

# Phoenix

MONTHLY / INTERNATIONAL

APRIL, 1982

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## GGA



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



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

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URINARY ASSIST DEVICE (UAD)

or

Stand Like a Man

Contributed to GGA and LIBRA

by Sollus Information Center

A Urinary Assist Device is an artificial device enabling the female-to-male to stand and urinate -- like the other guys. If you are satisfied with having to sit to urinate each time, then you don't need a UAD. But, if you are sick and tired of having, always, to sit to urinate then you need one. Be forewarned, however, that like all good things there is some initial work and a fair amount of practice needed to master the use of the UAD. If you want to make it work it will.

By following the simple instructions and studying the illustrations accompanying this text you will learn how to make your own UAD for under \$15.00 (commercially similar, but less effective, ones are available for \$150.00 or more).

All the items needed are readily available from places you visit or passby everyday. There is no need to spend hours searching for "just the right thing". Here's what you'll need to make your first UAD. By the way, you'll have an excess of some items, like tubing and silicone, but don't worry about it. Keep

the excess so you'll be able to make a couple more if and when the need arises. Now, here's what you'll need:

a. 2 or 3 sample size plastic containers such as Vaseline Intensive Care Lotion comes in. Bottle height should be approximately 3 1/2" with a narrow oval base. (See photo A).

b. 1 tube of clear silicone (i.e. GE, Dupont, etc.).

c. 12" to 20" of flexible plastic or rubber tubing with an inner diameter of at least 1/4". Color isn't important. Since carburetor connection hose is ideal a good place to purchase this is an auto parts store. (See photo B).

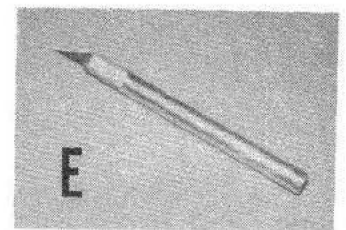
d. A small X-acto knife. These are available in most hobby or stationery stores. Try and get the model shaped like a pencil since it's easier to handle and the shape is familiar.

e. An emery board or fine sandpaper.

f. A bottle of nail polish remover.

g. Approximately 20 regular Q-tips.

Now that you've got all the component parts and supplies let's see what you're going to do with them.



Look at photo C (following this paragraph) and you'll see a straight down view of the device you're going to make. Pay particular attention to the inner portion of the cup. Illustration 1 is an actual size blueprint (showing the original bottle) to follow in cutting what will become the cup. Study it versus

Photo B, the finished item, until you have firmly fixed in your mind what needs to be done to produce the final product. Take some time here and you'll save time later. When you feel you have a good understanding of what you need to do proceed with each listed step -- always referring back to Illustration 1 to double check yourself.

