



Second Nature

In an exclusive preview from our March issue, meet a local family that is raising a little girl born in the wrong body.

By Maximillian Potter

One afternoon last August, a Boulder County public school hosted an extraordinary parent-teacher meeting. Inside the brick, single-story school in the shadow of the Flatirons, the faculty gathered to hear from one parent, Judy Martin. Martin had asked for the gathering. The way the 42-year-old mother had framed her request to the principal, and in turn to the school district's administrators, there really wasn't much of a choice. It would be prudent before the school year got rolling—before there were any chances for awkward situations, like, say, issues over pronouns, or the bathroom, or the possibility of much more traumatic incidents—that Martin be permitted to provide the back story of her daughter to everyone at the school who might interact with her.

And so, on that late summer day, after the warm-up of tea and chitchat, the meeting began with an introduction from the school district's director of diversity and equity, who reminded the audience of the district's no-discrimination policy, in particular the part that reads: "Gender identity refers to one's understanding, outlook and feelings about whether one is female or male, regardless of one's biological sex. A transgender or gender-nonconforming student has the right to dress in accordance with the gender identity and expression that the student consistently asserts at school within the constraints of the school's dress code." After taking a deep breath, Martin gave her presentation. Although her heart and mind were racing, she was careful not to rush herself or her audience. The last thing Martin wanted to do was alarm or repel anyone. Transgender people, she said, often feel like they are trapped in someone else's skin—an inescapable feeling, she explained, that therapists call "gender dysphoria." Martin then eased into the point: Her little girl, their student, Lucia, had been born as a male. Her name used to be Luc, but now, simply put, she was Lucia, and she wanted to be treated like any other girl at school.

Weeks earlier, when Martin had informed the principal and Lucia's teacher of the details, both had responded with empathy and, as Martin says, immediately seemed to "get it." She hoped to receive an equally supportive response from the rest of the staff—after all, this was Boulder

County. But as Martin spoke that afternoon she glimpsed some of the audience shift in the aluminum-folding chairs and smile half-smiles. She'd anticipated some of this sort of reaction. Martin was optimistic, not naïve. She understood that while she was addressing an open-minded group that supported the rights of gay, lesbian, bisexual, and transgender people, she recognized, too, that this wasn't your "typical" transgender situation: Lucia wasn't a junior high or high school student. She was a 10-year-old fifth-grader.

In transgender shorthand, one makes the "transition" from M2F or F2M. In Lucia's case, though, the change might be more aptly described as B2G, as in boy-to-girl. She'd begun transitioning as a second-grader at the age of eight. Having explained the arrival of their new daughter to friends and family, Lucia's mom had seen her share of perplexed expressions and confusion. She suspected people wondered things like: *Really, are you positive? Does that mean your 10-year-old has had sexual reassignment surgery? Are you sure you're not pushing this child?*

The Martins themselves had been through similar emotions. "You hear parents say there's no manual for raising a child," Judy Martin told me not long after the school meeting. "Well, there's certainly no manual for us." Lucia's future—the sleepovers, school dances, dating, and college, not to mention the controversial drug therapies and the surgery—are always on her parents' minds. But on that particular August day, as summer faded into autumn and the promise of change was in the air, Judy just wanted the meeting to go well and for everyone to respect her daughter. Yet she couldn't shake what a friend had said to her a few days back when the two were discussing the faculty address: "Everything will probably go as you expect it will, but, just in case, you might want to think about a Plan B."

During the past 15 years, transgender Americans have been gaining unprecedented acceptance and moving slowly from society's fringes into the mainstream. Some of the most visible evidence of the movement, and of the shifting cultural perspective on it, has been in the movies. In 1992, *The Crying Game* earned an Academy Award; with the dramatic revelation that a pivotal character was transgender, the movie made what was then a subculture part of the nation's water-cooler conversation. A little more than a decade later, in 2005, being transgender wasn't merely a gasp-inducing denouement; rather, it was the story: In the critical and commercial hit *Transamerica*, Felicity Huffman starred as a middle-aged M2F who's preparing for sexual reassignment surgery while coming to terms with the fact that years earlier she'd fathered a son.

In the national news media, transgender has emerged as a big story: Major television networks and newsmagazines have reported on the subject. Along with the Hollywood and press attention,

the transgender civil-rights movement has won traction. Since 1993, at least 89 state, city, and county governments have adopted laws prohibiting discrimination against transgender people. As of last year, the laws covered approximately one-third of the nation, including Denver and Boulder.

