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GGA



Friendship is born at that moment when one person says to another,
"What! You, too? I thought I was the only one."--C.S. Lewis

5-20-82

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Items must be received not later than the first Monday of the month preceding the issue date in which they are to appear.

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CHAPTERS

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WHY WE HAVE AN OPEN MEMBERSHIP POLICY
by Glenda R. Jones (CA-5)

From time to time, in the paraculture, the question arises as to the membership policy of the various groups. Should a group limit its membership to heterosexual, non-TS only, male-to-female only, or whatever?

GGA has a completely open membership policy (which is essentially what we had in the old Alliance) so we get a few babies, doggies, golden shower, B&D, S&M, maids, etc. people who are also either a crossdresser or transsexual.

When I was president of the Alliance for Male Feminism I got a certain amount of flack about our policy of admitting transsexuals as opposed to groups that did not. I supported the IAMF policy then with great vigor and support, even more today, the policy of providing membership and thus support to the male-to-female and female-to-male; the gay; the bi-sexual and the heterosexual crossdresser, transsexual, and/or transgenderist -- with the proviso that one is discrete in overt sexual expression at organization functions.

Our open membership policy rests on three pillars: the need for a place to receive understanding, regardless of what one considers oneself to be; the fact that those around us, such as our spouse, need to recognize the length and breadth of what we are, and the fact that many of us don't know what we are to begin with.

I completely agree that any organization, paraculture or not, has the right to formulate a restrictive membership policy. If a group of black working women want to form an association for black women and require that members be a) black, b) female, and c) employed full-time, more power to them. It is up to their membership committee to decide whether a woman qualifies for membership if she has a black mother and white father (or whatever), if she is a lesbian or a transsexual, or whether being out of work for three months disqualifies an applicant. Paraculture organizations restricting membership to heterosexual male crossdressers who do not plan on having "The Operation", for example, can disqualify an applicant because he has had electrolysis, or is on hormones, or is occasionally interested, while crossdressed, in another

male, or one who may have, at one time or another, thought about having reassignment surgery. Their policy is their business, not ours, and I have always tried to spread harmony rather than discord in the paraculture.

What is important about our policy? First is the matter of the need for understanding and compassion. Being gender dysphoric is, for many, traumatic. People have committed suicide, suffered the humiliation of divorce, loss of job and professional respect, custody of children and even visitation rights to name but a few things because of it. Worse, perhaps above all, is the situation where one turns to a member of the so-called helping professions only to have the "shrink" sit there stony faced telling you that you do indeed have a serious disorder, but X number of sessions will cure you. Usually these "curing professionals" simply take several thousands of your hard earned dollars and in return for your investment often instill deep feelings of guilt while really doing nothing to help. What a person really needs when coming to grips with themselves is help, even if it's only an empathetic ear, from understanding people. Specifically from people who aren't interested in how you label yourself, but do realize that you are simply a human being in need of help.

Secondly is the matter of looking at the length and breadth of what we are collectively. One reason I like our policy so much of having both the FTM and the MTF and the TV/TS member is that we all need to see the other side of this coin. I still find it hard to understand why an attractive woman would want to be a guy and yet, I can better understand how baffling it is for my mother who cannot imagine why her son at, one point, wanted to become a woman. Still, I think it's important for the wife of a crossdresser to understand that her guy ain't no girl after all, but simply a guy who dresses up once in a while. I believe very strongly that Linda's (my wife) acceptance of me came, to great extent, from our association with the paraculture and meeting transsexuals in the flesh to find out that they are real people after all. That they don't bite and, with rare exception, neither do they try to gain converts.

Finally, however, is the matter of wondering what we are. There was a time in

(Policy - continued)

my life when I was pretty well convinced that I was TS material. I don't mean to lay my trip on others but the fact of the matter is I don't really pass. I realized that as a woman I would probably be more tolerated than accepted so I had to finally bite the bullet of reality and say that as a man I pass pretty well. I am respected in my career field and have the ability to put forth ideas and have other listen to them.

When I was wondering about where and who I was there was a paraculture which accepted me for what I was and was willing to make me feel I was worth something after all. That was the Alliance and now there's GGA.

All ideas must be subjected to the test of time and the forum of what works and what doesn't. Organizations playing games on membership policies seem to have a lot of problems (both internal and external). Constant bickering; who's on the black list this month, etc. are a few of them. GGA is relatively free from these problems. Actually there have been few political problems in the GGA, just as there were few in the old Alliance. So, for this reason, maybe more than any other, I believe we are on the right track. GGA is, I believe, a fine organization and I totally support its membership policy.

NEW FEATURE

A medical information column, authored by a professional for the FTM will start as soon as we get some questions. A doctor (post-op FTM) has agreed to answer your questions -- provided he is not inundated with them. So, it's up to you FTM readers now. If you have questions that a professional might answer send them to GGA, attn: Doctor Bob, PO Box 62283, Sunnyvale CA 94088 and we'll send them on.

SUSAN IS BACK

For those who have written to Susan, CN-16 during the past year we just received a letter indicating that she has been traveling extensively and has now settled in a new town. Apparently none of the mail sent was ever forwarded so she couldn't, obviously, respond. She assures anyone who wishes to write that she will respond as soon as she hears from you. Please note the City change in Directory Supplement #4.