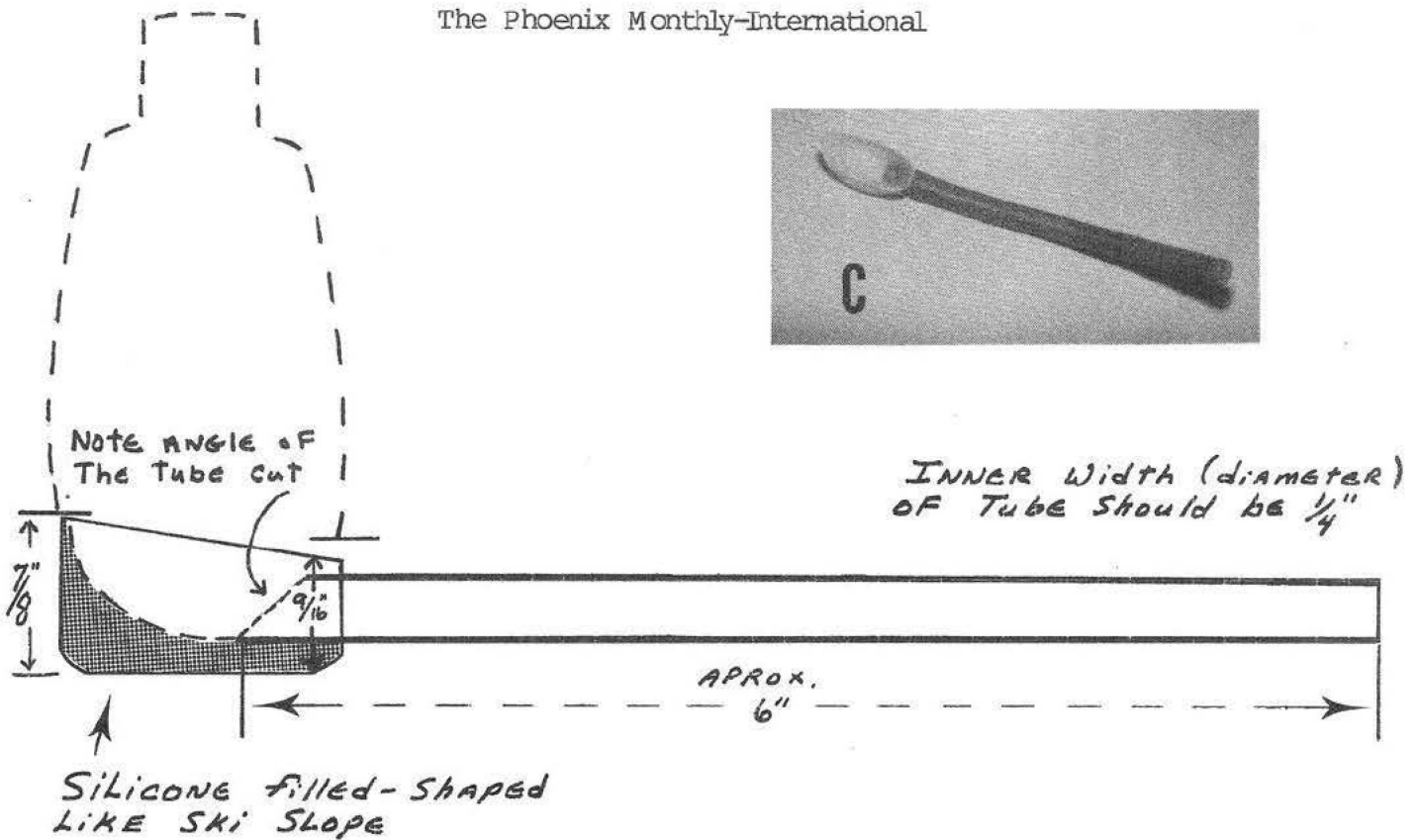
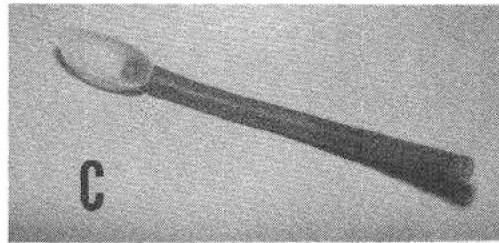


Illustration 1

Empty the contents out of the bottle you selected and wash it thoroughly. Pour some of the fingernail polish remover onto a paper towel and remove the printed matter from the bottle. From here on we'll refer to the bottle as the "cup".

Dry the cup. Using a felt-tip pen make marks at the measurements indicated in Illustration 1. Draw the line connecting the marks. Note that the back of the cup is higher than the front. Make marks and lines on both sides and then hold the cup up to the light so you are sure everything lines up.

Very carefully insert the point of your X-acto knife blade through one of the lines you've drawn and cut very precisely, slowly moving around the entire cup following the lines you've drawn. Mild imperfections are bound to occur so don't panic. Sliver cut the bumps off or remove them by using your sandpaper or emery board. Use the sandpaper of emery board to make all the cut edges smooth and rounded.



Illustration 2

Looking directly at the front of the cup (low end) measure from top to bottom and side to side to get the exact center. Before you start cutting the hole for the tube you must understand that the hole must be a little smaller than the outside diameter of the tubing you are using. Now, insert the tip of your knife blade into the material and start a small cir-

cular hole. Using a cutting style as though you were peeling an apple enlarge the hole to the same size as the outside diameter of the tubing. Remember, make the hole just a fraction smaller than the tube. Your tube should be at least 12" long at this step and you should have to exert a small amount of pressure to force the tube into the hole.