Any transgender person will tell you, however, that he or she has much ground to cover to achieve equality. Existing antidiscrimination laws still do not cover two-thirds of the country. The U.S. Congress has yet to codify specific transgender protections. Hate crimes are up: According to a 2006 FBI report, compared to 2005 there's been a more than 18 percent rise in violence against gay, lesbian, bisexual, and transgender people (the FBI doesn't break down crimes against each group). Every day, transgender folks still confront tense circumstances that are banal occurrences for everyone else. Not long ago, Kate Bowman, who heads the Gender Identity Center of Colorado, in Wheat Ridge, went to a restaurant with a friend. "This is a person," Bowman says, "who knew me before I had my sexual reassignment surgery, who is my friend, and she said, 'I'd prefer that if I go to use the ladies' room that you wait until I come out before you go in.'"

But with the growing cultural and political momentum, transgender adults are far less afraid to be themselves and they're seizing positions of influence that would have once been unthinkable. San Francisco's Board of Supervisors recently elected Theresa Sparks, who had transitioned around the age of 50, to president of the city's police commission. Last year, Mike Penner, a longtime sports columnist for the *Los Angeles Times*, came out as a woman and is now reporting for the paper, and living life, as Christine Daniels. And last fall, in Aurora, Colorado, Pam Bennett staged a nearly successful campaign to become a City Council member as an openly transgender candidate. Although Bennett narrowly lost her bid, she was endorsed by a local firefighters' association and the Denver Area AFL-CIO. The tight race and support, Bennett has said, is evidence that the "Aurora-Denver metro region and our country is moving forward into the 21st century." As far as transgender children and their parents are concerned, though, America is stuck somewhere between the 20th century and the Dark Ages.

There is no definitive headcount for the number of transgender children in the United States. The National Center for Transgender Equality estimates there are about 1 million to 3 million transgender Americans. And while it's fair to infer that there are at least as many transgender kids as there are adults, any figures offered for the number of transgender people are, as Bowman says, "probably low, because even adults are reluctant to publicly reveal they are transgender, and for that same reason it would be even harder to get an accurate assessment of how many kids

there are." The very idea that toddlers and preteens, like Lucia, are transitioning, and that moms and dads would assist them, has prompted plenty of passionate theories that have pitted doctors against doctors, polarized communities and families, and generally fostered an environment that quite literally has made it difficult for transgender children to survive.

Between 75 and 90 percent of transgender youths, according to what little research there is on the topic, have reported feeling "unsafe" at school. The 1999 Oscar-winning film *Boys Don't Cry*, starring Hilary Swank, was based on the real-life 1993 murder of Brandon Teena, a 21-year-old F2M who moved to a Nebraska town hoping for anonymity. Just as Brandon was starting to feel his new life was possible, friends discovered his biological truth—and then raped and murdered him. In 2002, Gwen Araujo, a 17-year-old M2F, went to a party in her Newark, California, neighborhood. In the bathroom another girl found out Gwen's secret and ran out screaming. While partygoers watched, a group of boys beat Gwen to death. And in 2001, in Cortez, Colorado, a 16-year-old M2F, Fred Martinez, Jr., was fatally beaten by another teen who has been convicted of second-degree murder and who reportedly told a friend he had "beaten up a fag." Not surprisingly, for transgender kids the choice between living tormented in hiding, or going public and risking being tormented—or worse—can be overwhelming. While statistically unverified, the consensus within the medical community is that the suicide rate for transgender American youths is at least double the national average.

No one needs to remind Lucia's mom of the bleak statistics. "I think we have done a good job of insulating Lucia from the way the world could be for her, of creating a cocoon," Judy told me not long after we first met. "But I'm also trying to prepare her." That was almost three years ago, in the summer of 2005, when the Martin family agreed to talk with me and began allowing me to visit with Lucia. Their decision is a calculated one: Sharing their story, the Martins hope, might help other families with a transgender child not feel as isolated as they have felt; maybe their story will change how people think about transgender individuals, and that might make life a little easier, safer, for Lucia. The Martins asked that their names and certain details, like Lucia's school and their exact town, not be revealed. "We don't want to go out of our way," Judy says, "to invite trouble into our lives and into our community."