WELCOME

A hardy "Welcome" is extended to the newest Chapter to join us in serving the TV/TS communities. Formerly the NU RHO of Tri-Sigma its president, Nancy, indicates the Chapter will now be known as the "Hampton Roads Chapter" of GGA. The name change implies a broader area of potential membership and support. A meeting schedule and activity will be listed in future "Coming Attractions" sections of the Phoenix. Anyone interested in joining the Hampton Roads Chapter need only write S-180, PO Box 2400, Virginia Beach, VA 23452.

CORRESPONDENT'S DIRECTORY

Ah, we can always know when a new Supplement has been received -- happily, we are flooded with letters.

Please note that we are now placing the deletes on the front rather than the back page as was our practice. The reason for this is simply the number of letters sent to us for deleted members led us to the conclusion some of you were not paying attention to the deletes. Our policy in the past has been to forward letters to former listees if possible. But, we will no longer do that, nor will we expense postage to return unforwardable letters. Please, follow these simple instructions when a Supplement is received:

Check the Delete List, turn to the page of the Basic or Supplement referenced in the Delete List and line out the member's listing.

Also, we see that some of you are not following the instructions on how to send letters to others listed in the Directory. Weekly we receive letters incorrectly packaged. For example our address, together with the intended recipient's code number in parenthesis, is on the outside. To forward a letter received like that means we must put it in an envelope and put postage on it. We aren't geared for that. If we are to continue to provide a free forwarding service we must do it without cost to us. Please follow the instructions in paragraph 3 of the inside front cover of the Directory.



Milli Robinson, R.E.
Permanent Hair Removal

Beau Monde Studios
3540 Union Ave., San Jose, CA

371-9797

ON FEAR
by Lois (CA-38)

This is my first correspondence to the Phoenix. I have been contacted by a goodly number of you but my response has been very weak. I have only recently been discharged from the U.S. Marine Corps. On top of that, I am unemployed and living with a woman and her eight year old son; she is not sympathetic to Lois at all. But, I believe my true reason for being selfish with myself is, quite simply, fear.

My mother's family, all women, began to force dressing on me when I was very young. Through the years my public exposure grew in scope until I graduated from high school. I spent that entire summer, of '68, in Atlanta as a girl under the eyes of my mother and four aunts. By that point I was accustomed to appearing and behaving femininely and did so rather well. I think I have interacted as a girl at most levels demanded by society. I dated boys; did babysitting; shopped; did errands for Mom; kept house; enjoyed the friendship of other girls, all as Susie, the new girl.

In college and in 2 different branches of the service I voluntarily continued to crossdress. I pass easily, but am by no means an expert. Nor is my level of confidence as high as it should be.

When I was 20 I was in Viet Nam where I was injured in combat. Machinegun fire sent minute chips of gravel into my face. Today it looks only as though I had a lot of acne trouble and I've been assured that no one except me is self-conscious of the scars. Yet, they are the reasons I intend to pursue electrolysis and dermabrasion treatments with immediate fervor.

I am delightfully bi-sexual; gratefully I have no qualms or problems there, although I do prefer women and the MTF TS/TV. I have found there there is a great satisfaction and pleasure in participating with partners of both sexes.

My main point, girls and guys, do NOT be afraid. I have been afraid for more years than I care to think about that I would be held up to public ridicule and personal shame. And it has happened, believe you me! My dears, it doesn't matter, really. I'm still alive, I feel and think and believe in me. I feel no shame when I dress as a woman because I believe I have the right to feel good about myself. The old saying goes, "Above

all, to thine own self be true." Oh yes, my friends, I could not live otherwise. There is no sense in being suicidally blatant with one's transvestism, nor should one cause another's embarrassment through indiscretions or selfishness. Lessons we all learned when we were kids. Right? Simple, basic and so true.

I want to thank you for reading this and hope that I have touched someone.



SATURDAY GROUP MEETING
IN GALVESTON (Texas)

The Galveston Pyschiatric Services will hold its quarterly Saturday Group meeting on June 5 from 11 a.m. 'til 2 p.m. at 2126 1/2 The Strand, Galveston. Dr. Paul Walker of the Janus Information Facility will discuss current legal-medical issues of concern to all. Afterward, seperate men's and a women's groups will meet to talk about special problems-accomplishments. Several graduates of the Galveston Program will also be available in each group to answer questions. For further information contact Dr. Collier M. Cole at the above address of (713) 763-4522.

MAIL BAG

Dear Editors,

I have read so much in your magazine about the trials and tribulations that we all must overcome in our very "unique" way of life.

But, I must admit the hurdles never seemed to be quite so very high to me thanks to one of the most wonderful and loving people in the world -- my mother.

She has given me more support than I could possibly relay on this page. She tries her level best to help me be happy.

I started dressing when I was about 16 and by the time I was 19 I had managed the nerve to discuss this aspect of my life with my family. I didn't, however, know how to soften the blow so my attempt at being tactful was every bit as shakey as my knees. But, after the initial shock, they all asked "What's next?". I didn't know.

Anyway my mother became my absolute best friend in the world. We shop together, sew together and even took classes in the fine art of grooming together.

We occassionally argue, but never about anything earth shattering. We always seem to overcome.

Now, at the ripe old age of 23 it has become apparent that the desire to become a woman is too much to subdue any longer. So, ever faithful Mother has agreed to visit the doctor right along by my side. We have a lot to work out, but we'll make it together. I love her so much because she is always there.

I realize that I am one of the lucky few and I thank God for it everyday. I only wish that He'd hear my prayers and make everyone else's "Mama" just like mine.