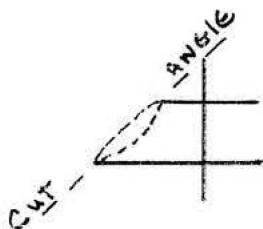


Illustration 3

Remove the tube and lay it flat so you can make the cut illustrated above. After making the cut, re-insert the tube so that top (short side) is at least 1/4" into the cup.

Now, get a small glass of water, your Q-tips and a piece of heavy paper or cardboard. Squeeze a mound of silicone about an inch high and an inch in diameter onto the paper or cardboard. Thoroughly wet a Q-tip so the silicone doesn't cling excessively to it and gather a goodly supply on the Q-tip and start forming the Ski Slope in the cup. (Be sure it slopes from back to front.) This not only locks the tube in place but also forms a ramp for the urine to travel down and out the tube. Be sure not to get any silicone over the opening of the tube, if you do be sure and clean it out.

When you think you have enough silicone in the cup wet your finger and use it to smooth the silicone slope from tube end to the back. Repeat this process until the inner cup is quite smooth. Now, set the entire unit aside and allow it to dry for at least 24 hours.

Now that your unit is cured you'll probably notice the tube is quite long. DON'T shorten it yet! Be sure of the length you need and then cut off the excess. It is suggested that the tube be at least 7 1/2" long until you've mastered the use of the UAD through practicing with your clothes on for the next few days. It is also suggested that you wear boxer shorts in the beginning and continue to wear them until you have mastered the use of your UAD at home before attempting to use it in public.

#### Learning to use the UAD

##### First attempts at using your UAD!

Even though you'll have to look the first few times you use the UAD, remember to STOP looking as soon as possible. Try to look for the first three times only.

Stand in front of the toilet as a male would. Place your left foot on the toilet rim and spread your legs enough so, when looking into a hand held mirror, you can see both the labia majora and minora. Try to see the urethra too. Fit the front of the cup just behind the clitoris and inside the labia minora and using your finger push the cup upward to create a seal. Now you're ready to put your foot on the floor and urinate. Hold back a little on the urine pressure as the pressure and flow may be more than the tube can handle. If you let down with too much pressure you will break the seal and urine will flow over the sides of the cup. If urine flows over at any point you haven't gotten the seal you need -- or you're using excessive pressure. Don't worry. Try again. When your urine flows through the tube without any spillage you've found the correct placement for the cup and the correct pressure. Try and remember how it feels so you'll know exactly where to place it the next time without looking.

At the end of the urination you'll notice a few drops remain in the cup. If you have more than a few drops pushing the back of the cup up and bending the tube at a steeper angle the next time will eliminate this excessive residue. Once you are urinating without any spillage or excessive residue start practicing while wearing boxer shorts but no pants -- yet. Practice, while wearing boxer shorts, evenings and week-ends until you are ready to try it while wearing pants.

#### Wearing Pants and Public Use of your UAD

Well, congratulations! You've mastered the UAD at home, now let's see how you do in public. Before you start out the door here are a couple of things to think about. Boxer shorts and bikinis are your best bet to wear to use the UAD. Of these



(UAD - continued)

two types the bikini is the best. We all know the bikini has no fly, and now that feature is an advantage. Most men, when wearing bikini undershorts not only open the zipper on their pants but the button or buttons at the waist as well. They then push the top of the bikini down and pull their penis up and over the top to stand and urinate. This is useful to a UAD user and also looks normal without mentioning that it camouflages your movements to unobtrusively fit the UAD into its proper place. With practice you'll be able to place the cup quickly -- and unnoticed. If you haven't had phalloplasty surgery yet remember to cover the tube with your hand so it doesn't show. If you have had phalloplasty surgery you may wish to insert the tube through your penis, but most post-ops prefer not to because when the penis is bent it causes a crimp in the tube and water is retained and drains backward out of the cup and spills onto your underwear. Either way, it is suggested you wear dark colored slacks at first so that if you have leakage it won't be as visible on the darker colors.