Lucia Martin loves the color pink, she barely stops to breathe when she talks, and she resembles the striking child actress Dakota Fanning. Like the little Hollywood starlet, Lucia's hair is long and blond, she has prominent cheekbones, her wide eyes are an almost neon blue, and her skin is so fair that it's nearly translucent. On an unseasonably warm winter afternoon, Lucia wears jeans, a billowy blouse, and platform sandals. She's accessorized with a floppy reddish corduroy hat,

and her pink scarf matches the pink polish that's begun to flake on the nails of her toes and fingers. A few days before Christmas, the two of us are sitting in the Martins' dining room, and Lucia's gushing about what's on her wish list.

Most of all she's hoping for some toys from a line called Littlest Pet Shop. As if she's pleading her case, Lucia explains, "OK, so it's like these tiny, tiny little toys. OK. So all of the little animals are bobble-heads. And there's doggies. Oh, can I bring it up?" She disappears and within seconds returns with what looks like a 12-inch-by-12-inch wall that's a maze of plastic tubing—the kind of thing a hamster runs through. She presents what looks like a stuffed hamster with a spring for a neck. "That's my favorite little guy. And, so, there is a shower. So you go like this"—she opens a hatch on the tubing and drops the pet-thing inside—"they crawl around in here. They have little magnets on their feet." Just then Lucia's favorite little guy gets stuck. She falls silent and directs all of her attention to freeing the pet, and only then resumes talking, as if she never stopped. "Anyways, to get this guy with like a food thing and another thing would be like \$10. But...."

Lucia's discovered she loves the video camera and would like a filmmaking software program for Christmas. And if Santa were looking for ideas for her stocking, he might think about art supplies. She likes to draw shapes, concentrating to make them as geometrically flawless as she can. Or maybe Santa might leave her the DVD set of her favorite television series, *Avatar*. It's one of those Japanese anime-style cartoons that airs on the children's network Nickelodeon. It's about a wide-eyed, androgynous-looking child, Aang, who leads a band of friends armed with supernatural abilities. "It's really cool," Lucia says, "because they all have the power to bend nature."

Lucia's playthings and interests are windows into the young person she is. In her Littlest Pet Shop, she cares for the smallest of creatures who sometimes need help navigating their maze. In her blossoming filmmaking hobby, there's the possibility to create her own world, where heroes bend nature and the endings are just. And in her passion for shapes, there's Lucia's concern with the way things appear. For Lucia, things need to be a certain way, whole and perfect, which is why seeing pictures of herself before her transition tends to make Lucia uneasy.

The first picture ever taken of Lucia isn't a picture at all. It's an ultrasound image captured in the fall of 1996. Judy couldn't wait to tell Michael, who was at work. "This was back when they had fax machines," Judy says. "The nurse drew a circle on the ultrasound and an arrow to the circle and wrote 'penis.' And when it came through the fax at Michael's office, all of his buddies came up to him and were like, 'Dude! Congratulations!'"

Judy and Michael met on the CU campus and began their romance at an off-campus party. Michael had strategically positioned himself at the threshold of the room, with the drinks and food, and chatted up just about every girl who passed by. After watching from afar for a few minutes, Judy walked up to him and said, "You must think you're pretty smart with this routine you've got going." Michael replied, "Well, it worked for you." They immediately realized they shared an intelligence and a sense of humor. Judy was majoring in journalism at CU. She wanted to change the world. Michael was a double major. He saw an exotic future abroad. After CU the couple moved to northern California, where Michael earned a graduate degree and Judy interned at a local TV news station. From there it was on to Europe. Michael worked for a couple of years with a transportation company, after which the couple moved back to Colorado, where they married. Judy took a job with a travel company while Michael signed on with a consulting business. When he got that faxed ultrasound of his incipient firstborn son at work, the daddy-to-be, an avid cyclist, couldn't help but picture himself and his boy, together, pedaling around the world as father and son. Naturally, Judy and Michael put a great deal of thought into the boy's name. Inspired by their shared affection for the Old World that Judy and Michael had left behind, they chose a European name, Luc.