Sincerely,
Jean (TX-22)

Dear Georgia,

Some white people like to meet and socialize with black TVs and/or TSs -- some do not. I'm black (and bi-) and would like to know which others listed in the Correspondence Directory are black or interested in social contacts with blacks so that I wouldn't waste time, stamps, letters, etc. contacting people who aren't interested in corresponding with me. I thought it would be a good idea to identify who is black and who is willing to meet/correspond/socialize with blacks in an index or something -- not to discrim-

(Mail Bag - continued)

inate but simply to identify.

Dee (NY-30 formerly CA-139)

Dear Dee,

Your idea do, on the surface, seems to have some merit. However we have no way, at this time, of knowing which listees fall into the catagory of either being black or interested in meeting/corresponding with Black People unless they happen to include that information in their listing. We do know that some listees do indicate they are Black in their listing information. But, we don't want to get into a position of listings races seperately and appear to discriminate through segregation since that is the furthest thing from our mind. We wouldn't be adverse to including a code of some sort to identify those who are either black or interested/willing to correspond/meet with Blacks. However this coding could go on forever, if we start it, we would then have to find one for Asians, Eskimos, Harvard graduates, Yalies, etc. etc.

There is the possibility that some people don't answer letters if the recieipient feels the writer is coming on too strong -- at least in the initial contact. I suspect an initial letter which says in essence "Let's get together and have sex together" might be a turn off for many -- even if they may be interested in that type of contact.

Now, if those of you interested in having us assign a code to indicate your interest/willingness to meet or correspond with "other races" would drop us a line we'll see what the consensus of opinion is. If the response is large enough to warrant assigning a code, we'll do it since we are, after all, here to serve you. Please remember that if we hear from enough of you and we do assign as code to each of you replying it will automatically indicate that those NOT responding don't want the code assigned to them -- which may not actually be the case.

Also, if enough of you want it we'll produce, seperate from the Correspondence Directory, an "underground want ad sheet" in which you can explicitly list you desires for contact. This, of course, would be in addition to the other services we provide and thus there would be an added cost to be listed in this additional "ad sheet".

OUT PATIENT SEX REASSIGNMENT SURGERY
David W. Foerster, M.D.

Although it seems improbable that sex reassignment surgery can be done on an "out-patient-surgery" basis there are certain procedures that readily lend themselves to this, thereby reducing overall cost while increasing patient convenience. On the other hand, certain procedures must, of necessity, be done on an "in-patient-hospital" basis due to the complexity of post operative care required. Unfortunately, the one stage male-to-female genitalia conversion falls into the in-patient category. On the positive side, however, nearly all ancillary procedures in the male-to-female conversion are amenable to out-patient surgery, e.g. augmentation mammoplasty, laryngeal cartilage reduction (Adam's apple shave), rhinoplasty, face lift, eyelid-plasty, cheek implants, etc.

The female-to-male conversion may be categorized into 4 steps or stages, two of which can be done in an out-patient surgical setting.

The usual first step is conversion of the female-to-male breasts. One must not think of this as simply "mastectomy", for female nipple areolar complex conversion into male appearing nipple and a male chest configuration is highly desirable as part of the mastectomy procedure. Either wedge resection of large breasts with free nipple grafting or subcutaneous mastectomy with second stage nipple conversion can be done quite successfully in an out-patient surgical facility. Recuperation can take place in an adjacent hotel facility or an intermediate type nursing care center. A friend or relative should accompany the patient if a hotel facility is utilized. (For those arriving without someone to stay with them during the hotel/motel recuperation period a home care facility, operated by a woman who left nurse's training just six months short of graduation to get married, is available at \$75.00 per day. Room and board are included in the daily rate.)

The second stage consists of removal of the internal female organs (uterus, tubes, ovaries, and as much of the vagina as possible). This stage can follow the usual third stage (conversion of the external female genitalia to male genitalia) just as well as precede it. The second stage does require hospitalization and, in the hands of a skilled gynecological surgeon, can usually be done vaginally so as to preserve the integrity of the lower abdomen for the tube pedicle construction of the neo-penis. If an abdominal incision must be made it should run vertically in the midline toward the umbilicus (belly button). The transverse incision paralleling the top of the pubic hair should be avoided. No gynecologists, associated with the gender reassignment surgeons, is available in Oklahoma City to perform the female organ removal surgery as it is interpreted by the local hospitals as being part of the gender reassignment surgery and unless the patient enters the hospital as a female with female pelvic diagnosis it is simply impossible to do in this area; therefore the reassignment surgery patient should already have had this step completed prior to arrival at Oklahoma City. It is reiterated that the surgery must either be done vaginally or with the midline incision so as to preserve the integrity of lower abdominal tissue.

The third step is the conversion of the female-to-male external genitalia and should not be referred to as simply "phalloplasty" as a male appearing scrotum-testicle structure is needed as well as a neo-penis or phallus. Three surgical procedures, two major and one minor, are required. The latter being done under local anesthesia.