With the election of not placing the tube through the penis most users prefer to pin the UAD to the inside of their underwear so the cup hangs down toward the crotch area for close access where its needed. You'll find you don't have to unpin the tube to use the UAD if the pin isn't so tight it seals off the water flow. Also, your tight bikinis will assure that if it does come loose it won't fall down your pant leg and present you with an embarrassing situation. Study Illustration 4 and photo D to relate to the above information.

Every individual will be a little different and possibly more comfortable with some of their own alteration(s). Practice, patience and experimentation are the rule. Many FTMs are using the UAD with total success. Again, I emphasize, don't put the cart before the horse. Don't run before walking, thus possibly causing the failure of your own confidence to conquer the UAD. I've been using my UAD for 6 years so I know from first-hand experience that it's difficult at first, but all the practice was well worth being able to go into a men's restroom, stand at a urinal and urinate to my heart's content with the best of 'em. Be patient and you too will conquer another area in your life which has been a burden.

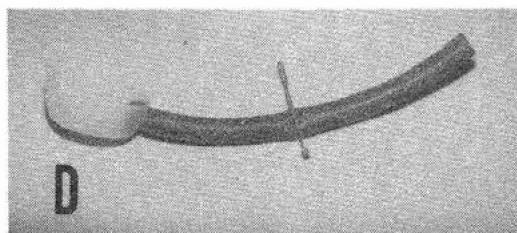
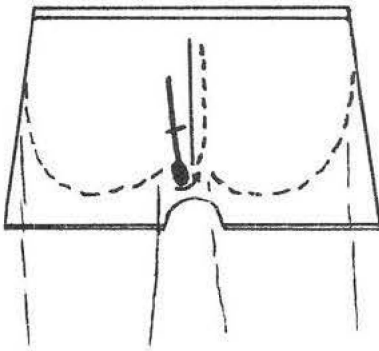
For further assistance, questions, comments or suggestion write:

GGA, Post Office Box 62283, Sunnyvale, CA 94088.

For the Female-to-male!

How to Construct & Use  
A  
Urinary Assist Device (UAD)

Send \$1.00 to:  
GGA, PO Box 62283  
Sunnyvale CA 94088





## THE MALE HORMONE EXPERIENCE

by Bob

(This article is presented as a matter of information and should in no way be construed to be medical advice or the indorsement of particular products or brand names. The information concerning how to give injections is provided because so few individuals have even the most rudimentary knowledge of how to properly give themselves injections and because physicians so seldom provide this information. If you have any problems or specific questions concerning either hormones or injection methodology we recommend your prescribing physician be contacted.)

Having been on male hormones for almost two years I have become familiar with some of the complications which can arise while taking androgen and other FTM's should also be aware of the many complications which may result from taking male hormones.

Hormones should not be taken on an experimental or "for the hell of it" basis or as an aid to sexual stimulation. Like any drug they are serious business and not to be taken lightly for the results can be permanent and irreversible.

The best thing you can do is stick with your endocrinologist, following his/her advice, even if it means stopping hormone therapy for a period of time. If it's worth doing, it's worth doing right!

Before starting hormone therapy have a thorough hormone/blood level workup and a liver scan. Since hormones put a strain on the liver the doctor must know beforehand what shape it's in and if there is any existing damage or weakness. If it isn't 100% you may start off on a lower dosage to see what the liver's reaction is -- along with the rest of your system(s). Remember, you are paying the doctor to be careful so don't get all up tight if you aren't getting the dosage you think is "right". Don't worry about the dosage others you may know are getting. Your doctor is prescribing for YOU, not the other guy.

Since alcohol and drugs, such as pot, cocaine, downers, uppers, etc., tend to reduce the effectiveness of hormones it would be wise to reduce or eliminate the use of drugs and alcohol and give the hormones a chance to do their work. Remember, you went to the doctor to get the

hormones and are paying good money for them so at least give them a chance to do the things you want them to do for you.