A decade later, in the Martin family dining room, Judy asks her daughter if she would mind if we look at an old family photo album. Lucia shrugs in a way that conveys she'd rather not, but she understands. In the pictures Luc is a chubby boy, often wearing denim, with every hair on his head sticking straight up. "Do you remember when people used to see your hair and ask me if you'd stuck your finger in an electrical outlet?" Judy asks. Lucia smiles. Here's a shot of Luc on his first birthday, surrounded by family, with a slice of chocolate cake. Michael is ducking into the frame, hovering over his son with a smile. And here's Luc, age four, at a pumpkin patch, with Michael and some extended family. Judy is absent from most of the pictures because she's the one holding the camera, the one who organized the shoots. Whereas Michael exudes a quiet confidence in fate, Judy is fastidious about coordinating and achieving whatever task is at hand as best as she can. "I wanted everyone to be happy, happy," Judy says, running a hand over the photos' plastic sheathing. "I was like, c'mon, we're at a birthday party. We're picking out pumpkins. We're all together." Everyone in the pictures is smiling, except for Luc. He appears to be miserable, like he'd rather be somewhere else. Judy and Michael never dreamed that their child wanted to be someone else.

Judy Martin has a slender, youthful face, light brown hair usually pulled into a ponytail, and a tiny frame. She often wears unassuming clothes like jeans, sweatshirts, and clogs, and rarely

wears any makeup—an unnecessary luxury that she doesn't have time for. One afternoon, not long after we met, as Judy brewed some coffee and prepared a plate of fruit, she dodged here and there—pulling clothes out of the dryer, answering the ringing phone—moving like a fluttering sparrow. Judy, in fact, frequently does a birdlike thing: She stops suddenly, almost freezes, and cocks her head as if she's trying to figure out what it is exactly that she's supposed to do next. One of the things on her to-do list was to finish packing up their house in Jefferson County for the move to Boulder County.

That particular day, through the kitchen window of their home, we watched an older woman walk across the lawn, from one nearby home to another. It was Judy's mother-in-law on her way to visit a neighbor. Judy said that some extended family initially had a "hard time" with Lucia's transition. "I understand that it will take time for them," Judy said. "I understand. But I think sometimes Lucia is a little disappointed." On a recent visit to her mother's home in Oklahoma, Judy asked her mom to take down the artwork signed by "Luc," because it was something Lucia would rather not see. With hands clasped together around a coffee mug, Judy changed the subject with her pause-and-head-tilt thing. She puffed a strand of hair from her eyes.

"I know it's stupid to make generalizations," Judy says, "but looking back on Lucia's first years, there was just this overwhelming feeling of discontent. It was just impossible to make this kid happy. Nothing. Not a McDonald's Happy Meal, not an outing to the zoo. Nothing." Those years were a blur of tears and tantrums. Fourteen months after Luc was born, the Martins had their second and only other child, a girl, Kelly. For a while, the Martins figured that perhaps Luc's behavior was a response to the new baby. Judy and Michael redoubled their efforts to be equitable with their time and attention, but people outside the family began to notice Luc's emotional unrest. At the suggestion of a relative, the Martins had Luc tested for admission to a local private academy. The test measured IQ and also involved behavioral screening. The results, Judy says, indicated that Luc was a bright child but seemed to be harboring a lot of anxiety, anger, and stress. "Only 60 percent of stuff made him happy," Judy says. "Then only 40 percent made him happy. By age four, nothing made the child happy."

Simple choices—decisions that for most kids are pleasant and fun—were agonizing for four-year-old Luc. Let loose in a field with his family to pick out pumpkins, he could never find one that satisfied him. He'd say, "What about this one? I like this one better. No this one. There's too many!" Looking at that picture of Luc and the family at a pumpkin patch today, Lucia says, "I couldn't find one I liked. They were all either too big or too small." By the time Luc was five he was, as Judy recalls, obsessed with "super-clean" and "super-perfect," and he didn't like to be

alone. He wouldn't do anything without someone with him.

Judy didn't want to be one of those parents who make something out of nothing. Her own parents had divorced when she was a kid. She didn't have a father around during her formative years, and her only sibling was a sister. She didn't know much about boys. Now, with a son of her own, she told herself, "Maybe this is just the way boys are."

Judy and Michael kept an even closer eye on Luc's behavior. Michael gave five-year-old Luc a train set in a little tin box, which was decorated with a locomotive driven by a little boy who looked like Luc. Within days of giving him the train set, Judy and Michael noticed that Luc had used stickers to cover the boy's face on the train's tin box.