The first procedure, done under general anesthesia, consists of formation of an inverted tube pedicle running vertically from pubis to approximately 4cm beneath the umbilicus and incorporating the full thickness abdominal skin and soft tissue. By tubing this "raw" side out, a 4" x 8" split thickness skin graft taken from the anterior thigh can be wrapped around the pedicle for covering leaving a single vertical seam. This "suit case handle" appearing pedicle (see Figure 1) will eventually form the shaft of the neo-penis and the grafted skin will mimic the loose skin of the natural male penis much more closely than other methods using non-grafted pedicles. The labia majora is then converted into a neo-scrotum by splitting each lip along its medial border, connecting the two together in the pubic area thus forming an inverted V. The inner layer is sutured separately from the outer layer across the midline so as to form a

(Out-patient - continued)

neo-scrotum. Attachment of the labia across the midline "hides" the clitoris and vaginal introitus from view and when completely healed will be available to accept two silicone testicular prosthesis. This procedure is done in the office surgical suite. Recuperation can easily and safely be done in the hotel/motel environment and hospitalization is not required. Members of the surgical team see the patient the day after surgery to check on them and do dressing changes as necessary. The same home care facility mentioned in the paragraph concerning breast conversion is available for patients arriving for this without someone to stay with them during the hotel/motel recuperation period. Six to eight weeks, at your home, should be allowed to pass for healing and maturation of the pedicle and neo-phallus.

The second procedure, done under local anesthesia, is simply a "delay" of the abdominal skin between pedicle and umbilicus that will be used to construct the head of the neo-penis. (see Figure 2). This inverted trapezoid is illustrated in the accompanying figure. The incisions are made, as indicated, undermined slightly and closed with simple skin sutures.

The third procedure is carried out approximately two weeks later at which time the incisions are reopened and complete release of the abdomen is accomplished. The free ends of the pedicle are folded toward each other, the points trimmed bluntly and sutured together to form a conical head with central dimpling simulating the male penile head. The abdominal donor site is undermined slightly and closed primarily. The upper bases of the each labia are surgically opened in a transverse manner and each labia "hollowed out" by blunt dissection to accept adult size silicone testicular prostheses. Once in place the pockets are sutured and the neo-scrotum with testicles is completed as is the neo-penis.

Later, sexual functioning can be achieved by inserting a removable silicone rubber rod (bacculum) through the hollow tube in the neo-penis (See Figure 3). In some cases the neo-penis may be firm enough for sexual functioning without the need of a stiffening rod.

The clitoris, near the base of the neo-penis, serves as the climatic organ since the head of the neo-penis is usually without sensation. Hair must be shaved or removed by a depilatory creme from the head of the neo-penis as well as through the shaft. Urination, at this stage, is still through the female urethral opening and requires a sitting position. A urinary assist device can be utilized at this point in order to urinate through the penis as the sitting position is not always possible, particularly in a working situation.

A fourth stage, requiring hospitalization, can be done to route the urine flow through the neo-penis. Complete vaginectomy with perineal body construction is done with burying of the clitoris as preliminary step. Later a tunnel through the neo-penis is made to just above the urethral meatus. A full thickness skin graft is spiraled around a silicone catheter and placed through the tunnel where it is sutured to the freshened edge of the urethra and the anastomosis is buried. A perineal urethrostomy is needed for two or three weeks to allow sufficient healing of the graft prior to urine flow through the neo-penis. By surgically introducing a second conduit through the neo-penis the FTM does not sacrifice sex for standing urination ability. Also, the second conduit avoids the necessity for permanently implanting stiffening rods. (See Figure 4.) Fistula formation and stricture can occur and become major a problem, hence patients who may not wish to take these risks, settle for 3 stages, rather than 4, and the use of a urinary assist device (UAD).

In summary then, out-patient surgical facilities can be utilized for ancillary male-to-female procedures; conversion of female-to-male breasts and conversion of the female-to-male genitalia resulting in significant savings to the patient who must often carry the full financial burden without insurance help. Furthermore, this circumvents the general dislike most gender patients have of entering a hospital complex with accompanying loss of individuality and privacy.



Figure 1

The so called "suitcase handle" pedicle on the lower abdomen ready for surgical delay and eventual release.

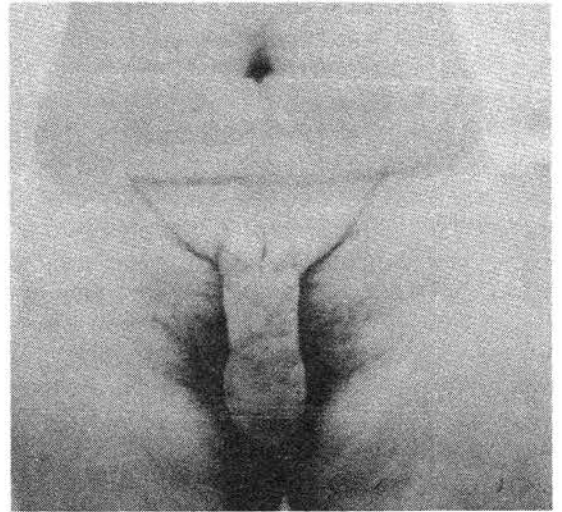


Figure 2

Pedicle has been surgically delayed and ready for release from the abdomen to form head of the neo-penis.

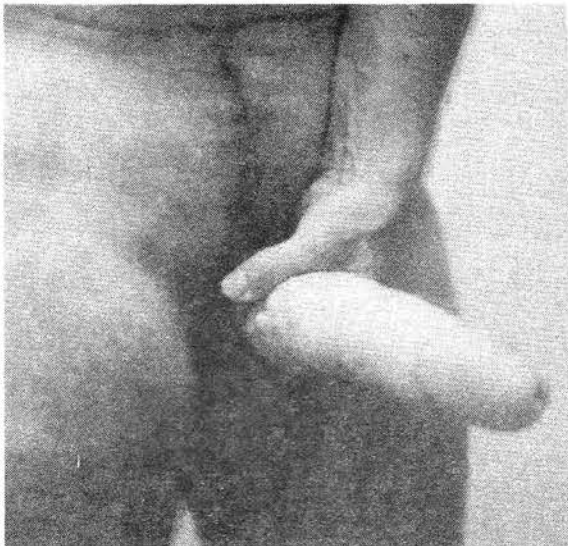


Figure 3

Completely formed neo-penis - silicone stiffening rod has been inserted down hollow shaft to allow erection.