Over a period of time I have become familiar with two different injectible androgens:

(1) Depo-Testosterone (in cotton seed oil).

(2) Deletesteryl (in sesame seed oil).

The dosage is usually 200 mg/ml taken every two weeks. The price will vary throughout the country but I purchased a 6-month supply, which included 12 vials of testosterone, disposable needles and syringes, for about \$50.00. The 3cc, 22 gauge 1 1/2 disposable syringe is the best type/size to use. The tricky part is to give yourself the intramuscular shot. For the "do-it-yourselfer" the best site is the outer thigh. With a partner giving the injection another site, such as the buttocks, may be better. The partner must be careful and experienced so as not to hit the sciatic nerve which could result in permanent damage to the old bod.

### SOME HELPFUL HINTS

---> The needles are big and the drug is thick and oily and these injections can hurt, so if you find the needle too painful, use an ice cube on the injection site to numb it slightly. Just hold it in place for a few seconds, the object is to numb the site, NOT freeze it.

---> Get the weight off, and keep it off, the leg into which you plan to inject the drug. Have it relaxed and be relaxed.

---> Purchase a half dozen extra reusable needles to fit your disposable syringes. Once the needle is contaminated -- you've touched it, or broken the skin but not injected the drug -- you shouldn't use it. If you don't have a replacement needle you have no way of saving the drug and should throw it away. With a spare needle you can simply replace the contaminated one with a sterile one and use the drug.

---> Purchase a supply of sterile cotton balls and a small bottle of 70% alcohol. Keep the package of swabs with your syringes and DO NOT use them for anything else. Keep the bag or container in which they are packed closed, except of course when you remove one. The object is to use clean and sterile items.



(FTM HORMONES -- continued)

#### HOW TO GIVE THE INJECTION

1. After preparing the injection site thoroughly swab the rubber portion of the bottle cap with an alcohol soaked swab.

2. Twist the plastic protecting cap on the needle to the left (counter-clockwise) to insure the needle is tightly on the syringe. Once the cap is removed do not touch the needle with your fingers, etc. because, after all, it is supposed to be sterile.

3. Loading the syringe with the drug:

a). Pull the plunger all the way back to the number 2 on the syringe barrel to put air in the syringe.

b). To slow the deterioration of the rubber cap on the bottle try to insert the needle in the same hole you made last time. Holding the bottle in your left hand and the syringe in your right (reverse this if you're left-handed) invert the bottle with the needle in the rubber cap. Allow the needle tip to barely penetrate through the rubber cap so it is immersed in the bottle contents to prevent sucking air into the syringe.

c). Depress the plunger all the way and slowly move it back to allow the drug to enter the syringe. Always take about 10% more than your dosage out of the bottle into the syringe, initially; then gently tap the syringe barrel to remove air bubbles in the semi-liquid drug; depress the plunger to your dosage mark reinjecting the excess back into the bottle.

d). Before injecting the hormone press the plunger forward until a drop or two of the contents comes out of the needle tip to be sure all the air is expelled from the needle since you don't want to inject an air bubble.

e). Swab the site with alcohol on sterile cotton after the ice application. If you don't use the ice pre-injection method you will still have to swab the injection site with alcohol before administering the injection.

f). Letting the alcohol dry before injecting the drug will lessen any burning sensation you may have.

5. You **MUST** aspirate with injecting. Here's how you do it:

a). Pick an injection site where the probability of hitting a blood vessel is remote. Most probably you'll want to use the outer-upper thigh area.

b). Use a quick dart-like motion to insert the needle into the skin at a slight angle. Pull the plunger back slightly; if blood appears in the syringe you've hit a blood vessel and must start all over again using a **NEW** needle and syringe with **NEW** drug in it. Throw the contaminated one away -- drug and all.

c). If no blood is drawn push the plunger down until all of the drug is expelled. Quickly draw the needle straight out and reswab the area with an alcohol soaked swab pressing firmly down and moving it in a circular pattern to disperse the drug into the muscle -- do this for a minute or so to prevent the drug from seeping out of the injection hole.