Luc's discontent and anger intensified in the first grade. The seven-year-old threw public fits during which he seemed inconsolable. There was one especially volatile breakdown over a forgotten school lunch, and another unnerving "freak-out" during a trip to the barber, with "Luc screaming that he did not want his hair cut," Judy says. At home, meltdowns became a daily ordeal. "He would fly at me, flailing and screaming, head down," Michael says. "I would have to hold him with me, against my chest, wrap my arms around him and literally restrain him."

Confronted with the realization that Luc's behavior could no longer be chalked up to boy-being-boy, Judy turned to the family's pediatrician, Dr. Jeff Richker, for help. (The Martin family gave their doctors and therapists permission to speak with me about Lucia's case.) Richker had been seeing Luc since he was two. "What I saw was extreme anxiety," he says, "and I wanted to treat that." He prescribed the generic version of Prozac, fluoxetine. The drug worked wonders, but only for a few months. In 2005, about a year after Luc began taking the antidepressant, Judy found Luc in his bedroom closet with a child's toolbox that had been given to him as a gift. He was crying and holding the little metal blade of the saw over his bare wrist.

Judy ran to him, grabbed the saw, and asked what was going on. "There are too many expectations," Luc said. Then he said it again, "There are too many expectations." He was crying. "Maybe if I were an animal, like a bear or an owl—animals don't have expectations. They're just happy. I don't think there is a place for me in this world." Recalling that day, Judy says, "I don't know that Luc even knew intellectually what suicide was, how to do it, the wrists." Judy didn't want to ignore what seemed like a warning sign. "Can you imagine," she says. "This was a child who was seven." Judy stops talking and allows herself only a couple of tears before she wipes them away and looks up.

Luc's words shook his parents, who became terrified that he might hurt himself or someone else; he was now fighting violently with his younger sister, Kelly. Judy kept Luc home from school, and attempted to home-school him and give her son more attention. Judy and Michael even sent Kelly, who had been patient with Luc's behavior, to live temporarily with a relative. They asked Dr. Richker to recommend a child therapist.

In the spring of 2005, Judy took Luc to see Dr. Deborah Holden, a child clinical psychologist and a developmental neuropsychologist who has been practicing since 1980. In her Denver office, Dr. Holden saw Luc twice a week for about a month, administering a variety of emotional, developmental, and behavioral tests. "I was doing a complete evaluation," Holden says. "Considering the whole spectrum." Holden saw that Luc's moods were "poorly regulated," therapist-speak for extreme overreaction and irritability. Initially, she suspected that Luc might be bipolar, but Holden soon changed her opinion. "Luc's unstable mood," Holden says, "was coming from a very strong sense of not being understood around gender issues."

There was never a session where Luc walked in and stated that he wanted to be a girl. "He didn't use those exact words," Holden says, "but he definitely expressed feeling an urgent need to present himself to the world as female. Luc had a very specific idea of how he wanted to dress and present himself, and that was as a female. He wasn't arrogant about it, but he was very determined." Holden has seen more than 100 kids with gender issues, and in her clinical opinion, only eight to 10 of those children had "true gender confusion." Only two of those select cases were gender dysphoric to the point where she discussed with the parents the possibility of allowing the child to begin transitioning. Lucia "is the most clear" case of gender dysphoria Holden's seen. "From the very beginning," she says, "Luc exuded a most extraordinary feminine elegance."

Judy and Michael were both present for Holden's official diagnosis. They listened as the doctor told them that Luc was chronically unhappy with his birth sex, that he didn't identify with his anatomy. Her formal diagnosis was mood disorder caused by gender dysphoria. The couple looked at each other, dumbfounded. Intellectually, they could comprehend the definition of gender dysphoria, but in terms of their child's life, in terms of the real world, they had no idea what it meant. "We understood that dysphoria is the opposite of euphoria," Michael says. "It was more of a question of, 'OK, now what do we do?'"