Figure 4

Urinary conduit constructed down center of neo-penis and urinary hook-up is complete.

CREATING, CONSTRUCTING AND MAINTAINING YOUR OWN ERECTION DEVICE (FTM)
Contributed to GGA by The Sollus Information Center. c 1982

The erection device, properly known as a Baculum (the rod), is inserted into the phallus (surgically made penis) to create an erection for intercourse. Being that everyone who's had surgery is as different in size as generic born people, we must be aware of the necessity to self examine our penis for a very good fit of the Baculum. If it's out of true proportion with our penis, its use could result in damage. So with the try and try again approach, you can end up with a workable Baculum, thus improving your overall total functionability as a man.

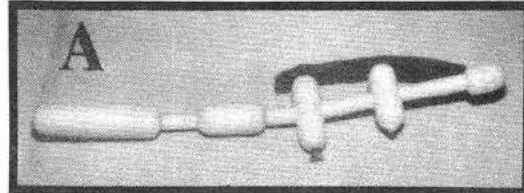


Photo A

The above Baculum is a patented device made by a professional and custom fitted to its user. The portion above the strap is inserted into the penis from the bottom opening (nearest the abdominal wall) and pushed through the inner tube until it rests at the head of the penis. From the strap area back, this Baculum has been extended to drop down and over the clitoris to stimulate the user during sex. The strap goes over the penis and locks onto the other pin to stop the Baculum from shifting and moving out of position.

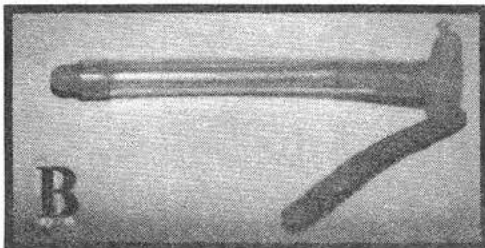


Photo B

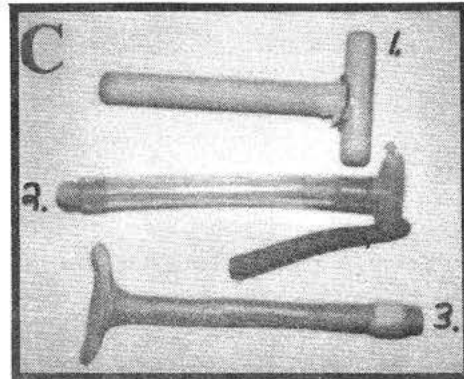


Photo C

The above Baculums have all been made by patients. The first thing that you'll probably notice is that none of them have clitoral extensions. They all have the basic T-section on the ends that stabilize against the abdominal wall to prevent shifting. One has the strap for additional support. This strap is VERY IMPORTANT so you aren't hampered in your mobility and expressions during intercourse.

As you can see by the C Photo, #1 is a crude wooden dowel model. The T-section was merely inserted over the rod after the hole was made to contain it. Common wood glue was used to hold them together. It may sound like a joke, but if one chooses this type of Baculum, one must make very sure that it was carefully sanded. You do not need a splinter lodged in the inner canal of your penis. It could result in a very unpleasant infection and if not properly taken care of could result in additional surgery and who knows what. So, if you choose this model, check it often and carefully before use.

Baculum #3 is made out of clay form epoxy putty that molds and forms like modeling clay and hardens in a short period of time. To make the Model "B" Baculum you will need the epoxy putty described in the article below:

Brookstone Company

127 VOSE FARM ROAD
PETERBOROUGH, NEW HAMPSHIRE 03458



Epoxy Putty Molds Like Clay

Just cut off equal amounts of both components, mix them thoroughly by kneading with your hands. Easily shaped to any form—ideal as a watertight sealant, adhesive, putty, gasket, filler, insulator. Doesn't flow. No measuring, no sticky fingers, no waste. Won't shrink or sag; even cures underwater. Adheres to damp surfaces. Cures in about an hour at 75°F. Sets rock-hard. When set, it's easily machined, drilled, sanded, painted. May be used on metal, wood, brick, stone, concrete, plastic, glass, tile, many other materials or surfaces. Tensile strength 4,000 lbs./sq. in. Usable to 250°F. Indefinite shelf life. A full pound—enough to finish even the big jobs.

C-3249 Epoxy-putty \$5.75
Three or more Each \$5.25

#2 or Photo B is the best patient made model we know of at this time. It's mildly flexible but yet rigid enough for intercourse. It has the strap for stability and a silicon tip for the protection of your partner. So with those things in mind, we'll proceed to give you instructions on the building of this model.

Model "B" Baculum

Things you'll need:

Clear Silicon - GE or Dupont, purchasable at hardware stores.

Wide and Thick Rubber Band - At most five and dime stores.

Clear tubing - at automotive stores, don't purchase until you determine the diameter needed.

Epoxy Putty - purchase from above noted source.

(2) small plastic screws - hardware stores.

