

TRANSGENDER Tapestry

FALL 1999

ISSUE #88

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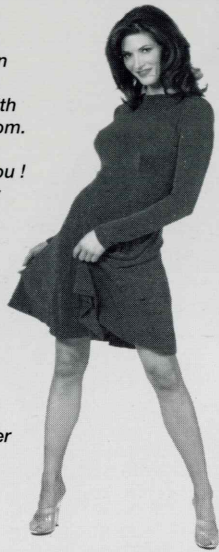
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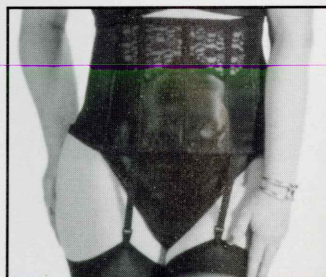
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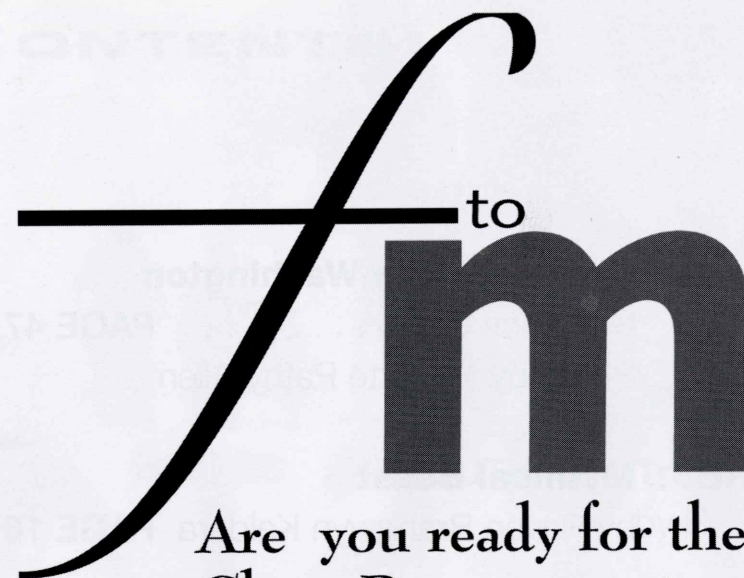
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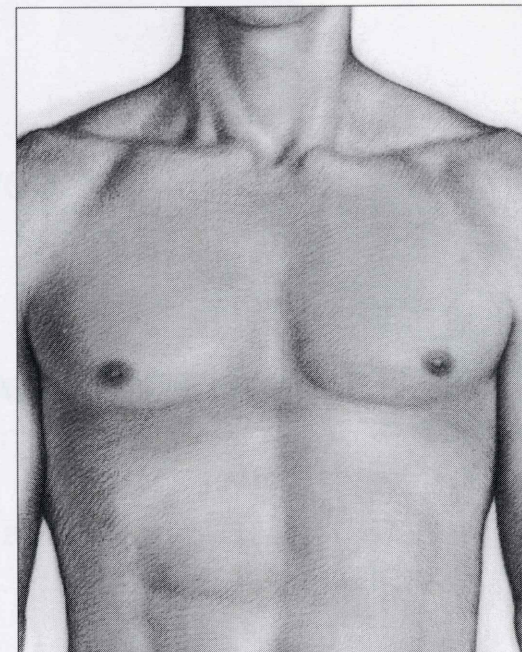
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BECOME PART OF THE SOLUTION



There are people who are perceived "deviant," "sinful" or "second class" and have long been tortured by our society. These include lesbians, gay men, bisexual, transgendered, transsexual, intersex persons, people of non-Christian religions, non-white, and non-male persons. Not only have we been treated as second class citizens, we have been erased from our rightful place in history as well as being systematically eliminated from our future. This is not to blame straight white men, nor is it to point fingers at any other individual group of people, but rather this is a problem of our society as a whole. We unknowingly and knowingly pass on to each new generation the remarks and actions of sexism, racism, homophobia, and transphobia. Like other forms of blind hatred, our reactions to the unknown or to our religious difference are taught to our children by both women and men, by gay, straight, and transpeople of all races, consciously or unconsciously.

We are taught that being gay/lesbian/bisexual/trans/intersex is wrong for whatever reason, and by doing so, we teach those children who happen to be lesbian/gay/bisexual/trans/intersex that they are evil, sinful, and are damned to hell for all of eternity for simply being who they are.

We teach our female children to "stay in their place," to be domestic servants, to be completely unselfish in their service of everyone but themselves, that they should be ashamed of their sexuality, their bodies if they are not what is deemed "attractive," and that they should be ashamed when they are victimized because they must have "asked for it".

We teach our male children to never show their emotions, never appear to be weak or

to care more about "manly" things, such as sports and work rather than to show their true emotions toward their own families, and to always maintain control of "their women" rather than allowing them to enjoy equal partnerships with their wives without being viewed as "weak."

We teach our children that only the religion that they grew up in is the "right one," that people who are different from them are to be shunned. We as a society have to learn to allow our children to be who they are, to accept them as they are. We have the power to teach our children how they will view the world. We have a great responsibility to teach them to accept and celebrate the diversity that does and is going to surround them in life.

This editorial is not to blame any group of people but to recognize that in some way, we all contribute to this problem. Let's become a part of the solution instead of remaining a part of the problem. Some solutions: get out and vote, support your community by volunteering or contributing money, have zero tolerance for demeaning comments of any kind. We must recognize that we all come from different social climates, different races, different cultural backgrounds, different sexual orientations, and different genders and have to join together in honor of equality for all because when one group of humans is denied a right for any reason, we all lose.

This is the last issue of Transgender Tapestry that I will be involved with. It has been an honor and a privilege to work with you.

So Long For Now

Michael Hawley

Dear Editor:

I was deeply saddened by your feature article about the suicide-death of Nicole Seely. I was extremely affected because I can't help but imagine how much we could have helped each other if we had known each other. I am 17 years old, and have been passing as a boy for most of my life. As it turns out, the community in which I live is minutes from Nicole's. Our schools neighbor each other. Our sports teams play against each other. She was so close, but so far.

I've endured the same ridicule and harassment that Nicole went through. I can completely understand what she was feeling and how it affected her. Most people cannot even begin to comprehend how difficult it is to go to school day after day and listen to the taunts and whispers in the hall. I would rather somebody just punch me in the face than listen to another whisper. That way the pain won't hurt so bad and last so long. Yes, of course there are counselors available, but they are not miracle workers. They can't make everything go away, and they can't relate. You need people to relate to. I've been to gay youth groups before, but I don't get much out of it. It's not enough.

I feel that transgender youth deal with other issues that homosexual youth don't. A person will get beat up for "looking gay" more than just being gay. If you are a gay youth, it

is fairly easy to find something gay-oriented. If you are a transgendered youth, you may as well not even try. Forget about it. It was by chance that I even found this magazine. I was upset that it took me so long, but then to read about Nicole? It pisses me off, and that's why I'm writing. I was almost convinced that a transgender community did not exist in Cleveland until I found this magazine.

Everywhere I look, I see lesbian and gay resources. When I see transgender resources, it's usually for a drag show, and then you have to be 21 to enter. I do believe that lesbian/gay and transgender have a lot to do with each other, but it seems like there are issues that lesbians/gays do not have to face that transgender people do. The harassment that I went through is not because I like girls. It's for the way I look.

I take out my frustrations by lifting weights and boxing, but in the end, I want someone I can connect with. I can't help but think of how well Nicole and I would have connected. If I had somehow known of her, I would have done everything in my power to get in touch with her. If she could have made some connection somewhere, or seen a flyer for a transgender youth group or something, things would have been different. If, if, if...

I'm not trying to criticize the transgender community, I'm just saying

that I wish there were more resources available for transgender youth. I will be graduating from high school next week. I've been looking forward to it for as long as I can remember. Every time I heard the whispers and the taunts, I kept my head up because I knew that once I got out of this hellhole, I can find somebody in this world to relate to. I know I will still have to deal with the same ignorant people, but at least I won't have to walk down those halls alone ever again. In my school, if I was just gay, and looked like a girl, I wouldn't have any problems really. People have a problem with how I see myself. And who do I go to to deal with that? Nobody. I deal with it myself. That is why I wish I had known Nicole.

I feel better now that I've made it through school, I only wish it hadn't been so hard. I wish there had been someone or something I could have related to. I know that putting together newsletters and support groups comes down to money and commitment. I just think it's sad that they don't exist. We need to do something about this.

My heart goes out to the Seely family. This didn't have to happen. It shouldn't have. I wish I could have been a part of her life and she a part of mine. I'm not confused, and I don't think Nicole was either. We know what we are comfortable with and what we are not. We just want something to relate to. We

LETTERS AND COMMENTS

want some kind of connection. I knew that if I could just make it through school, I would find that connection. Nicole didn't know that it would ever be there.

Respectfully,
Joe Benner

Dear Editors:

After reading the letter from V.J. (spring issue) I decided it was time for me to express my appreciation for the information, encouragement and support your magazine brought to my family while I was absent in the Med for operation "Desert Storm". My wife and youngest son moved in with my mother, and our older two sons, needing a male role model, moved in with their other grandparents. That is how service families cope with their wartime stress. My wife lost her father in Viet Nam and my grandfather gave his life on the beach at Normandy. I understood their need to support one another.

Without my knowledge, my mother and my wife began crossdressing our young son. They had longed for a daughter in the family and saw no harm in their little game with a cute preschooler who would soon enough grow out of it. Surprisingly, he took to it like a duck to water! When the war wound down and I returned home awaiting reassignment, I was in shock! This was not a hero's welcome a navy fighter pilot would want to share with his shipmates.

Even with professional counseling, I just couldn't overcome my feelings of guilt and shame. I ran away from my responsibilities and asked for another hitch of sea duty. A trial separation solved none of my problems and did nothing to assuage my hurt. A kindly R.C. Chaplain faced me up with my marriage vows and the needs of my wife and children. I finally realized I had to make some changes

in my attitude if I was to choose my family over pride.

Our older sons seemed able to make the adjustment. They had no choice in my absence. A service legal counselor advised me that I had little or no chance to contest legal custody of my children against the expert testimony of two board-certified psychiatrists and medical doctors. Even though I had been told that nobody could force feminization on a boy of school age, I dreaded the thought of living openly with him as a female. But I certainly could not risk media exposure, especially finding our photos on the cover of a supermarket tabloid.

May 9, 1999, I finished my hitch and resigned my commission. I landed a great non-flying job with a major airline. Like V.J., we relocated to Florida to get a new start together where nobody had known our new daughter as a young boy. Acceptance was something I grew into. This adorable child is naturally feminine in appearance, in mannerisms and in personality. I have no fears of raising a talk show drag queen! We are still in counseling, for we are committed to transitioning along with our new daughter. My wife and my mother have the little girl they always wanted and I have my family back again. We live a quiet life in one of Florida's countless new neighborhoods where everyone has got to reach out to make new friends. Now I am a real dad!

Yes, our daughter has started on female hormones. I am now able to accept even that! We could not deny her the joys and social delights of her teenage years. She will experience a gentle and gradual female puberty necessary to blending in with her peers. She is enrolled in a fine parochial school where she is making honors and finding happiness. Had we tried to suppress her female self, it would only have popped up again in later

life to plague her.

My advice to frustrated and alienated dads finding themselves in my position, your life will be made whole again when you are made whole. There is nothing wrong with you or your TG son. Swallow your pride, knowledge will dispel prejudice, and counseling will relieve you of your shame and guilt. It is nobody's fault. Come, join me in this amazing new age! Who says you can't teach an old (sea) dog new tricks?

(Sorry, I dare not identify us as to names, locations and other details.)

former Navy Cmdr. T.B.

Dear Editors:

Just wanted to let you know that I enjoy your magazine so much and it has made a world of difference in my life. Transgender Tapestry was the first magazine that I could really relate to because of its non pornographic policy and content. I have enjoyed the magazine so much over the past 4 years that I have recently become a member of IFGE and look forward to being active in the organization.

One thing I have recently noticed was in the last issue that Gianna Israel's column was no longer there. That was very disappointing because I have always turned to that column first before I read anything else. Hopefully, she just took a vacation? I really hope to see her back soon.

The other thing I would like to see is that you publish more frequently. It would be wonderful to get Transgender Tapestry every other month and I would certainly be willing to pay more to support that effort in my subscription rate.

Thanks! Michael G. Tancus (Sherri Lynne Parker)

SEX POLICE

The biology of sex is being hotly debated, as parents, doctors and researchers reevaluate what it means to be male and female.

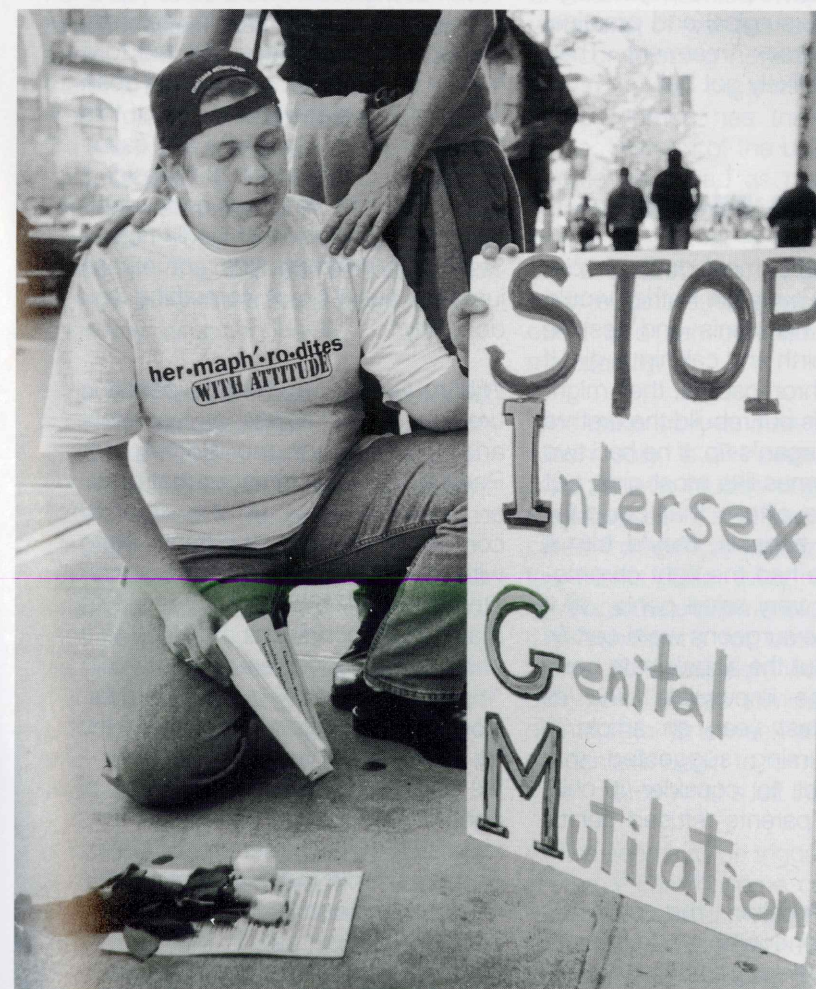


Photo: Mariette Pathy Allen

BY SALLY LEHRMAN

April 5, 1999

Patrick took a long time in coming -- two weeks in the birth canal -- but the moment he arrived, nurses bundled him up and rushed him out of the delivery room. The Jacksonville, Fla., hospital cloistered the eight-pound, 20 1/2-inch baby in a back section of the

intensive care unit and drew the curtains. One doctor after another went to visit. The infant had a well-defined penis, but with an opening at the base, not the tip. There was just one testicle, though it was producing plenty of testosterone. In most of his cells, the baby had no Y chromosome, the one that contains the genetic instructions for the body to develop as a male. The doctors assured the adoptive mother, Helena Harmon-Smith, that Patrick was a girl. They would remove the offending appendages right away.

But Harmon-Smith had seen Patrick have an erection. Actually, several. "You're not cutting off anything that's working," she protested. The authorities checked the infant's internal organs and still insisted this baby would be better off as a girl. His mother refused. More tests. After 11 days, 20 doctors filed into a hospital conference room and solemnly announced that they would allow the family to raise Patrick as a boy. "We put him in a little tux and took him home," Harmon-Smith says.

Two and a half months later, Patrick's doctor warned his mother that the boy's testicle, really an ovotestis that also contained some ovarian tissue, was probably malignant. It should be removed -- like the one already taken from his abdomen. His mother finally agreed to a biopsy, just in case. When the surgeon returned from the operating room, he said the gonad was diseased. He had cut it off.

Harmon-Smith pestered the doctor for the pathology report for more than a month. Once she got it, "the first thing I read was 'normal, healthy testicle.' My heart stopped. I just cried," she says. Five years old March 24 and in the first grade, Patrick will never be able to produce semen.

"My son is now a non-functioning eunuch. Before, he was a functioning male," Harmon-Smith says. "I don't think the doctor cared. His reasoning was that this was a hermaphrodite, so everything should be removed."

Quietly and in near secrecy, pediatric urologists and other specialists decide what are the minimum qualifications for manhood, correcting any babies with

UNDER THE URGENT CONDITIONS OF A MEDICAL EMERGENCY, THEY (DOCTORS) DECIDE WHETHER A SMALLISH APPENDAGE IS A PROTO-PENIS OR A MAXI-CLITORIS, AND PERFORM THE SURGERY TO MAKE IT SO - SOMETIMES WITHOUT EVEN TELLING THE PARENTS THE TRUTH ABOUT THEIR CHILD, AND RARELY REVEALING ANYTHING TO THE PATIENT AS HE OR SHE GROWS UP.

ambiguous genitalia -- known as "intersexed" -- before their births are announced to the world. Under the urgent conditions of a medical emergency, they decide whether a smallish appendage is a proto-penis or a maxi-clitoris, and perform the surgery to make it so -- sometimes without even telling the parents the truth about their child, and rarely revealing anything to the patient as he or she grows up. Guiding the doctors' work is a commonly accepted theory, pioneered in 1955 by Johns Hopkins University sexologist John Money, that infants are psychosexually neutral at birth. If a surgeon sculpts a baby's undersized, oversized or otherwise confusing genitals to match a sex label within a few months of birth, normal psychosexual development will follow.

But evidence is building that sexual identity is not so easy to manage or mold. New studies in human development are demonstrating that the biological division between male and female isn't clear-cut or even stable. The simple presence of a Y chromosome -- considered by many people to be as male-identifying as a six-pack of Bud and a 4-by-4 Dodge Ram -- isn't necessarily enough to make a man. And frilly dresses adorning a body shaped to be female can't always contain the guy hidden inside.

The questions aren't limited to hospital birthing rooms. From sports arenas to geneticists' labs, experts are struggling to find new ways to define and describe the biology of sex. And some members of the medical establishment are beginning to question whether intersex surgeries make

sense in infancy, before the child has a chance to reach puberty, develop his or her own sense of identity and give consent. In April, academic surgeons and pediatric urologists met in Dallas to thrash out the psychological, hormonal, surgical and practical issues of intersex treatment. Their debates most likely got hot.

MEASURING PENISES

Since the 1960s, most doctors confronted with a baby like Patrick would likely excise his penis and testicle shortly after birth and call him a girl. If he had a Y chromosome, they might keep the penis but rebuild the urethra to reach the organ's tip. If he had two XX chromosomes like most girls, but an extra-large clitoris that could be mistaken for a penis, they'd trim it back. Or if he had the right chromosomes but a very small penis, off it would go. The surgeons were certain that life without the appropriate genitals would be impossible, and as recently as last year, an article in *Pediatric Nursing* suggested that doctors ought to consider it child abuse if the parents refused genital remodeling.

Katherine Rossiter, the pediatric nurse practitioner who wrote the article in the January-February 1998 nursing journal, argues that intersex activists represent only a minority, albeit a vocal one, and that allowing a baby with a tiny penis and no testicles to grow up as a boy, rather than surgically reassigning him as a girl, might harm him beyond repair. But she admits that "listening to what real

people say and their arguments" has broken down some of her conviction. "I've become muddy mishmash in my thinking," she says.

The medical literature and the opinions of specialists are increasingly divided. "In some cases it's led to a human tragedy -- it might have been better not to reassign the sex of this particular child. But there are cases where it's clearly right to reassign," says Raymond Hintz, an endocrinologist and professor of pediatrics at Stanford University. "It's sometimes justified, but it's not something you do lightly."

William Cromie, a Chicago pediatric urologist who serves as secretary and treasurer of the Society for Pediatric Urology, stresses that proper treatment relies on the carefully considered opinions of parents along with ethicists, endocrinologists, pediatricians and other specialists. As many as 30 conditions may lead to a child being considered intersexed. "It's not an arbitrary, capricious decision by one person," he says. "You try to make the very best decision -- it's usually ground over by a lot of people who are very thoughtful. This is an area that's immensely complex. And lay people just plain and simple don't understand it."

However well-meaning, though, doctors who perform intersex surgery employ a very finite tool in making their decision. The first measure of manhood is a ruler: If a penis is less than one inch (2.5 centimeters) at birth, it doesn't count. And if it's more than three-eighths of an inch (0.9 centimeters) long, it can't qualify as a

"IT'S KIND OF A STRICT CLUB IN THIS COUNTRY TO BE A MAN, WITH VERY RIGID RULES TO QUALIFY," SAYS HAWBECKER, NOW A WASHINGTON ATTORNEY WHO IS DEVELOPING A LEGAL CHALLENGE TO INFANT INTERSEX SURGERIES IN HIS SPARE TIME. "IT DOESN'T MATTER IF YOU'RE XY. IF YOUR PENIS IS TOO SMALL, YOU LOSE IT."

clitoris either. Any appendage that falls in the middle must be fixed. Then there's the question of the urethral opening, which must be in the right place -- men don't pee sitting down. A curving penis must also be corrected.

For a boy to be a boy, he ought to have two testicles just below a straight penis, and only one opening down there. If the genitals fall short, a pediatric urologist will almost always assign the infant a female gender, remove anything protruding too far and prescribe estrogen at puberty. A talented surgeon can construct a vagina using a piece of the bowel, although the woman who owns it will never experience any sensation inside.

Hale Hawbecker narrowly escaped such a prognosis. When he was born in 1960, his doctors, aghast at his small, perfectly formed penis and internal testicles, wanted to reassign him female. His parents refused, not comprehending the doctors' distress. "It's kind of a strict club in this country to be a man, with very rigid rules to qualify," says Hawbecker, now a Washington attorney who is developing a legal challenge to infant intersex surgeries in his spare time. "It doesn't matter if you're XY. If your penis is too small, you lose it."

Hawbecker says his penis size and absent testicles, removed in childhood, don't hurt his ability to love and make love to his wife. "I very happily engage in sex whenever I can. You have to be creative, and not so focused on genitals," he says. As for his own pleasure, "My penis does everything you'd expect a penis to do -- it's just small."

Hawbecker says he thinks like a man; with his clothes on, he looks typically male too. And yet, he says, "I guess I've never really felt like I fell neatly into the camp of guys. I love to cook. I love to take care of things around the house. I hate the Three Stooges and I don't like football." Often, he thinks about the female he might have

become; where she'd be right now. "I think she'd be OK. I could've done 'girl' too. I could be happy that way, too. That's what's mind-boggling."

Medical literature says that about one in 2,000 babies is born like Hawbecker or Harmon-Smith, with uncommon variations of genitals and gonads, or sex-conditioning hormones that don't match sexual organs. About one in 1,000 women has three X chromosomes instead of the usual two; some people have had as many as four X chromosomes -- plus two Ys. Some women have facial hair, some men don't. Breast size, voice timbre and body structure, all generally accepted cues, also can contradict chromosomal identity.

"The basic story is, it isn't simple," says Alison Jolly, a Princeton evolutionary biologist who studies ringtail lemurs in Madagascar. "It's all just more complicated than people will admit." In the first few weeks of life every human embryo develops the equipment for both sexes, the foundations for both ovaries and testes. At about eight weeks, a chemical chain of events stimulates one set to disintegrate. One week later, the external genitalia begin to form -- and usually, to match what's left inside.

All this seems to be triggered by a spot on the Y chromosome called SRY, for "sex-determining region, Y chromosome," that scientists have dubbed the "master switch." Throw it, they say, and a chain of events run mostly by genes on the X chromosome leads to the development of testes and the production of male hormones. Without SRY, females continue along what molecular biologists have dubbed the "default" pathway. In February, however, researchers reported the first evidence that an active signal stimulates female development, too.

Of course, there's a lot more going on as well -- much of it still not even vaguely understood. A wash of hor-

mones primes the brain for one sex or another, though not always the same as the one indicated by genitalia at birth. Jolly suggests looking at sex as statistical -- a compendium of characteristics that, when plotted on a graph, looks like a couple of camel humps. One set of features tends to be viewed as male and the other female. The section in between is as normal as the outlying regions in the land of "super-macho" and "super-fem."

From classical antiquity through the Renaissance, anatomists thought there was just one sex, and it was male. Female bodies simply mirrored the male reproductive organs -- with the vagina an inverted penis; the ovaries, interior testicles. During the 18th century, the idea of two separate sexes took hold. Then in 1993, Anne Fausto-Sterling, a well-regarded biologist and feminist studies theorist at Brown University, raised a ruckus when she proposed that male and female were not enough. In a tongue-in-cheek proposal, she recommended five categories in all.

Some people seized upon the idea as a revelation finally explaining their own bodies. Others felt the thesis went too far. Fausto-Sterling says her readers were taking her too literally. She has abandoned the proposal -- which at root simply challenged people to think differently about sex -- and now wants to eliminate the term from our vocabulary. "There is no sex; there's gender," Fausto-Sterling says.

Fausto-Sterling argues that scientific discoveries about the ways our bodies work employ cultural understandings and, as in the male "master switch" and female "default pathway," the language of existing social models. Whenever faced with a lack of clarity, surgeons get out the ruler and make a choice. "There's a set of decisions by which we're going to socially agree what is a penis. How we organize the

Continued on page 29

THE SURGEONS WERE CERTAIN THAT LIFE WITHOUT THE APPROPRIATE GENITALS WOULD BE IMPOSSIBLE, AND AS RECENTLY AS LAST YEAR, AN ARTICLE IN PEDIATRIC NURSING SUGGESTED THAT DOCTORS OUGHT TO CONSIDER IT CHILD ABUSE IF THE PARENTS REFUSED GENITAL REMODELING.

TRANSGENDER 2000

THE 14TH ANNUAL

IFGE CONVENTION

FOR MORE INFORMATION,
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Easton, PA 18044-0061
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FOR IMMEDIATE RELEASE

KERRY LOBEL OPENS TRANSGENDER 2000

EASTON, PA,
Kerry Lobel, Executive Director, National Gay and Lesbian Task force (NGLTF) will be the key note speaker at Transgender 2000, the 14th Annual IFGE Convention and TG Conference which is being held at the Hilton Crystal City Hotel, Arlington Virginia in the Washington D.C. area March 22 - 26, 2000.

The speakers list is confirmed with notables such as Dana Priesing, Counsel for GenderPAC, Riki Ann Wilchens, Executive Director of GenderPAC, Carrie Davis, GenderPAC Director of Operations, and Jessica Xavier, leader of Its Time America and political activist in Maryland and the DC area.

Special sessions are set aside for TG community building, leadership development and organization.

Besides the many speakers on specific topics of TG Health and Well Being, special emphasis will be placed on TG concerns and issues relating to legal aspects and law enforcement featuring Tony BarretoNeto and Tammy Fisher, both experienced in law enforcement.

There will be a wide range of presenta-

tions on religion and spirituality, ranging from Cheryl Costa, a TG Buddhist nun, Holly Boswell of Kindred Spirits, and more main stream religion concerns presented by Pat Conover, Ph.D., ordained minister and IFGE's Sara Herwig, Masters in Divinity.

Family, partners and couple's issues will be addressed including a panel of adult children of TG persons and speakers from PFLAG (Parents and Friends of Lesbians and Gays) whose organization recently became Trans inclusive.

There are several other programs that are currently un-confirmed. These could include workshops in community leadership as well as many sessions for recently 'out-of-the-closet' cross dressers.

This convention is going to be one of the most action-packed events ever presented by IFGE. Rich in educational programs, spicy with fun social activities, rich in cultural activities in the immediate vicinity with plenty of room in the schedule for networking and meeting new and old friends.

A preconvention tour of the highlights of Washington D.C. will be offered as an option on Wednesday afternoon. Thursday will feature a dinner theater trip to the West End Dinner theater in old town Alexandria VA and Friday evening will feature dinner at Planet Hollywood followed by a night club tour as optional evening tours. The highlight of the Saturday evening Awards banquet will be the Washington D.C. Gay Men's chorus. Saturday lunch will be the annual meeting of the IFGE, Inc.

with presentations by Chair Pam Geddes, Executive Director Nancy Cain, and other officers.

The Hilton Crystal City is known for its plush accommodations and excellent food. The reservation block will be held until February 22. A special rate of \$110 per night has been obtained (regular registration \$179). It is imperative that you book your rooms in advance as spring is the beginning of high tourist season in the area.

There will be both national and local vendors in our vendor area as well as the complete IFGE bookstore. We expect you will find vendors for makeovers, nails, wigs, clothing, jewelry, shoes and more. Vendor space is limited so if anyone is interested in being a vendor, you must contact CIOE ENTERPRISES immediately.

For further information, and to obtain a registration brochure contact: IFGE Convention Management Team, PO Box 61, Easton, PA 18044-0061, or skristine@aol.com., 610-759-1761. Inquiries concerning programs may be directed to: Alison Laing, PO Box 473, Portsmouth, RI 02871-0473 or ALLISON@LNG.COM.



Alison Laing S. Kristine James
IFGE Convention Management Team

INTERSEXUALITY-CONFUSING AND FREQUENTLY CATASTROPHIC



Sheila Kirk, MD

Thankfully, abnormalities of sexual differentiation are encountered infrequently. The problems are enormously complex and are not limited to genitalia external and internal, but have to do with gender identity that can run counter to the anatomy and to the assignment and surgical correction that is instituted. In the past, and even now, that assignment and therapy are decided in the first few weeks of post-birth life. In recent years, great protest has arisen in the Intersexual Community about that early treatment with argument for delay until the individual can take part in decision making. This writer doesn't take a stand on this question in this article, although I do have opinion that favors their stance, this article gives insight into the etiologies of what we know to be a notable list of developmental errors in genitalia difficult to treat with accuracy and with patient satisfaction.

The gender identity of a person is the end result of genetic, hormonal and morphologic sex as influenced by the environment of the individual. It includes all behavior with any sexual connotation such as body language and gestures, mannerisms, habits of speech, recreational preferences, content of dreams and sexual orientation. The greatest likelihood is that sex-

ual expression can be regarded as the result of all influences on the individual both in the womb and after birth.

In the womb, in normal development, sexual anatomy differentiation follows a specific sequence of events. First, is the establishment of genetic sex (chromosomal sex). Next, under the influence of the genetic sex, the gonads (ovaries or testes) differentiate, determining the hormonal environment of the embryo, the differentiation of internal duct systems and the formation of the external genitalia. It has become notably evident that the embryonic brain is also sexually differentiated as well. The inductive influences of hormones on the central nervous system will have an effect on the patterns of hormone secretion and sexual behavior in adult life.

In the ordinary train of events, in human embryos, gonadal development begins during the 5th and 6th week of a pregnancy. At 6 weeks, the gonads are indifferent and bipotential, composed of cells that can become male or female differentiated. Subsequent differentiation depends on the influence of genes located on the short arm of the Y sex chromosome. In the absence of the Y chromosome, the gonads develop all the cellular anatomy of the typical ovary and ovarian hormone production, but with this present all sexual development and function will take place according to that of a normal male.

In the XX (genetic female) individual without the active influence of a Y chromosome, the bipotential gonads develop into ovaries about two weeks later than the testes do. That earlier testicular differentiation has importance in light of the masculinizing influence upon the brain for that rather "considerable time" of two weeks in the early development.

Two duct systems develop at this very early stage and temporarily co-exist in all embryos, but in the normal state only one will persist and develop while the other regresses in the 3rd month of intrauterine life. One is the Wolffian duct system which develops into the male epididymis, vas deferens (the tube sperm travel in the penis in sexual experience) and the seminal vesicles. This is under control of the androgens (testosterone hormones) that the embryonic testes produce. Another substance, Mullerian Inhibiting Factor (MIH) is in production to cause regression of the Mullerian Duct System with production of testosterone. If no male hormone is present and MIH is absent, the Mullerian Duct System becomes the only duct system to survive and it develops into Fallopian tubes, the uterus and the upper vagina. This development progresses under the auspices of the embryonic ovaries that are now producing estrogen. This, in very simple terms, is the sequence of internal sex organ development.

The external systems develop quite directly with the influence of either male or female hormones. The embryonic testes, when present, begin androgen production by 8-9 weeks of embryonic life. Masculinization of these external tissues takes place one week later and is complete by 17 weeks when the fully formed penis, scrotum and penile urethra are evident.

Actually testosterone must be converted to dihydrotestosterone (DHT) by a special enzyme (5 alpha reductase) to produce these organs. DHT is in evidence quite notably also at the time of puberty in the male and in all the years beyond as seen in the development of temporal hairline reces-

sion, facial and body hair growth, acne lesions, and continued development and maintenance of the external genitalia and prostate. When there is no androgen effect, the cells destined to form the external female anatomy are uninhibited. Under estrogen influence, the labia majora and minora are developed along with the clitoris, the lower vagina, and the urethra.

What can happen to alter this sequence of events? A multitude of things can occur. It is surprising how many, and it is testament to the complexity of this embryonic train of events just to produce correct and functional internal and external genitalia are evident. Exposure to androgens at critical time periods leads to variable masculinization, for androgen superimposes variable external ambiguity on the basic female phenotype i.e. clitoral enlargement, penile urethral opening defect, (hypospadias), scrotalization of non-fused labia.

THE EMBRYONIC TESTES, WHEN PRESENT, BEGIN ANDROGEN PRODUCTION BY 8 TO 9 WEEKS OF EMBRYONIC LIFE. MASCULINIZATION OF THESE EXTERNAL TISSUES TAKES PLACE ONE WEEK LATER AND IS COMPLETE BY 17 WEEKS WHEN THE FULLY FORMED PENIS, SCROTUM AND PENILE URETHRA ARE EVIDENT.

By the same token, if sufficient local androgen concentration or activity is not achieved by the 12th week in the male embryo, incomplete male genitalia will result. Because of shared common tissue origin male-female external genital structural ambiguities reflect abnormal androgen impact-males too little, females too much. At the same time, as the presence or absence of androgens is playing a critical role in genital development, the neuroendocrine mechanism of the brain is also influenced. Androgens present in sufficient amounts during the appropriate critical stage of development may program the brain to induce the potential for male sexual behavior. There is very ample evidence that this is so, i.e., genetic female born with congenital adrenal hyperplasia and androgen excess who are reared as girls but demonstrate early in life male behavior and need for sexual encounters with the same sex. Inappropriate fetal hormonal programming may contribute, therefore, to the spectrum of psychosexual behavior seen in humans.

The spectrum of intersexual con-

ditions called hermaphroditism proceeds according to gonadal morphology. A male hermaphrodite has testes but external and sometimes internal genitalia take on female phenotypic aspects. A female hermaphrodite has ovaries but genital development displays to varying degrees masculine characteristics. These classifications are modified to reflect gonadal abnormalities due to abnormal sex chromosome constitution or abnormalities of phenotype attributable to inappropriate fetal hormone environment.

The list is very long and discussion of what patients can demonstrate in the birthing room, where discovery should be made is not appropriate to this report. To begin with, the terms pseudo and true hermaphroditism should be laid aside, although they creep into the medical literature still.