What determines whether a person is happy or identifies with his or her anatomical sex? It's a delicate alchemy of chromosomes and hormones, and the catalyst may all be in one's mind—

specifically, in the hypothalamus, which is the brain's emotional control center. Really, though, no one knows. Thus far, scientific research has only produced very educated guesses. However, this much is certain: Being transgender is not a contemporary phenomenon. Among the ancient Greeks there were transsexual priestesses. The successor to the Roman emperor Macrinus was Elagabalus, whom historians suspect cross-dressed and talked of sexual-reassignment surgery. (Roman soldiers killed Elagabalus, along with his mother, when he was in his late teens.) The French explorers Louis Jolliet and Jacques Marquette were stunned in 1673 when they came upon Illini Indians who dressed and acted as women. The Illini called these men "Ikoneta." Rather than viewing transgender as an aberration, as the Romans saw Elagabalus, the American Indian elders regarded the Ikoneta as a bridge between the temporal and spirit worlds; they revered transgender people as "two spirits."

Regardless of science and history, transgender youth has proven a uniquely vexing reality for the modern world. Although there is much semantic hair-splitting in the prevailing views, essentially there are two schools of medical thought. Some experts, like Dr. Kenneth Zucker, believe that most transgender children are going through a "phase." Zucker is psychologist-in-chief and head of the Gender Identity Service at the Centre for Addiction and Mental Health in Toronto, and during the past 30 years he has treated about 550 preadolescent gender-variant children. Based on his studies, Zucker says, 80 percent to 85 percent grow out of the phase, and only 15 percent to 20 percent continue to be distressed about their gender and may ultimately change their sex. Zucker advocates counseling preteens with gender dysphoria to live according to their biological sex. "My approach," Zucker says, "has been to try to understand what might be the factors, of which I am sure there are many, that are causing a child to be so unhappy about their gender identity in relation to their birth sex, and then to make therapeutic attempts to help the child feel more comfortable in the gender identity that would make it more consistent with the biological sex, so as to avoid the path toward sex reassignment [surgery]." In other words, as Zucker sees it, more often than not a preadolescent's mood disorder causes the gender dysphoria—not the other way around, as Dr. Holden had diagnosed Luc. Zucker believes that if the mood disorders are adequately addressed then the gender dysphoria will go away.

Then there are the experts like Dr. Edgardo Menvielle who believe, simply put, that many transgender youth grow into transgender adults. Menvielle heads the Children's Gender and Sexuality Advocacy and Education Program at Children's National Medical Center in Washington, D.C., and oversees a support network comprised of some 300 families. "In some cases," he says, "children pretty much have to live according to their experienced gender [the gender opposite their birth sex], otherwise life is so miserable it's impossible. And if you don't

act, if you deny the child's need to be who they need to be, you are subjecting them to a life that is very difficult for them and in the long run may be harming them."

Adolescence, and more specifically puberty, can be, as Menvielle says, "incredibly traumatic" for a transgender child. There are medical treatments that "block" the hormonal and physical changes of puberty; there is also hormone-replacement therapy (HRT), which triggers opposite-sex puberty. The blocking treatment is the more established option. This type of drug therapy is reversible; if a child-patient stops the treatment, puberty begins or resumes. HRT is more controversial because it has permanent effects. Once opposite-sex puberty is triggered, it cannot be undone. Neither form of treatment is FDA-approved, and there have been few tests to gauge their long-term efficacy and safety.

In February 2007, a clinic dedicated to gender-variant children opened at Children's Hospital Boston, where Dr. Norman Spack, a pediatric endocrinologist, oversees both puberty blocking and replacement therapies. Widely regarded as a pioneer in the medical treatment of transgender children, Spack is unwaveringly confident that the results of what he calls his "gender-management program" will persuade the many skeptics.

"You'll find," Spack says, "that many people want to wait until a child is about 16, after puberty, to do any kind of hormone therapy. But by 16, the average female has been menstruating for four years, and the average male is 90 percent of adult height, not to mention facial hair. All of these things are, by that point, irreversible changes. If we can give a transgender child time, if we can delay puberty for a child, for a child like Lucia, why don't we do that?"

In addition to the psychological cost of foregoing hormonal treatment, there is a high financial price to pay to make those physical changes as an adult. It costs a small fortune for the painful procedures and operations: The only way to address the male Adam's apple would be to have it surgically shaved. And an M2F person would likely spend approximately \$120,000 over a lifetime on hair removal. The cost of a M2F genital reassignment surgery, compared to hair removal, is a relative bargain at about \$25,000.