Elmers clear glue - most all stores.

The very first thing you must do is establish the size of the inner tube (opening) through your penis. Do this by using different size pencils, DO NOT INSERT LEAD SIDE, USE ERASER SIDE. If the pencil is too small, graduate to pens. Decide which of these fits the inner opening the best. NOT TOO TIGHT AND NOT TOO LOOSE. This will be the size tube that you purchase. Reinsert the pencil now and push to the end of the penis until it stops and measure the length of the penis to the abdominal wall. This is the length you'll need and remember that the T-section will take up part of this overall length.

It's best to start out with enough tubing to make three baculums in case you make a mistake and have to cut another piece of tube.

First, cut your tubing at least 1 1/2 inches longer than the overall length needed to fit you. Now we're going to concentrate on making the T-section end first. Look at the inner size of your tube and its size. Now take a small portion of epoxy putty and roll and mix it around until it's ready to form. Look at "B" and notice the straight portion of the T-section extending down into the tube to make the "T". Make it about 1 1/2" long and rolled to the size of the inner opening of your tubing. Let it lay for about 30 minutes after forming. Then take a knife and cut both ends off to leave about 1 1/4" and let this completely cure and harden for the recommended time. Do not proceed with anything else as this piece is your most important.

Now that this piece is ready, insert it into the tube with Elmers glue as its lubricant and let 1/4" remain outside and wait for this to harden completely.

You're ready now to mix another portion of Epoxy Putty for the actual T. When putty is ready for forming, roll out a piece a little bigger than the previous one you made and gently push onto the 1/4" extension and proceed to mold it down and around the outer tube to make smooth. I know this is a little difficult to work with but keep the T as straight as possible and make sure that the T extends about 3/4" on both sides. Let set for about 30 minutes and when it feels solid enough to cut with a knife without bending too much, cut off on each side so you have a flat surface on both ends. Now before the putty hardens, screw in a screw in each side leaving about 3/16" of the screw extended. This will enable the rubber to slip over to stabilize on both sides. Let set for complete cure and hardening. Remember, epoxy putty can be sanded after hardening to remove any imperfections.

Now, comes the most precise thing you must do. Insert the pencil again into your penis and push forward all the way and check your inner measurement again to be sure. With this measurement, lay your baculum on the table and mark the tube at this measurement. Be sure to measure from the back of the T down the tube to your measurement. Now with a sharp knife or straight edge razor blade, make the cut as smooth and straight as possible. Prepare a very small portion of epoxy putty and mold it into the end of the tube as shown in Photo 'B'. DO NOT smooth it out to the raw ends of the cut tube. Let harden. Now take your Silicon and apply a portion over this tip and fill to the raw cut lines of the tube and a little past. This will create a smooth end which will aid you for insertion and also, if your penis is the type that actually has an opening at the end (some don't); will prevent (with heavy lubrication and activity) the chance of damage to your partner if it slips through your opening during intercourse. If you find that the latter is a problem, you wrap around the end of your baculum, row upon row of 1/4" medical tape to increase the diameter of your baculum. Do this a little at a time until you have the right size as the diameter when increased makes it harder on your part for the insertion of the baculum.

Always make sure that you lubricate your baculum before insertion. After every use or before every use be sure to thoroughly clean. This is not only for your protection but very important for the protection of your partner. I suggest that your clean before and after every use. Again, The Sollus Information Center sincerely hopes that this information has helped to provide you with a less burdened life.

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DEAR DONNA

This letter, in response to your letter in the January '82 Phoenix, is written, not so much in the expectation that I can be of significant help to you, but more as an expression of sincere sympathy.

First, a discouraging note: I can't imagine any practicing physician being able, no matter how willing, to do you any good without face-to-face contact. It is, I think, a federal requirement that no prescription can be written for a patient who hasn't been personally examined by the doctor in no more than one year. I, myself, almost had a medication for blood pressure control -- taken almost altogether as a preventative -- cut off because of that requirement.

Then, most physicians are quite negative about such things as hormone supplementation. Years ago I had a series of genital infections that would not go away. Antibiotics would apparently solve the problem, then two or three weeks later the problem would recur. As the last (fifth) one was waning, I got hold of a part of a prescription of estrogen, took them over a somewhat extended period and never had another problem of that kind for over ten years.

Recently, though, it flared up again, as stubborn as before. I told 2 doctors, a GP and a urologist, about my previous experience with the evident suggest that I was willing to repeat it. I was gently, but firmly, fluffed off by both of them.

Two or three years ago I got another supply of estrogen and took them quite conservatively over a period of time. I like the effect they produce and would like very much to have a source for a continuing supply -- I am very much on the outlook for one.

Now, about breasts: I have them. I had them some time before I ever tasted an estrogen tablet. They must be no more than an AA size and are entirely of spontaneous development -- probably due to the normal changes that come with an accumulation of birthdays. If supplemental hormones -- mind you, I say if -- have had any effect at all it has been no more than to make them slightly more firm and shaped. I am absolutely convinced that these wild stories one hears of a normal intake of hormones bringing breasts up from nothing to a full B or

C-cup size in only a few months are pure fantasy.

Otherwise, why would transsexuals, who take the stuff by the handful, almost always find it necessary to undergo postoperational surgical breast enhancement? And, who cares? Look around you, some of the most femininely attractive women you see have breasts no larger than mine.