In general, a list of disorders having to do with fetal (embryo) endocrinology consists of:

IN THE FEMALE:

- Congenital adrenal hyperplasia (Adrenogenital Syndrome) with a number of causes. Example: enzyme deficiencies wherein the enzymes needed to complete estrogen formation are missing at birth, hence testosterone persists.
- Non-adrenal androgenization due to maternal ingestion of substances that masculinize and a number of maternal diseases that can induce masculinization. Example: masculinizing tumors present in the pregnancy. This group should be considered as patients with partial virilization.

Characterized by inadequate virilization:

IN THE MALE:

- Mullerian duct inhibitory factor defect:
- Impaired masculinization because of complete or partial androgen insensitivity (known formerly as testicular feminization syndrome)

C. Alpha Reductase deficiency

Another category has to do with disorders of gonadal development.

IN THE GENETIC MALE:

- Primary gonadal defect and Y chromosomal defects (47XXY)
- Abnormal chromosomal number example Klinefelters.

IN THE GENETIC FEMALE:

- Turner's Syndrome (45X individuals)

OTHER EXAMPLES ARE:



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- X chromosome abnormalities.

- So-called true hermaphroditism wherein individually possess both ovarian testicular tissue sometimes combined in one organ or sometimes a testicle on one side in the abdomen, an ovary on the other. In 50% of these patients, the genetic sex is XX.

C Mosaicism which is seen in a variety of patterns. It is a very complex condition wherein there are varying sex chromosome compositions. These patterns frequently found in the category of gonadal abnormality.

To go into the clinical patterns and modes of diagnosis and treatment in this paper is all but impossible. One can imagine the wide variety of abnormalities that can develop with the complexity of the process in early embryonic life. The importance of early diagnosis and then careful planning for therapy cannot be emphasized enough. Premature surgical changes though sought after by physicians and by parents often result in a disrupted life for the individual. It's a terribly difficult problem and a great deal of expertise and thought is vital to the happiness and comfort of the individual with these disorders. In

essence, they are really the ones to make decisions even though delay in instituting treatment carries with it huge problems as well.

Another point to be made is that intersexuality is not a common condition. The greatest number of transgendered are not intersexual. Only on occasion will a chromosomal alteration be evident in an individual with gender identity conflict-in fact rarely. Hence, routine chromosome testing is not generally considered.

This is a set of very perplexing disorders of early genital development for a variety of reasons. One of the most important is the influence on central nervous system (brain) of hormonal production whatever the characteristics of that production. To date proper solutions in many instances are lacking.

Sheila Kirk, MD recently made TransHistory by forming the first Transgender Surgical & Medical Center (TSMC Center) developed and directed by a Trans surgeon. You can receive more information about the TSMC Center or ask Dr. Kirk questions on your treatment and care, by contacting her at TSMC@aol.com, by phone (412) 781-1092, fax (412) 781-1096 or snail mail: TSMC P.O. Box 38366, Blawnox, PA 15238

OOPS! We goofed!

In the last issue of Transgender Tapestry (#87 Summer '99), an article was included which referenced a survey. The survey was not completed and the article should not have appeared. The survey should be included in the next issue. As always, we welcome your comments. Please drop us a line or email us at transtap@ifge.org.

Visit the IFGE WEBSITE: www.ifge.org

MYTHICAL BEAST

BY
RAVEN
BRANGWYN
CALDERA

When I was ten, I found the word hermaphrodite in a book on Greek mythology, and for one moment, I knew what I was. I knew what girls were, and that I'd been told I was one. And I was, sometimes. I'd been told what boys were too, and that I wasn't one. And I was, anyway, sometimes. So for just a moment I realized what I was. Then I caught the end of the definition and realized that this was a mythical beast, so I couldn't be one. Sighing, I put the book back on the shelf and went about my business. I don't think I was really conscious of gender anyway, at that point. I was just a person.

Two years later, my body began to go haywire. My hips spread, and my voice began to break. My breasts grew, and so did my facial hair. I began to get intermittent menstrual periods, and intermittent morning erections. And I swear, there is nothing worse than getting both at once. It was like getting hit by a blast from a double-barreled shotgun. Indeed, it felt unreal. I remembered my discovery of the Greek myth with something like wonder. It was as if this thing that I'd felt was only in my head, that no one else could possibly know about, my own secret shame and desire, was becoming visible. It exploded outward over my body like a war, like a tornado, like some terrible magic. The book had said it was a myth, but it came and got me anyway.

Next came years of doctors - so many I can't count - and medications, and tests, and enough blood drawn to feed a legion of vampires. I was diagnosed as having secondary congenital adrenal hyperplasia, and to the doctors' annoyance I developed a very bad allergic reaction to

corticosteroids, the drug of choice for treatment. Years later, every new doctor I went to would refuse to believe that I had this intolerance, and insist on testing me with it anyway, watching me become faint and fall over. "You're not supposed to be having this reaction!" one of them stormed at me. "Don't tell me that!" I retorted. "I have a PDR of my own!" So the next line of damage was simply to put me on high-dose estrogens and hope for the best.

My mother, a feminist who claimed she could never love a son, was very distressed when her "daughter" began to grow chin whiskers, body hair, and a cracking voice. I suppose I was lucky, in a sense. I didn't have the primary version of CAH - ambiguous genitalia - and I suppose if I had, knowing my parents, I wouldn't be allowed to keep them. As it was, the estrogen made me psychotically depressed and dangerously hypertensive. It also made me ovulate, for the first and last times, and get pregnant. Since I was sleeping with heterosexual men in my teens, in a desperate effort to be normal, it was inevitable. My mother was overjoyed. The doctors weren't sure I could keep the child in my malformed uterus. As it was, my internal organs held out for eight months and then spat out a premature child, who was a normal girl, strangely enough.

A few years later, the doctors took me off the hormones. The hypertension was just too much, and it had become life-threatening. "But what do I do now?" I asked. They weren't sure. I was tried on an anti-androgen which didn't seem to do much except make me run to the bathroom all the time. And then, I was abandoned.

I spent nine months living in a little cabin on the banks of the Quabbin wildlife sanctuary, going

crazy. My body was withdrawing from all the medication and I had psychotic mood swings, terrible depression, and very scary uterine hemorrhages. I ran naked in the snow. I talked to trees. I let my body do what it wanted. After all, I reasoned, the Goddess made me this way. Surely it was better to be natural, to be whatever I actually am?

It was certainly a nice fantasy until I almost ended up in the hospital from bleeding and depression. Finally, on Endocrinologist Number Seven, I was given a shot of testosterone in order to "test" me. I felt as if the sun had come up. My depression lifted, and I ran around like a maniac, fixing things I'd had no energy to do before. "Whatever that was," I sang to Number Seven, "I love it! Give me more of that!"

"We can't," came the answer.

Why not? After all, it solved the problems. I didn't bleed. I didn't get depressed. I didn't have violent mood swings.

"Because," the answer came, "you're not a transsexual. Regular doses of testosterone of that magnitude are indicated only for transsexuals." And I am intersexual, and the recommended therapy for intersexuals was to push them as hard as possible back toward the gender they had been raised. I suppose this was so that the next time some doctor reassured some worried parent of an intersexual baby that as long as they treated the kid in stereotypical ways EVERYTHING WOULD BE ALL RIGHT, no sex-changed intersexual would come bouncing out of the woodwork yelling, "Oh, yeah?"

There would be unacceptable side effects if I took this drug, I was told. "Look," I said. "I've been living as a woman with facial hair and body fur for years now. I can handle it. Besides, I don't care if I turn purple and grow horns, personally." Nope. I wasn't a transsexual, and that was that.

I left the doctor's office and thought fast. Transsexual, eh? I was currently involved with a male-to-female transsexual. I knew the routine. Was I one or not? I didn't exactly feel male. For that matter, I didn't exactly feel female either. I'm still not exactly sure "how" one feels male or female. I was still just me. Let's see, I mused. Transsexuals get mastectomies - OK, I never liked my breasts anyway. I can do that. Transsexuals get hysterectomies - well, considering my prior difficulties, ditching my malformed uterus wouldn't be a problem either. I liked having muscles. I did long to have a penis although I didn't feel like I'd been born with the wrong genitals, just that I'd only gotten half the package. If I could have had a fully functioning "full set" of both, I think that would have been the most in alignment with my personal view

I WAS, OF COURSE, ANGRY THAT I COULDN'T JUST BE ME, COULDN'T JUST BE HONEST AND SAY, "No, I'M NOT A WOMAN OR A MAN, I THINK WHAT I AM IS A SOMEWHAT MASCULINE ANDROGYNE, AND CAN WE JUST TURN ME INTO THAT?"

of myself. But, I figured, I could just leave that part out.

I was, of course, angry that I couldn't just be me, couldn't just be honest and say, "No, I'm not a woman or a man, I think what I am is a somewhat masculine androgyne, and can we just turn

INTERSEX INDIVIDUALS DISPUTE



WISDOM OF SURGERY ON INFANTS

ALTHAEA YRONWODE

Cheryl Chase's clitoris was surgically removed when she was 18 months old. She appears to be a clean cut woman in her forties, and as she speaks about the series of operations that were performed on her, she fills the room with a sense of her loss and anger. Chase was born a true hermaphrodite, a condition in which the gonads have elements of both ovarian and testicular tissue. The testosterone produced by the testicular elements in her gonads caused her clitoris to be unusually large, resembling a small penis. Like others recognized at birth to have ambiguous genitalia, or whose genitals do not match their chromosomal sex, she was classified as an intersex individual.

Initially doctors thought Chase should be reared as a boy, and she was named Charlie. But further consultation with different doctors led to the decision to raise her as a girl. She was renamed Cheryl. Her parents decided, under medical advice, to have her clitoris removed, in order to "normalize" her appearance toward that of a girl. This clitorrectomy was meant to help her develop a female gender identity. When she was eight, doctors removed the testicular portion of her gonads, to reduce the risk they would undergo cellular changes that

could lead to cancer. At no time was she truthfully told the purpose of the surgeries.

At the age of 35, Chase had a nervous breakdown. Although she had been able to access her medical records in her early 20s, support groups in which to discuss her condition did not exist. The years of secrecy, unexplained surgeries, and sexual dysfunction caused by removal of her clitoris had taken a huge toll on her. "Until I was 35, I was ashamed and terrified that people would find out that I was different than a woman. Like many, supposedly happy and successful patients, I was silenced."

Instead of retreating from the pain of her experience, she took the revolutionary step of founding the Intersex Society of North America

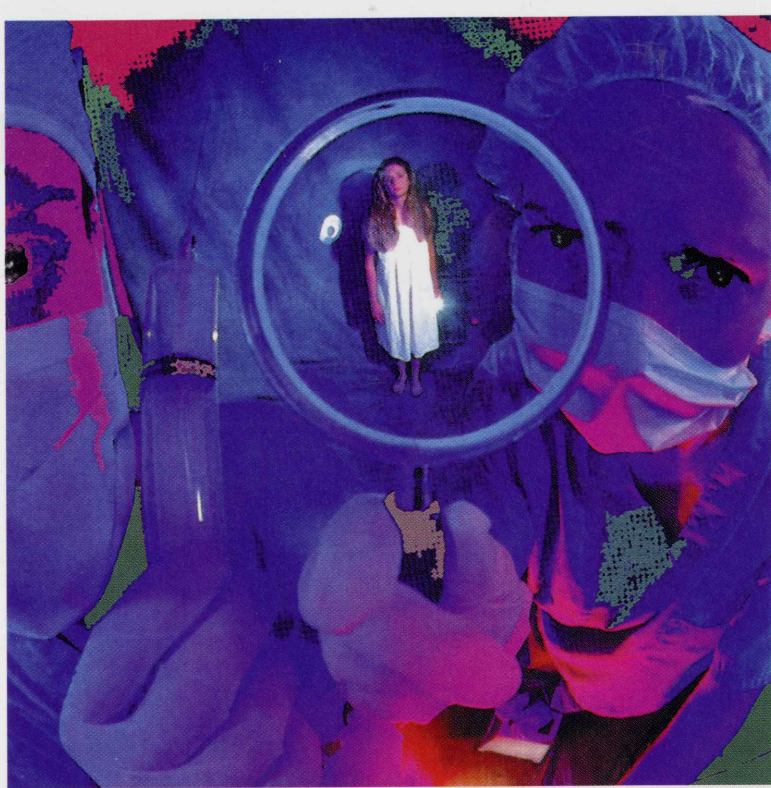
most important function. "Every intersex person we have met with has had a common experience, in that it was immensely transformative and positive for them to meet other people like themselves," says Chase. Members of the group spoke to UCSF medical students to make the case for changes in current medical practices.

There are many conditions that can lead to intersex status. Chase's condition is rare, but when all causes of intersex are considered, as many as one in 2,000 babies are affected. In the embryo, the external genital structures are originally the same in males and females. Exposure to testosterone, the male hormone, causes differentiation into a penis and scrotum. Lack of testosterone, as in females, allows the tissue to

WHEN ALL CAUSES OF INTERSEX ARE CONSIDERED, AS MANY AS ONE IN 2,000 BABIES ARE AFFECTED.

(ISNA), a San Francisco based peer support and advocacy group. Initially just a loose association on the internet, ISNA now has 1,400 members, holds retreats for intersex people, has produced a video, lobbies, holds demonstrations, maintains a website, and puts intersex people in touch with each other throughout North America. The latter may be their

develop along a 'default' pathway, in which a clitoris and labia are formed. Inside the body, a portion of the Y chromosome, found in males, causes the primitive gonads to become testes. The testes are the source of the testosterone which causes the external genitals to differentiate in a male pattern. Testosterone also promotes formation of the



prostate, and other internal male reproductive structures.

In addition to the steroid testosterone, the testes make a peptide hormone which inhibits the formation of internal female reproductive structures such as the uterus and upper two-thirds of the vagina. Various alterations along this pathway can lead to intersexuality, including partial or complete testosterone, inadequate production of testosterone, lack of the testes determining region of the Y chromosome in a male, or its presence in a female, and malformations due to exposure of the fetus in utero to certain drugs.

The cause of another type of intersex, severe hypospadias, is not understood. In this condition, seen in males, the urethral meatus (from which urine exits) is at the base of the penis, and the scrotum resembles the female labia. The incidence of this condition is increasing, for reasons that are not known.

MEDICAL TREATMENT

Current medical treatment for intersex individuals is in a state of flux. Recently The Journal of Clinical Ethics devoted an entire issue to the subject, ultimately recommending major changes. Intersex individuals also undergo many tests (chromosomal, hormonal, and anatomical) to determine what sex they will be assigned. The decision is based on criteria such as the ability to create cosmetically unambiguous and

IN THIS CONDITION, SEEN IN MALES, THE URETHRAL MEATUS (FROM WHICH URINE EXITS) IS AT THE BASE OF THE PENIS, AND THE SCROTUM RESEMBLES THE FEMALE LABIA. THE INCIDENCE OF THIS CONDITION IS INCREASING, FOR REASONS THAT ARE NOT KNOWN.

functional genitals with the tissue present. The term 'functional' varies in meaning, but usually refers to the ability to use the genitals for penetrative intercourse. In cases where future fertility is possible, this too is considered. A multidisciplinary team is involved in the decision. Once a determination is made, infants are named, and a birth certificate filed. The parents are instructed to treat the infant as being of the specified sex, without any ambiguity. Surgery is performed before the age of 18 months to make the genitals match, as closely as possible, the assigned sex. It is this last step that ISNA most wants to change.

Associate Professor of Urology and Pediatrics Laurence Baskin's voice takes on a notable chill when ISNA's visit is mentioned. "I honestly feel sorry for those people who feel mutilated by their surgeries. They need counseling to get over their loss. Their surgeries were performed years ago, and the nerve supply wasn't understood. For the three people who spoke to you, my guess is there are 97 who are happy. But they're not going to be out talking to medical students."

Baskin admits that surgical technique in the past was not optimal. "The surgery that was done was done by very well intended physicians, but we didn't understand the nerve supply well. We started to understand the nerve supply [to the clitoris] 10 years ago."

Intersex individual Howard Devore, PhD, is a practicing San Francisco psychologist who works with intersex patients. He disputes the notion that things have improved much. Devore was born with severe hypospadias. "Maybe a primary [less severe] hypospadias can be fixed in two or three surgeries. I've had 16. There's going to be scarring and stricture formation and loss of sensation. No scar tissue is as flexible as skin. There's no way they can deny that. The 'informed consent' they give parents to sign is totally unrealistic. One of our main issues is that parents are told that after a few surgeries, their children will have 'normal' genitals."

Professor of Pediatric Endocrinology Melvin Grumbach is much more optimistic. Speaking from an office cluttered with journals and papers on this subject in which he is a renowned expert, he cites the advantages of microsurgery, unavailable when Chase's clitoris was removed. "When I was a fellow at Hopkins, they were doing clitorrectomy on girls with congenital adrenal hyperplasia (CAH) [in which the adrenals produce testosterone in utero that masculinizes the external genitalia], and I couldn't bear it. When I was at Columbia, clitoral recessions were developed. We studied four women with CAH, and three out of the four had had repairs, and they were all sexually functional and happy. Two of them had children."

Even the terminology is a battleground in the current debate. Chase says, "We don't see a difference between clitorrectomy and clitoral recession [in which the bulk of the clitoris is reduced by removal of part of the erectile bodies of the clitoral shaft]. Kinsey showed that women masturbate by stimulating the shaft of the clitoris, not the glans. Recession removes the shaft."

Chase isn't surprised by Grumbach's and Baskin's faith in new technology. "They are always saying these new techniques are better, but there are no long-term outcome studies. I don't think doctors who are doing this are setting out to hurt their patients. They are confronted with parents who are upset. Surgeons are not trained to deal with parents who are upset. They are trained to 'fix' things. When people like me grow up and say, 'this hurt me,' they don't want to hear it, because they would have to see how they had hurt patients, and they would have to admit their impotence in addressing this by surgery."

A brief literature search shows that surgeons have persisted in using language that suggests optimal outcomes with relatively few procedures necessary. In a 1998 article entitled, "Feminizing: Today's efforts achieve near normal cosmetic and functional results." Another author,

"They [surgeons] don't know what effect their drastic, invasive, irreversible interventions are having. Given that they don't have knowledge about the effect of their interventions, it's unethical to do them on unconsenting infants."

Endocrinologist Grumbach is skeptical of this viewpoint. "If someone is telling you, 'you shouldn't modify the external genitalia,' well the parents wouldn't stand for it. They want it repaired!"

Baskin is more critical. Baskin acknowledges that it can be "very disturbing to parents" to give birth to an infant who is intersex.

"It is very disturbing," agrees Chase. "And when people are really disturbed, it's not the time to make major, irreversible decisions." Instead, ISNA proposes that the parents receive counseling, and are put in contact with other parents of intersex children. They believe that the child should be

"THEY [SURGEONS] DON'T KNOW WHAT EFFECT THEIR DRASTIC, INVASIVE, IRREVERSIBLE INTERVENTIONS ARE HAVING. GIVEN THAT THEY DON'T HAVE KNOWLEDGE ABOUT THE EFFECT OF THEIR INTERVENTIONS, IT'S UNETHICAL TO DO THEM ON UNCONSENTING INFANTS."

Greenfield, writing about repair of severe hypospadias, promotes a two-stage procedure in which he claims, "All children had excellent cosmetic and functional outcomes." This is despite a 21% incidence of diverticula formation, as well as strictures and fistulas in some patients. Perhaps more important, there is no longterm follow-up of these patients. Average patient age in the hypospadias study was two months. Obviously, sexual function was not one of the "functional outcomes" considered.

assigned a sex, given a name that corresponds to the sex, and raised with age appropriate explanations of their condition. "The child will assert their gender identity between the ages of six and ten," notes Devore.

Chase agrees, "If that is different than the assigned sex, their name and sex assignment can be changed. This will be less frightening if the children and parents have been involved in groups where other children have changed gender identity."

Continued on page 32

TOO TALL BLONDES ANSWER IT ALL FOR YOU

KATE BORNSTEIN
AND BARBARA CARRELLAS

[Kate Bornstein is the author of Gender Outlaw, Nearly Roadkill (with Caitlin Sullivan), and My Gender Workbook. Barbara Carrellas writes, teaches, and performs sex; she's spent the last five years developing a series of Erotic Awakening workshops throughout Australia. Kate and Barbara are living together in New York City, and are now touring North American college campuses with their show, Cut'n'Paste Version 2.0. Kate and Barbara are too tall and far too blonde.]

DEAR TOO TALL BLONDES,

I am 49 years old. I have been heterosexual all my life. I honestly don't think I ever felt like a woman trapped in a man's body, I feel like a man with a female brain. You always hear about girls with penis envy, I was a little boy who was profoundly envious of my sister's anatomy growing up. I was also tormented inside by the fact that she could wear dresses, have long hair and play with dolls. I spent many nights in my childhood praying that I would wake up as a girl.

I have suppressed these feelings my whole life. Now I have these overwhelming fantasies of reassignment surgery. I would just adore having breasts, that would get in the way a little. I would love to wear dresses and high heels. I

think the greatest thing would be to live as a woman. I have a very hard time dealing with the attendant shame and embarrassment I would cause myself and more importantly friends and family. I greatly enjoyed your book, Gender Outlaw. I just don't know how to deal with the inner conflicts. I know deep down only I can make the decision, but I struggle with the constant tug of war between containing all my secret desires of being female or surrender to my desires and forever be stigmatized by family and friends. Thank you for your time.

Aloha
Don in Hawaii

Kate: Don, I hafta agree with you on never having felt like a woman trapped in a man's body. That was a lovely metaphor that worked in the Sixties, and it's delightful to hear you've found a new metaphor that works for you: a man with a female brain. That's a good beginning, but that gets us into the questions of "what's a man?" and "what's female?" And what you seem to be most concerned about is whether or not to take the risk and live out your fantasy.

Barbara: Fantasy is such a loaded word. As we grow up we are constantly told that we have to put aside our fantasies and

accept that we live in the real world. We are taught to accept limitations. Let's put our limitations aside for the moment and think instead about possibilities. In the totality of possibilities you could most definitely begin living your dream.

Kate: But where our dreams meet the real world, that's where the "inner conflicts" always seem to rage, isn't it? The place where the possibility of living our dreams meets the reality of the price we're gonna hafta pay in order to live them.

Barbara: I have gone after a lot of big dreams in my life, dreams that involved huge life changes. I have always hated the saying "You can't have it all." I believe you most certainly can have it all. It's just that you can't always have it all at the same time. To achieve this next dream of yours, you'll need to accept it as an achievable dream, not a nightmare!

Kate: Naming our transgender dreams out loud tips us over into the fear of losing whatever success, comfort and security we've achieved in our traditionally gendered lives. And living out our tranny dreams, well that might mean we've lost all the privileges associated with either of the world's two main genders. The anxiety we experience when we consider making a move toward switching our genders, or even

modifying the ones we have, boils down, I think, to losing our respectability.

Barbara: I think respectability, be it from family or from society in general, is vastly overrated. I also think that respectability is a lot more fluid and flexible than we think. What's respectable about living a lie? Sure, in the early stages of your transition, people around you might be confused and uncomfortable. Change of any kind makes most people uncomfortable. With time, most people can accept a lot more change than you, or they, think they can. But, no question, there's always the risk that some people may leave your life for good. When we are contemplating a change of the magnitude of a gender change, it is always easier to see what we may lose than it is to imagine what we might gain for taking such a huge risk. After all, we know what we have; we can only imagine what we might gain.

Kate: Don, you made a point of saying "I have a very hard time dealing with the attendant shame and embarrassment I would cause myself and more importantly friends and family." You mentioned your fear of the stigma that comes with making a transgender journey. Here's a step by step path, loosely based on AA's successful twelve steps, that might be of some help in making a decision, Don.

1. We admitted we'd become addicted to the privileges that came with the identities we've worked so hard to become, that the way we've been leading our lives had become harmful to our own spiritual values and deceitful to others.

2. We came to feel that something more than ourselves, our jobs, or our possessions could return us to being the kind and loving person we've always known ourselves capable of being.

3. We made a decision to focus our will and our lives as much on the values of compassion, generosity, and vulnerability, as we have on the values of success, comfort, and security.

4. We searched through all the identities we've ever been pressured into being or adopted of our own free will; we searched through all the identities we assumed when we were members of some family, school, club, group, team, company, community, political movement, or religion; and we made an inventory of all the values we'd ever assumed, adopted, or subscribed to.

5. We made a conscious decision to embrace the values that would forward both our own harm-less lives, and all the harm-less lives of others.

6. We began to practice our newly embraced values in every decision we made, every commitment we entered into, and any action we undertook.

7. We forgave ourselves when we fell short of our goals and we learned to give others the benefit of the doubt when they fell short of the kindness and compassion we wanted from them.

8. We made a list of all the persons or groups we had harmed, excluded, or deprived through our attempts to maintain our own social status; and we admitted that we needed to make amends for these actions. We came to understand that we had no reason to make amends for living our own harm-less dreams.

9. We made direct amends for our truly harmful actions to people or groups whenever possible, except when to do so would injure them or others. We exercised compassion with those who mistakenly labeled our harm-less lives as having harmed them.

10. As we continued to live harmlessly, becoming more and more inclusive of others, more freely offering our services and more graciously accepting services offered to us, we occasionally discovered we'd taken on an identity, a politic, or a value that was harmful to ourselves or to anyone else. We abandoned that harmful identity, politic, or value as gently and as soon as we could; we bravely weathered the attending losses; and we created another identity for ourselves that allowed us to express our reasonable values more passionately and with more joy.

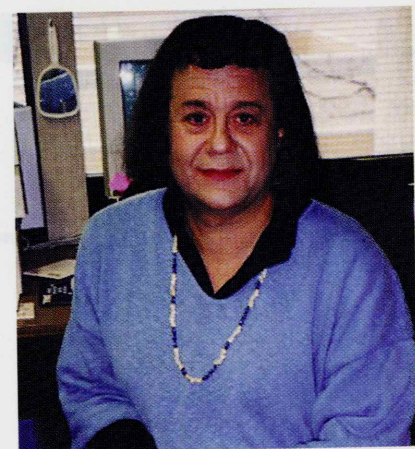
11. We learned how to both exercise and relax our minds, our hearts, and our bodies, so that we might be capable of even more service to the values we've embraced.

12. Having learned how to manage our own lives, we devoted more and more time to being of service to others.

13. We took more time to laugh, and to enjoy the fruits of our harm-less lives.

Barbara: Don, you're right. Only you can make this decision. I would suggest however, that you really take Step # 13 to heart. As you wrote, you can either struggle with this or surrender to it. Whether or not you decide to make a gender change, you can still struggle less and surrender more to your "female brain." While you're at it, you might also think about surrendering to your feminine intuition. It may point the way to infinitely more comfort, success, and security.

Kate: And that's all we've got space for in this ish. Keep those cards and letters coming! You can reach us at: Too Tall Blondes, Box 415, Times Square Station, New York, NY 10108, USA. Δ



MIQQI ALICIA GILBERT,
PH.D.

SQUARE PEGS, ROUND HOLES

eat it or not, we never would have made it out of the primordial swamps and into civilization. And if, somehow, we were able to react to objects quickly enough not to get eaten by a lion while we pondered what it was, we certainly couldn't talk about it. Language depends on our ability to refer to objects by sounds, and that means that categories are essential. When I say to you, "Please, take a seat," you know what a 'seat' is because you understand that category of thing. If I say, "Let's go to a movie," you know what I mean because you understand the category 'movie.'

The point is that categories are essential to our survival and our ability to talk to each other, which, if you're a yenta like me, is real important. But that does not mean that categories are always straightforward and easy, and it also doesn't mean that they cannot create trouble and be abused. The Bald Man

Mexico. So, on the one hand we need categories to cope, but on the other they are not always as precise as they pretend to be.

Among the multitude of categories, classifications and pigeon-holes we use daily are some that most people assume are simple and straightforward but are really not. One such group are the sex/gender categories. For most people, gender is a simple category that is barely worthy of thought: There are two genders that match the two sexes, and that's all there is to it. But for those of us in the transgender community, what is a simple matter for some becomes something much more complex and fraught with confusion and fuzziness. We know with certainty that the connection between sex and gender may be a statistical commonplace, but the reality is that there are a large number of exceptions – us! We know about birth-designated males who

AMONG THE MULTITUDE OF CATEGORIES, CLASSIFICATIONS AND PIGEON-HOLES WE USE DAILY ARE SOME THAT MOST PEOPLE ASSUME ARE SIMPLE AND STRAIGHTFORWARD BUT ARE REALLY NOT.

Puzzle shows us something very significant about categories: Categories are not always neat and tidy; categories often have fuzzy edges. Not only that, but the categories that apply to people can change depending on what, where and when. I am average height in Toronto, but on the tall side in

grow up to be women, birth-designated females who grow up to be men, members of both sexes who jump from one gender to the other and make a total mess of all the categories.

How we fit people into categories can be terribly important. It may not

be crucial if something is classed as a sofa, a settee, or a love seat, but classifying people has an enormous impact on the role and place they have in our society. More than any other classification, gender assignment is the most defining category to which human beings are assigned, and it is usually based on an equally basic category – sex. While some ordinary folks allow that gender might have some latitude, very few think of sex that way. As a result, the large number of people who are born without an unequivocal sex assignment create a problem. An infant with a genital appendage that seems too large for a clitoris, but too small for a penis, poses a real problem. How small can a penis be and still be a penis? When does it become so small that

AN INFANT WITH A GENITAL APPENDAGE THAT SEEMS TOO LARGE FOR A CLITORIS, BUT TOO SMALL FOR A PENIS, POSES A REAL PROBLEM.

it's really a clitoris? Remembering the Bald Man Puzzle, you know you can keep adding micro-millimeters to a clitoris and have a great deal of difficulty in determining when it is suddenly a penis.

Like virtually all categories, sex and gender have fuzzy boundaries. We don't mind when the category is 'tall' or 'blonde' because vagueness there does not upset us. But since sex and gender completely define who someone is and how we are to relate to them, it is seen as imperative that the assignment be made – even if the decision is fairly arbitrary. The result is something called Infant Genital Mutilation, where the sex organs of infants are made to fit the categories rather than the categories being expanded to include the infants. As you will read elsewhere in this issue, the practice is very controversial and that controversy is beginning to make its mark in the medical profession—I leave those discussions to others. I'm not fin-

ished fussing about categories. Even though categories are necessary and even useful, terrible things can happen when we take them too literally or give them too much power. Some categories become stigma because of their associations with other categories: convict, addict, prostitute, retarded, to name but a few. The danger is both that someone can be wrongly labeled and also that the label can be taken to mean things that it ought not mean. That, of course, is bad enough, but intersexed people have an even greater problem because they simply do not fit the available categories. There are two pigeonholes, and when you are born you're supposed to go into one or the other. And if you don't fit, then you are made to fit. It's like

forcing a square peg into a round hole by smashing it with a mallet until it goes in. The peg is made to fit the hole. Instead of smashing people into categories, we need to make a larger variety of holes.

The most interesting thing is that this applies not only to our intersexed siblings, but to all of us. We are all square pegs facing round holes. We're supposed to fit into one neat category when we just don't; either we want to choose our own category, or we want to make a new one, or we want to jump around and not stay in one category at all. But that's in direct violation of the rules of pigeonholes, and the pigeonhole makers and all their little friends who spend so much time making sure no one slips from one hole to another, get very upset by us. That's why they need to label us as sick, or perverted, or weird. It explains why we don't fit where they think we ought to without damaging their neat little systems. Intersexed people in particular cre-

ate stress for the system because they cannot be dismissed with those sobriquets. Those tiny infants have not made any choices and no one can even imagine they have. They simply do not fall into the right range of the continuum, the right space in the cupboard, and so they stand out as demonstrating in clear and certain terms that the categories do not work.

I have been wondering of late about how there really are so many of us square pegs, and how just because we defy the sex/gender categories terrible problems so frequently plague our lives. Having diversity in a category does not always create life problems. You can be quite tall or very short and not suffer too much, though at the extremes that has a price to pay as well. We expect people to differ in their height, physiognomy, disposition, but not in their gender. But perhaps being intersexed is not just about being born with genitals that are not readily identifiable. We already know that there are any number of sorts of intersexisms that are identified only later in life. Why not imagine there are a multitude more? If the genetic spread in body height for men ranges from three feet to nine feet, why not assume that the genetics that control sex/gender are every bit as variable? Why not imagine that just as being short or tall, bald or hirsute, is a matter of degree and difference, that gender is as well?

The answers to those questions are not simple, and are deeply tied in with politics, power, and deeply rooted social convention. But that does not mean they cannot be changed, weakened, threatened and undermined. When categories control us, rather than our using them, we need to fight; we need to flap our wings and fly into whatever pigeonhole we choose or need or want. And if the hole isn't there, then we need to make a new one.

Δ

Miqqi Alicia Gilbert is a professor of philosophy at York University in Toronto. She can be reached at gilbert1111@canada.com

LAWS PREVENTING SAME-SEX MARRIAGE ARE FACTUALLY FLAWED

WILLIAM O. BEEMAN,
Ph.D.

Three to ten million Americans are neither male nor female at the time of birth. Are the categories "man" and "woman" so obviously clear that they need no further explanation?

Legislators throughout the nation, trying to prevent the recognition of "gay marriage" contracted in other states, obviously think so. They have introduced legislation that would grant official recognition only to marriages between "a man and a woman."

Legislation embodying this language has already been passed or proposed in 30 states and may become law in more. For example, the Maryland bill was introduced by Delegate Emmett C. Burns Jr., the founding pastor of Rising Sun Baptist Church in Woodland, who says same-sex marriages are "against the public policy of his state." If enacted, "only a marriage between a man and a woman" would be valid in Maryland, and same-sex marriages that take place in other states or foreign countries would not be recognized.

Perhaps Mr. Burns and other legislators who are pushing these bills don't realize it, but their passage would unwittingly nullify or prevent millions of supposedly heterosexual marriages.

Why? Because the marriage partners will not meet the medical definition of being "a man and a woman." To make matters worse, most of these couples will not know that they are illegally married.

Between 3 million and 10 million Americans are neither male nor female at birth. Additionally, as adults they may be genetically of the opposite gender from that which they and their parents believe them to be.

The medical term for persons of ambiguous gender is intersexual. Estimates of the numbers of persons who may be born intersexual ranges from 1 percent to 4 percent of all children born today, according to Dr. Anne Fausto-Sterling of the Division of Biology and Medicine at Brown University.

THREE WAYS TO DEFINE GENDER

The difficulty in determining clear-cut specification of gender arises because there are at least three ways to define it. Two are biological and one is cultural.

The first biological definition defines gender in terms of chromosomes. Males have an X and a Y chromosome. Females have two X chromosomes.

The second biological definition assigns gender in terms of male and female genitalia.

In the third, "cultural" definition, males are people who look and act

"male," and females are people who look and act "female." Americans generally want everyone to fit the third, cultural definition, even when people have biological characteristics that are not strictly in accord with a two-gender system.

BIOLOGICAL CAUSES OF INTERSEXUALITY

One cause of intersexuality seems to be the possession of an atypical number of chromosomes only one or more than two.

A second cause stems from the fact that all humans, no matter what their chromosomal makeup, have the biological capacity to develop either male or female genitalia and secondary sexual characteristics while in the womb.

Developmentally, some babies are born with male or female chromosomal makeup and with both male and female genitalia, or with some of the genitalia of the opposite chromosomal sex. Dr. Fausto-Sterling points out that there is a smooth continuum between 100 percent biologically male and 100 percent biologically female, with many possibilities in between. She calls those with both testes and ovaries "herms." Those with testes and some female genitalia but no ovaries are "merms." Those with ovaries and some male genitalia but no testes are "ferms." This gives the possibility of five rough biological groupings: male, merm, herm, ferm and female.

Most intersexual Americans are unaware of their true biological gender because under current medical practice, physicians reassign the gender of intersexual infants at birth.

Such infants are surgically altered and given hormonal treatments so that they will fit into one of the two "cultural" categories: male or female. The test is usually not chromosomal, but based on the "viability" of the genitalia to eventually appear "typical."