Zucker worries what effect hormone suppression may have on the kids who want to revert to their biologically assigned sex. Spack has heard the argument. "There is that possibility of a child with gender dysphoria growing into an adult who is content with their anatomical sex," he says, "but I haven't observed it in my patients." According to Spack, of the 50 children under age 21 whom he has seen thus far, none has changed his or her mind. Before he accepts a child-patient into the program, Spack says, each is psychologically evaluated, like Lucia. "Kids like Lucia

aren't transitioning from one sex to another," Spack says. "They are affirming their sex." Hearing Lucia's case history, Spack bristles at the idea she's going through a phase. "I know her parents are doing the right thing. They are following the lead of their child, a child who has already exhibited not just displeasure at being forced to live in a male role, but has literally attempted to harm herself. These parents deserve a lot of respect. Sometimes they are second-guessed by society because there is a lack of knowledge and awareness of these issues. And those people that may criticize them, if they were in the same situation, they may do exactly the same things as this family."

During the period in 2005 when Dr. Holden was evaluating Luc and sharing her findings with his parents, Judy sat down to read Luc a bedtime story. They were working their way through the L. Frank Baum series of stories based on his first book, *The Wonderful Wizard of Oz*. They were on the second book in the series, *The Marvelous Land of Oz*. In this installment, the Tin Woodman and the Scarecrow team up with a boy named Tip. They discover that the rightful monarch of Oz is a princess, but that an evil witch has hidden the princess, preventing the natural succession for the kingdom. The unlikely band discovers that when the princess was a baby, the evil witch turned the child into a boy. What's more, they learn that that boy is Tip. In the end, thanks to the good witch, Tip is magically transformed into the princess he was born to be. As Judy finished reading the scene, she looked down into the crook of her arm and saw Luc welling up. "This is what you want, isn't it?" She asked. Luc nodded and said, "Yes."

Following Dr. Holden's diagnosis, the Martins took Luc to another psychologist. The family made the change in therapists because Luc had come to think of Holden's office as the site of tests. After a year of follow-up therapy with the psychologist, who supported Holden's findings, the family opted to give Luc a break from the analysis. They decided it was up to them to do their very best as a family to support their child. The Martins had the diagnosis and had been through the counseling—it all made sense to them. It had been impossible for Luc to be happy with the way the world was because he wasn't happy with who he was, or, rather, who he was expected to be. He wasn't a little train conductor. Like Tip, Luc was really a princess.

The Martins read everything they could get their hands on about gender dysphoria and transgender. They found plenty of information about adults and teens, but hardly a thing about children. They found no template, no "right way" to handle a child's transition. Even their pediatrician, Dr. Richker, told them that for him this was uncharted territory. What the Martins found in much of the literature, and in the news, were the true tales of young transgender people who went without support, who were tormented and developed suicidal tendencies, and who

struggled to be who they were meant to be.

Judy stopped taking Luc to the barber, and started taking him shopping, encouraging him to pick out whatever clothes he wanted. He picked out dresses and blouses—the most brightly colored, "girly" clothing he could find. One weekday, while Michael was at work and Luc's little sister, Kelly, was at school, Luc put on a purple floral-printed skirt with a matching knit top. He twirled about the house, looking at himself in the mirror. His hair was growing out. For the first time in the longest time, Judy says, he seemed happy. When Michael came home from work, Luc whirled up to the door, eager for Dad's opinion.

Michael stood in the vestibule of their home for a long few seconds. Talking about gender dysphoria and transgender was one thing, but looking at his firstborn, the child he had thought was his son, in a skirt, was another. Judy looked into Michael's eyes, conveying the message: *This is our daughter, and she looks beautiful, right?* In that moment, it became real. Michael no longer had a son; he had just met his new daughter. "You look beautiful," he said. Michael says it really didn't require much deliberation on his part: "This was my child. I have a wonderful daughter, and I love her." Later, one night when Michael was alone, he cried for the son he had lost, and for a life he knew had just become more difficult for his family.

In those early weeks of the transition, the Martins advised Luc to only wear the dresses inside. Making the transition gradually, they figured, would be best for both Luc and the family. But the dichotomy was hard on Luc. His mood swings returned, and Judy and Michael could think only of *her* and of her happiness. "We realized this is who our child is," Judy says, "and what are we waiting for?" Judy and Michael realized that Luc wanted a new name, that she needed a new name. They talked with Luc. It didn't take much conversation before Luc became Lucia. It maintained the European quality of Luc; it was something that would be easiest for the extended family to embrace; and it just felt right. "It's quite common for transgender kids to keep some variation of their old name," Lucia told me. "For the people who know me now and call me by my old name, I consider they are calling me, like, Idiot. It's an insult and makes me feel bad."