Question: Are you a woman, or do you just want to be one? If you are only concerned with elements of femininity, you may satisfy most of them right where you are in such privacy as you may arrange. If you actually are a woman in a male form and want to go all the rest of the way to actuality you have no choice but to accumulate an awful lot of money; leave where you are for some months -- possibly years -- and go where there are those who do what you will have done. You cannot become a transsexual in any small town I ever heard of (especially in Oregon), one of medium size, for that matter, or even very few large communities.

As for me (shortly), I am a good many years past age 34, have had a large element of femininity in me all my life, which has been commonly recognized by many of my friends, and yet have been able to function quite capably as a man.

My wife is an invalid, confined to a nursing facility, so I live alone, dress and otherwise do pretty much as I please. I am personally quite satisfied with my life except that I would dearly love to don my heels, hose, ruffles and bows and go freely into that world out yonder. The only thing that prevents me from trying is an intolerably masculine face. (And I'm seriously considering trying to do something about that!)

I know this isn't going to be of any great help to you except possibly to let you know that you are not nearly as alone as you may often think. There are a host of us out here who share many of your frustrations -- and I am one of them.

And....I do believe there are solutions!

Be loved,
Enid (NV-12)

DO YOU READ SIGNS?

Recently a reader sent us this little tidbit which we thought was so priceless we just have to pass it on. It seems the reader saw this sign on the outside of the front door of a well known "gender program clinic" in the Bay Area.

"NOTICE TO ALL EMPLOYEES!

"Please bathe before coming to work each day. Since we, the clients of this "program", have to kiss your ass to get anything done we'd like to know it's clean."

COMING ATTRACTIONS

In this regular feature we list the meetings of various groups and special functions known to be scheduled. If your group wishes a FREE announcement in the PM-I, send it to: The GGA, Post Office Box 62283, Sunnyvale, CA, 94088. Copy deadline is the 1st Monday of the month preceding the issue of the PM-I in which the announcement is to appear.

**** NORTHERN CALIFORNIA AREA **** GATEWAY GENDER ALLIANCE

Meeting time at each location: 8 PM.

SAN FRANCISCO: 2nd Wednesday.*

SAN JOSE: 1st & 3rd Friday.*

*A donation of \$2.00 requested!

Write PO Box 62283, Sunnyvale, 94088 or call (408) 734-3773 for information on specific meeting locations.

OTHER GROUPS

PACIFIC CENTER, 2712 Telegraph, Berkeley. 1st & 3rd Wednesday rap sessions. Last Friday, special topic or guest speaker.

Meeting time: 7:30 'til 10:00pm

BI-SEXUAL CENTER. Rap sessions from 7:30 each Tuesday and Wednesday (\$3.00 donation is requested). For specific information write PO Box 26227, San Francisco, 94126 or call (415) 929-9299.

SOCIETY of JANUS. For those "into" or seeking adventure in S&M. For information concerning meetings and events write PO Box 6794, San Francisco, 94101.

**** SOUTHERN CALIFORNIA AREA ****

SALMACIS: Unstructured social get-together on the second Saturday of each month. 7:30 pm. Contact Lynn or Ann [REDACTED]

SHANGRI-LA: First Saturday each month, 5-11 pm. Call (714) 834-0928 or write PO Box 18202, Irvine, CA 92713 for information.

MISSION VIEJO AREA: Gender Dysphoria Program for Orange County. Informational brochure "For the Record" - \$2.00. Contact Joanna M. Clark, [REDACTED]

[REDACTED] San Juan Capistrano, CA 92675. Group counseling: Dana Point facility on the 2nd & 4th Mondays; San Juan Capistrano facility 1st and 3rd Mondays.

SAN DIEGO AREA. Contact W Thomas, Post Office Box 99732, San Diego, CA 92109 for information on meeting times, dates and place.

**** COLORADO ****

TV/TS GROUP: Meeting every Monday, 8 pm. Members begin assembling about 7:30 so often no seats are left, so early arrival is suggested. Programs of primary interest to crossdressers are presented on even dated Mondays; programs of primary interest to persons in transition are presented on alternate Mondays. Location: corner of 11th Avenue and Filmore, Cherry Creek Area of southwest Denver. Call (303) 830-7353 for specific information.

**** CONNECTICUT ****

HARRIET LANE'S "The TV Set". Private facilities. Parties 2nd & 4th Saturday. Contact Harriet Lane, Post Office Box 2, Yalesville Station, Wallingford 06402 or call (203) 288-1166 for party information.

**** DISTRICT OF COLUMBIA ****

DELTA CHI CHAPTER (GGA): Sandy [REDACTED] Post Office Box 11254, Lincolnia Station, Alexandria, VA 22312.

CAPITOL CHAPTER (GGA) (Balt-DC Area): Lisa [REDACTED] Post Office Box 218, Burtonsville, MD 20703.

ACADEMY AWARDS (Drag-gay): [REDACTED] Arlington, VA 22204.

**** FLORIDA ****

SUCCESS CHAPTER (GGA) Meetings on the 2nd Saturday of each odd numbered month. Contact Susan [REDACTED] PO Box 1601, Pinellas Park, 33565.

PARTIES: Contact: Fantasies in Lace, PO Box 100279, Ft. Lauderdale 33310 OR (305) 587-6270.

**** GEORGIA ****

ATLANTA TransPersons Group. Meets in the Atlanta Gay Center, 931 Ponce deLeon each Tuesday. Time: 7:30. TS/TVs, wives/lovers welcome. Primarily a rap group. Call 876-5327 for information.