Often the parents are not fully informed about what is happening to their children. Dr. Fausto-Sterling calls this medical reassignment a "surgical shoehorn," designed to force intersexual infants into rigid cultural categories that have little to do with biological reality.

As a result, there are perhaps millions of XX males and XY females living in the United States today. These are cultural males with male genitalia who are genetically female, and cultural females with female genitalia who are genetically male.

Some rather well-known Americans are genetically male, but phenotypically female.

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UNINTENDED CONSEQUENCES OF GAY MARRIAGE BAN

The current legislative issue has arisen because current court tests of same-gender marriage, if legalized, would effectively recognize such marriage throughout the nation. Legislators obviously have not consulted with scientists in their zeal to prevent legally-recognized "gay marriage." Legislation preventing recognition of any marriage except between a "man" and a "woman" will clearly have some surprising and unintended consequences.

Before a marriage license can be issued in states with such laws, it may be necessary to have a "genetic" test, such as is currently performed on Olympic athletes. Even so, what does an XX male and an XY female do about marriage? This legislation might effectively prevent such people from ever being legally married in their state of residence.

Some legislators have also tried to preclude post-operative transsexuals from marrying by requiring that marriage partners be "potentially fertile." This, of course, would exclude not only transsexuals, but also all intersexual individuals. It would also exclude women who have undergone hysterectomies or gone through menopause, and men who became infertile as a result of disease, such as having contracted mumps as adults.

VARIETY FOUND IN HUMAN GENDER

The attempt to deny marriage to all but culturally defined males and females through legislating science is eventually doomed to failure, because a two-category male/female system can never encompass the variety of human gender construction.

A large number of destructive and expensive court cases will arise if such restrictive and ill-conceived marriage laws are passed. It would seem far more reasonable to allow any two persons wishing to ratify a personal relationship to do so, without having to satisfy a standard that has little relationship to reality.

William O. Beeman is associate professor, Department of Anthropology, Brown University, Providence, Rhode Island.

For further information see:

- "The Biology of Homosexuality and Transgendered," article by Susan M. Menking, MD, may be available from the author at e-mail address: MSmenking@aol.com;

- Web site of the Intersex Society of North America, including information and bibliography, at <http://www.isna.org>;

- Myths of Gender: Biological Theories about Women and Men, by Anne Fausto-Sterling;

- Neither Man nor Woman, by Sereena Nanda, on third sex societies in India and around the world.

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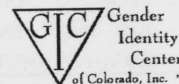
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sex police continued from page 11

continuous variability that nature offers us is what gender is about," Fausto-Sterling says. "What we call the truth of the body is also a cultural view of the body through a scientific lens."

IT'S ALL ABOUT HOW YOU PEE

Both the scientific and social interpretations are increasingly complicated and controversial. The International Olympic Committee has found itself at the center of the uncertainty. The first shock came when Hermann Ratjen, who ran as Dora Ratjen for Germany in the 1930s, confessed in 1957 that he had disguised himself at the request of the Nazi Youth Movement. So in 1966, as the opportunities for women to compete expanded rapidly, a panel of judges began checking female athletes for vaginal openings, overlarge clitorises, a penis or testicles. By 1968, chromosome testing replaced these "nude parades," and in 1992, a more sophisticated instrument to hunt for the SRY gene was adopted. But as the technology advanced, so did the confusion.

Five women out of 2,406 tested "male" in the 1992 Barcelona Olympics. Eight women in the 1996 Atlanta games didn't pass as females. In February, the Athletes' Commission of the International Olympic Committee urged its parent organization to do away with sex analysis entirely and rely instead on observed urination during drug testing to pinpoint any likely impostors.

Anatomy, gonads, hormones, genes, rearing, identity and even the presumptions of others all play into a person's sex. "To

select only one, the genetic sex, out of a large number of sex-determining factors and analyze for that one is scientifically incorrect," says Arne Ljungqvist, head of the International Amateur Athletics Federation doping commission.

Both women and men in sports have begun to accept a broader definition of what a "woman" is, accepting those with chromosomal variations and sometimes even testes. Intersex activists hope pediatric specialists also will quit worrying about what those jock straps contain -- and indeed, some already have.

William Reiner, who started out as a urologic surgeon, went back to school after witnessing the misery of children living with the results of sex-correction surgery. Now a child psychiatrist at Johns Hopkins University, he says the most important sex organ is the brain. Reiner doesn't buy any theories about a range in biological sex; in fact he thinks it's quite binary. All the more reason to step back from aggressive enforcement, he says. Sure, go ahead and assign sex at birth, he suggests, but in the final analysis boys will be boys, girls will be girls, and they know what they are better than any parent or doctor.

Some surgeries are medically necessary, and many seem to turn out just fine. Reiner hopes to sort out some of the mysteries by following the lives of 700 children born with atypical genitals, 40 of whom had their sex reassigned at birth. "The kids are going to tell us the answers," he says. Cheryl Chase thinks she knows some already. She founded the network that grew into the Intersex Society of North America, a clan of 1,400 whose anatomy doesn't fit the binary ideal. Born with both ovarian and testicular tissue,

Cheryl started out life as Charlie. But doctors decided later that since she was potentially fertile and had a short penis, she'd be better off as a girl. Her parents changed her name, threw away photographs and birthday cards and had her clitoris removed when she was 18 months old. Her ovotestis came out at age 8. She was in her 20s and living as a lesbian in the 1970s when she dug up the truth about her birth and life as a boy -- making her feel like an impostor in her own community. And for her, like many others who had surgery on their genitals, the missing parts and scarring made sex more likely to bring pain than pleasure.

The Intersex Society doesn't oppose assigning gender at birth. Instead it -- and now some medical specialists -- urges parents and doctors to refrain from surgery and be open to a change in sex identity later.

But Chase, for one, isn't waiting for culture to come to terms with biology. "I'm focused on practical changes that come quickly, not pie in the sky," Chase says. "I would much rather keep my clitoris and have orgasms than have a box to check off."

Helena Harmon-Smith, Patrick's mother, says she wants children like her son to be allowed their own decisions -- and more than anything, to be recognized as real. "My son was one of the lucky few -- because he is technically both. He can be boy or girl," she says. She will never forgive Patrick's doctor for making the choice for him. Δ

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About the writer
Sally Lehrman is a Salon contributing writer.

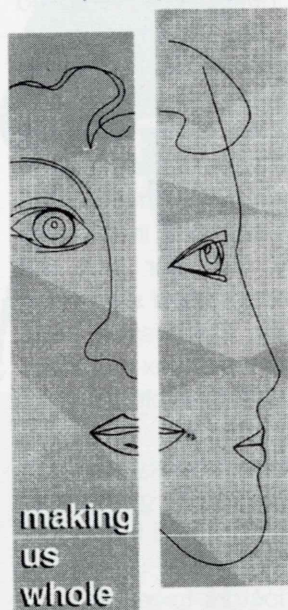
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ROMANTASY

AN APOLOGY

In Transgender Tapestry
issue #87 (Summer '99),
Dr. Rebecca Allison's name
was incorrectly listed on the
contents page as
Dr. Janice Raymond.

The editors and staff of
Transgender Tapestry
sincerely apologize for this
mistake.

Raven continued from page 17

me into that?" But that wasn't an option. It's still not an option. I see both male and female cultural roles as a crock. So I swallowed my rage and said the right things, and got the drugs.

Now I find myself at the intersection of the growing transgender community and the budding intersex community. I've been out about who I am, all the way down. I walked into an F2M support group and said, "I'm intersex, and I don't think I'm a man. I probably have different views from you on some things. Anybody here got problems with that?" They were surprisingly nice about it. They also had surprisingly many things in common with me - and some things that were, indeed, very

different. In general, the transgender community has been good to me, although I've gotten some strange reactions. These range from envy: "You have a 'real' reason; it's not all in your head," to anger: "You've made a mockery of the Benjamin Standards!" to disgust: "Exactly what 'are' you?" Still, I am committed to both groups, like I am committed to the queer community because I am bisexual, and to the world of men and women because I am a little of both. I'd still like to see a slot on my driver's license with the letter "I". But, as always, I am Shaman, Walker Between Worlds.

Most people, both in and out of the transgender community - including my parents and friends look incredulous when I tell them that the only place I ever use gender, really, is dur-

ing sex, and that the rest of the time it's rather immaterial to me. This is an attitude that is utterly foreign to the average person who's grown up steeped in their assured gender role. Getting in touch with your male or female side, sure, that's a good thing. But, I'm told, don't take an abstract idea too far.

It's not abstract, I tell them. It's real. I've gotten up every morning for the past 18 years and looked in the mirror and seen an abstraction made flesh, a mythical beast. It is very real for me. Here I am, folks, a unicorn, a dragon, a chimera. Here I am, fellow beasts. Are there enough of us, yet, to spill over the pages of the fairy tale books and hold hostage the rules of this world?

Δ

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The ethical issue most prominent in this debate is that of patient autonomy—the right of patients to decide for themselves what treatments they receive. ISNA seeks to maximize patient autonomy by delaying surgery. The traditional treatment model holds that delaying treatment would lead to psychological scarring and difficulty in accepting the assigned gender. Baskin believes that it is appropriate for parents to consent to surgery on behalf of their infants. "Parents make decisions for their kids. That's what parents do."

On the other side of the divide, Chase was adamant that the surgery is being done for the psychological adjustment of the parents, which strikes her and other adult intersexes as horribly wrong. "The infant is the patient, not the parents! Gender is not so fragile that cosmetic surgery needs to be done early. Gender identity would not be undermined by asking the child about it."

"The idea of surgery is to make the child normal, with a capital 'N'," reflects Chase. "But our experience as adult intersex people is that these kids are not going to be 'normal.' The genitals are not going to look the same as those of other kids. And when an incredible amount of money and time has been invested in making them 'normal,' and they don't feel that way, they'll feel terrible. We all wish we had the genitals we were born with back. We're not saying this would have been without emotional difficulty, but it would have been better than what they did to us."

ISNA also takes issue with the criteria through which sex is assigned. "In the case of congenital adrenal hyperplasia, the excuse for the surgery is that the girl who has a vagina created will be fertile as a woman. But if you had to

choose between fertility and sexual function, which would you choose?"

Baskin is horrified by this attitude. "The majority of these patients [with congenital adrenal hyperplasia] have done well. They have families. They have kids. They would never be fertile as a male. They would have a small, dysfunctional penis. If you leave a big clitoris, they [patients] don't look like a girl. Most patients don't want a clitoris that looks like a penis. People want to look normal. I am trying to help kids."

After all the debate and division, it's reassuring to hear that the two sides do share a few square yards of common ground. Everyone agrees that patients and parents need more psychosocial support. But no one agrees on why that care has not been forthcoming.

Grumbach believes that groups like ISNA have changed treatment in positive ways. For example, patients used to be subject to repeated medical photography of their genitals, a practice which made many patients feel stigmatized and uncomfortable. "They've pointed out the deficiencies in our care of patients. Sensitivity has gone up a couple of logs." Like ISNA, Grumbach and Baskin bemoan the lack of psychotherapy. "A good psychological social worker would be a tremendous help. It's hard to get long-term psychiatry. We [the pediatric endocrinologists] try to provide support. That is one of the real deficiencies in care."

Baskin agrees that mental health care is, "a critical part of their treatment," but admits that no services are consistently available here at UCSF. He believes this is due to HMO and insurance companies who are unwilling to pay for treatment. Grumbach thinks that another important factor is lack of psychiatrists with expertise in the area of intersex.

Back at ISNA, these attitudes prompt the type of frustration typical of patients who have been denied care. "What are they doing about it [the lack of psychological counseling]? If you had patients dropping dead from heart attacks, you wouldn't say there's no money for cardiologists. You would say our ethical duty as care providers is to get these people the help they need. Intersexuality is actually life-threatening, because the rate of suicidality is high," maintains Chase.

Psychologist Devore, who studied intersex individuals at Hopkins, scoffs at the idea that trained counselors aren't available. "The parents need counseling. They need to be told that this [intersex] is a way a person can be, even though it is not what the parents expected. There are psychologists trained in this. We have developed a referral list. ISNA is also available for peer support."

The battle of the intersexes is far from over. Each side concedes some benefits received from the other. Intersex individuals are grateful for the immense research done on the causes of intersex conditions. Doctors acknowledge that intersex adults have shown them how discussing the patient's condition openly yields better results than the previous protocol of hiding it from them with secrets and half-truths. Some doctors are talking to adult intersex individuals openly. Medical practice has been influenced by the debate itself, but the anger and defensiveness that have been created have left a chasm across which only a few doctors will publicly walk. Perhaps the next step in improving treatment will be the one taken when doctors and intersex adults sit down together to discuss methods for the scientific evaluation of patient care as they exist now and as they have been proposed. Δ

MEDICAL INTERSEX MANAGEMENT AND THE EMERGENCE OF INTERSEX ADVOCACY

BO LARRENT

"Medical standards allow penises as short as 2.5 cm to mark maleness, and clitorises as large as 0.9 cm to mark femaleness." Infant genital appendages between 0.9 cm and 2.5 cm are unacceptable," said Suzanne Kessler. The audience laughed, but Kessler had accurately summarized mainstream medical practice in "managing" infants and children with unusual genitals. At most hospitals, surgeons will remove clitoral tissue from a child born with such in-between genitals, to produce more acceptable female genitals. In others, surgeons transfer tissue from other parts of the body to try to build a larger penis. No one has ever performed studies to determine the long term effect on sexual function of these genital surgeries.

Kessler noted that physicians and parents refer to such genitals as "deformed" before surgery and "corrected" after surgery. In contrast, many of those who have been subjected to surgery label their own genitals as having been "intact" before surgery, and "mutilated" afterward. These individuals are beginning to come together to form an intersex advocacy movement, most notably in the form of the San Francisco-based Intersex Society of North America (ISNA, PO Box 31791 SF CA 94131, info@isna.org).

Kessler presented a poll of college students' feelings about "corrective" genital surgery. Women were asked to imagine that they had been born with a

larger than normal clitoris, and that physicians had recommended surgery to reduce its size. One fourth of the women indicated that they would not have wanted the clitoral reduction surgery under any circumstance; one quarter would have wanted surgery only if the clitoris caused health problems, and the remaining 1/4 would have wanted the size of their clitoris reduced only if the surgery would not have entailed any reduction in pleasurable sensitivity.

Men were asked to imagine that they had been born with a smaller than normal penis, and physicians had recommended reassigning the boy as female and surgically altering the genitals to appear female. All but one man indicated that they would not have wanted surgery under any circumstance. They seem to be saying that they believe they could live as men in our culture, even with tiny penises.

Finally, Kessler presented communications from parents of girls whose clitorises had been deemed "too large" by physicians, and surgically reduced. In some cases, the parents had noticed nothing unusual about their daughters' clitoral size; physicians had to teach the parents that the clitoris was unusual enough to warrant genital surgery.

Meyer-Bahlburg, a member of the team which treats Intersex persons at Columbia University's Presbyterian Hospital in NYC, defended the practice of genital surgery on children. "Without surgery" he said, "they are likely to be rejected by their parents, and teased by other children." He offered the example of one infant whose father was so dis-

turbed by her large clitoris that he attempted to rip it off with his fingers, resulting in a trip to the emergency room. A representative from Intersex Society of America (ISNA) stood to denounce the father's action as child abuse, which cannot justify surgery on the infant.

Medical intervention has been predicated on the notion that is possible only for individuals who conform to male or female sex and gender. But in recent years, the possibility of a third gender, and the viability of non-conformance, has come to the fore. There are several threads to this discourse. Anthropologists and ethnographers have identified third gender categories in many cultures, such as the Berdache in Native America, the Hijra in India, the Xanith in Oman, and many others. Non-conforming gender roles are also in evidence in the growing transgender movement, which has rebelled against medical policy which offered services to transsexuals only if they conformed adequately to mainstream heterosexual male or female roles.

But most important, Meyer-Bahlburg acknowledged, is the growing intersex advocacy movement. This movement, represented most forcefully by ISNA, is beginning to speak out against the harm of genital surgery and of secrecy and taboo surrounding intersexuality. "I believe that this new third gender philosophy is going to have a beneficial and quite profound effect on medical intersex management, but that it will take quite a while." In response to a question from the audience, he indicated that he would begin to advocate less surgery for "minor" cases of genital abnormalities. Δ

TRANSSEXUALS' CHILDREN

R. GREEN

In 1978 I published a paper on sexually atypical and gender atypical parents and their children (Green 1978). It described 21 children being raised by lesbian mothers and 16 by transsexual parents. Since that paper 20 years ago,

none other has been published describing a series of children of transsexuals. This absence explains why that report was cited as a stand alone in the case brought by a female-to-male transsexual in his recent fight for parental status before the European Court of Human Rights (Case of X, Y and Z v United Kingdom, 1997). Opposition is strong to a transsexual continuing in a parenting role dur-

ing or after gender transition. It derives in part from concerns that the children will become confused in their own gender identity during critical years of psychosexual development. Although to those concerned about this impact posited no developmental period is safe harbor, the first handful of years are seen as exceptionally vulnerable. This is during the setting of basic gender identity and resolution of the posited Oedipal conflict. Early adolescence when sexual orientation manifests strongly, perhaps reviving earlier Oedipal conflicts, is another arguably vulnerable period. The second focus of concern impacting on the best interests of these children is the reaction of their age mates, the peer group. Will the children be teased, ostracized, bullied in consequence of their parent's transsexualism?

But, beyond these presumably empirically testable concerns, there is more. There are the feelings of betrayal, abandonment and hostility of the non-transsexual parent. Many are so enraged at the transsexual parent that they defiantly oppose any contact with the child. As custodial parent, some non-transsexual parents instill in the child a distorted, negative image of the absent (or rarely present) transsexual parent, the Parental Alienation Syndrome (Gardner 1978). In time, the child, too, opposes continuing or renewed contact. The concern to courts here is that the conflict and

trauma imposed on the child of enforcing contact with one parent when the other is implacably opposed, and perhaps the child too is opposed, is greater than terminating contact.

Are the former noted issues concerning the children's gender identity and peer group reaction to be considered as independent of the latter consideration of uncompromising parental opposition? They should not be. To the extent research demonstrates the absence of an objective basis for concern for the child's welfare as a direct effect of the transsexual status of one parent, the other parent's opposition becomes increasingly irrational. It should be given less legal weight on the scales of justice in judicial determinations.

During the past four years I have interviewed transsexual parents at Charing Cross Hospital in London. Many have not seen their children for years. Several abdicated their parenting role because they feared their transsexualism would be harmful to the child, others because their former spouse had been adamantly opposed to contact and the transsexual believed that a legal fight was hopeless. There have been other families, however, where the transsexual parent has continued to live with child(ren) and spouse during the gender transition of the "Real Life Test", or has maintained frequent parenting contact, though living apart. An outline of these children is drawn here.

There are 18 children. They are from 9 families, 10 boys and 8 girls. Six transsexual parents are male-to-female, three are female-to-male. The children's age range is 5-16 years, with 4 ages 5-7, 6 ages 8-10, 4 ages 11-13 and 4 ages 14-16.

Areas of focus in interviewing these children and parents have been the

two typically cited as potentially problematic for the children: their own gender identity and peer group stigma.

GENDER IDENTITY

None of the children meet the DSM IV or ICD 10 criteria for "gender identity disorder". One boy and one girl had thoughts about changing sex briefly when informed of the transsexualism of the parent, but the curiosity did not evolve into a desire to change sex and the curiosity did not continue. No clinically significant cross-gender behavior is reported.

PEER GROUP

Three children have been selective in informing peers of the transsexual status of their parent. They informed those whom they thought they could trust with the information and who would not tease or spread it indiscriminately. Three children experienced some teasing; it was transient and resolved. The remainder report no problems.

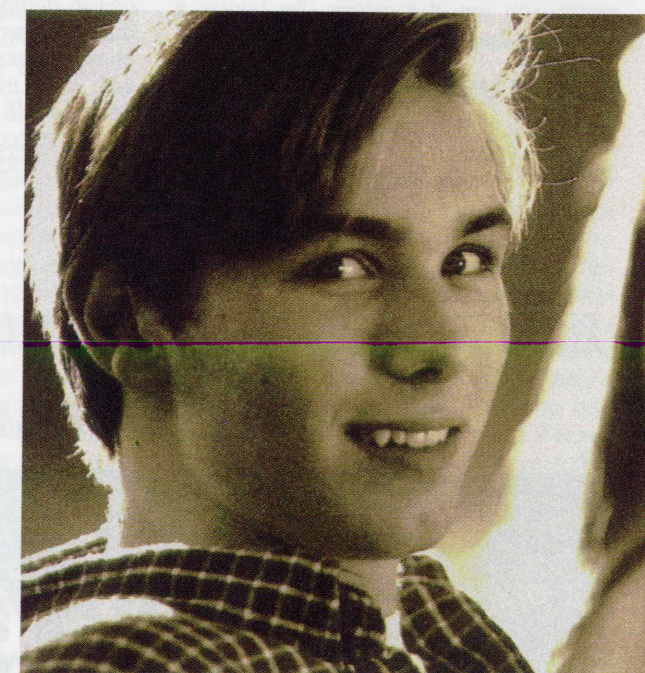
UNDERSTANDING THE PARENT

Three children do not remember their parent in the parent's birth sex. The others became aware of the transsexual status 1-3 years before my interview. The children have a reasonable understanding of the parent's gender dysphoria and the treatment process. Some examples of their perceptions of their parents follow:

Seven year old boy with male-to-female transsexual parent (father): "Linda wants to be a woman. Linda wants to start a fresh life. She likes

living as a woman. I think that is happy for her. At first (when I was 4) I didn't quite understand. As I got older, I realized she must be happy living as a woman, so I'll just accept that." Does Linda have a penis? "She is going to have it taken off." What is your worry? "The thing I worry about is if he gets injections that the wrong amount would be given and something would go wrong. Is there a chance he could die in the operation?"

Nine year old boy with female-to-male transsexual parent (mother): "She will change into a man with plastic surgery." Why? "My dad (biological mother) reckons that God had made a mistake when he was born."



Seven year old girl with male-to-female transsexual parent (father): "Why does your daddy dress as a lady? "It's a better life."

Sixteen year old boy with female-to-male transsexual parent (mother): "Jim is a bloke. The only thing missing is a dick."

Ten year old boy with male-to-female transsexual parent (father): "How do you feel about it? "It's



SEVEN YEAR OLD GIRL WITH MALE-TO-FEMALE TRANSSEXUAL PARENT (FATHER): WHY DOES YOUR DADDY DRESS AS A LADY? "IT'S A BETTER LIFE."

SIXTEEN YEAR OLD BOY WITH FEMALE-TO-MALE TRANSSEXUAL PARENT (MOTHER): "JIM IS A BLOKE. THE ONLY THING MISSING IS A DICK."

alright." Why is your daddy doing this? "He does not like being a man."

Eleven year old sister: "My dad's having a sex change. He is turning into a woman."..Why?.."He feels like a woman". How do you feel about it? "I feel OK about it."

Fourteen year old daughter with female-to-male transsexual parent (mother): "My Mother's not happy in the body she is in. My mom is a lot happier since starting to live as who she wants to be. When I was 13, my mother said, 'I want to be a man, do you care?'"

I said, no, as long as you are the same person inside and still love me. I don't care what you are on the outside, It's like a chocolate bar, It's got a new wrapper but it's the same chocolate inside."

Ten year old brother: "Jim (mother) is my dad because he is having a sex change. It's alright with me. If it makes Jim happy, it makes me happy."

CONCLUSION

Available evidence does not support concerns that a parent's transsexualism direct-

ly adversely impacts on the children. By contrast, there is extensive clinical experience showing the detriment to children in consequence of terminated contact with a parent after divorce.

Can anything be done to help maintain these families? Courts can be educated regarding clinical or research findings. Transsexual parents may profit from engaging with children in counseling sessions in anticipation of, or during, the gender transition process where concerns and questions can be addressed. Marital counseling early in the transition process could mitigate the hostility of the non-transsexual parent. Hopefully, the non-transsexual parent's feelings of disappointment, loss and perhaps anger can be placed in perspective to the benefit children derive from contact with two parents. Children can also benefit from counseling, when troubled, after parent sex reassignment (Sales, 1995).

The cases described here and twenty years earlier demonstrate that transsexual parents can remain effective parents and that children can understand and empathize with their transsexual parent. The cases demonstrate that gender identity confusion does not occur and that any teasing is no more a problem than the teasing children

get for a myriad of reasons.

Children's best interests are not served by the bullying tactic of implacable parental opposition by one parent to continuing contact with both parents. Divorce may be inevitable between parent and parent, but divorce need not be inevitable between parent and child. Δ

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International journal of transgenderism vol 2 #4
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GENDER LOVING CARE

A GUIDE TO COUNSELING
GENDER-VARIANT CLIENTS

RANDI ETTNER

Author: Randi Ettner,
1999, W.W. Norton & Company,
New York and London, "A Norton
Professional Book"; 181 pages, including
appendices, references, and index.
ISBN 0-393-70304-5. Cloth; \$25.00.

Chicago celebrity psychotherapist Randi Ettner is both charming and very smart. Her first book, "Confessions of a Gender Defender" presented an extremely compassionate view of trans people, focusing primarily on the MTF experience as viewed by the concerned therapist. This is her second outing, and it is a much stronger work. In *Gender Loving Care*, Ettner presents an extremely cogent and informative history of transsexualism, with information drawn from both the US and northern Europe, where the bulk of available data has originated. She does an excellent job presenting the diversity of trans experience, showing examples of trans people existing in many cultures and throughout time, and I believe she has tried mightily to improve the amount and quality of her FTM-specific content. Her limitations are imposed to great extent by her focus on the medical/psychological history, which largely ignores FTMs. Still, the history she gives is well worth reading by everyone interested in this topic.

Ettner is speaking in this book to her fellow psychotherapists, so there are times when the language is complex and jargon-laden. But for the most part, she is comprehensibly clear and emphatic in her empathy and support for trans people, urging therapists to refer clients when they don't understand the issues, and giving examples of situations in which therapists did their trans clients a disservice.

Be sure you read this book before giving it to someone else. This is the kind of book that you could give to your family and friends to read, providing they were sophisticated enough to realize that the psycho-medical theories that have since been disproved and the anti-trans rationales that

Ettner presents are there to be examined and not latched onto and believed. In other words, you have to read the whole book to get the whole picture. Still, it's a clinical focus that is sometimes harsh and objectifying in the way it treats transsexual people as 'other.' I believe Ettner should be forgiven for this because she is not speaking to trans people or their families, but to clinicians who have little or no experience with trans people. She must speak their language and develop a rapport with that audience if she is to win over their understanding, and eventually their compassion.

Ettner herself is wonderfully appreciative of the trans people she has worked with and otherwise become acquainted with over the years. She truly understands the diversity in our community, and the often painful process many of us go through in dealing with transsexualism and transgender identities. Her focus, again, is the psychological one of coming to grips with one's identity in the face of horrific opposition, and then surmounting the obstacles placed in one's path once the goal is visible. In this realm she is on pretty solid ground and holds her own. When she gets into the surgery parts, though, she basically gives a quick overview of the names of the procedures for both MTF and FTM that is not very informative to those not acquainted with the procedures.

From the FTM perspective, however, her worst error is that she perpetuates a fundamental misunderstanding of the metoidioplasty procedure, quoting Hage et. al. from a 1993 article in which he and his co-authors state that "most FTMs desire the ability to urinate standing" more than sexual ability," leading that team of authors to believe this is why FTMs choose the metoidioplasty (page 135). Most FTMs where? It is well known in the FTM world that the cultural differences between Amsterdam and the US, as well as differences imposed by our separate medical systems, have done a great deal to shape the FTM transsexual narrative. Hage's focus in developing his metoidioplasty technique (he is the talented lead plastic surgeon at the gender clinic in Amsterdam)

GENDER LOVING CARE:

A Guide to Counseling Gender-Variant Clients

Reviewed by
JAMES GREEN

was always on urination, where Laub's focus in the US (these two surgeons were the leading advocates/practitioners of this procedure for many years) was predominantly on sexual function (see my interview with Hage in FTM Newsletter # 26 and also my article "Getting Real" about FTM Surgery" in *Chrysalis* Vol. 2, No. 2. Also, Laub has perfected his urethral extension techniques in recent years, and Meltzer has been doing this procedure as well, so both features-urination and sexual ability-are available now).

One has to be cognizant of the interpretation of the words "sexual ability." If it means ability to engage in deep penetration with the penis, that is true-it is not possible. Stimulation of a partner to orgasm, however, is possible; even penetration is possible, just not deep penetration. Many partners of FTMs are very happy with the small phallus, and many FTMs are interested in this procedure because it is so much less invasive and disfiguring than phalloplasty, and full sexual functioning in the form of natural erection and orgasm is possible. The ability to have an erection and orgasm are extremely important to most FTMs. Plus, we know there are lots of other ways to have sex than putting a penis in an orifice, so the implication that FTMs are not interested in sexual ability is a fallacious presumption which I don't believe Ettner intended to propagate; but, there it is, and I could not let it go by without remarking on it. Also, one other minor flaw: FTM International's web address has a typo in it, omitting the 'l' in www.ftm-intl.org.

Apart from these specific problems, Randi Ettner has done herself-and the trans community-proud. The information in the first half of the book about how Harry Benjamin got started and his communication with Christine Jorgensen, plus the professional arguments that raged against providing transsexual treatments, is a fascinating read, and her advice to therapists is reassuringly excellent.

This book is a must for any serious library collection on transsexual issues. Δ

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GIRLFRIENDS: MEN, WOMEN, AND DRAG

Book by Holly Brubach
Random House 1999

REVIEWED BY
ANDREW MATZNER

I wanted to like this book. After all, I spent nearly forty dollars on it. But it is not every day one finds a book about drag prominently featured on a Barnes & Noble display table. Large publishing house. Name author. I wondered how this topic would be treated in their hands. And so I spent the money. And now I know.

For while *Girlfriend* claims to offer "a brilliant and insightful look" at the ways in which drag is played out in a variety of international settings, in reality it presents a poorly researched and superficial picture of what it means to be a drag queen (drag kings are only briefly covered). As an example of a mainstream attempt to catalogue and explain cross-cultural transgendered behavior, the end result smacks of naiveté, especially to those of us more personally involved.

Early on, the author informs us that it took seven years to complete *Girlfriends*. During this time, Ms. Brubach checked out the drag scene in eight very large, very cosmopolitan cities: Bangkok, Tokyo, Rio, Amsterdam,

Berlin, Paris, London and New York. In chapters devoted to each locale, by means of a series of thumbnail sketches, Ms. Brubach relates her impressions and conversations with transgendered men and, less often, women.

In general, her writing style is easy-going and understandable. For what they are worth, the anecdotes, whether about late-night chats with lady-boys in Bangkok or cross-dressing revelry during Rio's Carnival, are entertaining and interesting. Disconcertingly, however, Ms. Brubach's prose is sometimes punctuated by grandly stated, overly-philosophical musings, which sometimes make no sense whatsoever. This is particularly irksome in the book's introduction and conclusion, chapters in which the author attempts to produce a grand theory of "what drag means" and "why people do it", regardless of the cultural context in which they are located.

For example, in the introduction, Ms. Brubach divides transgendered men into four categories: Female impersonators, who do drag on-stage as part of a performance. . . transsexuals, who believe they were born the wrong sex and set out to rectify that. . . "cross-dressers", as they're now known in America - men (the majority of them straight) who dress in women's clothes, usually

underwear and usually in private, often as a sexual turn on; and finally, the practitioners I'll call drag queens, who dress as women in public, on social occasions. . . It is this last group that forms the basis of this book, however blurred the distinctions.

Ms. Brubach confuses matters by going on to assert that "cross-dressers who claim that their impulse to dress in women's clothes (and not only lingerie) is not erotic would theoretically qualify as drag queens".

It quickly becomes apparent that Ms. Brubach herself does not know exactly who it is that she wishes to write about, as she lumps together as drag queens men whose common denominator is that they dress as women in public. This would explain how French performance artists, Thai transsexuals, Japanese heterosexual cross-dressers, and a German self-confessed transvestite ended up in a book about drag queens. Accordingly, Ms. Brubach's notion of what constitutes a drag queen is problematic, since she reduces a large number of international transgendered identities to a single abstract label, which she then attempts to explain.

Drag is, ultimately, political, with a subtext that is easily lost amid the

feather boas, the false eyelashes, the florid gestures. To the extent that its fascination has largely resided in seeing members of the ruling class assume the guise of the ruled, drag has been strikingly similar to blackface. Like blacks, women have historically constituted an underclass. Like blackface, drag has articulated a widespread nostalgia for a time when the oppressed were seemingly happy with their lot. Those were the days, before the unrest and the animosity set in, before the list of demands was drawn up.

Huh? What does this really say about why some Thai, Japanese, Brazilian or American men dress as women? With statements such as these, Ms. Brubach illustrates the unfortunate habit of academics to pontificate on the meaning of transgendered behavior, without consideration of the motivations of the people actually involved. In the author's hands, drag - and

drag queens - become tools in an academic discussion concerning the artificiality of gender distinctions between men and women. Ms. Brubach writes as if this idea was just recently discovered by postmodern scholars who had stumbled across it by going to drag shows. Unacknowledged are the scores of feminist writers who have been saying the same thing for over fifty years.

In addition, the author's knowledge of the history of drag is skewed. She writes that since the early 1990s, "drag in America has gone from a downtown pastime in New York and a handful of other cities - a private joke among fashion designers, photographers, artists, film-makers, and self-styled performers in search of an audience - to a national form of mainstream entertainment."

Well, Ms. Brubach was the former style editor of the *New York Times Magazine*. But that does not give her the excuse to overlook one hundred years of gay and lesbian history in America. To give but one instance, there are numerous reports of drag balls going on in Harlem as early as the turn of the century. Such short-sightedness on the part of the author is troubling to read in a big-budget book such as this.

Also disturbing is Ms. Brubach's take on drag kings. She devotes a chapter to her experiences of being enrolled in Diane Torr's Drag King Workshop, but that is largely the extent of her interest in women who dress as men. Certainly

they do exist, both in the West and in other cultures, but the author shows little interest.

To my mind, women in drag on the whole lack the credibility and the audacity that make men in drag so provocative. We're inured to the thrill that the sight of Marlene Dietrich in a tuxedo inspired in her own time. After two generations of flat shoes and pantsuits, a woman in drag now looks not brazen or defiant or even titillating but completely harmless. In any case, the woman who dresses as a man in our time gains nothing by it; she has already acquired the liberty and the privileges that men's clothes confer. Whereas the man who dresses as a woman enters into a realm of experience that has been off-limits to him.

It pains me even to have to quote these lines, but the author did write them. Has she ever spoken with women who dress as men in Europe, Japan, Thailand? I think if she had, Ms. Brubach would have realized that women continue to cross-dress as men for a multitude of reasons, some social, some sexual. This blunt dismissal of female drag is simply unfair.

A blurb on the inside of this book's dust jacket crows that Ms. Brubach is a writer who "could make a safety pin sound fascinating". Well, so what? Her cross-cultural study of drag queens is a failure. Not too many of us get the chance to travel the world to research drag, but Ms. Brubach's superficial impressions of eight "drag queen capitals" indicate that this opportunity was wasted. I'll take the detailed, in-depth life-story of a single transgendered person over a series of shallow anecdotes any day. Δ



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"YOU ARE A VERY BEAUTIFUL WOMAN, EVEN THOUGH YOU ARE A MAN":

The Vestidas of Mexico City

REVIEW BY
JODY NORTON

Mema's House, Mexico City
On Transvestites, Queens, and Machos

By Annick Prieur.

Chicago: U of Chicago P, 1998. 293 +
xv pp.

In Mema's House, Mexico City on Transvestites, Queens, and Machos, Annick Prieur describes and analyzes a small community of vestidas (male-to-female transgenders) living in the working-class environs of Mexico City. A sociologist, Prieur sets out to gather detailed information on the self-concepts, values, and practices of the vestidas and the bisexual men (mayates) with whom they form sexual relationships. Her aim is to theorize the gender construction of both groups: to explain how, and why, within their cultural context, vestidas and mayates comprehend their gendered selves in the very particular ways that they do.

