going to be seen as trans or properly gendered. But I think there are a lot of people who are scared to transition because they feel they'll never be seen as a "real man" or a "real woman". One, trans people are real. Even if you do not look, you know, what you perceive as a cis person that doesn't matter. Also you'd be surprised. People don't necessarily look at someone and immediately try to decide whether or not they're trans or not. And being short. There are short cis dudes all over the place. Maybe you're a woman who's butch and you're like, "But if I transition will people really think I'm a woman because I like being butched? Do I suddenly have to wear frilly clothes all the time?" There are plenty of butched ladies. Like you can be a butched trans woman. You can be a fem gay trans dude. I know examples of both of these, and there's no one way to be a man or a woman. There's no cookie cutter sort of thing of how you have to look like. There's no height that you're supposed to be. There's no amount of facial hair that you have to have. I know plenty of guys who are cis men who can't grow a beard, and my own mother has a luscious mustache. These are not things that mean you're a man or a woman. If I could have gone back in time and told myself when I was 18 that I could've been happier and healthier by transitioning when I realized what my gender was instead of feeling so scared that people would reject me or that I wouldn't look the right way. I really wish I could because I one was really having a lot of stress and upsetness during that time that I could've avoided. 5 years of me basically knowing that I trans and being really upset about it. I also missed out on things. Like one of my friends, the first thing he said was, "I'm really sad you didn't come out during college about being a guy because I would've been so excited about having a trans brother". I know that he's telling the truth because of the fact that there's another trans dude in our friends group, who he did in fact have in his frat house. And this wasn't a really one of those shitty frats, it was basically the nerd frat which is why I had so much crossover. It was absolutely full of nerds. They were really nice, it was the nerd feminists fraternity like all the other fraternities. But I could have had that experience, I could have had the sort of connection with him that I don't get to have because I chose to not be myself because I was so scared. And so I think that my biggest issue is that if it is safe because if it's not safe that's an understandable thing. If you don't feel safe, that's ok. But I was in a very safe environment, I was in a liberal college. I would've been ok. I was scared about ridicule, and I was scared that people would think that I wasn't good enough. It wasn't a safety thing for me, and I feel like I could've had a less stressful 5 years there. So I guess my biggest thing is don't be scared of things that aren't... that you won't be good enough I guess is my big thing. It's ok, especially like people understand trans people a lot more now. And we have a very scary environment right now because of politics. So if you are scared because of that, that is valid.

But if you have a safe environment that you can transition in, and you're worried that you won't be good enough at being whatever gender you are; you are. There's no one way to be a man or a woman. So I guess that's what my big advice would be.

Tyler M: Thank you so much Ilan.