**** ILLINOIS ****

WINDY CITY CHAPTER (GGA). Mailing address
PO Box 2312, Chicago, IL 60690 or call
(312) 472-4518 for the location.

Meeting time 8:00. Meeting schedule:

May 26th July 2nd - Oldies, but
- Goodies Costume Party.

July 28th regular meeting.

August 18th - Hawaiian Luau Party

CHI CHAPTER (Tri-S). Donna [REDACTED] Post
Office Box 218, Markham, IL 60426

**** MASSACHUSETTS ****

BOSTON AREA

TIFFANY CLUB: Tuesdays & Saturdays, 7-11
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Write Tiffany Club, PO Box 19, Wayland, MA
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KAY-MAYFLOWER SOCIETY: Every Wednesday,
7-11 pm. For information call (617) 254-
7389.

CAPE COD AREA

TS SUPPORT GROUP: Contact Rachia Heyelman,
PO Box 25, S. Orleans, 02662 for infor-
mation.

**** MICHIGAN ****

CROSSROADS: Irregular meeting schedule.
For additional information send a stamped,
self-addressed envelope to Grace Bacon, PO
Box 3013, Flint, 48502.

Meetings: May 22 - Flint

June 12 - Ann Arbor

July 10 To be announced

**** NEW JERSEY ****

NU CHAPTER (GGA) (Northern NJ):

Meetings: 1st Saturday of each month.
Facilities for changing on premises. Doors
open at 6 p.m. and meetings run 'til ?.
For specific information call (201) 540-
0042 after 6 p.m. or (201) 925-6067 be-
tween 2 and 7 p.m. Ask for Jim.

**** NEW YORK AREA ****

GGA CHAPTER, NEW YORK CITY

Muriel Olive, 157 W. 57th St., Suite 601,
NYC, 10019. Meetings: 2nd Saturday of each
month. A facility for changing is avail-
able for those members needing it. Members
may arrive anytime after 4:30 but the
meetings start at 7:00 and run 'til
11:30ish. The building is locked at mid-
night (so like Cinderella we must be out
by then).

TV PARTIES: Contact Joyce [REDACTED]

[REDACTED] Jackson Heights, 11372 or
-call (212) 335-3048.

ALBANY-TVIC. Meeting every 3rd Saturday.
Contact Wm. Thordsen, [REDACTED]
Albany 12200 for specific information.

**** OHIO ****

PARADISE CLUB. (Akron Area) Contact: Par-
adise Club. PO Box 24363, Cleveland, OH
44124. Reservations required as meetings
are held at a motel and a room is often
required for an overnight stay.

Meeting Schedule:

June 19th; August 21st; October 23rd;
December 11th.

**** OREGON (OR) ****

NORTHWEST CHAPTER (GGA). Regular monthl
meetings. For information concerning act-
ivities in the NW Area contact Olivia
[REDACTED] PO Box 13173, Portland OR 97213

**** PENNSYLVANIA ****

PI CHAPTER (GGA) (Pittsburgh Area)

Contact Patricia [REDACTED] PO Box 576,
Export, 15632.

PGH CHAPTER (GGA) (Pittsburgh Area)

Contact Ratchel [REDACTED] PO Box 16080,
Pittsburgh, PA 16080.

PHI CHAPTER (GGA) (Philadelphia Area.)

Contact Michelle Williams, PO Box 322,
Collingswood, NJ 08108.

**** RHODE ISLAND ****

HALCYON SOCIETY (Tiffany Club R.I.)

Meeting 1st Saturday each month - 7pm.

Contact: Occupant, PO Box 143, N. Kings-
ton, RI 02852. Call (617) 678-0609.

**** TEXAS ****

SOUTHWEST CHAPTER, (GGA) Galveston. Meet-
ing June XX 8 pm, [REDACTED] Gal-
veston. Contact Alice [REDACTED] for
information.

**** VIRGINIA ****

HAMPTON RAODS CHAPTER (GGA) N. Cooper,
S-180, P.O. Box 2400, Virginia Beach,
23452

**** WISCONSIN ****

WISCONSIN TV NETWORK. Contact Post Office
Box 813, Madison, 53701.

**** CANADA ****

CANADIAN COORDINATOR (GGA). Information
for the TS and TV. Also information on
Canadian TV/TS activites. Write Linda T.
O'Connell, Box 27, Univeristy Center, UOM,
Winnipeg, Manitoba R3T 1N2

TORONTO CHAPTER (GGA). Individuals inter-
ested in increasing the membership of this
Chapter should contact Yvonne [REDACTED]

WINNIPEG CHAPTER (GGA). Meetings on the
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PROVIDE REFERRAL SERVICES FOR THE VARIOUS GENDER INDIVIDUALS AND GROUPS WITH WHOM/WHICH THIS ORGANIZATION IS IN CONTACT.

ENCOURAGE COOPERATION AMONG THE LEADERS AND MEMBERSHIP OF THE VARIOUS EXISTING OR FUTURE GENDER DYSPHORIC GROUPS, ORGANIZATIONS OR ASSOCIATIONS.

DEVELOP EDUCATIONAL MATERIAL TO ASSIST IN THE EDUCATION OF THE GENDER DYSPHORIC IN DEALING WITH HIS/HER LIFESTYLE CHALLENGES AND ASSIST THE GENERAL PUBLIC IN ACCEPTING THE GENDER DYSPHORIC INDIVIDUAL AS A PERSON.

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