In Mema's House (Mema is a jota, or homosexual, who does not cross dress or otherwise overtly present himself as a woman), sexuality is defined as gender. Men are those male-bodied persons who are phallic—that is, whose dominance and aggressivity are emblemized by their use of their penises. Men (theoretically and publicly, at least) penetrate the bodies of others—whether girls, women, boys, or adult males is relatively inconsequential. But they must never allow themselves to be penetrated, lest they cease to be men. (In fact, many mayates do take the receptive role in intercourse more or less frequently, but never openly admit to doing so.) In this world, a man is never a homosexual or anything other than a man, as long as he is accepted as literally impenetrable.

Vestidas, on the other hand, are male-bodied persons who seek to transform themselves into women in every possible way, only stopping short of sex reassignment surgery (they fear loss of sexual pleasure, and worry that changing their

genital anatomy might change their sexual appetites: that they might move from being males who love males to females who love females). Other forms of body modification are widely practiced among the vestidas, including feminization through hormones, the injection of quantities of mineral oil into buttocks and hips to increase their size, and the use of foam padding on the hips and legs for the same purpose (the ideal of female beauty in the working-class world of Mexico City is apparently analogous to the Jayne Mansfield/Mamie Van Doren taste of North American men in the 1950's for full-figured women). By their bodies, their extremely short skirts, their look-at-me hairstyles and makeup, the vestidas signal fuckability to the men they want to attract. Because all "men" desire women, the vestidas represent themselves precisely as (feminine) objects of (masculine) desire. When a vestida and a mayate go to bed together, then, only one male-bodied person is understood as homosexual, and only one is understood as a man. In this world, homosexual relationships don't exist as such: rather, a man has sex, sometimes on an ongoing basis, with a homosexual.

In the vestidas' way of thinking, there are two genders only. This is a necessary article of faith for them, since their self-understanding depends on effacing (or virtually effacing) the conceptual space—and crucially, the space within masculine desire—separating them from females. Yet the vestidas do not view themselves, strictly speaking, as women. Rather, the jotás, of which the vestidas form a subset, represent "the feminine pole within the male category" (267). They are defined by a lack, as are women. That is, they differ from women in possessing male genitalia, but they resemble women in lacking the phallic power that the penis signifies. Both women and jotás lack manhood.

Politically, like drag queens in the U.S., the vestidas are both radical, in their transgression of the rigorously disciplined link between sex and gender, and conservative, in their adherence to stereotyp-

ical signs of femininity, and in their intolerance for gender fluidity within those they see, or hope to see, as masculine.

I could find only one use of the contemporary term transgender (oddly, used to define the outdated word berdache, rather than its more respectful equivalent two-spirit, the term preferred by Native Americans, as "transgendered North American Indian" [108]). While Prieur uses transsexual and transvestite frequently, neither transgender nor any associated terms (transmen, transwomen, transpersons, etc.) appears in the index. The choice not to use transgender terminology results in Prieur's conceptualizing the vestidas, somewhat inaccurately, in my view—as homosexual men, or feminized men. Were she more familiar or more comfortable with the terminology used in Transgender Tapestry and other U.S. transgender publications and academic discourses, she would perhaps have been able to conceptualize and represent the vestidas in a way more precisely characteristic of their own sense of themselves (though they too, of course, lack the umbrella notion of transgender, as such). While acknowledging and respecting differences in styles and values, we should comprehend the vestidas as sharing much with many MTF transgenders in the U.S.: they, like many of us, are persons transitioning towards a fuller, more satisfying, actualization of the woman-identified human beings they at once want to become and feel that they already are.

Prieur's excellent, highly readable, book provides important information on an under-studied gender community, and in doing so, demonstrates at once the coherence of transpeople with and to trans communities in other cultures; the range and variety of trans practices and ways of being; and the importance, if we wish to be comprehended in all our diverse glory, of resisting reduction by ourselves, the medical community, the news media, and the entertainment industry to a caricatural, "woman-trapped-in-a-man's-body" sameness. Δ

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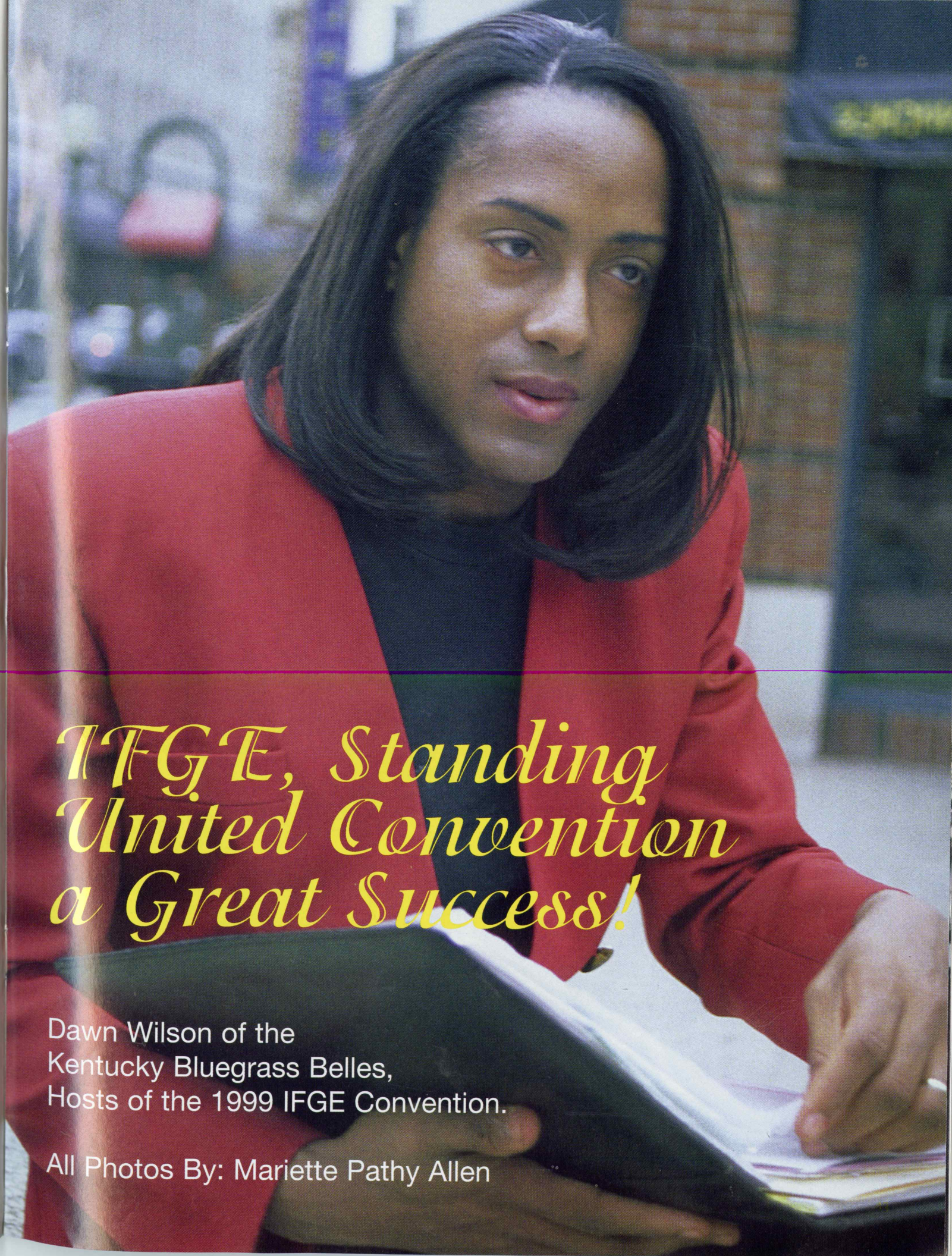
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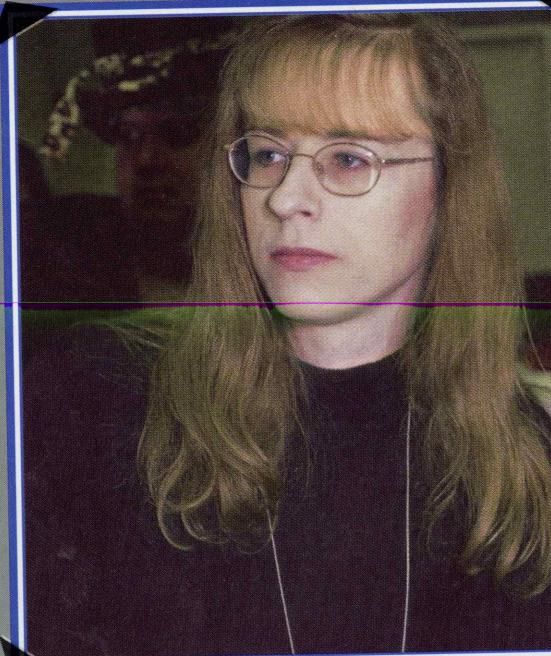
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INTERVIEW WITH

RIKI ANN WILCHINS



BY NANCY J. CAIN

All Photos:
Mariette Pathy Allen

TGTap: How was GenderPAC's National Gender Lobby Days this year?

RAW: Lobby Days this year was wonderful. We had one of the largest groups we have ever had. We had a lot of first time people, and even a more diverse group than last year: more gender-different gay, lesbian and bisexual people, more FTMs [Female-to-Male], more people of color, that diversity is important.

TGTap: What were the main issues this year?

RAW: Primarily the Hate Crimes Prevention Act [HCPA]. There's been a horrendous string of murders against transgender people within the last year. Also ENDA [Employment Non-Discrimination Act]. We're still not in the bill, yet. Employment discrimination against workers who are gender-different is still off the charts.

TGTap: Why "gender-different" instead of "transgender"?

RAW: I think that trans-people are usually the most visibly gender-queer, and therefore we're most often the ones on the anvil of oppression. But we're not the only ones: butchy lesbians, femmy gay men, drag people, intersex, all these people face discrimination in the workplace, and to my mind the movement has to embrace and represent all these.

TGTap: And while we're on language, why "gender-queer"?

RAW: I like using that word, espe-

cially in gay contexts, because I think it glues the two halves back together: gay (or queer) and gender. Because whenever I mention gender to a gay group, it's inevitably written down -- and therefore written off -- as "transgender". Gender is not just a trans thing; it's a gay, lesbian, bisexual and intersex thing as well. Gay people have been, and always will be, gen-



der-different. Those are the ones you "could tell", the ones your mother warned you about, the ones we beat up after school or harassed on the playground, the visible queers. In fact, straight people are also gender-different. For me, being gender-different is not a "trans right", it's a human right.

TGTap: What about trans-people or crossdressers who say they're not gay or who don't like the word "queer"?

RAW: Then they shouldn't use it, of

course. Certainly many of us are not homo-erotic in our orientation. Certainly, as well, most people are going to see men in dresses or women having sex changes as "queer" in some significant way.

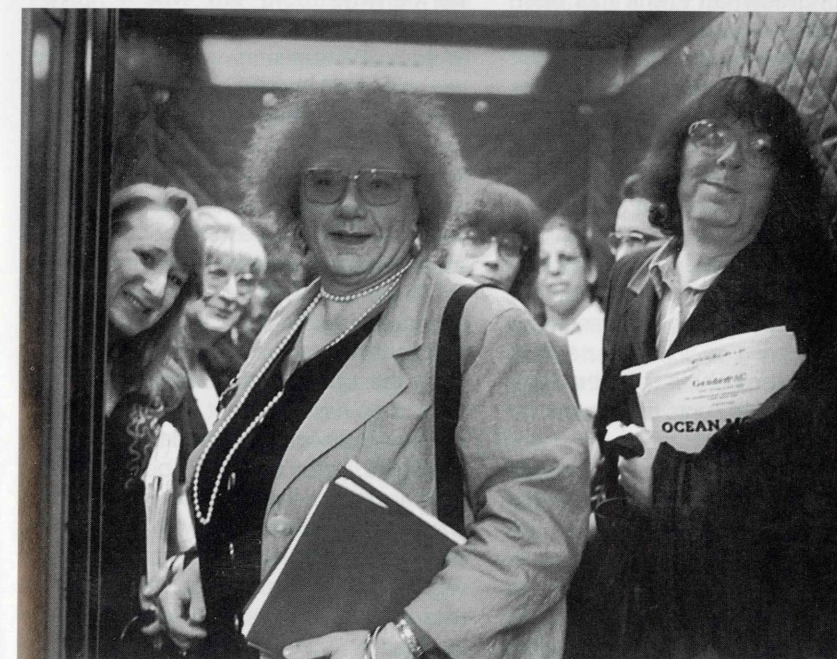
TGTap: It seemed to me that for the people we talked to, endorsing the Hate Crimes Act was a no-brainer. Is there anybody opposing that?

RAW: It's not exactly a no-brainer. First, the Republicans are not entirely on board and second, it contains the language "real or perceived gender". That sounds promising, but it's not at all clear it would necessarily include people who are gender-different or transgender.

In the past, language like that has not been held to include gender differences. It wouldn't be a Hate Crime if you bashed someone for being a man in a dress. It would only be a Hate Crime if you bashed a man for being a man, or a woman for being a woman. And so that's one of the things we asked attendees to really communicate to the congressmen being called on, that the Hate Crime Act must include gender difference.

TGTap: I'm curious, did all the representatives from all fifty states get covered during this year's Lobby Days?

RAW: No, I would expect that it was on the order of 60-70%. A whole bunch of Republicans did not get called on. For a lot of the Western and Southern states we didn't have enough people. Although, we did have some amazing showings from a



few Western states. We had one woman who rounded up ten friends from Colorado. I was impressed! Two women from Arizona, rounded up donations from everybody in their area, including \$100 from their state's Human Rights Campaign (HRC) and Tri-Ess.

TGTap: Did you find that, particularly on the MtF [Male-to-Female] side that there were a lot of cross-dressers, or were they mostly transsexuals?

RAW: There are always a lot of crossdressers at Lobby Days. It is one of the things that really encourages me -- that people who are crossdressers have the courage to go to Capitol Hill, go up to their congress-members and say, "This is who I am, this is what I do, and I want you to talk to me as a constituent. It's not about what I wear, it's that I pay taxes, I vote, I raise a family, and I'm still not protected in the workplace, and I can't walk my own street safely." It's one thing for someone who is transsexual or a butch lesbian to go to Capitol Hill, but for a crossdresser, I think that's an act of astonishing courage.

TGTap: Anything new on the ENDA front?

RAW: The biggest thing was that we completed our first National Survey on Sexual Orientation and Gender in the Workplace, which was a key part

of our lobbying packets. We found that, forgetting about trans-people for a moment, almost a third of our gay, lesbian and bisexual respondents reported that the discrimination they experienced was at least due in part to their gender. And almost 10% said it was due solely to gender. Which tells me that we need ENDA protection not just for transgender people, but also for gays, lesbians & bisexuals and intersex.

This information allows us to dramatically broaden the way we appeal for Congressional votes and the support of national gay groups, including HRC [Human Rights Campaign]. It's one thing to say, "We as trans-people need to be in the Bill." It's a much stronger argument to say, "Not only should we be in the Bill, but our Survey shows that even the G/L/Bi people it was designed to protect are going to be fired because of gender."

TGTap: Does this give it more credence to be involved with the GLB movement?

RAW: It cuts both ways. I don't think it's just a GLB thing, either. Gender difference should also be a feminist issue. American feminists should be all over this. Gender difference is not a transgender right. It's not a gay right. It's a human right.

We had the Executive Vice President of the National Organization for Women (NOW) and the Executive Director of Parents & Friends of Lesbians & Gays (PFLAG.) lobbying with us. That was a big first for us. It shows that the movement, GenderPAC, and even Lobby Days are finally being taken more seriously by national groups. As in previous years, we also had representatives from the National Gay & Lesbian Task Force (NGLTF) and HRC at the orientation meeting Sunday evening.

TGTap: Did the NGLTF make their big announcement there?

RAW: Yes, and it created quite a stir. Betsy Gressler announced that NGLTF would not endorse ENDA until it was trans-inclusive. We were completely unaware that she was going to say that, but boy, it brought the whole room to their feet for a standing ovation that went on and on and on. It was so great to feel that someone heard, that someone cared.

TGTap: We had the occasion to visit Barney Frank's office. His aide brought up another case--Price-Waterhouse -- and said we could rely on that case for protection.

RAW: Price, Waterhouse goes back a number of years. It involves a 1989 Supreme Court ruling where a woman named Ann Hopkins was constructively terminated from a partnership track at Price-Waterhouse because some partners considered her "too masculine". The Supreme Court held that you could not use sex stereotyping as

BETSY GRESSLER ANNOUNCED THAT NGLTF WOULD NOT ENDORSE ENDA UNTIL IT WAS TRANS-INCLUSIVE.

a basis to discriminate in the workplace. But there are at least four major problems with Price-Waterhouse. One, it's a ten year old decision, there's been very little since then. Two, when the court said this, it was not even the basis for the decision. It was not even fundamental to their holding. It was an aside; a paragraph or so in a very lengthy ruling. Three, it was part of Ann Hopkins implicit job description that she be aggressive, which is not the

case for most people. She can say, "I was supposed to be this way and got fired for it." And four, it doesn't say anything about the right to be gender-different in the way that we mean it. So when gay politicians and activists say, "Price-Waterhouse will protect you," for me it's like one of those rickety rope bridges in Indiana Jones: it won't hold very much but they're still trying to drive a herd of elephants across it. It just won't take the weight.

One of the things that GenderPAC is working on with the NGLTF is to start to develop cases that we feel will help shore up Price-Waterhouse to help get protection while we're waiting for a better version of ENDA to pass.

TGTap: Was this a successful lobby day?

RAW: It was tremendously successful. Every time we go up there, we're always being taken more seriously than the year before.

TGTap: Alison Laing said, "You don't know what it was like in the beginning, we were basically ridiculed the first time we went."

RAW: The first time, I don't think anybody knew what to do with us. The staffers just had no clue. I was talking to Dana Priesing, and I said, "I wonder if this year will be a success?" She said, "Of course it will be a success. It'll be a success if anyone comes, because we're doing something, which is technically impossible. It's impossible to take a hundred trans-people up on Capitol Hill. Yet every year if anybody shows up it's a success because it's impossible."

Ten years ago, you just couldn't do it. You could only think about it. The idea of doing this, was inconceivable. Yet we do it. People show up, things get done, and issues move forward every year. I just think it's phenomenal. It's a testament to how resourceful people are in this community, and courageous. Twenty years ago when I first started doing activism, trans-people didn't go out of the closet, let alone up to the US Congress.

I DON'T SEE ANYTHING WRONG WITH SHOWING ATTRACTIVE PEOPLE OCCASIONALLY, [ON THE COVER OF TGTAP.] BUT WHEN EVERY SINGLE PERSON WE CELEBRATE ENDS UP BEING SOMEONE WHO "LOOKS JUST LIKE A REAL WOMAN OR MAN", THEN I HAVE A PROBLEM WITH IT. I THINK THEN WE'RE SENDING A MESSAGE TO OURSELVES THAT THIS IS THE WAY YOU'RE SUPPOSED TO LOOK, AND IF YOU DON'T THEN YOU'RE SOMEHOW A FAILURE.

TGTap: Congressman Frank has been using the bathroom excuse as a reason why we shouldn't be included in ENDA: that it would mean men in the Ladies Room.

RAW: If that is all they can come up with is the bathroom issue, then that tells me that they are grasping for straws. It's sad that when the bathroom issue was brought up concerning gays in the military, Barney denounced it, and yet when it comes to us he's willing to bring it up and use it to oppress us. This isn't about using the bathroom, it's about a civil rights movement.

TGTap: Tell us about the big events going on in your life right now, starting with the New York Times.

RAW: The New York Times called and said they wanted to do a piece on a gender activist and asked if I would be interested. What came out was a very nice 1/3 page interview with a picture in their "Public Lives" section. It went out nationally. Then two days later they featured a transsexual economist on the front page of the Arts & Ideas section.

TGTap: It's great. You're doing a great job there, with Carrie Davis taking over the day-to-day operations, and Dana Priesing in Washington, Clare Howell editing InYourFace, and Sarah Tisdale doing the Web Site (www.gpac.org).

RAW: We now have a college student intern, and we now have Gina Reiss. She has held a number of positions, most recently as the Executive Director of the New Jersey Lesbian and Gay Coalition, and has come on board as Director of Special Projects. One of the projects is the Fortune 500 Project, outreaching to Fortune 500 companies.

We also received a very generous grant from a donor to reach out to Lesbian and Gay groups and try to lobby them to be more trans-inclusive.

TGTap: Let's move on to something juicier. So I understand you weren't too thrilled about the picture of you on the cover of the last issue of TGTap, not to mention the misspelling of your name.

Tell me why.

RAW: It's not that it's not a flattering picture, but I think there is a tendency for us to play up people who look "real" and "pass". I am very worried about pictures of me like that getting out. And I was shocked that it was on the front cover, because I think that sometimes it becomes self-oppressive. It's like when black magazines always used to print a front cover with woman with light skin and narrow noses and "good hair". I think at a certain point we need to learn to celebrate the kinds of faces and bodies that most of us have, and not just those among us who approximate an ideal that originates elsewhere. I don't need to be "just like a real" anything. I want to be "just like" the way we are. I want to look the way a transgendered person looks. I want to sound the way a transgendered person sounds. If it means a nice low voice, or taller build, or a stronger face, then I'm all for celebrating the



intrinsic femininity of that, just as it is. I don't need to pass as anything today but what I am. That's one of the reasons why people usually see me in a Transsexual Menace T-shirt, or a GenderPAC T-shirt. I make it a point of not passing and not trying to look super femme. I want to make sure that I make it okay for the people who can't pass to be where I am, too. Whether that's at Lobby Days or at a demonstration, I say, "Hey look, I don't pass either when I look like this, and that's okay for you as well."

TGTap: I saw the picture when we were looking for cover shots to use, and I thought it was a good picture of you. It was odd because I had not seen a picture of you like that.

RAW: And now you know why. It was never supposed to be released. It makes me feel bad sometimes. It's not that I don't dress like that privately, but for public consumption we can't keep putting out these images of realness and then consuming them when they are oppressive to the majority of people in this community.

This is a tremendously oppressed community, not just politically, but aesthetically in terms of how we are told we must look in order to be allowed to wear certain clothing, in terms of how we're told we must look in order to have certain feelings. You're not allowed to feel feminine if you happen to be fat or hairy or tall or balding.

One of the things we need to do is to learn to celebrate the kinds of bodies that many of us have, and not say that these kinds of feelings are off-limits, if you happen to fit into one of the categories I just mentioned. I don't see anything wrong with showing attractive people occasionally, but when every single person we celebrate ends up being someone who "looks just like a real woman or man", then I have a problem with it. I think then we're sending a message to ourselves that this is the way you're supposed to look, and if you don't then you're somehow a failure. And you know what, that's the message that I heard and I got from society when I wasn't passing and people were telling me I was a failure. I didn't like it and I don't want to be a part of anyone getting that message from me.

When I went through surgery and all that, my doctor said that you are successful to the degree that you pass as a real woman, that you can hide, that no one knows what you are. If people do guess what you are and recognize it, then you have somehow failed. How could I be proud of an identity that succeeded by hiding?

TGTap: Hasn't that been more or less the rule, for surgeons to play up the more feminine aspects, especially for the MtFs, to the point when people become obsessed with surgery to make themselves "the" feminine model?

RAW: I think that has changed, actually. The standards are not consistent. For instance, you see someone with large

thighs and if they're a man, you might say that that's masculine. If you see large thighs on a woman, that's feminine. The standards are not applied consistently. We recast bodies to mean what we expect of them. I am appalled that people like me are taught that we're not allowed to feel feminine unless we look a certain way. Feelings don't cling to certain kinds of bodies like some kind of heavy vapor. You can feel feminine or masculine or anything in-between at any time you want regardless of how you look. If someone tells you it's ridiculous for you to feel feminine because you're 6' 3" and you have a hairy chest, the problem isn't your body, it's their gender insanity.

The message that we get is that you're not allowed to feel that way, or it's not right for you to feel that way, or it's ridiculous for you to feel that way. And I think it's really important for us to combat that message.

TGTap: So you don't feel comfortable being portrayed as feminine?

RAW: When I go down to South Beach in Florida, I wear nothing but dresses and sandals, and stuff like that. That's fine, that's my private life. Publicly, what I am trying to do is to help this movement move forward, and that's not the image I want to put out there.

TGTap: Would it be okay to say that you have a range?

RAW: It would. And you know what, it would have been great having me on the cover with that picture if you hadn't had twenty other "honey" shots on the front cover in the last few years. It's a matter of balance. We haven't, as far as I can recall, shown many women on the front cover wearing business suits and carrying a briefcase, and that's the problem. There is a lack of balance there, and that's what I'm trying to contribute, that other kind of look that says "it's okay for you to look like this, and yes, we also do wear business suits and carry briefcases. AND we are also to be taken seriously as business people and as leaders." That's an important message for us to put out because we also consume the messages we put out.

When people say it's okay if your voice is deep, for example, my mom's voice is deep, too. I don't need to make it okay by finding a non-trans person who has the same properties. I hear us doing that an awful lot. You know, "So and so is a trans person and she does that, too, so it must be okay for us." I don't need to be leaning

on someone else anymore. There was a time in my life when I did, and now it's time for me to just be the way I am. And if people use male pronouns to refer to me, which frankly is about half the time, I don't correct them. I don't think there is a correction to be made, "he" is fine with me, and so is "she" or anything else in-between. I'm over the pronouns thing, and I don't really care what gender people read me as having. I've been out in high heels and a skirt and have been called "sir", and, well, if that's the way you see me, then that's the way you see me.

TGTap: Is GenderPAC successful in its work?

RAW: Yes, I think we've done wonderful work. It's important to recall where we came from. Five years ago GenderPAC was just an idea. Since its inception NOW has passed a trans-inclusion resolution, NGLTF has put trans-people into their mission statement, and HRC's board has at least passed a supportive resolution on trans-people. We've held memorial vigils for I don't know how many murdered trans-people. We have an online service that gets out the news with over 500 subscribers. We've completed two major national surveys. We're pushing on to 200 members. We have several major donors who have stepped forward. We have an ongoing presence on Capitol Hill. We have a web site which logs thousands of hits. And we're looking forward to the 5th National Gender Lobby Days in 2000. Plus, we've been featured or quoted in the New York Times, Time Magazine, The Advocate, OUT Magazine, A&E, ABC 20/20, and National Public Radio. That's a track record anyone can be proud of.

GenderPAC still needs to become a legitimate national organization. That means budget, offices, membership. We need to take it to the next level, and it's my job to try to make that happen. I hope, I pray, that anyone reading this who wants to see that happen will join us and join GenderPAC. Because it's going to take every one of us and more to make this happen. Gender is the last, great movement to find its voice in the 20th century. We are a movement whose time has come. The only question is: are we up to the task? Whether we finally win our civil rights or become just an interesting footnote in history now depends on how much we're willing to sacrifice, how much we're willing to fight to finally win our political freedom. For that, each of us must search his or her heart. Δ

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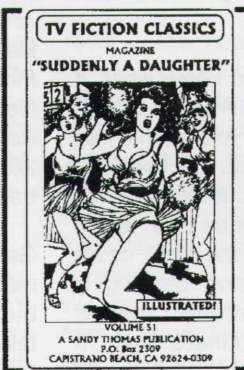
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Filling in for a sick bridesmaid, I saw my buddy's pink tinted fingertips checking his skirt. I stared at his figure and long curled hair. I said, "You look nice." He nearly swooned, his eyes sparkling with mischief. He smoothed the soft sweater over his brassiere and twirled around. "Maybe I should have been a girl?" Bailey's mother said, "Bailey's going to be a busy girl until the rehearsal. He has a lot to learn!" Bailey blushed at what was in store for him.

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Trapped into dressing as a sister and daughter, Tracy wasn't happy. His mother asked, "Would it help if I went with you to buy a new dress?" "Okay," he replied. Would you help me fix my make-up?" "Of course dear," she said giving him a big hug. "That's the attitude that might get you out of dresses and back into pants."

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"PAT GOES COED!"

On the bed were boxes and lingerie. Mrs. Johnson opened one and held up a body slimmer. "Put this on! It's made to be tight!" It was only a fraternity prank but here was Pat getting all prettied up like he was going on a date! OH, MY! A double date with his wife! That was coming too! At least the changes weren't PERMANENT? Or were they? Pat to Patti!

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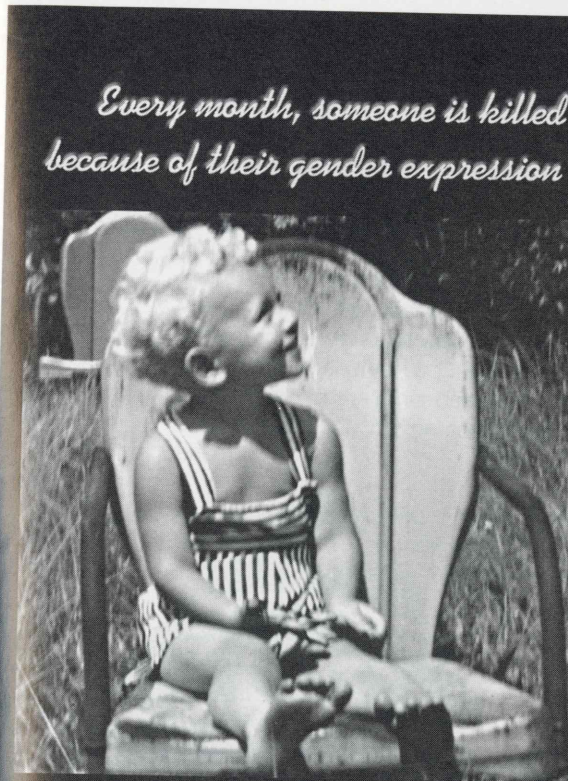
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BUT THERE IS
ANOTHER WAY!

THE FORTUNE 500 PROJECT

By now it is obvious to everyone in this community that we desperately need employment protection on the job. The first weapon used against those who want to be honest and live openly with our gender is our right to work.

Yet it is also apparent that gender protection in the Employment Non-Discrimination Act, or ENDA, is not forthcoming. Nor, since it is still short over a hundred sponsors, does it appear that Congress is going to pass it any time soon.

But there is another way. A small handful of the country's largest corporations, lead by companies like American Airlines, Xerox, Lucent Technology and others have been quietly enacting Equal Employment Opportunity (EEO) policies which include protection for their gender-variant and transgender employees. This parallels protection for sexual orientation -- still not

enacted by Congress but already in the EEO policy of almost every major company in the United States, protecting millions of gay and lesbian workers.

Why don't we have this for transgender employees? In a single word: money. To date we have simply lacked the resources to mount a structured, aggressive initiative to lobby Fortune 500 companies to protect their transgender employees on the job.

But all that is about to change. GenderPAC and IFGE are joining up to launch a Fortune 500 Project, and you can help. Just by donating fifty, a hundred, or a thousand dollars, you can help us launch a year-long initiative to gain coverage for tens of thousands transgendered Americans on the job. Please send your donations to:

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Thank you.

Riki Anne Wilchins
Executive Director, GenderPAC

Nancy J. Cain
Executive Director, IFGE



GENDERPAC LOBBY DAYS '99

IMPRESSIONS FROM A NOVICE

BY SARA J. HERWIG

"So just exactly why do you want this position at IFGE?" Alison Laing's question seemed reasonable. I responded with what I thought to be a reasonable answer, "I think it would allow me a broader involvement in the transgender community without having to become overly political." I meant it at the time. I have never thought of myself as a political person, let alone a political activist. And it was with this attitude that I assumed my role as Director of Operations at IFGE. (Okay, I admit that the chance to give Nancy Cain a hard time nearly everyday was pretty attractive.) I began learning the ins and outs of my new role. About the second or third day, during one of our many orientation sessions, Nancy Cain asked if I wanted to go to Washington, D.C. for GenderPAC's Lobby Days. I responded this time with a pause, one in which this rather provincial girl from Wichita, Kansas felt the whirling fury of the reality twister unlatching the foundation from my little non-political house on the prairie. (I keep forgetting I'm not in Kansas any more!) After several days of agonizing over the prospect of landing in a land of political double speak and slight-of-hand, I told Nancy I would go, but only to observe, as I had no experience in dealing with the political wizards on Capitol Hill.

So it was that I found myself in the Nation's Capitol along with Nancy, Alison, and a small army of people from all over the nation involved in the transgender community, most of whom are transgendered, some of whom are not, and all of whom desire justice to be done.

Sunday evening we all gathered in a conference room at a Holiday Inn, only a ten minute walk from Capitol Hill. Lead by Riki Anne Wilchins, Executive Director of GenderPAC, we heard in more detail what the main issues were for our upcoming sortie into the heart of the legislative machine. The most immediate and important issues for transgender people were the federal Employment Non-Discrimination Act (ENDA) and the Hate Crimes Prevention Act (HCPA). Regarding the first issue of ENDA, which seems to have stalled in the process, the primary concern is that it includes nearly all minority groups from women to people of color to gays and lesbians and ensures for them equal protection from discrimination in the workplace. The catch is the absence of any language ensuring the same protection for



Photo: Mariette Pathy Allen

transgender people or people of nonconforming gender presentation. This is, of course, unacceptable. All transgender people must be included in ENDA. End of story.

Regarding the second bill, the HCPA, the issue which is of direct concern to the transgender community is the interpretation of the term "gender". What we want is to ensure that "gender" in this bill is interpreted to mean not just sex, but also gender identity and nonconformity. This was the way "gender" was construed by the Supreme Court in their decision in Price-Waterhouse. So there is already precedence for this interpretation.

These, then, were the main objectives. The following morning, with the threat of rain looming over Capital Hill, we all, transgendered and not, gathered on the steps of the Capital Building for a photo op, then broke into various delegations and set off for the depths of the House and the Senate. Many Legislative Assistants and Counsels were visited by these delegations armed with a well organized portfolio of information prepared by GenderPAC. I can't speak for the other delegates and so will relate only my personal experience.

As Nancy, Alison and I went from appointment to appointment with Legislative Assistants, Senators and

meeting was the last before our appointment with Congressman Frank's Counsel.

For the final appointment of the day, our IFGE delegation was joined by Nancy Nangeroni, Gordene MacKenzie and Steve Hocker. We were also joined by Kathy St. Pierre, a former Lawrence, Mass police officer and the niece of Deborah Forte, a pre-operative transgendered woman from Haverhill, Mass, who was brutally beaten and stabbed to death in May of 1995. Kathy had joined Nancy Nangeroni and friends in order to share the story of her Aunt's brutal murder, the questionable integrity of its investigation and the sometimes disrespectful attitude of the investigating officer. With our ranks now swollen to seven people of diverse backgrounds but singleness of intent, we embarked on the most difficult, but perhaps the most honest and forthright meeting we had that day.

Marcia Kuntz, Counsel for Congressman Frank, was professional and respectful in her meeting with us. She was also blunt and to the point concerning the Congressman's position on ENDA. He will not support the inclusion of transgender language in this bill. He is convinced that were such language added to the bill it would die on the floor in debate. This quickly became the focus of our discussion. Nancy

Gordene MacKenzie, Nancy Nangeroni, Sara Herwig and Nancy Cain strategize their day on Capitol Hill.