These days Lucia tries not to smile. Her adult teeth are finding their place, and she's self-conscious about their appearance. At the moment, however, despite her most determined efforts, she can't help herself. It's a bright, brisk winter morning; Lucia is seated with some of her fellow fifth-graders—second row, far left—and the class is about to show off their violin skills. Lucia is wearing a pink scarf and is the only child in the group whose violin bow is not the typical muted brown. Lucia's bow is pink.

Six months earlier, when Judy spoke to the faculty of Lucia's new school, there were no protests or even pointed words. It went as well as Judy could have hoped. There was no need for a Plan B, which is a good thing, because going into that meeting she didn't have one. As Judy says, "We felt like we were already on Plan W." The school faculty turned one of the staff lavatories into a "unisex" bathroom. It was agreed that female pronouns were the way to go. And Lucia quite seamlessly blended in with the innocent orchestra of childhood that is the fifth grade.

In retrospect, the anxiety that Judy felt going into that August school meeting now may seem like much ado about nothing, except for the fact that it could easily have gone so wrong. Just a county away, a family with a transgender child who is transitioning from M2F got a very different reaction from school administrators. Although the family and their elementary school-age child had the support of faculty members, district officials and their lawyers refused to make accommodations for the bathroom, or, for that matter, accommodations of any kind. Instead, the mother, who requested anonymity, says, "So many rumors were spread. And the misinformation about us became so extreme that we had to home-school our daughter." Recently, the family enrolled their little girl in what is proving to be an understanding district and are excited about the new start. "What I'm finding," the mother says, "is for many people, not just for the school districts, but playing out on many levels of the community, is the [reality] of a [transgender child] disrupts how their world works. They have a paradigm and it scares them. But then when they get to know [our] child and see this child blossom, then it's OK. They see we are doing what we need to do."

And while Lucia's life at school has gone remarkably well, her parents know better than to think her life is going to be a *Wonderful Wizard of Oz*-like fairy tale. Really, the school presentation might turn out to be the easy part. This past January Lucia celebrated her 11th birthday; she's on the threshold of puberty and all of the changes that go along with it. Her teeth are merely one of the physical changes in store, and already she's becoming more anxious. "Lucia is 90 percent happier than Luc ever was," says her pediatrician, Dr. Richker. "I think the transition has gone a long way to alleviating so much of the unhappiness in her life." However, Richker points out that during a recent examination, "Lucia made it clear to me that she didn't want me conducting a full physical exam. I have no doubt that is partly because of the pressures of puberty."

After the violin recital, back at the Martins' home, Lucia told me there were indeed pressures mounting. "Lately I've been on the verge of tears," she said. "I don't know why."

"For how long?" I asked.

"I guess the last month or two."

Judy plans to once again find a therapist to help her daughter and family navigate the difficult upcoming months and years. She also has begun talking with Lucia's pediatrician, Dr. Richker, about facilitating some form of hormone therapy. The Martins know it will be expensive. Dr. Spack, of Children's Hospital Boston, estimates the average cost of therapy for a child Lucia's age is approximately \$1,000 per month. But, again, the choice is really no choice at all for the Martins. Lucia is their little girl. "Some families save for college tuition," Judy says. "We'll invest in this and save for the surgery."

Whatever uncharted stress and heartache and skepticism Lucia and the Martins experience, it can all add up to a rare "gift—something quite wonderful," Dr. Holden, Lucia's former psychologist says. "What the Martins have realized is something many parents—and not just parents of transgender children—sometimes go their whole lives without ever realizing: You cannot control who your child is born to be. And when parents understand that, and decide to empower and support their child, that is an incredible foundation. It is an enlightenment that in all likelihood will be the foundation of a tremendous life and relationship." By way of elaborating, Holden likened a child's sense of self to a ship at sea, and said the key to navigating whatever storms may come along is a strong ballast to provide balance.

Watching Lucia play the violin that morning with her class, seeing her pink bow moving in perfect time with everyone else, seeing her smile, conjured up the memory of something she had said to me last October. She was talking about how she and a friend were planning to dress for Halloween. She said they were thinking about wearing black and white coats and going out as the Chinese symbol of yin and yang. Why? I asked. And Lucia said, "It means balance."

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