Before taking Step 6, you may wish to put the residual drug from the syringe on a "private part" of your anatomy rather than let it go to waste. There are those FTMs who swear applying the residual testosterone directly onto the clitoris stimulates its growth. Generally, members of the medical profession tend to pooh-poo this idea. But, it's up to you.

6. Press the needle on a hard surface to bend it and then throw it away -- it's no good anymore do not reuse it. This step does not, of course, apply to your reusable needles. If you are using reusable needles be sure to keep them in a sterile condition between usages -- hepatitis infections are commonly contracted by using contaminated or unsterile needles.

It's a good idea to alternate thighs, or buttocks, so one doesn't become overly sore or full of holes. (Who needs a swiss cheese thigh?) Also, if you get a tender lump at the injection site, don't worry about it. It's just the unabsorbed drug and will go away in a day or so.

Be sure and stay in touch with your doctor because of the possibility of an allergic reaction to the drug. And a few months after starting hormone therapy your endocrinologist will probably want a series of blood tests run. Have them done and be totally aware of the results. You will want to know how your body, the parts of it you can't see, is reacting. Remember, it's difficult to change the natural hormonal system from female to male without a hysterectomy. Without a hysterectomy you could be on male hormones for months without a significant increase showing up in your blood. This



(FTM HORMONES -- continued)

means only one thing: your pituitary gland has not signaled for significant decreases in the production of female hormones. An increase in dosage is indicated, but not on a "do-it-yourself" basis, let your doctor decide whether or not to increase the dosage and by how much. Generally the increases will be 1/4cc per month until the desired level is achieved. However; if your doctor doesn't want the dosage increased you'll either have to bear with it or have a hysterectomy or an oophorectomy, either of which will eliminate female hormone production.

In due course your body will start adjusting and you may be one of those ideal patients who will have no side-effects from the drug, but just in case you're not here are a few things you may notice. First, the bad news:

#### The Bad News

Since the male hormones will affect certain areas of muscle tissues, you may feel slight, or not so slight, cramps due to changes in the muscle tissue. (These cramps are what boys in puberty feel and are sometimes called "growing pains".) The muscles actually change in firmness and will bulge, in time, as a genetic male. I experienced some pretty bad leg cramps at one time, though gradually the complication lessened and finally disappeared. So, if you do feel these cramps from time to time don't get up-tight over them. They'll go away in time.

Another complication may be a temporary case of acne (which is caused by an overload of testosterone in both genetic males and females). Since testosterone can increase the activity of the sebaceous glands (oil glands just under the skin) it's no wonder various skin areas become irritated. If the acne becomes really bad see your doctor and follow his advice. Don't go out and buy off-the-shelf "home remedies" as they may make matters worse.

Your appetite will soar. If you have a weight problem, beware of your caloric intake. Androgens will make you gain weight while being unaware of it.

#### The Good News

Often the first results you'll notice is a deepening of your voice. Sometimes it happens in 2 to 4 weeks after starting

hormone therapy. Your voice may break, like a teenage boy's, when you get excited, but don't worry, this too shall pass.

An expected and nice change will be hirsutism or the development of facial and body hair. You'll probably, depending on your genealogy, develop hair all over your body. Facial hair may be the last characteristic to develop. Regardless of how sparse the facial hair is, shave it and keep shaving it since shaving stimulates the growth of facial hair. You'll surprise yourself, in time, with the amount of facial hair that develops. Remember though, hirsuteness depends, at least in part, on your genetic background. If the males in your family tree tend to have little or no body hair, you may not develop much either. And, of course, the same applies to facial hair.

Next will come menstrual irregularities and finally, cessation of the flow. This is a true blessing to all who find this to be quite a hang-up! During the first 4 to 6 months you may experience water retention and the old faithful "monthly" cramping, especially 2 to 3 days prior to your shot. If the flow doesn't cease within 4 to 6 months it would be a good idea to see your doctor for a gradual dosage increase. Your doctor will undoubtedly increase your dosage by 1/4cc per month until the flow stops. This then is the dosage you need -- stay at this level as increases will not be beneficial. Don't take it upon yourself to increase the dosage -- you could cause liver blowout. Be sure and have your doctor monitor your blood pressure on a regular basis while pre-operatively on hormones. After surgery you will want to have a check-up at least annually.