Photo: Mariette Pathy Allen

Congressmen from Rhode Island and Massachusetts, we met with little opposition to our concerns, but were welcomed, listened to with polite respect and given the assurance that our concerns would be passed on. One energetic Legislative Correspondent for James McGovern, (third district of Massachusetts) received us enthusiastically and began to tell us that Mr. McGovern is in favor of more rather than less inclusion in legislation. He even produced a large poster board filled with signatures in support of the HCPA and proudly pointed out Mr. McGovern's signature at the top. This

Nangeroni explained that there is a large contingent of the transgender community who are very closeted and live in constant fear of being discovered and consequently losing their jobs, their homes, and their families. There are many others who have experienced discrimination and harassment not for their gender identity, but for their nonconforming gender presentation. Seeking some compromise on this issue, one of our delegation asked if Congressman Frank would support an amendment to ENDA that would include protection for transgender people should the bill be passed in its cur-

rent form. Ms. Kuntz rightly refused to speak to this as she did not know the Congressman's position. We left the meeting feeling the sting from this slap of reality. Nancy Cain and I looked at each other as she commented, "I thought things were going a little too easy." But there was also the sense that a line of honest dialog had been established with Congressman Frank's office.

The long day of striding back and forth between the House and Senate offices on either side of the Capitol Building ended with a reception sponsored by the Human Rights Campaign in their office. At the previous evening's briefing, we had been assured of their support. We also had been given the full support of the National Gay and Lesbian Task Force (NGLTF), PFLAG (Parents, Families and Friends of Lesbians and Gays), and NOW (National Organization of Women).

Although it is difficult to gauge the effect Lobby Days '99 has had regarding ENDA, HCPA, and other issues involving transgender people, I returned to Boston with a tentative confidence that a dialog about transgender concerns was established with many of those who take part in the legislative process that affects all Americans. And it was plainly put, and hopefully understood, that what we are asking for is not special or preferential treatment, but rather fair and equal protection under the law for all American citizens, transgendered and nontransgendered, to be able to live their lives openly and without fear of discrimination, ridicule, harassment, violent attacks and even murder for giving expression to our true selves.

This rather provincial girl from Kansas will never view political involvement in the same way as before this whirlwind journey to Washington. We each have a responsibility to stand up and speak out for justice for all Americans. I returned to Boston perhaps a little less provincial and definitely a little more politically minded. And I expect that should I ever have opportunity to visit the home of my youth again, even Kansas will not seem the same. From Kansas to Washington, D.C. and throughout America and the world, it is my fervent prayer that we as a nation will do justice and treat all individuals with the respect we each desire for ourselves. Δ



A FEW IMPORTANT WORDS FROM KATE BORNSTEIN:

"I remember when I was first thinking of the very real possibility of my going through a ::gasp:: sex change. This was in the days before tranny support groups. I steeled myself and made the long distance call to IFGE. To my delight, I spoke with a trans woman who calmed me down and pointed me in the direction of some deeper self-work prior to making my decision to proceed. It was invaluable advice. I owe a debt to IFGE. I think many trans-folks do. Maybe one of them is you? If not right this minute, then perhaps some day?"

Look, IFGE is an organization that seems to rise above all the politics of the trans experience, getting to the heart of what matters to each of its multi-identified members. Wouldn't it be worth the mini-investment of a membership to make sure IFGE is there for all of us? I think so."

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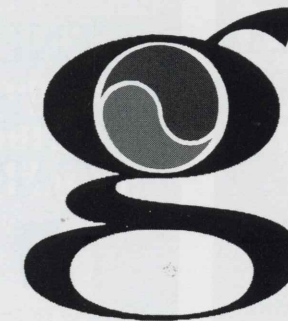
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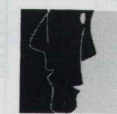


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OCTOBER 1999

OCTOBER 8-10, 1999
FORWARD MOTION:
CELEBRATING CULTURES,
ADVOCACY, AND FTM LIVES

Southern California's FTM community invites everyone to FORWARD MOTION: Celebrating Cultures, Advocacy, and FTM Lives. FORWARD MOTION is the fourth conference in a series which started with the groundbreaking First All-FTM Conference of the Americas, spearheaded and organized by FTM International in San Francisco, in 1995. Subsequent conferences have been organized by local communities in Seattle and Boston.

FORWARD MOTION will offer three full days of diverse programming primarily for people who were assigned female at birth or in childhood who have masculine self-identifications some or all of the time, and our community (including "questioning," significant others, spouses, partners, family members, friends, allies, supporters, and others). Discover new possibilities for yourself and for our community! Make new Fun-To-Meet friends! Share and receive support! Find out about our history and make a difference by helping to shape our future!

FORWARD MOTION will take place October 8-10 at the The Hilton Burbank Airport. All

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Early conference registration before June 30 is only \$60.00. Check out our conference website: <http://hometown.aol.com/conf99ftm/conf.html> If you have a website, please help us spread the word about the conference by linking our website to yours.

For registration forms or if you have any other questions, you may write to us by U.S. mail to FTMCLA/P.O. Box 922342/Sylmar CA 91392-2343, or by email to Conf99FTM@aol.com.

OCTOBER 8-10, 1999
TRANSART '99 - VISUAL ART

An exhibit of work produced by FTM trans-people of all varieties and our friends. The work to be shown will, in some way, address the issues and experiences of "transness." There will be an arty-party reception for the artists, and the show will run the course of the FORWARD MOTION FTM conference.

Please contact: Jordy Jones 2708 Sunset
Ave. Oakland, CA 94601
e-mail: whatever@artjack.com

OCTOBER 11, 1999
HIKE AGAINST HATE !

Fort Collins, Colorado. Time: To be announced for: "Winds of Change" A concert celebrating the victims of hate and violence and a united call for an end to violence and hate. October 12, 1999, 12:00pm Lighting of the eternal "Flame of Hope II". <http://www.ihave.org>

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TRANSGENDER WEEK

New this year!
www.fantasiafair.org/fair/register.html

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- Participants may register for individual days or the entire week.
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- Special events such as banquets, follies, and concerts are priced separately.

To register for Fantasia Fair (including: seminars, events and housing) or to make travel arrangements please contact PRS. Be aware that as of March we were still working on the details of Fair pricing and workshop / meals breakouts. However, you can certainly book your room and register for the Fair by telephoning the toll-free 800 number below, you can do all booking necessary, and inquire about the specific pricing plans. Provincetown Reservations System 1-800-648-0364 www.ptown-res.com

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**OCTOBER 22-24, 1999
LAVENDER LAW CONVENTION
SEATTLE, WA.**

For information on the Lavender Law Conference in Seattle contact Spencer Bergstedt at mstrspence@aol.com

For information about how you may join and become active in the NLGLA, contact either Melinda at melindaw@aol.com or Jim at attyjls@aol.com or the NLGLA web page www.nlgl.org.

**OCTOBER 25, 1999
4TH ANNUAL NEW ENGLAND-
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For more information, please contact
GISST at (617) 227-6216

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NOVEMBER 1999

**NOV. 11-14, 1999
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CREATING CHANGE
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- Campuses are microcosms of our com-
munities: finding funding for our student
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campus safety and violence, hate-crimes
reporting, the development of new LGBT
Campus Centers, Campus Programs and
Projects are the issues. The National
Consortium of Directors of LGBT
Resources in Higher Education invites you
to learn how you shake up your campuses.
for more info email: Sue Hyde
shyde@nglrf.org

**NOVEMBER 11 - 13, 1999
FALL HARVEST FESTIVAL**

Location: Milwaukee, Wisconsin
For more information, contact:
Fall Harvest PO Box 44211
Milwaukee, WI 53214
voice mail: 414-297-9328
email:fallharvest99@usa.net Web:
www.netwurx.net/-fallharv99/index2.htm

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http://www.ptnpuh.cotr/cruise11.htm

**JANUARY 2000
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Brought to you by the Tiffany Club of New
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**MARCH 2000
MARCH 1-5, 2000
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Held in Denver, CO, at the Best Western

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**MARCH 22-26, 2000
TRANSGENDER 2000
THE 14TH ANNUAL IFGE
CONVENTION**

This convention will be held at the Hilton
Hotel, Crystal City, Arlington, VA. Kerry
Lobel, Exec. Dir. of the NGLTF will be the
keynote speaker. See pages 12 & 42 in this
issue for contact info.

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MAY 2000

**MAY 4-7, 2000.
THE 4TH INTERNATIONAL
CONGRESS ON CROSSDRESSING,
SEX, & GENDER**

Held in Philadelphia, PA, USA., the event will
take place at the Warwick Hotel in down-
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and download the Call For Papers.
http://www.ren.org/cfp.html

The theme of the Congress is "Gender
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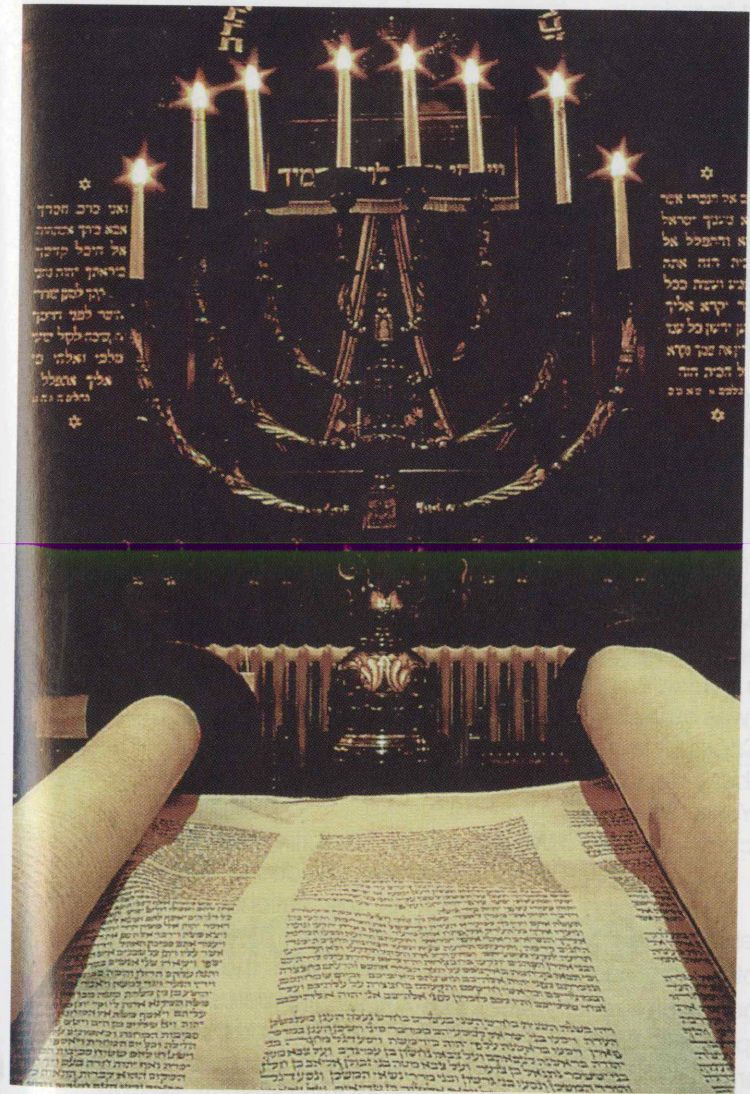
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COMING OUT OF THE ORTHODOX CLOSET

LOS ANGELES, May 24



Rabbi Steven Greenberg usually kept quiet through
the gay jokes. After all, he had been in the closet in the
Orthodox community for 20 years, so he was used to
smiling through the ridicule, through tirades about same-
sex marriage. But not that day last year around the
Shavuot table. His friend and teacher, also an Orthodox
Rabbi, held up a ketubah with an illustration of two men
at the top and launched into a comedy routine about what
the "reformers" were doing to sacred tradition.

Greenberg stood and ordered his teacher to sit down.
"Those two people who are just cartoon figures to you
actually in real life are human beings," he said, "and they
probably looked long and hard and suffered a great deal
to find love in their lives. And now the finding of that love
is so precious, you can't imagine how precious it is. You
don't understand how difficult it is to fight against a cul-
tural weight of self-hatred. And likely you can't grasp this
because no one has ever said to you, 'Rabbi, I'm gay.' So
let me be the first. Rabbi, I am gay."

Sitting in his brother's Long Beach backyard one gray
morning, Greenberg imitates the faces at that Shavuot
table, dropping his strong, clean-shaven jaw, furrowing
his heavy gray brows, opening his bright brown eyes
wide.

Then, as if uttering a punch line, he delivers the Rabbi's
response: "Stevie, have you gotten help?"

Now that Greenberg, 42, has made a very public point of
being the first openly gay Orthodox Rabbi, this kind of
story is a little less painful than it used to be. And it illus-
trates what he thinks needs to happen in the Orthodox
community: He is convinced that if traditional Jews open
their ears, and their hearts, to homosexuals, if they listen
to the pain, loneliness, confusion and self-hatred that often
comes along with being gay in the Orthodox community,
they will be forced to rethink the rejection they have thus
far offered up to the homosexuals among them.

**JULIE GRUENBAUM FAX
RELIGION EDITOR
THE JEWISH JOURNAL OF
GREATER LOS ANGELES**
REPRINTED WITH PERMISSION

Greenberg, a teaching fellow at the New York-based CLAL The National Jewish Center for Learning and Leadership, is an intellectual, articulate and thorough in presenting his thinking.

He's been around long enough to know that he will not be considered Orthodox by most people who are. And he is not naive enough to believe that, in one decisive moment, he can convince the world that male homosexual sex is within the confines of halachic Judaism.

But he does believe he can open the door just wide enough so that homosexuality can become a legitimate topic for discussion. He believes his coming out will give others the strength to do the same. And once the personal testimony of their sons and nieces, brothers and best friends is heard, Greenberg says, the authorities who interpret halacha may be moved to creatively rethink the prohibitions that appear to be black and white.

Though to many this might appear to be a losing battle, Greenberg has a powerful weapon in his arsenal: his personal story, a compelling tale of fighting his own identity until he could no longer deny that being gay was an essential part of his soul, that it was the only way to bring love into his life.

A RICHNESS OF 'SPIRIT'

Greenberg, who was in town as a scholar-in-residence at Beth Chaim Chadashim, a Westside synagogue for lesbians, gays and bisexuals, has no doubts about whether homosexuality is inborn or a chosen lifestyle.

"There's hardly a person in the West who would want to be gay if they were asked, because it's so not normative, so othering," he says. "The only reason you fight to accept yourself and challenge the

norm is because you don't have many choices."

Though Greenberg can't pinpoint when he knew he was gay, he remembers his childhood and teenage years being spotted with confusing emotions and sensations. He detailed some of his journey in an article in Tikkun magazine in 1993, written under the pseudonym of Rabbi Yaakov Levado (Hebrew for "alone").

When he was about 15, Greenberg, whose family is

"RABBI," HE TOLD THE ELDERLY MAN, "I AM ATTRACTED TO BOTH MEN AND WOMEN." TO GREENBERG'S AMAZEMENT, THE RABBI RESPONDED, "YOU HAVE TWICE THE POWER OF LOVE. USE IT CAREFULLY."

Conservative, began studying with an Orthodox Rabbi and found himself enthralled by the rich texts and traditions.

He attended Yeshiva University as an undergraduate and then as a rabbinical student. When he was 20, he studied at the prestigious Yeshiva Har Etzion outside of Jerusalem, where he was attracted to a fellow student. Concluding he was bisexual, Greenberg decided to approach Rabbi Yosef Shalom Eliashuv, a respected rav in Jerusalem.

"Rabbi," he told the elderly man, "I am attracted to both men and women." To Greenberg's amazement, the Rabbi responded, "You have twice the power of love. Use it carefully."

Eliashuv's students responded to this story saying the Rabbi never said such a thing, Greenberg says those students issued that response without asking the Rabbi. He says, the words are deeply etched into his memory.

"A weight was lifted off me, to think that whatever this was, it was a richness of spirit," Greenberg says. "He wasn't permitting me to have sex with men, he was telling me that my desire was not ugly in and of itself."

Greenberg, who was ordained in 1983, did not admit he was gay until he was 28, and still he continued to date women for another seven years.

"I was still trying to make it work. I was so motivated for a family and

children and a life -- for being part of the flow of humanity, which is so appealing," Greenberg says. "It's a center of real hurt in my life that it didn't work out that way. But that hurt doesn't justify a life of deep, deep self-deception and deception of others."

'IF YOU'RE GAY, GET OUT'

While living in Israel the past two years, Greenberg decided to come out publicly in the national daily newspaper, Ma'ariv. He timed the article to coincide with the early March opening of the Jerusalem Open House, the first community center for gays and lesbians in Jerusalem, which he helped found.

The center includes a clandestine support group for haredi youth, and a group calling itself the Orthodykes. In New York, the Gay and Lesbian Yeshiva Day School Alumni Association meets monthly. Greenberg says many Orthodox youth who think they are gay are

encouraged to marry anyway, at least to start a family, even if it ends in divorce.

"The cruelty in that is unthinkable to me," Greenberg says incredulously. "Others are encouraged to hide their gayness or remain celibate, condemning them to a life of lovelessness," he laments. In some cases, gay youth are simply told to leave the family, for their presence in the community is just too jarring.

"The subliminal message is, 'if you're gay, get out, for our benefit and for yours'," Greenberg says.

But often families unwilling to abandon their children are willing to accept a compromised level of halachic observance, just as they sometimes are in other areas of halacha.

Rabbi Elazar Muskin of Young Israel of Century City, says he, like most other rabbis, has counseled gay congregants and their families. He says he has listened with compassion, but makes clear that the halacha forbids homosexual sex. "They have to come to terms with the fact that not everything we want and desire is permitted," Muskin says.

Using an argument often heard in Orthodox circles, Muskin says he

treats homosexuals as he would treat anyone who is violating a mitzvah. Muskin would certainly not expect an observant Jew to proudly proclaim that she cheats on her tax returns or regularly eats cheeseburgers.

But Greenberg says the cheeseburger analogy just doesn't work. "People can live deep, emotional, committed, loving, wonderful lives and not eat cheeseburgers," he says, apparently having heard the argument one too many times. "But to tell a person that to be a member of this group you have to live a life without self-expression, and love, and commitment, and intimacy and daily touching and caring and holding, would be an unbearable burden for most people."

Torah's Puzzling Attitude

Greenberg is a few months away from completing a book that, along with telling his personal story, explores what he believes is the Torah's puzzling attitude toward homosexuality. Greenberg asserts that there is more to the discussion than the surface meaning of the verse in Leviticus 18: "Do not lie with a man as one lies with a woman; it is an abomination." While Greenberg is reluctant to lay

out the specifics of his arguments without the benefit of several hours of background building up to his conclusions, he says that he is "attempting to demonstrate this verse is more interesting and ambiguous than a simple, superficial reading would suggest. This is what rabbis do when they confront a verse: find anomalies in order to enrich its meaning."

But, he says, rabbis will only be motivated to reinterpret the verse if the issues become personal, rather than abstract and foreign. "In this area I believe halacha is wrong, because its refusal to talk to people makes it fail to be authoritative. True halacha has to be open to listening to people," he says. And he is willing to be the first to talk.

"The story of a gay Rabbi is the story of a person who had incredible, powerful motivation, personal and religious, to fight his sexual identity to the end. And the story of a 20-year struggle against my heart and my final decision that it is futile, helps portray how difficult it is for gay and lesbian people and makes clear why this is truly a humanitarian, and I would even say a Jewish, imperative." Δ

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TRANSAction News

LEXINGTON KENTUCKY PASSES GENDER PROTECTIONS 12-3

The Urban County Council banned discrimination on the basis of sexual orientation last night after more than two weeks of furious debate. The ordinance was adopted by a 12-3 vote after a set of amendments was passed to clarify parts of the law.

The ordinance, which takes effect immediately, bans discrimination in housing, employment and public accommodations -- such as restaurants, stores and parks -- because of sexual orientation and gender identity.

The council created a new definition for gender identity, the inclusion of which had been one of the more controversial parts of the ordinance for some supporters. The ordinance now defines gender identity as "having a gender identity as a result of a sex change surgery; or manifesting, for reasons other than dress, an identity not traditionally associated with one's biological maleness or femaleness."

Other amendments clarified how religious organizations could be exempt, made it possible for businesses to have dress codes preventing employees from dressing like a member of the other gender and allowed for designated gender-specific restroom and shower facilities. In addition to religious organizations, there are some other exceptions to the law. Private clubs would be exempt, as would landlords who rent one unit in a building where they or their relatives also live.

NEW HAMPSHIRE HIGH SCHOOL STUDENTS SUE AFTER BEING DENIED GAY GROUP

A group of Manchester, N.H., high school students who were barred from forming a gay afterschool club yesterday filed a lawsuit in federal court against the city school system, saying officials violated their rights when they told them no.

"I guess I knew deep down they'd oppose it, but I didn't think they'd be so adamant. I didn't want to believe it," said a 16-year old gay junior who tried to organize Manchester's West High's Gay Straight Alliance. "We want a safe, supportive place for the kids."

In March, students went to the school administration to find out how to start their afterschool club. They didn't mention the organization would address issues of concern to "gay, lesbian, bisexual and transgender" students, said Jennifer Levi, a lawyer with Gay & Lesbian Advocates & Defenders, which sued on behalf of the students in federal court in Concord, N.H.

The students were told to submit a formal proposal and explain the club's purpose. A week later, officials rejected their request, telling the group to ask the city school board. No other student group had ever needed prior school board approval, Levi asserted.

Levi said school officials violated the federal Equal Access Act, which bans discrimination against any student group based on what is discussed at their meetings, said Levi.

School Superintendent Normand Tanguay, declined any comment.

TEXAS TRANSEXUAL NAME CHANGES PROMPT FUROR

A Baptist minister's outrage that name-change orders for transsexuals could lead to same-sex marriages set off an unholy scare in the civil bench in Houston recently and showed how some judges avoid politically sensitive cases.

A frantic search by a political consultant found no evidence that the orders were used to get marriage licenses, but some judges say they will take a harder look at the cases now.

While their jobs depend largely on the support of the religious right, the Harris County civil judges - who are all Republican with one exception - insist their interest is legal, not political. "There would certainly be a political concern, but the main concern was if somebody's using us to create a fraud, that's a problem says 234th District Judge Scott Brister, administrative judge of the Harris County civil district courts. "If somebody's lying to me to get around some other law, then I don't care whether it's good politics or bad politics, I'm going to put a stop to it, or find out whether it's going on. That was the main concern."

Phyllis Frye, a transsexual lawyer in Houston whose cases lie at the center of the controversy, says the uproar will hurt her clients and place the judges who have handled many of her cases at political risk.

For years, Frye has navigated the Houston courts on behalf of transsexual clients, obtaining orders that authorize not only a name change but also a correction of the gender identification on their driver's licenses.

The issue came out of the closet when an e-mail and fax were sent

anonymously to the Rev. Dr. Rick Scarborough, pastor of First Baptist Church in Pearland.

The messages listed courts and cause numbers of name-change petitions filed by Frye, and questioned whether the judges' orders on driver's license gender changes could allow a transsexual who had not had a sex-change operation to get a marriage license and then marry a partner of the same sex, Lanier says. Same-sex marriages are illegal in Texas.

Frye says using the order to get a marriage license would be committing fraud, since the gender correction on a driver's license does not constitute a legal change of sex. That would require a court order changing the sex on a birth certificate. In Texas, a birth certificate is not required to get a marriage license; only a driver's license or other government-issued identification is necessary. A fact that shocked some of the civil judges.

MASSACHUSETTES BARNEY FRANK ANGRERS TRANSGENDER COMMUNITY

BOSTON - Openly Gay U.S. Rep. Barney Frank (D-Mass.) told the Boston Gay newspaper Bay Windows that the Employment Non-Discrimination Act would have "no chance whatsoever" of passage if it included language to prohibit discrimination against transgenders.

"It's not as if this truck is moving along at 60 miles per hour and they are asking us for a ride. This is an uphill climb," Frank said, according to an article in the June 16 Bay Windows.

Frank's comments came after the National Gay and Lesbian Task

Force announced May 25 at the National Gender Lobby Day that it would not support ENDA without the language protecting transgender people. ENDA is a congressional bill that seeks to prohibit discrimination based on sexual orientation in the workplace.

According to Bay Windows, Frank said he disagrees with the "notion that you don't accept a partial measure" on an anti-discrimination bill, such as this. "The Americans With Disabilities Act, for one, protects gay men with AIDS but not lesbians and gay men without AIDS. Should I not vote for it?" he told Bay Windows.

Frank said he does support inclusion of transgender people in federal hate crimes legislation but not ENDA.

"I've talked with transgender activists," said Frank, "and what they want - and what we'll be forced to defend - is for people with penises who identify as women to be able to shower with other women. There are no votes for that."

It was Frank's comment about the showers that seemed to trigger the most reaction from the transgender community, according to Queer Unity Initiative Liberty Lantern (QUILL), a "transgender, bisexual, Lesbian, Gay news and communications network." QUILL said the argument Frank used is "ludicrous" and similar to ones the religious right turn to when fighting against Gay civil rights.

CALIFORNIA DO WE THINK WITH OUR HORMONES? STUDY SUGGESTS SO

Ribald cliches about the part of the body men use for thinking may have some basis in truth, researchers said. They said tests on rats showed the "male" hormone testosterone, generated primarily in the testes, could change the size of part of the brain, not only in males but in females too.

"It is an important reminder that hormones aren't just doing something to the body but that they are doing something to the brain," said Marc Breedlove, a psychology professor at the University of California Berkeley who led the study. "As a psychologist I am happy to remind the public that the brain is always changing. Mostly we see it as a note of caution that any sex differences you see in the structure of the adult human brain could be due to sex differences in circulating steroids."

Breedlove's findings added to a growing body of evidence that the

brain is not fixed at birth. "Most people conclude that sex differences are inborn, because most layfolk are used to thinking of the brain as something that doesn't change, as something that is given to you at birth," Breedlove said.

His team, led by graduate student Bradley Cooke, looked at a part of the rat brain involved in sexual arousal. The posterior dorsal component of the medial amygdala is 50 percent to 80 percent larger in male rats than in females. However, after castration, which stops virtually all production of testosterone, this region shrank to about the size seen in females within 30 days, Breedlove's team reported in the Proceedings of the National Academy of Sciences.

In addition, giving testosterone to female rats for 30 days increased their medial amygdala to the size usually seen in males.

They said their findings had significance for sexual research. "Reports of structural differences between the brains of men and women, heterosexual and homosexual men, and male-to-female transsexuals and other men have been offered as evidence that the behavioral differences between these groups are likely caused by differences in the early development of the brain," Breedlove's group wrote.

They cited other studies that have also shown manipulation of hormones can affect the size of structures inside the brains of animals. "Human behavior is also subject to the activation effects of androgens [male hormones]," they wrote. "Transsexuals treated with cross-sex hormones display sex reversals in their cognitive abilities, emotional tendencies, and libido."

They said the usual sexual differences in the structures of rat brains - at least in this part of the amygdala - are comparable to those seen in humans.

VERMONT NEW HATE CRIMES LAW

MONTPELIER, Vt. - Saying "it is a serious crime now" to harass others for perceived differences, Gov. Howard Dean has signed legislation allowing civil suits for offenses linked to bigotry. The law authorizes judges to issue injunctions ordering harassers to stop their behavior. If they violate the orders once, it's a misdemeanor; twice, it's a felony.

Dean called the bill sorely needed, telling of close friends of his who were forced to remove their daughter from a Chittenden County high school because she was repeatedly

harassed by other students and school officials did nothing. He cited a state Health Department survey of high school students in 1997 in which 29 percent of homosexual students reported having been threatened or injured with a weapon at school within the previous 30 days. Eighteen percent reported skipping school because of fear of harassment within the previous 30 days. With the law's enactment, Vermont becomes the second state - Minnesota was first - to include "gender identity" as a possible hate-crime motivator. That's designed to protect people who assume non-traditional sex roles.

MEDIA COMMERCIAL KO'D BY OFFENSIVE PUNCH LINE BUYERS SAY LET THE ADVERTISER BEWARE

Here's the commercial's setup: Guy drives his Kia car all the way across the country, encountering downpours and other adverse conditions on the way. At the end of the journey, he's surprised to notice another man driving alongside him. The man is wearing a dress, and he blows our hero a kiss.

Thus, notes the type at the bottom of the screen, the Korean-made car was able to endure "57 acts of nature . . . and one freak of nature."

Funny? Not to a gay advocacy group, which found the play on words offensive to one of its constituencies, cross-dressers. The group complained. The company responded. Result: No more ad.

In Kia's case, all it took to kill a nationally aired commercial was a single phone call and a follow-up letter. Faced with the potential for protests and boycotts from organized opponents, many companies are choosing to simply back off.

The brief complaint came from the Gay and Lesbian Alliance Against Defamation (GLAAD), a New York-based organization that monitors the media. In a letter to Kia's U.S. headquarters in Irvine, Calif., Executive Director Joan M. Garry told the company, "It seems pretty clear that labeling someone a 'freak' does more than just make a joke: It passes judgment, it perpetuates stereotypes, and in this case, it stigmatizes an entire group of people. Transgender persons [those who want to, or have, changed genders] are among the most frequent victims of bias-motivated crimes. Rick Weiseman, Kia's national ad manag-

er, said our intent was never to malign anyone. We don't want to alienate any potential customer."

WASHINGTON, D.C. U.S. DEPARTMENT OF STATE REMARKS BY SECRETARY OF STATE MADELEINE K. ALBRIGHT

AT SWEARING IN CEREMONY FOR JAMES C. HORMEL, U.S. AMBASSADOR TO LUXEMBOURG

"Ambassador Hormel; Mr. Wu, and very large family; Charge Krieger; Senator Kennedy; Senator Feinstein; Congresswoman Pelosi; and other good friends from Capitol Hill; and colleagues and distinguished guests; I am very, very pleased to welcome you all to the Department of State this afternoon on what is clearly a very happy and very important occasion.

We are delighted to welcome Ambassador Jim Hormel to our diplomatic team because he is an individual who has made a lifelong habit of doing well by doing good. Every institution Jim has touched has benefited from his commitment and generosity, from Swarthmore and the University of Chicago to the San Francisco Symphony and the American Foundations for AIDS Research. ...

I think this is one of those glorious days the nice guy finishes first. And as Senator Kennedy and Senator Feinstein mentioned, it hasn't been easy. ... There is a reason to celebrate today, not just for the Hormel clan, but for all of us; because today we do send a message. That message is that neither race nor creed nor gender nor sexual orientation is relevant to the selection of an ambassador from the United States. The only questions that count are whether an individual can represent our country honorably and protect our interests effectively. President Clinton believes, and I believe and I'm sure that you believe that Jim Hormel is just such an individual.

Over the past 20 months, from the time when the President first nominated him in October 1997, Jim never lost his sense of humor, his dignity or his graciousness.... These are not bad qualities for a diplomat.

So today, the Grand Duchy of Luxembourg will be even grander, because it will have as our nation's new Ambassador James C. Hormel.

Δ

TRANSAction News

AUSTRALIA LEGISLATION ON HOLD

State Government's gender reassignment legislation, which recognizes transsexuals - introduced in April 1997, passed in the Upper House is now languishing in the Lower House.

OLYMPIC BOSSES SUSPEND SEX TESTS

The International Olympic Committee has backed down over plans to conduct controversial sex tests at next year's Games in Sydney following a revolt by athletes and the world's most powerful sporting federations.

They threatened to disrupt preparations for the competition by boycotting the IOC's 'gender verification procedures' if mass screening were to be carried out.

A commission of athletes voted unanimously to demand the testing be scrapped by IOC president Juan Antonio Samaranch and his colleagues on the organization's executive board. Faced with what they described as "very strong opinion", the Olympic power-brokers decided to give way.

However, the move is conditional. The IOC has described the suspension of sex testing in Sydney as merely an "experiment" with no guarantees that it will become a permanent arrangement.

LONDON NEW SQUAD TARGETS CRIME AGAINST GAYS

A new squad dedicated to fighting homophobic crime in London is to be set up by Scotland Yard. The unit, part of the recently created Racial and Violent Crimes Task force, comes in the wake of the bomb attack on the Admiral Duncan in

Soho, a pub frequently used by the gay community.

Senior police officers are understood to have been alarmed at the level of anti-gay reaction that the bombing provoked.

In the immediate aftermath of the attack, in which three people died, the switchboard of the gay lobby group Stonewall was flooded with abusive calls supporting the bombing.

Leaders of the gay community met top ranking police to discuss improving relations between the Met and the lesbian, gay, bisexual and transgender communities.

NEWS OF THE WORLD SEX-SWAP COUPLE TIE KNOT IN WACKIEST WEDDING OF THE YEAR.

BRIDE WHO WAS ONCE A GROOM WEDS GROOM WHO WAS ONCE A BRIDE

David Willis and Janeen Newham became man and wife in a simple yet elegant ceremony. And like most couples with first marriages behind them, they did things a little different second time around.

Er... make that a lot different. For when David felt confetti down his neck 19 years ago he was a BRIDE. And Janeen was once a GROOM!

On July 11 they became the first British transsexual couple to legally marry. British law is still so confused by the questions "Do you take this man?" and "Do you take this woman?" in such cases that the couple had to marry abroad.

Speaking after yesterday's civil ceremony at Copenhagen City Hall in Denmark, Janeen said: "This is the second best day of my life. The first

was nine years ago when I had the operation to have my body changed into that of a woman. This day is one I have dreamt of for a long time."

The couple says yesterday's ceremony has made their transformations complete. Janeen said: "Marrying the man I love is wonderful. I became very emotional when I said that I would take David to be my husband."

David, 39, added: "I am over the moon. Janeen looks beautiful. It's a wonderful day for us." Both say the only thing that spoils it was that they could not marry as they had wanted at home. Their current identities would not have been recognized in a UK ceremony. David would have had to take Janeen to be his lawful wedded husband!

The couple, who have been together for a decade, have spent five years campaigning to have UK law changed, including writing to the Queen. Now Home Secretary Jack Straw has announced the creation of a task force to review legislation that affects people who have changed sex.

Despite condemnation from some religious leaders and family groups, their marriage is legal here under EU law as, according to the Danish wedding certificate, a man and a woman were wed. They plan to have a private blessing in Britain when they return to their families.

BROADENING ARTICLE 14 OF THE ECHR

A PROPOSAL TO AMEND ARTICLE 14 OF THE EUROPEAN CONVENTION ON HUMAN RIGHTS TO INCLUDE "GENDER IDENTITY" SUBMITTED BY ILGA- EUROPE, JUNE 1999

The Council of Europe reviews the articles of the European Convention on Human Rights on a rolling basis, taking one article at a time.

Article 14 is currently being reviewed, and Press For Change is was invited to submit proposals. This proposal, written on behalf of ILGA by Press For Change Vice-President Dr Stephen Whittle, draws attention to the failure of international law to offer explicit protection to trans people, and demonstrates how terms such as "sex" cannot be relied upon to be interpreted so as to protect the human rights of those of us who don't fit neatly into a binary model of gender.

The CoE's review process is long and complex, and sadly, it seems that it will be very difficult to get this proposal adopted. However, even if ILGA's submission does not lead to change this time round, it points the way to further development of international human rights law. In the meantime, GLBT people remain one of the world's largest unprotected minorities.

ENGLAND SEX-SWAP VICAR IN WAX ROW

A VICAR who is waiting for transsexual surgery has been booted off a college course for refusing to wax her wife's bikini line.

Reverend Dian Parry says she was suspended from health and beauty lessons at Swansea College after complaining of being treated differently to other students.

Dian, joined the college last July hoping to become a beautician. She studied make-up, massage and masks before the trouble arose at the waxing lesson with two months to go. "I wanted to be treated like the other students on the course," said 60-year-old Dian, who has written to the Welsh Office complaining about sex discrimination. "I was never allowed to practice my beauty tips on others, I always had to use my wife and never thought it was fair. So when it came to learning about bikini line waxing I told them as much and was suspended."

Swansea College denied staff had treated Dian differently from other students. A spokesperson said: "The student was suspended for other reasons."

PROGRESSIVE AUSTRALIANS SET GENDER AGENDA

A golfer who was born a male but who subsequently underwent a sex change operation and recently won the South Australian Women's Amateur Championship has opened up a whole new area of debate in the golf world. Maisie Mooney, in her position as executive director of Women's Golf Australia, has found herself to the forefront in defending the association's decision to encourage transsexual players to participate in its championship and possibly even represent the country in international competition.

Mianne Bagger, who was born a male in Denmark 32 years ago, underwent a sex change operation seven years ago in Australia and last week became the first transsexual to win a major amateur championship when beating Lyn McGough 5 and 4 in the state final. Bagger's participation was encouraged by the WGA who had spent the past year formulating its policy on transsexual players. The player has received surprisingly strong support from a notoriously conservative amateur establishment, and Mooney explained the WGA's stance in the absence of central legislation: "There are some people who take a position that is very simple and say she (Bagger) is not a woman because of the residual physiological power that a transgender female will have... as a sport, we had to make a decision ourselves."

"Taking into account all the information we've had, our policy will be that Mianne and other transgender females who have had sexual reassignment will be female golfers. There is no doubt that transgender females are considered, because of the XY chromosome factors, to have superior strength. In our sport, strength does not equal skill. It does not equal success in golf. It may in other sports, for example women's cricket or softball, where there is upper-body strength which is inherited from their male gender, and which may give them an advantage. Irrespective of all that, the laws of the land are such that someone who has sexual reassignment in this country (Australia) is accepted as a female."

There is a huge gray area surrounding this particular issue. Players like Bagger would be barred from competing in the United States (where

the governing bodies moved to prevent such a situation in their sport after Renee Richards succeeded in playing in the US Open tennis championships after undergoing a sex change) but there is no legislation to govern many other championships, for instance the world team championship, and Mooney observed that if someone like Bagger played her way onto the national team then she would be selected.

SYDNEY, AUSTRALIA. A REAL MAN'S WOMAN ... AND CALL ME MADAM, SIR

In the knockabout mining town of Kalgoorlie, the brothel madam, Leigh Varis - a big woman who used to be a big man - has barnstormed the local council.

Ms Varis was voted into Kalgoorlie council in late May, becoming the first madam, let alone the first person to have had a sex-change operation, elected to public office on the gold fields.

"The other councilors have taken it quite well," Ms Varis said. "I am able to bring a wealth of knowledge from all walks of life and both sexes. I didn't hide anything from them. They knew I was a working girl and all about my past. In fact, my campaign slogan was: I dare to be different."

"The councilors are different from the people I would normally associate with, and yet I am now working alongside them and I am on their level." The response is positive. "I just thought I would have a go. I was born here and I decided that I could do as good a job as anyone else on council. I've been a battler all my life," Ms Varis said. "I have fought bureaucrats all my life. People say you can't do this and you can't do that, but all my life I've done whatever I wanted."

SCOTLAND MACBETH WITH TRANS WITCHES

Australian pop star Dannii Minogue is set to play Lady Macbeth in a very modern version of Shakespeare's classic at next month's Edinburgh Festival. "It's going to be very modern with lots of house and rock music. The three witches will be transsexuals and the gangster side of Macbeth will be explored," director Toby Gough told The Express newspaper.

QUEBEC CANADA LGBTQ MUSLIMS BECOME MORE VISIBLE!

'Gay' Muslims March In Toronto Pride: On June 27th, 1999, Al-Fatiha Toronto, a local chapter of Al-Fatiha Foundation, joined hundreds of thousands of people in celebrating "Gay Pride" in Toronto! While some marched in colorful cultural clothing, others joined in wearing shorts & t-shirts. All together 10 members of this local LGBTQ Muslim chapter marched in what is being called "the first time"

Muslims have taken part in a pride celebration (under the name of an Islamic organization). Their banner, colored in 7 shades of green, the symbolic color of Islam, represented the diversity of ethnic, linguistic, and racial backgrounds of Muslims. Written boldly in Gold letters on the banner was "Al-Fatiha, Toronto" - "LGBTQ Muslims."

AL-FATIHA FOUNDATION UNVEILS ITS OFFICIAL WEBSITE!

Al-Fatiha Foundation announced the official 'unveiling' of its new web site. The site accessible through the World Wide Web at URL: <http://www.al-fatiha.org>, will contain resources, articles, news reports, and other information relevant to the lesbian, gay, bisexual, transgender, and questioning Muslim community.

"As technology spreads across this world, this site will be an invaluable resource for us," said Faisal Alam, Founder & Director of Al-Fatiha Foundation, who noted that the site has already received hundreds of 'hits' from around the world. Al-Fatiha Foundation, started in November of 1997 as a listserv for LGBTQ Muslims & Friends. The online forum now hosts more than 250 subscribers from over 20 countries. Additionally others have created online forums for both lesbian, bisexual and transgender Muslim women, as well as gay Muslim men. Al-Fatiha also has a 'news' listserv that has more than 350 subscribers from around the globe, and has been featured in magazines & newspapers around the world.

"As our (LGBTQ Muslim) movement grows to include more people, we are becoming more visible. But Al-Fatiha realizes the obstacles involved with its work. "We are being very careful and cautious in our efforts though," noted Faisal Alam, pointing out the many dangers facing LGBTQ Muslims around the world. "Gay Muslims might feel safe to meet in New York

City or Vancouver, but in many countries abroad they face extreme risks in coming together in any organized manner." But, with its exponential growth, Al-Fatiha Foundation hopes to establish chapters across the United States and Canada and eventually around the world. It will also hold its Second International Retreat for LGBTQ Muslims & Friends in London, England in June, 2000, and its Second North American Conference in the year 2001 at a location that has not yet been decided.

Web Site: <http://www.al-fatiha.org>
Al-Fatiha is an international organization dedicated to lesbian, gay, bisexual, transgendered, and questioning (LGBTQ) Muslims & their friends!

ENGLAND TRANSSEXUAL FACES 15-YEAR WAIT FOR OPERATION

A transsexual who has been approved for a sex change faces a wait of up to 15 years to get the operation on the National Health Service.

Krystyna Haywood, from Sheffield, has been told that the psychiatrist in her area who assesses cases and refers patients for operations sees only one new transsexual patient a year and she is number 15 on his waiting list.

Sheffield health authority insists that Ms Haywood, 30, must go through the formal assessment even though she has already fulfilled the requirements though private treatment to be referred for an operation. An office manager with the disability charity Reclaim, she has been having hormone treatment for more than four years and been living as a woman for more than two. Her private psychiatrist, Russell Reid, has told the health authority that an operation was of "high clinical priority".

But the authority will not pay for her to have the operation, until she is first assessed by its specialist in psychosexual problems, Kevan Wylie. He is contracted to spend only 14 days a year on transsexual patients.

Sheffield had rated sex change operations a low priority because it had to take a balanced view on the use of limited resources. "We believe what we have is an equitable system where people know what they can expect." There might be opportunities in the future "for releasing resources from one bit into another. I don't envisage she'll be waiting 15 years."

How to Make a Transgenderist

ADRIANNE DANA-TABET

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As an anthropologist researching the transgender phenomenon in the Boston area and in Amsterdam, The Netherlands, significant differences have become apparent in the definition and construction of Dutch and American alternative gender categories. For instance, the expandable umbrella term, "transgenderism," so prevalent in discussions of gender in the United States, was introduced in Holland only two years ago. Its unique meaning in Holland relates to the construction of a still relatively insignificant, but specific gender identity category, the transgenderist, with discrete criteria and a developing protocol for medical interventions and legal validation. In general however, under the auspices of both the Dutch legal and medical establishment, gender and sexually "confused" individuals are either oriented toward transsexualism and eventual government supported sexual reassignment surgery or relegated to the unsubsidized, socially marginalized category of fetishistic crossdresser. In this case, government facilitation, contrary to popular conceptions of Dutch liberalism and tolerance, may actually contribute to the perpetuation of the traditional sex and gender distinctions of male and female, as individuals configure

identity and behavior to conform to these binary classifications. This kind of control differs significantly from the Dutch sanctioned proliferation of sexualities which is reminiscent of Foucauldian conceptions of state power. In contrast, transgendered individuals in the United States, while limited legislatively in achieving essential rights and protection, have the opportunity to embrace a range of gender and sexual identities while creating a plethora of discourses that reflect mainstream assimilation, or "out-law" perspectives.

The term "transgenderism" continues to undergo considerable transformations and cross-cultural translations as the US/Dutch

cases suggest. Originally coined in the US by Virginia Prince, a pioneer in alternative gender ideology, "transgender" as a gender category, identity, and repertoire of behaviors was initially introduced in the 1950s in Prince's seminal publication, "The Seahorse." At the 1998 (IFGE) International Foundation for Gender Education conference in Toronto, Virginia commented on the origins of the term:

"I began dressing full-time and was no longer a transvestite on an episodic basis. I changed my gender and therefore needed a noun. I'm a transgenderist because I wanted a term that would give me a handle, a name like Virginia. I also wanted to make a distinction

between what I was doing and people wanting surgery - to give them something else. It's like this; you can fly from New York to L.A., and I got off in Chicago."

Categories by their very nature, seemed more a function of analytical purpose than a reflection of the lived experience of participants. By maintaining a discrete transgender category, which specifically excluded motivations and behaviors that might be construed as fetishistic or exhibitionistic - which would classify individuals as crossdressers; or gender dysphoric - which places individuals on the transsexual track, the reality of a fluid gendered identity transformation is ignored and negated. As the ethnographic evidence indicates (and for the purposes of this discussion only the remarks of male to female transgendered persons have been included), life constraints, as well as socialization processes transform the individual's perception of the gendered self, facilitate the exploration of various sexual orientations, and invite the reconceptualizations of alternative gender roles.

As Carla/Rob A Boston Informant Reports:

It is important for me to find out exactly where I fit on the transgender spectrum. This is an issue I'm beginning to think and talk about a lot. For me dressing was a "sexual thrill" especially in childhood and youth. Now, though it's still a pleasurable and sensual experience, its become something else - a compulsion that relieves anxiety, yes, but an expression of myself or another part of the self. I'm not sure if I am a transsexual and at this point my goal will be to live part-time as Carla. If Carla were out all the time, I would miss Rob or aspects of Rob.

During the past eight months, Carla has come to consider herself to be transsexual. She lives full-time as woman and has begun the difficult process of transitioning at work. Currently engaged in the psychotherapy and hormone replacement therapy necessary prior to SRS, she remains

uncertain about committing to vaginoplasty. What is evident in this brief example is Carla's desire or need to locate an identity and the process by which variations in behavior and the meaning attributed to practices changes over time. Carla has moved from the discourse of prurient erotic experience to one of self-discovery and actualization.

Kara, Another Boston Informant Explains:

I consider myself to be transgendered, in the umbrella sense of the word. I found that calling myself either TS or CD (transvestite) implies an either/or type of identity rather than the both/and that I consider myself to be. I will never be a girl. I am and will always be transgendered. I have large hands and feet. My hair and breasts go back

I consider myself transgendered because the term defines anyone with a fascination for clothing or whatever that is not the gender norm. My cross-dressing goes beyond fetishistic things. In the beginning, it was a sexual release and I used it specifically for masturbatory purposes. There was a nightly ritual where I dressed in nightgowns, masturbated, and felt very guilty. I remember fantasizing about being a woman and prayed to wake up a woman. I also had a fascination with breasts and wanted my own. I still have a fetish with breasts and nipples. We all come into the TG community as we come into the world - innocent and vulnerable. We know nothing about crossdressing or TS issues and everything in between. I don't know where I'll be two years from now. It goes beyond being transgendered to just trying to figure out the next part of my life. As far as becoming a woman, I would not want to be a woman everyday. I'd like

BRENDA, AN ACTIVE MEMBER IN THE BOSTON TRANSGENDER COMMUNITY STATES: I CONSIDER MYSELF TRANSGENDERED BECAUSE THE TERM DEFINES ANYONE WITH A FASCINATION FOR CLOTHING OR WHATEVER THAT IS NOT THE GENDER NORM.

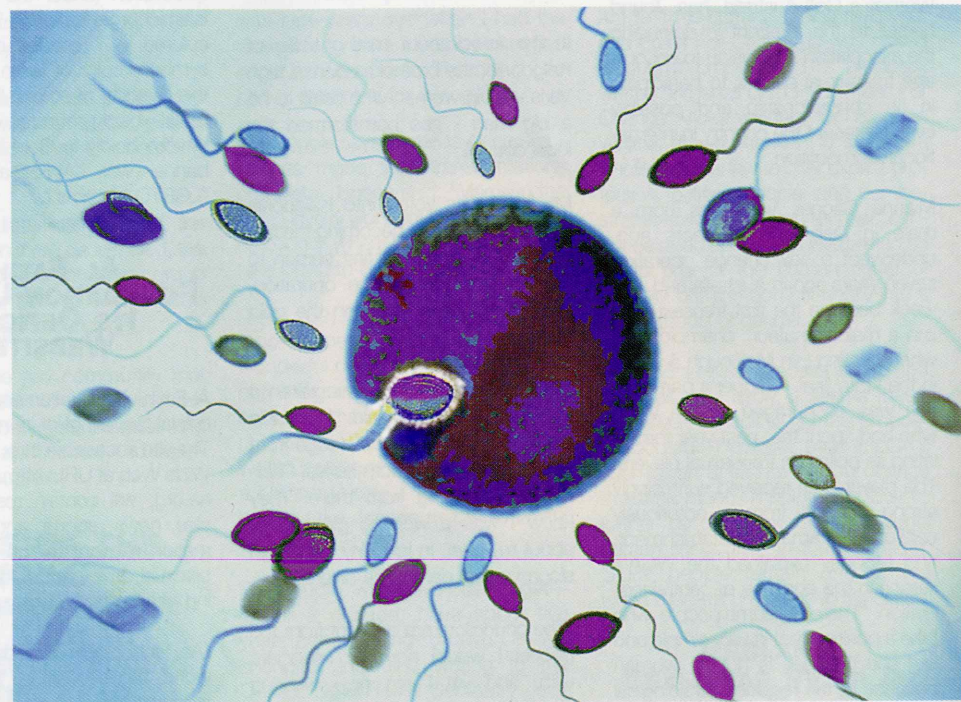
in boxes. Initially I wasn't okay with this realization and I had to get there. I think I've developed a different way of handling the dysphoria. One day I figured out that I'm simply not going to forsake or deny an extremely strong feminine component in me, but, - I'm not ever going to be female. I admit I've considered castration, but only because I hate the masculine chemicals - they make you territorial, aggressive, and dumb.

Kara is speaking the language of inclusion and exclusion simultaneously. In a sense, she defines herself by what she is not - not a crossdresser, not transsexual, not a female, not a male.

Brenda, an active member in the Boston transgender community states:

to integrate parts of it into my life, but the transformation is too all-consuming. I really don't want to lose my penis and I feel as though I've found a comfort level. I can expose that repressed part of my personality.

Brenda's conception of transgenderism combines the classical definition of a crossdressing - an eroticized fascination with clothing of the opposite gender - with an ideological awareness of transgressing gender norms. Brenda has continued to opt for an integration of male and female attributes without choosing to undergo an "all-consuming transformation." Recently, she has told me that her need to dress en femme for social purposes has decreased, although "the experience is just as pleasurable as in the past." Her



more androgynous choice of attire seems for her more reflective of the internal integration she has been experiencing throughout her alternative gender explorations.

In Holland, issues of gender identity and concomitant behaviors are complicated by medical protocols, health insurance reimbursement, and Dutch Family Law. The struggle to create a legitimate discourse of transgenderism and a transgenderist identity has been lead by a few rebels who have refused the validation offered to transsexuals willing to embark on the process of gender/sex reassignment or, to accept the stigma of fetishism, perversion, or representation as a third gender or sex. Enterprising and persuasive individuals have always strategized to successfully manipulate the standard criteria and protocol in order to obtain particular hormones and surgeries without committing to a transsexual identity. Based on a 1996 article which appeared in IFGE's Transgender/Tapestry Magazine, transgender, as a gender identity

category similar to that espoused by Virginia Prince in the 1950s, was resurrected and presented in Holland as an established alternative to the transsexual and transvestite classifications. The significance of a discrete transgender category in Holland is inexorably linked to issues of legitimation and the pressing, pragmatic concerns of procuring medical intervention and government subsidized services. Hazel, a transgender identified former resident of Amsterdam currently residing in Boston, offers a comparison of the "T" scene in both countries:

"The first time I entered the club in Amsterdam on a crossdresser's night, I was asked, 'Are you a transsexual or a transvestite?' That was the most important question - that is what they wanted to know. They are considered to be two entirely different groups of people and there isn't an in between group. And I think this is because from the 1970s, transsexuals were very successful in getting all the services and all their needs met. Transvestites, on the

other hand, were denied any form of service, even on a self-pay basis because it was considered to be fetishistic, compulsive, narcissistic - so there's a whole pathologizing way of thinking about that."

Hazel's observations concerning the "shaping of a transsexual identity" in order to receive services was alluded to by several Dutch informants. This process can be either conscious - as in the case of manipulative strategizing to obtain certain desired medical interventions, or unconscious - as my ethnographic evidence indicates a variety of experiential processes that reformulate life history events. She goes on to say,

"When I came to the US, I suddenly found a transgender scene that was much more open, and much better connected to the gay scene. There was a much bigger platform where I could be myself. I think the transgender rhetoric in the U. S. is a better way of thinking because it allows people to identify with something that has a very broad meaning."

Hazel alludes to the possibility of a discourse as the defining element of identity. As a transgender in Amsterdam, Hazel experiences herself as disenfranchised, since she identifies with neither the transvestite nor transsexual identities available to her. Transgender provides a "bigger platform" and a "broad meaning," allowing space for interpretation and exploration.

For Arthur, - activist, lobbyist, and perhaps the foremost exponent of transgenderism in Holland today, transgender as an identity category represents a compromise, a "choice that had to be made in order to keep several important parts of my life together." As a solid, middle-class businessman, Arthur is married and the father of two sons. Personally credited with introducing the term "transgender" into Dutch gender discourse two years ago, Arthur had initially identified as a transvestite. Through a progressive

life's commitments, he pursues or in this case, creates, an alternative gender ideology. Rather than electing to express a transsexual identity for practical reasons, Arthur discovered a gender classification in Transgender Tapestry magazine - transgenderism - which validates his conceptions of his gendered self and enables him to realize aspects of his life in a different and valuable way. In his medical and legal battle for recognition and acceptance, Arthur is actively formulating a discourse which will provide individuals with an alternative category thereby enabling others to renegotiate and shape their perceptions and gendered life histories according to this new ideology.

Resistance to transgender interventions has been expressed by some members of the Dutch medical establishment. Primarily, they are concerned with the socio-cultural repercussions of introducing change too rapidly in a

including birth certificate changed to meet a new or predominant gender/sex identity. As the law now stands, adherence to a complete surgical and hormonal protocol is necessary for legal changes in identification. This includes assurance that the person is no longer able to produce or bear children, or rather, the individual must agree to compulsory castration or hysterectomy.

Recently, Dutch government sponsored research has focused on attempts to use accepted quantitative and qualitative methodological paradigms to carve out a unique and in this case, specific identity category of transgenderism. These studies focus on the psychological and social criteria necessitating the formation of a transgender identity and the behaviors that delineate transgenderism from transvestites and classical transsexuals. A goal is to develop a protocol for the selection of candidates whose psychological profile and life circumstances warrant the granting of health care reimbursements for hormone therapy and surgical treatment. In conclusion, category paradigms and their behavioral contents are limited at best since they always reflect an artificial rigidity and delineation that is not realized in human experience. The idea that for diagnostic and treatment purposes identities must be perceived as fixed, ignores the ambiguity and instability that encapsulated the gender discourses of my informants. Ethnographic evidence strongly suggests that identity is a fluid construction, comprised of dynamic processes and multiple motivations that are dependent on context, situational constraints, and life course events. In my discussions with Dutch researchers, most were completely unaware of the cycle of marginalization and disenfranchisement this work has the potential to create for other gender alternative people who fail to fit the new model of the classical transgender. Although seemingly benign, the conceptualization of a new gender category creates an identity with the power to validate and legitimate while simultaneously suppressing alternative and idiosyncratic gender ideologies. Δ

AS ANNE BOLIN POINTS OUT IN HER ESSAY, "TRAVERSING GENDER," THESE "REBELLIOUS BODIES" OR "HYBRIDIZATIONS CREATE DISARRAY" AS THEY "THREATEN TO OVERTHROW THE 'BIOPOWER' OF THE MEDICAL ORTHODOXY."

transformation of identity coinciding with a subsequent desire to begin hormone treatment to feminize his body, Arthur views his situation from a pragmatic perspective. Apparently, Arthur had been "evaluated" by the gender team and found to be an appropriate client for sexual reassignment surgery. In other words, he was considered by the experts to meet transsexual criteria. Arthur indicated that should something happen to his wife and if he should find himself in other circumstances, he might not be opposed to surgical intervention and a complete transformation. For the last two years, he has been battling Dutch medical and legislative bodies for the right for transgendered individuals to obtain hormones and psychological services as part of their subsidized routine medical benefits. Arthur espouses a discourse of compromise where, faced with the reality of

sex/gender dichotomous society and the consequences of creating what they allude to as a third sex/gender category. How does society classify a genetic male who uses hormones to stimulate breast development while still choosing to retain his penis? Or, despite the individual's own definition of masculinity, what category is used to describe a genetic female who commits to hormone therapy, mastectomy and hysterectomy but refuses to relinquish vaginal sensation by undergoing a phalloplasty? As Anne Bolin points out in her essay, "Traversing Gender," these "rebellious bodies" or "hybridizations create disarray" as they "threaten to overthrow the 'biopower' of the medical orthodoxy." The formation of "she/males" and the diverse permutations of this combination will certainly affect Dutch family law, should an individual advocate to have official records

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INTERNATIONAL CONFERENCE
ON TRANSGENDER LAW AND
EMPLOYMENT POLICY (ICTLEP):
PO Drawer 1010, Cooperstown NY
13326. ATTN: Sharon Stuart,
Corresponding Secretary. 607-547-
4118. Email: ictlephdq@aol.com. AOL
Keyword: ICTLEP. Web site:
www.abmall.com/ictlep. Information
source on TG legal and policy issues.

INTERNATIONAL FOUNDATION
FOR GENDER EDUCATION: IFGE:
Box 229, Waltham MA 02254-0229.
(781) 899-2212 FAX (781) 899-5703.
E-mail: info@ifge.org. Education,
outreach, peer counseling.

NATIONAL GAY AND LESBIAN
TASK FORCE: 2320 17th Street, NW,
Washington DC 20009-2702. (202)
332-6483 extension 3301,
FAX (202) 332-0207, TTY (202) 332-
6219. It is impossible to list all the gay and
lesbian support groups. Write NGLTF for a
referral to someone near you.

OUTREACH INSTITUTE OF GEN-
DER STUDIES: OIGS: 126 Western
Ave, Suite 246, Augusta ME 04330.
Ariadne Kane, MEd, Director (207)
621-0858. Programs for professionals.

ALL - RENAISSANCE ASSOC.: 987
Old Eagle School Rd., #719, Wayne,
PA 19087. (610) 975-9119 (24 hrs).
Email: angela@ren.org. Educational
outreach and support group.

CD/TV - SOCIETY FOR THE SEC-
OND SELF (TRI-ESS): PO Box 194,
Tulare, CA 93275. Email:
TRISINFO@AOL.COM Educational out-
reach and support for heterosexual
crossdressers. Write referral to local
chapter.

TRANSSEXUALS IN PRISON: c/o
Ronnie Lynne Soubrette, 104
Quineveree Ct., Castle Rock, WA
09611. Support

T.O.P.S (TRANSGENDER
OFFICERS PROTECT & SERVE):
Tony Barreto-Neto Exec. Dir., 3210 Tom
Mathews Rd., Lakeland, FL 33809. Tel:
1-888-983-3222 or (813) 752-9228.
E-mail: TG-TOPS@onelist.com
www.uncle.org/tops/
Social, employment, legal support.

INTERSEX SOCIETY OF NORTH
AMERICA: P.O. Box 31791, San
Francisco, CA 94131 (415) 575-3885
Email: cchase@isna.org
Web: <http://www.isna.org>

FTM NETWORK [also PRESS
FOR CHANGE]:
BM Network, London, WC1N 3XX.
Phone: +44-161-423-1915, Wed.
8pm-10.30 pm Wed. GMT).
Email: s.t.whittle@mmu.ac.uk.
Website: http://ourworld.compuserve.com/homepages/press_for_change.
Support, political lobbying & education.

ALABAMA

TRI-S - SIGMA RHO GAMMA
SERGA: PO Box 16174, Huntsville,
AL 35802. Michelle Steadman, (205)
880-9660. Support group.

TRI-S - SIGMA RHO GAMMA
SOUTH: SERGA: PO Box 66286,
Mobile, AL 36660. Lisa Jackson.
Support group.

ALASKA

CD/TS/SO/MTF/FTM- ALASKAN
T-PEOPLE: PO Box 670349, Chugiak,
AK 99567-0349. Strictly social for the
whole family.

TRI-S - ALPHA KAPPA: PO Box
5392, Ft. Richardson, AK 99505-0392.

ARIZONA

CD/TS - A ROSE: PO Box 8108,
Glendale, AZ 85285-8363.
(480) 488-0959, e-mail: sss@tri-ess.org
web: <http://tri-ess.org/rose.htm>
e-mail: denise@inficad.com
Support group.

TRI-ESS - ALPHA ZETA
CHAPTER: PO Box 28363, Tempe,
AZ 85285-8363. (602) 488-0959
Website: <http://tri.ess.org>

TRI-ESS - TAU UPSILON: 8802 E.
Broadway Blvd. #145, Tucson, AZ
85710. Phone: (520) 296-3472.

CD/TS/TG - EVOLVER: 416 E. 22nd
St., Tucson AZ 85713. (520) 884-
0541. 501 C-3 not for profit organiza-
tion. Support group. Web:
<http://home.earthlink.net/~evolver/>
email: Sandra@aol.com

TG - FTM - DEZERTBOYZ: meets
in Tucson at 7:00 pm on the first
Tuesday of each month at Wingspan
Center. SO Contact Debra at 520-903-
1421 or debra@hwr.arizona.edu.
Website: <http://members.aol.com/DezertBoyz/>

ARKANSAS

TS-SUPPORT LINE:
Contact: Frances at 316-795-4876.
Email: Fransie@oswego.net

CD-AR CD GROUP: 2901 Massard
Rd., Ft. Smith AR 72903-5212. Support

FTM - ARKANSAS BOYZ:
Contact: Garin, (501) 443-3184;
Email: Kwiggina@aol.com

CALIFORNIA

FTM - GENDERQUEER BOYZZ:
Contact Jacob Hale
e-mail: Zeroboyjh@aol.com

ALL- THE TRANSGENDER MENACE
OF SOUTHERN CALIFORNIA:
A direct action group dedicated to using
any means necessary to make the world,
especially our Southern California corner
of it, a safe place for all transfolk and gen-
derqueers. (323) 962-9175 Shirley
Shirley@earthlink.net or (323) 665-1130
Jacob, zeroboyjh@aol.com

TRI-ESS - ALPHA: PO Box 411352,
c/o Kathy Helms, Eagle Rock Station,
Los Angeles, CA 90041. Tel: (818)
352-9448. Support.

CD/TS - CLUB CHERCHEZ LA
FEMME: PO Box 10873, Santa Ana,
CA 92711-0873. Send SASE for
details. Private membership club.

TG-VENTURA GENDER OUT-
REACH: 1995 Main street, Ventura,
CA 93003. 805-653-1979. Contact
person: Randi. Open peer facilitated
drop in group for persons who have a
conflict with or questions about their
gender. Tues night 7-9pm.

CD/SO - CROSSDRESSER HET-
EROSEXUAL INTERSOCIAL
CLUB: CHIC: PO Box 8487, Long
Beach, CA 90808. (818) 243-2442.
Support group. Web site:
<http://www.transgender.or/tg/chic>

IS - AIS SUPPORT GROUP: c/o
Sherri Groveman, 4203 Genessee Ave.,
#103-436, San Diego, CA 92117-
4950. Email: aissg@aol.com.

CD/TS/SO - NEUTRAL CORNER:
PO Box 19008, San Diego, CA 92159.
(619) 685-3696.
Web: <http://geocities.com/WestHollyWood/Village/4718/>
email: neutral-corner@geocities.com

FTM - UNDER CONSTRUCTION:
P.O. Box 922342, Sylmar, CA 91392-
2342, 818-837-1904.
Contact: Jeff Shevlowitz
Email: LITTLESHEVY@JUNO.COM.

TRI-S - TRI-CHI - TRI-ESS:
PO Box 194, Tulare, CA 93275.
Phone: (209) 688-9246. Support group

TS-EMERGENCE- SUPPORT FOR
CHRISTIAN TRANSSEXUALS:
Assembly of God Church, Fresno, CA.
A safe place to discuss Christian
beliefs, gender issues, transition and
anything. Call Terri M. at 559-637-9986
EM: terrim@evangeltab.org

CD/TS - ANDROGYNY: Friendship
and understanding in a safe and sup-
portive environment. A place to explore
being Transsexual, Crossdresser, or
Transgenderist. A place to meet others
like yourself. Meetings: Tuesday nights
from 8:00pm until 9:30pm, Santa
Monica, CA. (323) 962-9175. Support

CD/TS/IS - RAINBOW SUPPORT
GROUP: Gay, Straight, Intersex. Meets
Tuesday evenings 7-9pm. Write
Rainbow Community Church, Visalia
Friends Meeting House, 17208 Ave.
296, Visalia, CA, 93291.
209-627-2727

CD/TS/SO - POWDER PUFFS OF
ORANGE COUNTY (PPOC):
P.O. Box 1088, Yorba Linda, CA
92885. Voice 714-281-0297

FTM/SO-FTM INTERNATIONAL
BIMONTHLY: FTM TS/TG
TRANSMALE TASKFORCE: 1259 El
Camino Real, #151, Menlo Park, CA
94025. (415) 780-9349. FTM

ALL - ACCESS POINT:
Provides Nationwide counseling and
coaching for Gender Gifted people and
loved ones, via toll-free phone line con-
sultations no charge. Also provides
local (Central California) support groups
and "salma parties" for clients and
guests. Jim, MFCT, and Caroline Hall,
MBA. 24hr info 1-800-549-1749 ext.
3, direct: 805-534-1101, fax: 805-534-
1718, email: Accesspnt@aol.com,
Web: www.AccessPt.com

ALL-GIGIS-GENDER ISSUES:
Gender Information and Support.
Hosted by Miss Major, 5 days a week
Mon-Fri 4pm-6pm. Tenderloin AIDS
Resource Center, 187 Golden Gate Ave
at Leavenworth, San Francisco, CA
94102. 415-431-7476

CD/TS/SO - SAN FRANCISCO
GENDER INFORMATION: SFGI,
3637 Grand Ave., Suite C, Oakland, CA
94610-2029. Maintains database of TG
resources for SF Bay area.

ALL-LAVENDER LINE: Pacific Center
(510)841-6224. An information resource
phone line for the GLBT community cover-
ing the East Bay, San Francisco area.

MTF-FTM-TRANSGENDERS IN
TRANSITION: A facilitated group for
transfolk at all stages of transition.
Thurs. 7:30-9:00pm Cost \$30-\$5 per
session sliding scale. Call first
415-436-9000

CD/TS/SO - EDUCATIONAL TV
CHANNEL: ETVC: PO Box 426486
San Francisco, CA 94142-6486.
(415) 564-3246 hotline,
BBS (415) 564-4903,
Telzey (510)849-4112. Support.

TRANSUPPORT GROUP CENTER:
308 Turk Street Unit 7, San Francisco,
CA 94102 Tel: 415-224-1189 A safe
place to be yourself. Emotional counsel-
ing, referrals and job placement.

SO - SIGNIFICANT OTHERS SUP-
PORT: SOS: attn: Ginny Knuth, 2478
28th Ave., San Francisco CA 94116-
2305. (415) 644-1499. E-mail:
ginnys@sirius.com. Support group.

CD/TS/SO - DIABLO VALLEY
GIRLS: DVG: PO Box 272885,
Concord, CA 94527-2885. (510) 937-
8432. Social and Support Group

CD/TS/SO - PACIFIC CENTER
FOR HUMAN GROWTH: 1250 Pine
St., Ste. 301 Walnut Creek, CA
94533. (510) 939-7711. Support.

CD/TS/SO - PACIFIC CENTER
FOR HUMAN GROWTH: 2712
Telegraph Ave, Berkeley, CA 94705.
(510)548-8283. I & R (510)841-6224.
E-mail: paccnt@pacbell.net. Web site:
www.pacificcenter.org. Support group.

CD/TS-SWANS INNER SORORITY: PO Box 1423, San Jose, CA 95109. (408)297-6900. E-mail: wendi@sis-girls.com Web: www.sisgirls.com Support group.

CD/TS/SO - SACRAMENTO GENDER ASSOCIATION: PO Box 215456, Sacramento, CA 95821. (916)482-7742. Support group. Email: sacgender@hotmail.com Web: http://www.geocities.com/westhollywood/village/4409/

TS - LAMBDA COMMUNITY CNTR: c/o Marsha, 919 - 20th St., Sacramento, CA 95814. Phone (916)729-8935 or (916)442-0185. Support and educational outreach.

TRI-S - SIGMA SIGMA BETA - TRI-ESS SIERRA SILVER BELLES: **SSB:** PO Box 19933, S. Lake Tahoe, CA 96151. Support group

COLORADO

TG- SOUTHERN COLORADO INTRA-REGIONAL TRANSGENDERED SOCIETY (S.C.I.R.T.S.): Colorado Springs, Colorado. 719-591-5860 Lisa Jo K. Laptad Web site: http://www.geocities.com/westhollywood/heights/4484 Support Group meetings every Tuesday 7pm plus every 3rd Friday. Anyone who will keep confidentiality is welcome.

CD/TS - GENDER IDENTITY CENTER OF COLORADO, INC.: GIC, 1455 Ammons Street, Suite 100, Lakewood, CO 80215. (303)202-6466. Educational outreach. E-mail: GICofColo@aol.com Web www.transgender.org/tg/gic

CONNECTICUT

CD/TS/SO - GBSING, GBS: PO Box 162, Haddam, CT 06438-0162. E-mail: GBSING@aol.com Support Group.

TG-CONNECTICUT OUTREACH SOCIETY: P.O. Box 163, Farmington, CT 06034-0163, (860) 604-6343, email: ctoutreach@aol.com, Web: http://members.aol.com/ctoutreach/index.html Support Group

TS/SO - XX (TWENTY) CLUB: PO Box 387, Hartford, CT 06141-0387. Support group.

CD - CONNECTICUTVIEW: c/o Denise Mason, P.O. Box 2281, Devon, CT 06460. Email: Mason D@aol.com. Newsletter and directory.

T/G - TRANSACT: - Kaylen 203-661-2448 Greenwich, Conn. Support Group

DELAWARE

CD/TS/SO - RENAISSANCE - DELAWARE CHAPTER: PO Box 5656, Wilmington, DE 19808. (302) 376-1990. Support group. www.ren.org/ Renaissance_D.html

FTM - DELAWARE BOYZ: Steve, 302-856-7179

FLORIDA

TG - NORTH FLORIDA SISTERS: P.O. Box 5765, E. Jacksonville, FL 32447. E-mail: cdarica@aol.com Meets 2nd Saturday of each month. Support.

TG-TRANSGENDER SUPPORT GRP: P.O. Box 4940 Greater Fort Lauderdale, FL 33339 Every Wed. at 7:30pm at the Gay, Lesbian Comm. Center. Call 954-777-2328

CD/TS-ALSO 4 YOUTH: Sarasota, FL. (941) 426-8687 e-mail: krjefrey@aol.com

ALL-FGS-FREEDOM OF GENDER: Sarasota, FL. Meets 3rd Friday of the month at 7:00 pm. Contact Kristin at 941-426-8681 for info.

TG- EDUCATIONAL SUPPORT GROUP: for the Transgender Community. Meets at the Gay and Lesbian Comm. Center of Greater Lauderdale, Florida 954-563-9500. Ask for Michael or Heidi

CD/TS/TG - PANTRA: PO Box 3426, Tallahassee, FL 32315-3426.

ALL - EMERALD COAST CHAPTER OF PANTRA:

We are a non-sexual support group for the transgendered people in Pensacola and the surrounding areas. Meetings are on the 2nd Saturday of the month. For more information contact: Emerald Coast Chapter of Pantra S-129 8084 N. Davis Hwy. E3 Pensacola, FL 32514 Web: www.geocities.com/westhollywood/park/7800

TRI-ESS - TAU LAMBDA: PO Box 3426, Tallahassee, FL 32315-3426.

TRI-ESS - PHI EPSILON MU/ CENTRAL FLORIDA SISTERS: PO Box 3261, Winter Park FL 32790-3261. Tel: (407) 263-8978 Email: z26y25@aol.com. Website: http://www.horizon usa.com /misc/fem.htm. Support group meets monthly on Saturdays.

FTM - FLORIDA BOYZ: David, Email: FTMOrlando@aol.com (Orlando, FL)

TS - EVOLVE: 714 E. Colonial Dr., Orlando, FL 32803-4639. Meeting times, 1st & 3rd Tuesday, 7pm. Phone: (407) 425-4527. E-mail: GLCS@flamingopark.com. Support group.

CD/TS/SO - SERENITY: PO BOX 220307, Hollywood, FL 33022. (954) 436-9477. E-mail: SUSANCO@aol.com Support group.

TRI-ESS - GAMMA CHI BETA: P.O. Box 510045, Punta Gorda, FL 33951 407-382-8389 Alice, Tri-Ess Chapter, Meetings 2nd Saturday of each month. Support Group

CD/TS/SO - STARBURST: PO Box 6822, Clearwater, FL 33756-6822-(727) 523-8760. Support group. Website:www.geocities.com/westhollywood/stonewall/9222 Email: sarah56@worldnet.att.net

TS - ENCHANTE: A.C.P.: 1180 Cleveland St., Clearwater, FL 34615. Phone:(813) 533-0012, Amanda. Transsexual support group.

TG - TLC: P.O. Box 372711, Satellite Beach, FL 32937 407-858-2356 Karen, e-mail: haleightg@aol.com or kj6781@palmnet.net

TG/SO - TRANS/MISSION: Open support & discussion group for all TG people & SO's meets the 3rd Saturday of each month at 3:00pm. FTM/SO discussion group meets the 1st & 3rd Saturdays of each month at 1:30pm (S&M/Kink-friendly). All meetings are held at the Center of Tampa Bay, 4265 Henderson Ave, Ste. B. For more info/directions email: TransMissionFL@yahoo.com or write PO Box 17522, Tampa, FL 33682.

GEORGIA

CD/TS/SO - ATLANTA GENDER EXPLORATIONS: P.O. Box 98330, Atlanta, Georgia 30359, Tel: 404-250-8221 Email: ageinfo@ggea.org Website: www.transgender.org /tg/age Support Group

TRI-S - SIGMA EPSILON: PO Box 272, Rosewell, GA 30077-0272. (770)552-4415. E-mail & Web site: http://pages.prodigy.com /kerrico/sigep.htm. Support group.

FTM -GEORGIA BOYZ: Star, Email: star@ellijay.com

HAWAII

HAWAII TRANSGENDERED OUT-REACH: PO Box 4530, Honolulu, HI 96812-4530. (808)923-4270. Email: tghawaii@poi.net. Support http://www.newbies.net/htgo/ Hot Line 8am - 8pm 7 days.

GAY & LESBIAN COMMUNITY CENTER: YWCA 47-388, HUI IWA St. #14-304, Kaneohe, HI 96744-4416.

IDAHO

CD/TS/TG/SO - IDAHO TRANSGENDER SOCIETY: P.O. Box 7353, Boise, Idaho 83707 208-331-6669. Social Support Group

CD/TS/SO - PAPILLON: C/O R2C2, 315 W. MISSION SPOKANE, WA 99205

ILLINOIS

PARENTS AND FRIENDS OF TRANSGENDER COMMUNITY: PFTC: c/o Ellie Altman, Northbrook, IL 60062. (847) 564-9496, e-mail: EllieAlt@aol.com. Support group.

CD-TRI-S - CHICAGO: PO Box 40, Wood Dale, IL 60191-0040. 708-383-1677 Email: chitriess@aol.com. Web: http://users.aol.com/chitriess/trisss/chimain.htm. Support group.

TG - CHAMPAIGN/URBANA TRANSGENDER SUPPORT GROUP: 123 W. Church, Champaign, IL 61825. Tel: (217) 367-1033. Email: tsplendoe@prairienet.org Web: http://www.prairienet.org/splendor We meet twice a month for support.

FTM - ILLINOIS BOYZ: (Champagne, Ill). Jaqui: 618-235-5908; Email: jaquity@aol.com

CD/TS/SO - CENTRAL ILLINOIS GENDER ASSOCIATION: CIGA, PO Box 1291, Galesburg, IL 61401. (309)343-5192, Jaque Rounds. Support group.

FTM/MTF - HOWARD BROWN CLINIC TRANSGROUP CHICAGO: Meeting the first and third Monday of each month. It is open to both FTM and MTF and anybody else they want to bring with them (friends, family, spouse, etc.). The meetings are from 7:00 to 8:30 PM. Tel: Howard Brown Clinic 773-871-5777. Located at 4025 N. Sheridan, Chicago. It's one block North of Irving Park Road, and about 5 blocks West of Lake Shore Drive. It is a very friendly group, so come and join us if you're interested! If you have any questions, email HologramDr@aol.com.

INDIANA

GLBT-INDIANA UNIVERSITY, GLBT STUDENT SUPPORT: 705 E. 7th st., Bloomington, In. 47405-3809 tel: 812-855-4252. Email: glbtsterv@indiana.edu Web: http://www.indiana.edu/~glbtsterv

CD/TS/FTM/MTF/SO - IGS: Attn: Linda BB, PO Box 425, Carmel, IN 46032. (317) 299-5377, Angela. Email: kaylin@iquest.net Support.

TONI: PO Box 2372, Portage, IN 46268. Phone (219)929-8533. Support Group Email: jenfermaresl@juno.com.

FTM-INDIANA BOYZ: (Northern Ind.) Glen, Email:Glen22213@aol.com

CD/TS/SO/FTM/MTF - INTERNATIONAL GENDER SUPPORT: (aka: Shrinking Violets): PO Box 425, Carmel, IN 46032. (317)781-0834. Support grp

TG - TRANSGENDER OUTREACH OF NORTHERN INDIANA: Attn: Linda BB, PO Box 425, Carmel, IN 46032. Phone: (317)971-6976. Web site: http://members.aol.com /ixe/fish/xe.html. Email: IXE@aol.com. Support group.

CD/TS/TV/SO/FTM/MTF- IXE: PO Box 20710, Indianapolis, IN 46220. Phone: (317)971-6976. Web site: http://members.aol.com /ixe/fish/xe.html. Email: IXE@aol.com. Support group.

FTM-IT'S A BOY: The group welcomes gender variant people on the FTM spectrum and those who support them. Meets once a month at 6:00pm at the Diversity Center in Indianapolis. email: virago18@hotmail.com or call Diversity Center 317-639-4297

IOWA

IOWA ARTISTRY: P.O. Box 75, Cedar Rapids, IA 52406. E-mail: wander5980@aol.com. Support

KANSAS

ALL-TRANSSUPPORT LINE: Contact: Frances at 316-795-4876. Email Fransie@oswego.net

CD/TS/SO-CROSSDRESSERS AND FRIENDS: CAF, Box 4092, Overland Park, KS 66204. (913)791-3847. E-mail: jbfbs@aol.com. Support.

KENTUCKY

FTM - KENTUCKY BOYZ: Lee, 502-549-5619; Email: alphavamp@aol.com (Louisville)

CD/TS/SO - THE BLUEGRASS BELLES: c/o Angela, PO Box 20173, Louisville, KY 40250. (502) 446-2175, digital pager, please enter "55" after your telephone number. Email: angelaky@hotmail.com, or efduhr@ukcc.uky.edu or dwils00@ukcc.uky.edu, or acasbeer@jcc-uky.campus.mci.net. Support group.

LOUISIANA

CD/TS/SO - GULF GENDER ALLIANCE: PO Box 56836, New Orleans, LA 70156-6836. (504) 833-3046. Support group Website: www.gga.org E-mail: InfoRequest@gga .org

MAINE

ALL - TRANSUPPORT: Box 17622, Portland, ME 04112. (207) 862-2063.

ALL - MAINE GENDER RESOURCE AND SUPPORT SERVICE: Jean Vermette, PO Box 1894, Bangor, ME 04402-1894. (207) 862-2063. Education, referrals, outreach.

FTM-MAINEBOYZ: PJ, e-mail: pjmeares@megalink.net

MARYLAND

TRANQUILITY GENDER INFORMATION SOCIETY, BALTIMORE, MARYLAND: Support and Social Group for gender variant individuals. Meetings 4th Saturday of the month at 8pm. Gay Lesbian Community Center of Baltimore, 241 W. Chase Street, Baltimore, Maryland 21201-4870. Contact: 410-488-7074, email: tcraan@oao.com

CD-TRI-S CHI EPSILON SIGMA: Contact Grace, P.O. Box 505, Baltimore, MD 21022, e-mail: tri_ess@hotmail.com Web: http://www.geocities.com/WestHollywood/StoneWall/3432. Educational and social activities, monthly meetings, large couples contingent, extensive wives networking group.

CD/TS/SO - WASHINGTON-BALTIMORE ALLIANCE: c/o H. Garfinkle, PO Box 1994, Silver Spring, MD 20915. (301)649-3960. Support group. Meets in DC Metro area.

TG/SO - TRANSGENDER SUPPORT GROUP OF BALTIMORE: C/O GLCCB: (Gay & Lesbian Community Center of Baltimore), 241 W. Chase St., Baltimore, MD 21201. Phone (410)837-5445 10:00 a.m. - 6:00 p.m. M-F or (410)837-8888 7:00 p.m. - 10:00 p.m. evenings. Peer and family support group. Meets monthly.

FTM - TRANS INFO PROJECT: Information and education website for FTMs. Chat Site Alex's Garage for informal chat and Sunday night moderated discussions. E-mail: alexfox@erols.com

MASSACHUSETTS

ALL/CD/TS/SO/FTM/MTF-SUNSHINE CLUB: P.O. Box 564 Hadley, MA 01035-0564. (413) 586-5004.Web:www.umass.edu/stonewall/sunshineclub.html

INTERSEX- MIDDLESEX GROUP: P.O.Box 25, Newtonville, MA 02160 email: mdsx@juno.com 617-630-9263 Specific for intersex individuals.

ALL - TIFFANY CLUB OF NEW ENGLAND, INC.: TCNE, PO Box 71, Waltham MA 02454-0071 (781) 891-9325 (answered live Tuesdays 7:00-10:00pm ET). Website:www.TCNE.org.

ALL - YOU'RE NOT ALONE: group explores different aspects of how being a Transperson affects you, your family, your life! Johanna at 781-891-9325.

FRIENDS AND FAMILY SUPPORT: TCNE, P.O. Box 71, Waltham, MA 02454-0071. 781-891-9325 Meets 2nd Friday of the month.

TS-CAMBRIDGE SUPPORT GRP: 617-661-9332, meets 2 times per month, JAENIA@erols.com

TS/TG - GENDER SUPPORT SERVICES FOR TSS (GISST): (617)227-6216. Education, Outreach and Referrals. Sponsors the Transgender Health Conference of New England each year.

FTM - COMPASS: PO Box 229, Waltham MA 02454. 781-899-2212. Meets 1st Thursday evening of the month at 7:00pm. FTM support and social group. Contact Rose

CD/TS/SO - INNVESTMENTS: PO Box 2194, Orleans MA 02653. Support group. Website: www.transgender.org/innv/

CD/TS/MTF/FTM-TRANS-CHAT: Write: Trans-Chat, P.O Box 491, Auburn, MA 01501. 2nd & 4th Thursday night of each month from 7:00 to 9:00pm. Support Group in Worcester, MA. Michael at 508-770-9044 e-mail: Transgndr@aol.com

FAMILY-DFLAG (DIVERSIFIED FAMILIES LOCAL ACTIVITY GROUPS): Family and child friendly activities. Tolerant, non-biased, safe, positive, supportive and fun environment. Community resource center offering information concerning Parents and Parenting, Peer support and parent socials. Contact Kat McCracken, 427 Park Ave. Suite 153, Worchester, MA Tel: 508-421-3479 Email: DFLAG@telbot.com

BI GALA - UNIVERSITY OF MASSACHUSETTS: Lowell, SIC(S) Box #34, Lowell, MA 01854 e-mail: BIGALA@student.uml.edu

BOSTON ALLIANCE OF GAY AND LESBIAN YOUTH (BAGLY): is a youth-led, adult-supervised social support group for GLBT youth to age 22. Meetings are held weekly at St. John the Evangelist Church, 35 Bowdoin St, Beacon Hill, near the state house. Wed 6-9pm, Sun 2-5. 617-437-7683, www.bagly.org.

GAY & LESBIAN ADOLESCENT SOCIAL SERVICES (GLASS): runs a community center providing peer support, adult counseling, and safe haven for youth age 13-25. Near Newbury St & Mass Ave, open M-F 4-8pm. 617-437-7683

SIDNEY BORUM HEALTH CENTER: provides a free clinic for primary health, mental & substance abuse care for GLBT youth age 13-25. 130 Boylston ST, near Tremont, walk-in hours 4-7pm. 617-457-8140

PROJECT 10 EAST: maintains an office and drop-in center. Education-oriented, particularly helpful for those dealing with in-school issues. Teen afternoon activities Wednesdays & Fridays 3-6pm. Office hours M-F 9am-1pm. Old Cambridge Baptist Church, 1145 Mass. Ave, Harvard Square, Cambridge. 617-864-4528, http://Quniverse.com/p10e

VICTIM RECOVERY PROGRAM, FENWAY COMMUNITY HEALTH CENTER: provides counseling & advocacy for GLBT victims of hate crime, domestic violence, sexual assault or police abuse. If you've been victimized, this may be the best place to start getting help. They are even tracking hate crimes against transfolk. 7 Haviland St, near Boylston St & Mass Ave. 617-267-0900 x311 or (800)834-3242 x311

ALCOHOLICS ANONYMOUS: There's a T-oriented AA meeting every week at IFGE in Waltham (call 781-899-2212 for info), and a T-friendly Gay AA meeting every day in Boston. Call Central Services for a free copy of their meeting list. 617-426-9444

YOUTH HELP: FATHER BILL'S: 617-451-2011

PRISON PROJECT: Kia Earp, P.O. Box 1224, Boston, MA 02117-0224, email: prisonproject@yahoo.com 617-541-9338,

MICHIGAN

CD/TS/SO - I.M.E. OF WESTERN MICHIGAN: PO Box 1153, Grand Rapids MI 49501. Website: www.iserv.net/~ime. Support.

TS AFTER SIX SUPPORT GROUP: Western Michigan. Contact: Frances Campbell, PO Box 126, Comstock Park, Michigan 493212

FTM - MICHIGAN BOYZ: (Kalamazoo, MI). Jonathan, 616-345-9070; Email: tushu@complink.net

FRIENDS NORTH T-GROUP: P.O. Box 562 Traverse City, MI 49685-0562. 616-946-1804 web:www.members.tripod.com/~Friend sNorth/groups.html

TS - TRI-COUNTY TRANSSEXUAL SUPPORT GROUP: Electrolysis Unlimited, 89 South Blvd. at Rochester Rd. (1/4 mi south of M-59) Suite 500, Troy-Rochester, Michigan. Contact: Ildiko Svoren 248-879-2232 Liz A., email: chimera@home.com. Meetings are free. Please call before your first meeting.

MINNESOTA

GENDER EDUCATION CENTER: PO Box 1861, Minneapolis, MN 55311. Debra Davis, Director. (612)424-5445, FAX (612)424-8595. Educational outreach.

TRI-S - BETA GAMMA: Box 8591, Minneapolis, MN 55408. (612) 870-8536. Email: triessbg@tri-esss.com. Web site: http://www.tri-ess.com. Support group.

YOUTH DISTRICT 202: 2524 Nicollet Ave., So. Minneapolis, MN 55408. (612)871-5559. Fax (612)871-1445. Safe place for GLBT youth.

CD - CITY OF LAKES CROSS-GENDER COMMUNITY: City of Lakes Crossgender Community: CLCC, PO Box 14844, Minneapolis, MN 55414. (651) 229-3613. Social support for the transgender community in Minnesota.

TRANSGENDER HIV/AIDS PREVENTION PROGRAM: Human Sexuality, Dept. of Family Practice and Community Health, U. Minnesota Medical School, 1300 So. 2nd Street, Suite 180, Minneapolis, MN 55454. (612)625-1500, FAX (612)626-8311. Educational outreach.

MISSISSIPPI

TRANSSUPPORT LINE: Contact: Frances at 316-795-4876. Email: Francie@oswego.net

AURORA: c/o Melanie Cuevas, P.O. Box 922, Kosciusko, MS 39090

MISSOURI

TRANSSUPPORT LINE: Contact: Frances at 316-795-4876. Email Fransie@oswego.net

CD/TS/SO - ST. LOUIS GENDER FOUNDATION: StLGF, PO Box 9433, St. Louis, MO 63117. (314) 367-4128. Email: StLGF@aol.com. Web:http://members.aol.com/stlgf1/ind ex.html

TRI-S - SIGMA MU: PO Box 2502 #298, Springfield, Mo 65801. Phone: (417) 831-3433. Email: LSolomon@mail.orion.org.

NEBRASKA

CD/TS/SO - RIVER CITY GENDER ALLIANCE: RCGA, PO Box 3112, Omaha, NE 68103. (402) 398-1255. E-mail: sgibbons@synergy.net. Support

NEVADA

TRI-S -THETA UPSILON GAMMA: PO Box 42401, Las Vegas, NV 89116 (702) 387-3891 Email: TUGinLV@juno.com Web site: http://www.geocities.com/westhollywood/park/1880

TG/CD/TS/SO: Transgender Support Las Vegas, 1120 Almond Tree Lane, Suite 207, Las Vegas, NV 89104. Voice mail: 702-392-2132, e-mail: tgsupport.lv@usa.net web site: www.transder.org/tg/vegas_tg/index.htm

NEW HAMPSHIRE

PFLAG OF NEW HAMPSHIRE:

T-SON: Tel: 603-622-4096, Email: NHTSON@aol.com

WRITERS ETC.: c/o Abbey Greene, PO Box 6211, West Franklin, NH 03235. (603) 934-3379. Support grp.

CD/TS/SO - GENDER TALK

NORTH: PO Box 421, Peterborough, NH 03458. (603) 924-8828. Email: gtnorth@top.monad.net. http://monad.net/~gtnorth/index.htm. Support group.

G/L/BI./T/Q YOUTH - SEACOAST

OUTRIGHT: PO Box 842, Portsmouth, NH 03802. Phone: (603) 431-1013. Resource, referral, support for 21 and younger; referral only for those over 21.

NEW JERSEY

TRI-S - SIGMA NU RHO: SNR, 1092 St. Georges Ave., Suite 234, Rahway, NJ 07065-2664. Phone: (908) 826-5287. 24-hour hot-line (800) 480-3152, in near states. E-mail: carolannsnr@juno.com. Support group.

TRI-S - CHI DELTA MU: PO Box 1, River Edge, NJ 07661-0001. (800)484-7593(code4985). Support group. Email: CDM81@hotmail.com Web: www.geocities.com/WestHollywood/hei ghts/7396/

CD/TS/SO - MONMOUTH/OCEAN TRANSGENER: MOTG: PO BOX 2972 Princeton, NJ 08543-2972 (732)219-9094. Support group. Email: vikikimmotg@aol.com.

CD/TS/SO - TRANSIT: (908)526-2369. Support group.

CD/TS-NORTHERN NEW JERSEY: c/o Ms. Lynda Frank, PO Box 9192, Morristown, NJ 07960. (973) 663-0772. Support group. Email: lyndafranknyc@yahoo.com

CD/TS - NJSUPPORT: c/o T. Rislely, 301 F Saunders Ave., Bellmawr, NJ 08031. (609) 933-2233. Meetings 1st Saturday of the month, Unitarian Universalist Church of Washington Crossing. Renaissance affiliate.

TS-SINGLES SOCIAL GROUP:

for pre and post op mtf and single understanding men. A.J. Gilberti, 609-296-6065 5-10pm E-mail: agilberti@yahoo.com or agilberti@hotmail.com

NEW MEXICO

TRI-S - PHI FIESTA! 8200 Montgomery NE, #241, Albuquerque, NM 87109. Phone: (505) 299-2533. Support group.

TG/MTF-FTM - TRANSGENDER COMMUNITY GROUP: University of New Mexico, Albuquerque, NM. (505) 260-1727. Email: egypt@unm.edu. Supportive, educational and social space for ALL transgendered identities. Meets every Monday night.

NEW YORK

CD/TS/SO - IMPERIAL QUEENS & KINGS OF GREATER NEW YORK: 80 Eighth Avenue, Suite 301, New York, NY 10011. (212) 229-1968 days, (212) 627-1969 evenings, social group.

FTM- NEW YORK BOYZ: Sam, Email: srw18@columbia.edu (NYC)

ALL- GENDER IDENTITY

PROJECT: Lesbian and Gay Community Services Center, 208 West 13th St, New York, NY 10011 Tel: (212)620-7310. Fax: (212)924-2657. Email: rblumenstein@gaycenter.org Support groups surrounding gender exploration, assists people with substance abuse and HIV/AIDS prevention Education

BI-GENDER RAP GROUP: c/o Lynda Frank, 330 W. 45th St. Apt. 3H, New York, NY 10036. Meets 2nd Monday each month, 6-8 pm in lower Manhattan. Contact: Lynda Frank, (212)765-3561.

CD/TS/SO - CROSSDRESSERS INTL: 404 W. 40th St., #2, New York, NY 10018. (212)570-7389, or 212-564-4847 on Wed. E-mail: cdinyc@aol.com. Website: www.members.tripod.com/~CDINYC

CD/TS/SO - TRANSGENDERISTS INDEPENDENCE CLUB: TGIC: PO Box 13604, Albany, NY 12212-3604. (518)436-4513 live Thurs. 7-9 p.m. or leave a message and instructions for calling back. Support group. e-mail: vicky_s@juno.com

CD/TS/SO-BUFFALO BELLES: Social/support group. Montly meetings and newsletter. PO Box 1701, Amherst, NY 14226-1701 Answering machine: (716) 446-2661 E-mail: buf-falo_belles @juno.com Web: www.geocities.com/WestHollywood/Village/3339/

CD/TS/SO - TRANSGENDER NETWORK: PO Box 753 New Paltz, NY 12561-0753 Support group. 1st & 3rd Fridays

TS - METAMORPHOSIS: PO Box 6260, Broadway Station, Long Island City, NY 11106-0260. (718)728-4615. Support group.

ALL-ZAPPALORTI SOCIETY.

GLBT: psychatratric survivors: Weekly meetings, Sat 2-4pm, at the Lesbian Gay Services Center, 208 W. 13th Street, New York City, west of 7th ave. 718-422-1838

EXPRESSING OUR NATURE(EON):

745 N. Sauna St, Syracuse, NY 13208 (312) 426-1658 - Please leave message. E-mail: ANNENNO@aol.com. Meetings are held on the 2nd & 4th Saturdays of the month at 8 PM.

TG-LIFE(LONG ISLAND FEMME EXPRESSION): Support Group, P.O. Box 1311, Water Mill, NY. 11976-1311 Tel: 516-283-1333, answered live Sun. Mon. Tues eves. from 7:30-10pm Speaker Available!

NORTH CAROLINA

FTM - NORTH CAROLINA BOYZ:

Terry: 919-639-6158; Email: TLCRD96@aol.com

CD/TS/SO - CAROLINA TRANS-SENSUAL ALLIANCE: 4037 East Independence Blvd., Suite 111, Charlotte, NC 28205, 704-531-9988

TRI-S - KAPPA BETA: c/o Corresponding Secy, PO Box 12101, Charlotte, NC 28220-2101. (704) 565-5034. E-mail: dajones@infoave.net. Support group.

TRI-S - CHI CHI RHO-TRI-ESS: Crystal Coast Rose, PO Box 733, Bridgeton, NC 28205. Support group.

CD/TS/SO - PHOENIX TRANS-GENDER SUPPORT: Phoenix, PO Box 18332, Asheville, NC 28814. 828-669-3889. Support group. Email: jessicaash@aol.com.

CD/TS/SO - TRIANGLE GENDER SOCIETY (TGS): c/o David & Helen Rogers, 5425 Turkey Farm Rd., Durham, NC 27705. Phone (919)968-8070. Support group.

NORTH DAKOTA

CD/TS/TV - TRANSGENDER SUPPORT GROUP OF NORTH DAKOTA: c/o Debbie Ann Somero, PO Box 644, Wahpeton, ND 58074-0644. Phone (701)642-1427. Support

OHIO

ALL - IT'S TIME OHIO: P.O. Box 21310, Columbus, OH 43221, 614-470-4245, e-mail: itch@stargate.com Political Action web: http://www.Geocities.com/WestHollywood/7977.

CD/TS/SO - CRYSTAL CLUB: PO Box 287, Columbus, OH 43068-0287. Support group tel: 614-844-5371 website: is http://www.gender.org/cc/ email: cc@gender.org

TRI-S - ALPHA OMEGA: P.O. Box 2053, Sheffield Lake, OH 44054-0053. (216)556-0067. Support group.

CD/TS/SO - CROSS-PORT: PO Box 1692, Cincinnati, OH 45201. (606)581-3711, E-mail: wgbn68d@prodigy.com. Support group.

TRANS FAMILY OF CLEVELAND: Founded to provide support and education for transgendered persons and their families and significant others. Robert and Karen Gross 216-691-HELP E-mail: kittengr@aol.com Web: www.geocities/westhollywood/4378

OKLAHOMA

ALL-TRANSUPPORT LINE: Contact: Frances at 316-795-4876. Email: Fransie@oswego.net

TRI-S - SIGMA BETA: PO Box 42122, Oklahoma City, OK 73123. Support group.

OREGON

TS- TRANSSEXUAL PEER SUPPORT GROUP: 2400 NE Broadway, Portland, OR 97204. (503)441-6746. Ask for Tracy. All TS of all ages and trans-curious are invited to attend. Thursdays at 7p.m. at Metropolitan Community Church NE Broadway at 24th Ave. Support group. Email: tiffanysue@altavista.net

CD - NORTHWEST GENDER ALLIANCE: NWGA: PO Box 4928, Portland, OR 97208. (503)646-2802. E-mail: nwga@teleport.com. Support

TS-TRANS SUPPORT: P.O. Box 66913, Portland, Oregon, 97290-6913. Email: TPort483@aol.com. Post and Pre Op support groups.

CD/TS/SO - CAPITOL CITY CHAPTER: PO Box 3312, Salem, OR 97302. Support group.

TS-SALMACIS SOCIETY/VERSITILE WOMEN: PO Box 1604, Eugene, OR 97440-1604. (541)688-4282. For information.

TG - INTERMOUNTAIN TRANS-GENDER OUTREACH: 1524 Monroe Ave, La Grande, OR 97850. (541)962-3466. Support group. Email: keol@eosc.osshe.edu.

TRI-S-RHO GAMMA/ ROGUE VALLEY GIRLS: PO Box 5551, Grants Pass, OR 97527.

PENNSYLVANIA

CD-TRI-S CHI EPSILON SIGMA: Contact Yvonne Sullivan, P.O. Box 3469, TRI, PA 17405. e-mail: tri_ess@hotmail.com Web: http://www.geocities.com/WestHollywood/Stonewall/3432. Educational and social activities, monthly meetings, large couples contingent, extensive wives networking group.

FTM - PITBOYZ: Dan & Michelle. E-mail: windy@aabe.com.

CD/TS - TRANSPITT: PO Box 3214, Pittsburgh, PA 15230. (412)242-5902. Web: www.transgender.org/tg/tpitt/ Support Group .

CD - TRAVELERS EXPRESS: PO Box 150, Falls Creek, PA 15840. (814)375-7651. Central PA region. Self expression in 100% non-closeted environment. Passing not an issue, pre-sentability essential. Leave message.

CD/TS/SO - ERIE SISTERS: ESCC: 1903 West 8th Street, Suite 261, Erie, PA 16505. Support group. Email: eriesister@aol.com.

CD/TS/SO - RENAISSANCE - LOWER SUSQUEHANNA VALLEY CHAPTER: Renaissance - LSV, PO Box 2122, Harrisburg, PA 17105-2122. (717)780-1578. Email: lsv@ezonline.com.

Website: http://www.ezonline.com/lsv. Support group.

CD/TS/SO - RENAISSANCE - LEHIGH VALLEY/POCONO AREA: Renaissance LV, PO Box 3624, Allentown, PA 18106. Phone: (610)821-2955. Support group.

FTM - LANCASTER BOYZ: Tom (717) 892- 4999. (Philly area) E-mail: malesic@prolog.net.

TS - THE PHILADELPHIA TRANSSEXUAL SUPPORT GROUP (PTSSG): 1201 Locust Street, Washington West Project, Philadelphia. Meets in the office of the Transgender Health Action the 1st Saturday of each month at 4pm. e-mail: rica@netaxs.com

FTM - WEXIST: Meetings are held at William Way Community Center, Philadelphia, on the 2nd Saturday of each month, 5:30pm. to 7:00pm. For additional information contact us: Voice:215.848.7674 Box 6 Email: WeXist@aol.com WeXist is a Philadelphia-based non-political FTM support group. We are open to all who are assigned female at birth and have gender identity issues or questions, or are in need of support for gender concerns.

CD/TS/SO - CROSS DRESSERS INTERNATIONAL: CDI, PO Box 61, Easton, PA 18044. S. Kristine James, Director, Karen Cioe, NYC Coordinator. Support group.

CD/TS/SO - RENAISSANCE - EDUCATION ASSOC. INC.: Renaissance GPC, 987 Old Eagle School Road, Suite 719, Wayne, PA 19087. (610)975-9119. Email: bensalem@bbs.cpcn.com. Website: http://www.ren.org. Support

FTM - PHILLY BOYZ: Steve (215)546-6444. Philadelphia E-mail: shock@asc.upenn.edu.

CD/TS/SO/MTF/FTM - TRANSYOUTH SERVICES, UNITY INC.: 1207 Chestnut St., Philadelphia, PA 19107. (215) 851-1958 or (215) 851-1912. Community services and "Butch Brothers" Philadelphian FTM support.

TENNESSEE

TRI-S - ALPHA PI OMEGA: c/o Laury W. PO Box 871, Brentwood, TN 37204-0871. Email: laurywl@mindspring.com. Website: http://members.aol.com/apotris/aponash.htm. Support group.

CD/TS/SO - TENNESSEE VALS: PO Box 92335, Nashville, TN 37209-2335. (615)664-6883 voice mail. E-mail: jlove1@ix.netcom.com. Homepage: http://www.transgender.org/tg/tvals/.

FTM - TENNESSEE BOYZ: (Nashville, TN.): Dustin, 615-431-9540; FTM Resource Email: CyberBum7@aol.com

TEXAS

FTM -ALAMO BOYZ. SOUTH TEXAS:

Our webpage is: lonestar.texas.net/~debra

TG-FRIENDLY- ABLIED QUEER: 1517 B. Missouri, Houston, TX 7700 EM: james_e@iah.com

CD/TS/SO - METROPLEX CD CLUB: PO Box 141924, Irving, TX 75014. (972) 264-7103. e-mail: domiss@flash.net Web: www.flash.net/~domega Support group.

TRI-S - NU EPSILON TAU: PO Box 14096, Arlington, TX 76094. (214)490-5738. Support group.

CDS HELPING CDS ANONYMOUS: HCDA: 239 Westheimer (Office of Suzanne Anderson Properties), Houston, TX 77006. Tel: 281-520-3610 (pager) Email: brenda@firstnethou.com. Support Group.

TRI-S-TAU CHI CHAPTER- TRI ESS: 8880 Bellaire B2 Ste. 104, Houston, TX 77411-1105. (713)347-8747. Support group. E-mail: JEFTRIS@aol.com. Web: www.firstnethou.com/brenda/

TATS: P.O. Box 142 Bellaire, Texas 77401, Tel: 713-780-4282 Email: TATS@Genderweb.org

CD/TS/SO - BOULTON & PARK SOCIETY: PO Box 17, Bulverde, TX 78163 (830)980-7788 live Tues. 6-9 pm CT. Email: tx t party@aol.com. Support group.

WEST TEXAS GENDER ALLIANCE: 5350 LLano, Abilene, TX 79605. Email: temsim@juno.com.

CD/TS/SO, AUSTIN SECOND IMAGE: PO Box 679, Leander, TX 78646, 512-515-5460 personally answered Wednesday 7-9pm. email caseyalena@yahoo.com web:www.angelfire.com/tx/ AustinSecondImage Support group

CD/TG/TS/TV/GLB CENTRAL TEXAS TRANSGENDER SOCIETY: A social group comprised of those who aspire to the belief that the best therapy is social interaction and having fun with friends and people who don't care or notice which category you fall into. Website: www.cttgs.org email: msdevin@yahoo.com.

TS - GENDER CONTINUUM: A free support & education group that meets at the Waterloo Counseling Center on Wednesday nights at 7:00 PM. The 1st and 3rd Wednesdays are for FtMs, the 2nd and 4th Wednesdays are for MtFs. Contact Katy Koonce, LMSW at (512) 444-9922.

UTAH

TS/SO - WESTERN TRANS-SEXUAL SUPPORT NETWORK: Support group for Transsexuals, SOs, and friends. Western Transsexual Support Network 4667 Holladay Blvd, Ste 2, Salt Lake City, UT 84117 801-277-8025

CD/TS/SO - ALPHA RHO, SALT LAKE CITY: PO Box 571242, Salt Lake City, UT 84157-1242. (801)553-8141. Support group.

CD/TS/SO - ENGENDERED SPECIES: PO Box 11897, Salt Lake City UT 84147. (801)320-0551 Support group.

VERMONT

CD/TS - TRANS: (802)472-8115. Meets 1st & 3rd Tuesdays in Burlington. Support group.

CD/TS - VERMONT TRANSGENDER SUPPORT GROUP: For information leave message at (802)860-8430. Support group.

VIRGINIA

CD/TRI-S CHI EPSILON SIGMA: (DC/Northern Virginia) Contact Joan Henderson, P.O. Box 1728, Herndon, VA 20172 e-mail: tri_ess@hotmail.com Web: http://www.geocities.com/WestHollywood/Stonewall/3432. Educational and social activities, monthly meetings, large couples contingent, extensive wives networking.

CD/TRI-S CHI EPSILON SIGMA: (Richmond/Williamsberg) Contact Lucy Stone, P.O. Box 382, Norge, VA, 17405 e-mail: tri_ess@hotmail.com Web:www.geocities.com/WestHollywood/d/Stonewall/3432. Educational and social activities, monthly meetings, large couples contingent, extensive wives networking.

TG/LADIES FIRST SOCIAL CLUB: Dumfries, VA (703)441-0283. Email: lauraBCD@aol.com

TRANS-GENDER EDUCATIONAL ASSOCIATION: PO Box 16036, Arlington, VA 22215. (301) 949-3822. E-mail: tgea@juno.com. Web Site: http://www.tgguide.com/guide/dc/tgea~ndx.html. Support group.

WASHINGTON

INGERSOLL GENDER CENTER FTM GROUP: We welcome folks from all walks of life and all orientations and identities. We also invite SOFFA's of FTM's to attend. group is the 4th Saturday of every month, from 11am - 1pm at Ingersoll Gender Center (1812 E Madison, Suite 106) Seattle, WA. If you'd like any more information about our group, please feel free to contact me at schreid@wdni.com or you can visit our website at <http://www.ingersollcenter.org/

CD/TS-CINDERELLA CIRCLE: 304 W. Champion, Bellingham, WA 98225 (360)416-1437 Email: mhove@pioneer.net.net Web: www.pioneer.net/~mhove/ Support group.

FTM-SPECTRUM SUPPORT GROUP: 2 support groups per month for those born female bodied but who live with masculine gender expression. Meetings are Free. Located downstairs

at Beyond the Edge Cafe, 703 E. Pike Seattle, WA. First and 4th Wednesday of the month 7-9pm. 206-949-7469 Spencer contact person. email: MstrSpence@aol.com

CD/TS/SO - PAPILLON: C/O R2C2, 315 W. MISSION SPOKANE, WA 99205

WASHINGTON, DC

FTM - DC BOYZ: Adam (301)270-0372. (Metro DC.) E-mail: romandede@aol.com.

CD/TS/SO-PFLAG: (Parents, Families and Friends of Lesbians and Gays): 1101 - 14th St. NW, Suite 1030, Washington, D.C. 20005. Tel: (202) 638-4200. Fax (202) 638-0243. E-mail: info@pflag.org. Web: http://www.pflag.org.

CD/TS/SO - WASHINGTON-BALTIMORE ALLIANCE: c/o H. Garfinkle, PO Box 1994, Silver Spring, MD 20915. Phone (301)649-3960. Support group. Meets in metro D.C.

TG - TRANSGENDER EDUCATION ASSOC.: of Washington, DC; Website: www.zzapp.org or email: tgea@zzapp.org

WISCONSIN

CD/TS/SO - GEMINI GENDER GROUP: PO Box 44211, Milwaukee, WI 53214. voice-mail 414-297-9328 E-mail: 75261.1443@compuserv.com. Support group.

LESBIAN, GAY, BISEXUAL AND TRANSGENDER: Campus Center, Memorial Union, 800 Langdon Street, Madison, WI 53706

BAHAMAS

GLBT-HOTLINE: 242-328-1816 from 8pm-10pm. Mon-Lesbian Issues ask for Dianna. Tues.-Transgender Issues ask for Connie. Wed.-Gay Issues ask for David.

CANADA

QUEBEC

TS/SO - FACTT - QUEBEC: P.O. Box 293, Cote de Neiges Post Office, 5858 Cote de Neiges Blvd., Montreal, Quebec, CANADA H3S 2S6. French-speaking referrals, medical and psychological services and support group.

CD/TS/SO - CLUB MET: 4113 Dorion Street, Montreal, Quebec, CANADA H2K 3B8. (514)528-8874. Support group. (Formerly TAM.)

TS/SO - TRANSSEXUALS IN PRISON: Non-prisoners contact Dee Farmer, 23288037, PO Box 4000, Springfield, MO 65808. Prisoners contact Mrs. Patricia Fisher, Succ 293 Cote-des-Neiges, 8585 Cote-des-Neiges Blvd, Montreal, QC, CANADA H3S 2S6.

ATQ: 514-524-9038

LESPECTRE: (Montreal)
514-528-1700 Michelle de Ville

TRANVESTIS MONTREAL:
email: mac@mlink.net/~mac/tvm.html

ONTARIO

TS - TRANSITION SUPPORT:
The Church Street Community Centre,
519 Church Street, Toronto, Ontario,
CANADA M4Y 2C9. Support group.
2nd & 4th Fridays 7-10pm

CD/TS/SO - XPRESSIONS:
PO Box 223, Station A, Toronto,
Ontario, Canada M5W 1B2.
(416) 812-6879.
Email: xpressions@xpressions.org
Web: www.xpressions.org
Support group.

CD/TS - STREET OUTREACH SERVICES: c/o W. Travers, 622
Yonge St, 2nd Fl, Toronto, Ontario,
CANADA M4Y 1Z8. (416) 926-0744
(24 hours). Multitude of services for TG
youth.

IS - PATRICIA FLORA: PO BOX
425, Postal Station C, 1117 Queen
Street West, Toronto, Ontario,
CANADA M6J 3P5.

FTM/SO-CANADIAN BOYZ:
Marcus Charles Frappier
416-466-0235 Email: mc@oil.ca

CD/TS/SO - GENDER MOSAIC:
PO Box 7421, Vanier, Ottawa, Ontario,
CANADA K1L 8E4. (819)770-1945.
Support group.

ONTARIO FEMALE TO MALE NETWORK:
378-532 Montreal Road, Ottawa, ON,
K1K 4R4 613-742-5221
Email: onftm@cyberus.ca

OTTAWA TS DISCUSSION GROUP:
P.O. Box 42067, RPO St. Laurent,
Ottawa, ON, K1K 4L8,
E-mail: ts-ottawa@canada.co,
Web: members.xoom.com/ottawas/

SO-SOS CLUB: The 519 Church St.
Community Centre, 519 Church Street,
Toronto, ON M4Y 2C9
Email: sosclub@idirect.ca
Web: webhome.idirect.com/~players

MANITOBA

CD/TS/SO - PRAIRIE ROSE GENDER GROUP: PRGG, Box 23 Grp 4
RR1, Dugald, Manitoba, R0E 0K0.
CANADA. (204) 257-2759. Support

CD/TS/SO - MASQUERADE: c/o
Lady Godiva Boutique, 832 Corydon
Ave., Winnipeg, Manitoba, Canada,
R3M 0Y2, Support.

ALBERTA

CD/TS/SO-ILLUSIONS SOCIAL CLUB EDMONTON: Box 356, Main
Post Office Edmonton, AB. T5J 2J6
Our phone # is (403) 988-3294
Email: edm_illusions@juno.com

TRI-S - PHI SIGMA: Box 81115,
755 Lake Bonavista Drive S.E., Calgary,
Alberta, CANADA T2J 7C9. Phone:
(403)271-6247. Support group.

CD/TS/SO - ILLUSIONS SOCIAL CLUB CALGARY: c/o B&B
Emporium, 426 8th Ave. S.E., Calgary,
Alberta, Canada T2G 0L7
Phone 403-265-7789

EDMONTON TRANSGENDER SUPPORT LINE: 403-988-3738

BRITISH COLUMBIA

TS - TRANSEXUAL SUPPORT GROUP: Dr. Angela Wensley, 14905
32nd Avenue, White Rock, British
Columbia, CANADA V4P 1A4.
(604)536-2053. Support group.

CD/SO - CORNBURY SOCIETY:
Box 3745, Vancouver, British
Columbia, CANADA V6B 3Z1. Support
group. 604-862-1321,
Email: cornbury@bc.sympatico.ca
Web:www.transgender.org/tg/cornbury/

CD/TS - FOUNDATION FOR THE ADVANCEMENT OF TRANS-GENERED PEOPLE'S SOCIETY: FATE,
1-1727 William Street, Vancouver,
British Columbia, CANADA V5L 2R5
(604)254-9591.

TG/TS/CD - ZENITH FOUNDATION: Box 46, 8415 Granville Street,
Vancouver, British Columbia, CANADA
V6P 4Z9. (604) 261-1695.
http://www.GenderWeb.org/~zenith
e-mail: Tamaras@istar.ca MTF & FtM.

BC FTM NETWORK: P.O. Box 10,
1895 Commercial Drive, Vancouver,
BC, V5N 4A6 604-862-1321
Email: bcftmnet@hotmail.com

ZENITH FOUNDATION VICTORIA:
Ste.303, 955 Cooke St, Victoria, BC,
V8V 3Z1 250-384-4635

DREAM GIRLS: P.O. Box 535,
Kamloops, BC V2C 5L7

NOVA SCOTIA

ATG (ATLANTIC TRANSGENDER):
in Halifax Email: atggrp@geocities.com
Website:www.geocities.com/WestHolly
wood /7557/

VALLEY PRIDE (KENTVILLE):
Email: mike.giffin@ns.sympatico.ca
Web: www. geocities.com/
WestHollywood/ Heights/2377/

PUERTO RICO

SIDA DE PUERTO RICO: PO Box
36-4842, San Juan PR 00936-4842.
Phone (787)782-9600. Fax (809)782-
1411. HIV/AIDS outreach organization.

SIDA DE PUERTO RICO: Calle 16
SE #1200 Caparra Terrace, Rio Piedras
PR 00921. Phone (787)782-9600 Fax
(787)782-1411. HIV/AIDS outreach
organization.

SIDA DE PUERTO RICO: Calle
Estrella #30, Ponce, PR 00731. Phone
(787)844-9600. Fax (787)841-1485.
HIV/AIDS outreach organization.

MEXICO

GUADALAJARA, JALISCO, MEXICO:
44190, Cris-Lida
E-mail: crisolidagdl@usa.net
Web:www.geocities.com/WestHollywo
od/Village/5613/Agrupaci Un
Mexicana de Travestis, Crossdressers,
Transgenderistas y Transxuales.
Soporte, Apoyo y Servicios
VISITANOS!

SPAIN

BARCELONA: COLECTIVO DE TRANSEXUALES DE CATALUNYA (CTC): Meeting Mondays 7-9pm,
Tel: 34 93 3005946,
e-mail: lenaimoi@pangea.org
Mailing Address: Apartado de correos
Num. 32081, Barcelona Spain 08080

MADRID: CLINICA ISADORA:
Pirineos 7, Madrid, Spain
Tel: 34 91 3111000,
Fax: 34 91 3116238,
E-mail: isadora@omc.telprof.es
Coordinator: Empar Pineda Mon-Fre
10:30am - 5pm. Director: Dr. S.Z.
Chami. Surgeons: Dr. Chami and Dr.
Hage from Free University of
Amsterdam.

TS - COLETIVO DE TRANSEXUALES DE CATALUNA: C. Balmes,
70, lo la, 08830 Sant Boi de Llobregat,
Barcelona. Phone: 08080 3454 6398
Wed. 7.30-9 pm. Please speak
Spanish.

TS/FTM/MTF - IDENTIDAD DE GENERO: Apartado 3023, Granada
18080. Non-profit support group.

ARGENTINA

TS - TRANSEXUALS FOR THE RIGHT OF LIFE AND IDENTITY: TRANSDEVI: Casilla de Correo 151,
C.P. 1748 Gral. Rodriguez, Buenos Aires.

BRAZIL

TS - PURPURINA (GLITTER) PROJECT: Katia Monteiro, no. 55 Rua DA
Gloria, #30, Gloria, Rio de Janeiro.
Phone: 02-252-4757.
FAX: 02-227-5944. Educational out-
reach. AIDS awareness, referrals.

TS - GRUPO BRASILEIRO DE TRANSEXUAIS: (Brazilian
Transsexualis Assoc.): Caixa Postal
1097, Cuiaba-MT 78.005-970.

AFRICA

NIGERIA

TRANSFORMATION SECOND SELF: c/o Jane Enuneku, KM 4
Idiroko Road, PO Box 1006, OTA,
OGUN STATE, WEST AFRICA.
Tel: 039-722615 Fax: 039-722467

SOUTH AFRICA

PHOENIX: c/o Desiree Dexter, PO
Box 1332, Springs, 1560, Gauteng.
Phone: +27111 362 5247.

SATRU:S.AFRICAN TRANS-SEXUAL RESEARCH UNIT: PO Box
87283, Houghton, Johannesburg 2041.

ENGLAND

TV/TS - TRANSESSEX: P.O. Box 3,
Basildon, Essex SS14 1PT.
Tel: (01268) 583761 Support group.
e-mail: stacy@transessex.nildram.co.uk.

TS - AIS SUPPORT GROUP:
2 Shirburn Ave., Mainsfield, Notts.,
NG18 2BY. Email: 100572.2376@com-
puserve.com.

TV/TS - BEAUMONT SOCIETY:
27 Old Gloucester Street, London,
WC1N 3XX. Phone: +44 (0) 1582-
412220. 24hr information line. Website:
http://members.aol.com/bmontsoc
Membership fee. Support group

BEAUMONT SOCIETY PARTNERS GROUP: phones: +44-1223-441246
(South),+44-1203-717528 (Central &
Wales).

GENDYS NETWORK: BM Gendys,
London, England DE56 1DE,
Phone: 01773 828973,
e-mail: jedbland@mcmail.com
Website: www. gendys.mcmail.com/
Group for MTF & FTM.

TS - CHANGE: BM Box 3440,
London WC1N 3XX.
Phone: +44-0-1303-259543.
Email: TS1CHANGE@ AOL.COM.
Home page:http://users.aol.com/
ts1change/private/homepage.htm.

FRIENDS MERSEYSIDE: 36 Bolton
Street, Liverpool, L3-5LX. Phone: +44-
151-709-3181, Fri. 7.30-9 GMT.

FTM NETWORK: [also PRESS FOR
CHANGE]: BM Network, London,
WC1N 3XX. Phone: +44-161-423-
1915, Wed. 8pm-10.30 pm Wed. GMT
Email:s.t.whittle@mmu.ac.uk.
Website: http://\ www.pfc.org.uk/press
for change. Support, political lobbying
and education group.

THE GENDER TRUST: BM Gentrust,
London, WC1N-3XX. Tel:+44-1305-
269222 before 10 pm GMT. Overseas
Representative, Dorothy Francis, The
Gender Trust, 3 Hartington Villas, Hove,
BN3 6HF, ENGLAND.

TS - GENDER IDENTITY CONSULTANCY SERVICES: Phone:
+44-1071 244 6090, FAX: 0171 244
6090. Email: GICS@aol.com.

INTERNATIONAL GENDER TRANSIENT AFFINITY: Box 2, 1 Banks
Building, School Green Road,
Freshwater, Isle of Wight, PO40-9AJ.
Human rights/research.

MERMAIDS: BM Mermaids, London
WC1N 3XX. Group for children and teens
with gender dysphoria and their families.

TV - NORTHERN CONCORD:
M60 1LN, Manchester e-mail:
JennyB@Concord. nwnet.co.uk

OUSU TRANSGENDER GROUP:
Oxford University Student Union, Little
Clarendon Street, Oxford.
Phone: +44-1865-270777.

ROSE'S CLUB/REPATEE MAGAZINE: PO Box 186, Barnsley, S73 0YT,
England, Phone: +44 1226 754252.
Email: roses@repatee.co.uk. URL: www.
repatee.co.uk. Support group for trans-
gendered and partners + magazine and
newsletters.

VANITY CLUB UK FOR GIRLS ON THE INTERNET: Provides friendship
and contact with others for those wish-
ing to get out and enjoy being T. For
details, Web: http://www.geocities.
com/westhollywood/village/7604/

IRELAND

TRANS-GENDER ARCHIVE: c/o Dr.
Richard Ekins, University of Coleraine,
County Londonderry, Northern Ireland,
BT52 1SA Library and archive reference
resource & research. +44 1265 44141.

BELFAST BUTTERFLY CLUB:
Northern Ireland, P.O. Box 210,
Belfast BT1 1BG +44 1585 430408

SCOTLAND

CROSSLYNX: c/o SGLS: PO Box 38
Glasgow, G2-2QF. Phone: +44-141-221-
8372. HelpLine: +44-141-332-3333.

BEAUMONT SOCIETY PARTNER'S GROUP: phone: +44-01389-380389.

WALES

SOUTH WALES TV/TS GROUP: c/o
Martina Rees, 56a Kinross Ct, Ridgway
Road, Llan-Romney, Cardiff, VF3-9AE.

FRANCE

ASSOC. BEAUMONT CONTINENTAL: ABC: BP-3, F-68350 Didenheim.

ASSOCIATION D'AIDE AUX TRANSEXUELS: AAT: Maison des
Associations, 93 La Canabiere, 13001
Marseille.

ASSOCIATION DEVENIR FEMME:
Les Terrasses du Mediterranee, 13006
Marseille.

ASSOCIATION DU SYNDROME DE BENJAMIN: Relais 59-59 avenue
Daumesnil, 3 r Keller, 75012, Paris.
01 43 47 2125.

CARITIG: B.P. 17-22, 75810 PARIS CEDEX 17, FRANCE:
Phone 33-1-42-27-42-28.
Fax 33-1-64-31-05-82.

Web: http://www.intersocial.org/caritig.
Center for assistance, research and infor-
mation on transsexuality & gender identity.

SWITZERLAND

TV-TS-TRANSPERSONA: Postfach
6788, Zurich. Switzerland CH-8023
Email:transpersona@hoymail. com URL:
http://www.geocities.com/WestHollywo-
od/Park/4111 .Open membership.
Monthly meetings. Membership fee.

TS - SELBSTHILFE GRUPPE:
Postfach 92, CH-9008 St. Gallen.

GERMANY

IS - AIS SELBSTHILFEGRUPPE:
Postfach 7, 71201 Rottenburg am
Neckar. (Fluent English, German.)

BODY AND SOUL: c/o KIBISS KISS.
Hanover. Phone: +0511/666567 oder
Stefanie 0511/457347.

TV/TS - CHELSI E.V.: Treff Sachsen,
Roesslerstr. 9, 09113 Chemnitz.
Phone: +49-371-50094 (Friday only).
FAX: +49-371-55867.

CLUB NEUES LEBEN NOVA:
PO Box 710232, 80634 Munchen.
Phone: +49-089/7916643, 6-6:30 pm
(CET). speak German.

SELBSTHILFEGRUPPE FRANKFURT AM MAIN: Postfach 10 10 46,
63010 Offenbach. Tel. 069/8001008.

TV/TS - GEREDE E.V.: Treff
Sachsen, Wiener Strasse 41, 01219,
Dresden. Phone: +49-351/4640220
(Friday only).

INFORMATIONEN KONTAKT UND VERMITTLUNGSSTELLE FUR TRANSEXUELLE MENSCHEN IN BADEN WURTEMBERG: e.V.: IKV,
c/o AOK Karlsruhe, Kriegstr. 41, D-
76133, Karlsruhe. Phone/FAX: +49-
721-62-3382.

LEBENSBERATUNG FUR TRANSEXUELLE MENSCHEN IM SAARLAND: c/o Dr. Waltraud Schiffels,
Schlossstr 6, D-66117, Saarbruecken.
Phone: +49-0681-583912

SELBSTHILFEGRUPPE FUR TRANSEXUELLE MENSCHEN IN TUBINGEN: DAGMAR KALTENMARK: c/o Sozialforum, Tubingen e.V.,
Paulinenstr. 25, D-72072, Tubingen.
Phone:+49-7472-6048. Email:
100722.3070@compuserve.com.

SELBSTHILFEGRUPPE:
Monika Lusche, Muehlstr. 26, 74399
Waldheim. Phone: +49-7143-33502.
Astrid Votz, Forstr. 10, 71111
Waldenbach. Phone: 07157/8222.
Email: 10722.3070@compuserve.com
or 10157.1116@compuserve.com.

SONTAGSCLUB E.V.: Rhinover
Strasse 8, D-10437, Berlin. Phone:
+49-30-208-2035 (Friday 6-8 CET).
Email: kasimir@inf.fu-berlin.de.

INTERESSENGEMEINSCHAFT TRANSEXUELLE GRUPPE IN DER SEKIS: Albrecht-Achilles-Str. 65,
10709 Berlin. Phone: 030/8926602.

TRANSIDENTITAS: Postfach 10 10
46, 63010, Offenbach. Phone: +49-69-
800-1008.

TRANSEXUELLEN-ARBEIT-SKREIS: c/o HUCH: Westring 278,
D-24116, Kiel. Phone: +49-431-
17090. FAX: 431-17099.

TSH ESSEN: c/o Claudia Peppen
horst, Caesarstr. 34, D-45130, Essen.
Phone: +49-201-786899.

TSH MUNSTER: c/o MIKS:
Herwarthstr 2, 48143 Muenster. Phone:
+49-251/511263, Claudia Scholz.

TS GRUPPE HAMBURG: Christian
Susan Black, Nubeblerkamp 13a,
22175 Hamburg. Tel: 040-754-4323.

TWV: PO Box 1148, D-65780,
Hattersheim.

TS - VIVA TS SELBSTHILFEGRUPPE MUNCHEN E.V.: Obere
Muhlstr. 22, D-81247, Munchen.
Phone: 089-89-16 19 65 6-6:30 pm
CET. Please speak German.

TS - SELBSTHILFE BIELEFELD:
c/o Praxis fuer Beratung und
Psychotherapie, Herrn Detlef Kunert,
Karl-Eilers-Str. 1, 33602 Bielefeld.
Phone: 0521/63623.

TS - SELBSTHILFEGRUPPE BONN: c/o SEKIS Bonn, Lotharstr. 95,
53115 Bonn. Phone: 0228/221754.

SHG DUESSELDORF: c/o
Stefanie Sander, Pleistr. 1, B-4731
Eynatten/Belgian. Phone/FAX:
0032/87852833.

TS-GRUPPE: C/O AIDS-HILFE THUERINGEN. POSTFACH:
50, 99001 Erfurt. Tel: 0361/7312233.

TS-ANGEHOERIGENGRUPPE AWO-BERATUNGSZENTRUM:
Luetzow-Str. 32, 450101 Essen.
Phone: 0201/312051, 0201/312052.

TS - SELBSTHILFE GOETTINGEN, TS IN PRAXIS DR. WIEDEKING:
Buehlstr. 28a, 37037 Goettingen.
Phone: 0551/46755.

SHG-HEIDELBERG: Andreas Kress,
Postfach 103766, 69029 Heiderberg.

TRANSIDENTITAS E.V. SHG KOBLENZ: c/o Joana,
phone: 0261/45040.

TRANSEXUELLENGRUPPE KOELN: c/o Karin,
phone: 02196/1739.

PRO FAMILIA SACHSEN: c/o
Prof. Dr. L. Aresin, 04315 Leipzig.
Phone: 0341/61530.

TRANSIDENTITAS E.V. SHG: c/o
Christoph, phone: 0391/5614616.

SHG MANHEIM: Andreas Tremmel,
Postfach 1242, 67370 Dudenhofen.

TRANSIDENTITAS E. V.: WUF-ZENTRUM: Niggelweg 2, 97082
Wuerzburg, jeden4.

AUSTRIA

TRANSX-VEREIN TRANSGENDER:
PO Box 331, A-1171, Wien.

BELGIUM

FRANJEPOOT: Postbox 53, B-2100
Deurne 1.

GENDERSTICHTING (BELGIUM GENDER FOUNDATION):
Belgische Genderstichting.
Pekelharing 2, 9000 Gent, Belgium
tel: 00 32 9 233.08.54
fax: 00 32 9 225.31.66
URL:http://welcome.to/genderstichting
TS - VERVLIET JESSICA:
Ravalsvarg Sdraad #372100, Durna,
Belgium. Support.

DENMARK

FPE-NE DENMARK: Postboks 361,
DK-1504 Copenhagen V.
Email: FPE-NE.DK@dk-online.dk.
Website:www2.dk.online/users/fpe-
ne.dk.

TRANSVISION: PO Box 280, DK-
1502, Copenhagen V.
TRANSPAL: c/o Jen Christiansen,
Ostergade 20 E, DK 9870 Sindal
Phone/fax: +011 45 98935253. Social

CD/TS/TG - TRANSVESTIFOREN-GEN I DANMARK: TID, Postbox
9071, 1309 Kobenhavn K. Contacts:
Solveig, chairwoman, +45 44999920,
Fax +45 44959573. Fyn Mirell, +45
64801810, phone & fax. Jylland Cille,
+45 97742299, phone & fax.
Email: tid@danbbs.dk.
Web site: http://www.danbbs.dk/~tid.
The club is open to other ITIs also but,
the main focus is on crossdressing.

NORWAY

FPE-NE NORWAY: Box 1968, Vika,
N-0125 Oslo.

EUROFANTASIA: Box 442, N-4301
Sandnes. Phone & FAX: +47-51-66-
24-22. Email: jennys@transgender.org.

SWEDEN

TS - BENJAMIN: PO Box 9083, S
102 71, Stockholm. Phone: +46-40-
611-9923, Tues. 7-9 pm CET.

FPE-S SWEDEN: Box 49029, S-400
64 Gothenburg. Tel: +46-8-34-1316.

PHI PI EPSILON SVERIGE:
Box 529, S-101 30 Stockholm.

FINLAND

DREAMWEAR CLUB:
Box 159, FIN-80101Joensuu.
email: dreamwear @seta.fi
Web. www.sgic.fi/~kjl/ dreamwear.html

TRANS SUPPORT CENTER:
(mail and office) Hietalahdenkatu 2 B
16, FIN-00180 Helsinki
Phone: +358-9-612 3243
Fax: +358-9-612 3266
Email: trans.tuki@seta.fi
Web: http://www. sgic.fi/~jase/ttp
Open during the day and most
evenings, all transgendered welcome.
Open house coffee evening every
Thursday from 7 pm until 9 pm.

NETHERLANDS

TS - AIS SUPPORT GROUP: (038) 269845. (Fluent English, Dutch.)

TS - WERKGROEP TRANSSEK-SUALITEIT GRONINGEN: EEN-DRACHTSKADE NZ 19, 9718 BB GRONINGEN: +31-(50) 527-35-89. Contact H.H. VISSCHER, E-MAIL: francina@worldaccess.nl.

GENDERTEAM AMSTERDAM: Prof. Dr. L.J.G. Gooren, Dept. Endocrinology/Andrology, Free University Hospital, PO Box 7057, 1007 MB, Amsterdam. Phone: +31-020-444-0542 ext.199. FAX: 444-0502.

FTM - HET JONGENSUUR: Binnenkadijk 178, 1018 ZH Amsterdam. Phone: +31 020-6221710.

HOMODOK, THE GAY & LESBIAN ARCHIVES, INFORMATION CENTRE & LIBRARY:

Vincent van der Kaap, Homodok Nieuwpoortkade 2a, 1055 RX Amsterdam, The Netherlands Tel.: +31 (0)20 6060 712 Fax : +31 (0)20 6060 713 E-mail: info@homdok.nl Web: www. homodok.nl

TV/TS - LANDELIJKE KONTAKT-GROEP TRAVESTIE EN TRANSSEKSUALITEIT: LKG T&T, Postbus 11575, 1001 GN Amsterdam. Phone: +31 10 -453-18-93. Email: Rosalind@xs4all.nl.

NEDERLANDSE VERENIGING HUMANITAS: PO Box 71, NL-1000 AB Amsterdam. Phone: +31 020-5231100. MTF, FTM self help groups.

FTM - MANNENGROEP: c/o Humanitas, PO Box 71, NL-1000 AB Amsterdam. Phone: +31 020-5231100. FTM support group.

MTF/SO - WERKGROEP FACET: Rode Kruislaan 61, NL - 5628 GB Eindhoven. Phone: +31-40-241-5475.

TURKEY

LAMBDA ISTANBUL: PK 103 Goztepe, Istanbul. Fax 90.212.224.3792.

TV/TS - SEXUAL LIBERTIES: Use the above mailing instructions for Travesty/Transsexuelle, c/o Iskendar Savasir. Educational outreach for all Islamic countries.

PAKISTAN

KHUSRA OF PAKISTAN: c/o Muhamid Aslam Khusra, PF-34 Abbotabad Hockey Stadium, Abbotabad. Phone: +92-5921-6158 (leave message) or 5921-2858.

BANGLADESH

YOUTH APPROACH: 3, Purana Paltan, Dhaka-1000, Bangladesh. Phone: 88-02-7555321. Email: yadc@bangla.net.

POLAND

THE ASSOCIATION FOR PROTECTING AND HELPING THE TRANSGENDERED PEOPLE "DESTINY": Its headquarters is located at the following address: ul. Kombatanow 5G/1, 80-464 Gdansk, Poland. Phone number: 48 (58) 346-52-54. "Destiny" is a TS support group with heterosexual members, too. The main goal of the Association is to offer the help and support to people who are stigmatized with the Gender Dysphoria.

CZECH REPUBLIC

CZECH TRANSFORUM: Prague, e-mail: oskar98@writeme.com Web: http://www.fortunecity.com/village/newcompton/153 Supporting organization for Czech and possibly Slovak transsexuals. First in the Czech Republic. Just starting to work.

RUSSIA

TV/TS - ICE AND FIRE MOSCOW: Margaret Mankevitch, c/o Masha Oleheva, 95-1-36 Vernadsky Ave., 117526, Moscow. Write Directly to Margaret Mankevitch. DO NOT PUT GROUP NAME OR TITLE ON ENVELOPE.

TV/SO - FPE LATVIA: Elga Remes, Jurmala, 15, PO Box 17 LATVIA LV 2015.

TV/TS/GLBT/CD-CORN-FLOWERS: The Russian Society at the Volga Riveris Area: c/o Yuri Kumykov, PO Box 10, Saratov RUS-SIA. Social group.

AUSTRALIA

NEW SOUTH WALES

FTM - BOYS WILL BE BOYS: PO Box 1349, Strawberry Hills, 2012. Tel: +61-02-319-2034.

THE GENDER CENTRE INC.: PO Box 266, Petersham, NSW 2049. Telephone: +61-02-9569-2366. Email: gender@rainbow.net.au. Support group, counseling, referrals, accommodations, HIV information/materials.

CD - LES GIRLS: PO Box 504, Burnwood, 2134.

SEAHORSE SOCIETY NSW: PO Box 168, Westgate, 2048. Tel: +61-02-569-6239 (Thurs. eve.). Email: seahorse@cia.com.au
SEX WORKERS OUTREACH TRANSGENDER SUPPORT PROJECT: SWOP: PO Box 1453, Darlinghurst 2010. Tel: +61-02-212-2600; FAX: 212-3978.

TRANSGENDER LIBERATION COALITION: TLC, PO Box 208, Kings Cross, 2011. Phone: +61-02-358-5664.

QUEENSLAND

IS - MARY RUSSELL: PO Box 3371, Logan Hyperdrome, Loganholme, 4129.
AUS. TRANSGENDERIST SUPPORT ASSOC. INC.: ATSAQ, PO Box 212, New Farm, 4005, Phone: +61-07-846-3787 (24-hour helpline), 236-2400, FAX 236-2398.

FTM - BOYS WILL BE BOYS: PO Box 212, West End, 4005, Phone: 07-846-3787.

GENDER CLINIC: 484 Adelaide Street, Brisbane, 4000. Phone: +61-07-839-8262.

AUSTRALIAN TRANSGENDER SUPPORT ASSOC.: PO Box 212, New Farm, Brisbane, QLD 4005. Phone: +61 03-846-3787. Fax: +61 03-254-2680. Support group, professional services and referrals, 24-hour help line.

SEAHORSE SOCIETY OF QUEENSLAND: PO Box 574, Annerley Brisbane, 4103. Phone: 61-7 38922124.

SELF HEALTH FOR QUEENSLAND WORKERS IN THE SEX INDUSTRY: SQWISI: PO Box 689, West End 4101. Phone: +61-07-844-4565. FAX: 844-8840.

SOUTH AUSTRALIA

CARROUSEL CLUB INC.: a non-profit group that provides a social outlet and support for crossdressers and transsexuals of all ages and nationalities. PO. Box 721, Marleston SA 5033, Australia. Phone Michelle 61 8 8281 6190 or Carol 61 8 8289 2409

TRANSGENDER INFORMATION SERVICE OF SOUTH AUSTRALIA: Contact: Lana Barlow, 8 Mawson Rd, Meadows, South Australia, 5201

CHAMELEONS GROUP: PO Box 907, Kent Town, 5071. Phone: +61-08-362-1611.

SOUTH AUSTRALIA TRANSSEXUAL SUPPORT: Phone: +61-08-362-3223, Gayline; 362-1611, Jenny.

VICTORIA

CHAMELEON SOCIETY OF VICTORIA INC.: PO Box 500, Williamstown, Victoria 3016. Phone: 61-3-93159172. Email: lynne@melbpc. org.au.

FTM TS - BOYS WILL BE BOYS: PO Box 328, Northcote, 3070.

GENDER DYSPHORIA CLINIC AT THE MONASH MEDICAL CENTRE: Clayton Campus, 246 Clayton Road, Clayton 3168. Phone: +61-03-955-1437, ask for Dawn.

SEAHORSE CLUB OF VICTORIA, INC.: GPO Box 2337V, Melbourne, Victoria 3001. Tel: +61 359-711-684. Support group.

TRANSGENDER LIBERATION AND CARE: TLC, PO Box 1674, South Preston, 3071. Tel: +61-394-811-506, Sharon. Email: gayle@melbpc.org.au.

WEST AUSTRALIA

CHAMELEON SOCIETY: PO Box 367, Victoria Park, 6163. Phone: +61-01-577-1753.

GENDER COUNCIL OF AUSTRALIA (W.A.) INC.: PO Box 58, Victoria Park, 6110. Phone: +61-09-362-5447.

WATS SUPPORT UNITY AND PRIDE: WATSUP: PO Box 771, Doubleview, 6018.

NEW ZEALAND

IS - INTERSEX SOCIETY OF NEW ZEALAND: PO Box 9196, Wellington. Phone: +6 4 4727386, FAX: +6 4 4727387.

NEW ZEALAND GENDER DYSPHORIA FOUNDATION: NZGDF: PO Box 2827, Auckland.

TOPS: PO Box 68-509, Newton, Auckland. Phone: 64 9 3666 106. Fax: (09) 3666 106-8462 549. Support group and trans friendly medical clinic.

O.N.T.O.P. WELLINGTON: Ongoing Network Transgendered Outreach Project. P.O. Box 11-412, Manners Street, Wellington, NZ Email: ontopenz@pacificwest.com Website: http://welcome.to/ontopenz A project of the "New Zealand Prostitutes Collective", provides support and information to the transgender sex industry workers community as well as referrals to other support networks.

JAPAN

ELIZABETH CLUB: 5-32-18 Kameido, Koto-ku, Tokyo 136. Phone: +81-3-3683-6092.

ELIZABETH NAGOYA SHOP: 1-13-15 Noritake Nakamura-Ku, Nagoya-shi 453.

FTM NIPPON: c/o Adachi-Ku, Adachi-Nishi-post office, Tokyo 123. Email: ftmjapan@mxm.meshnet.or.jp. Support group and professional services. Newsletter is in Japanese only. Correspondence in English is OK.

ASIAN TS CLUB:c/oFTM NIPPON: Adachi-ku, Adachi-Nishi Post Office, Tokyo 123. Asian international TG

TAIWAN

FEMININE BOY'S CONCERN ASSOC.: Contact: Peter Tehua Kao, 2F, #29, Lane 97, Chien-kuo Road Hsin-tein, Taipei, Taiwan, Tel.: +886-2-29112414. E-mail: peterkao @ tpts5.seed.net.tw.

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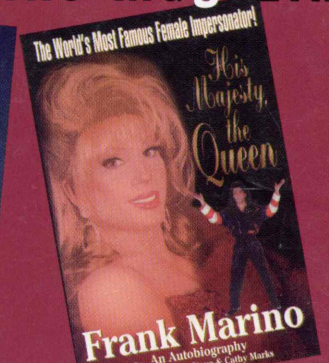
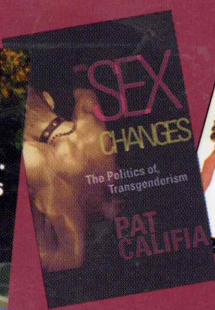
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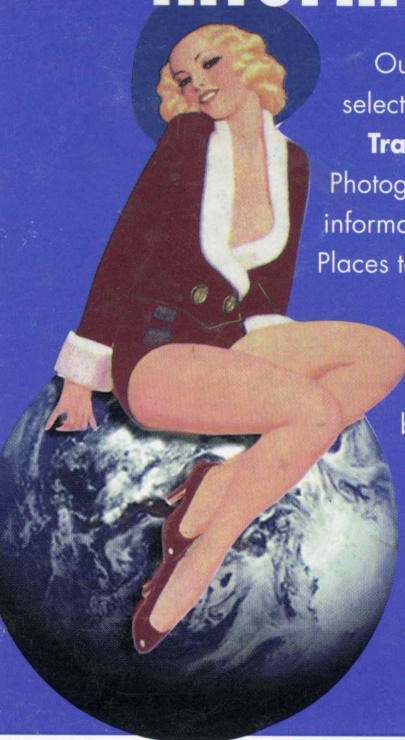
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