And, there's the increase of sexual libido. Androgens can cause clitoral enlargement and possibly this is the reason for priapism. Priapism is a form of "sexual madness" caused, not by an increase in sexual desire, but an excessive amount of androgens. This would be similar to a persistent erection.

With time your slim, shapely, female body will disappear into a rather shapeless male body. The narrow waistline will vanish; those hips will dissolve; your rounded derriere will flatten, although some roundness may remain.

Some of the effects of androgen therapy are reversible and some are not.



(FTM HORMONES -- continued)

With the re-introduction of testosterone, or female hormones into the system, either through natural production (if you haven't had a hysterectomy) or artificial means (drugs), clitoral enlargement will cease and it may reduce to a near "normal" or previous size; hips and waist will gradually reappear. However, the new facial and body hair will remain, as will the deepened voice. Electrolysis will remove the hair but once the vocal cords have thickened you're stuck with them and no acceptable medical procedure is now available to reverse the thickening. Therefore; before you start androgen therapy and/or have a hysterectomy or oophorectomy, be sure of your male identity or you may later be stuck with changes you can't reverse.

If you plan phalloplasty surgery discuss, both with your surgeon and an experienced electrologist, the need for removing hair from the development site. Some people have good luck with electrolysis in this area and some don't. By the way, as the male-to-female can attest, electrolysis is expensive, time consuming and painful. Electrologists usually "take" about 100 hairs per hour with each hour on the couch costing from \$20.00 to \$40.00. There is re-growth and the area will have to be gone over at least three times. If you aren't yet considering phalloplasty, electrolysis on the potential site is neither necessary nor desirable since a bare spot that large on your abdomen will cause comment. How many guys have you seen with a big bald spot extending from their pubic area to above their belly button?

Why the need, or potential need, for hair removal from the development site? Remember, the phallus is developed from a section of flesh from your abdomen. The edges are gathered and the section is rolled, so the former outside skin becomes the inside skin and vice versa. Thus, if your belly is hairy the hair will continue to grow when that surface becomes the inside of the phallus providing one of the real problems many post-phalloplasty MTFs have: hair growing INSIDE the phallus. Think about it.

No matter how large a dosage of or how long you take male hormones they aren't going to make you a male. They will only help in certain areas. Take the time to

do a real self-evaluation of your male image; the way you walk, the way you talk, your mannerisms. Remember, people are people-watchers and will form an opinion of you when they see you. At one stage or another of your evolution some people will see you as a butch dyke, some as an effeminate male, some as a gay male, but you'll eventually develop into the type male you wish to be. Just be who you are. It ain't easy Charlie, and remember, true identity comes from within, not out of a bottle of androgens or through a needle.

#### CROSSDRESSER'S WEEK-END IN THE POCONO MTS.

##### TOTAL PRIVACY & SECLUSION

In September '81 Joyce [redacted] sponsored a "Week-end In the Poconos" which had 45 attendees. The food was excellent and plentiful. Since the lodge was reserved for those attending the Week-end they "had the run of the place".

Because so many enjoyed the September Week-end Joyce has been asked to sponsor a similar event on the 14th thru the 16th of May '82.

The cost of the May Week-end is \$160.00 per single TV/TS and \$295.00 for couples (male & female). The cost covers meals and lodging, but not liquor. It's strictly BYOB.

An immediate \$25.00 deposit with payment of the balance before April 9th is required.

Additionally, Muriel Olive, beauty consultant, wardrobe advisor, owner of a TV/TS Boutique in NYC and the president of the NYC GGA Chapter will be on hand all week-end for personal and private consultations. Muriel may be contacted at (212) 582-6823 for information concerning either her services or her GGA Chapter.

If sufficient response is not forthcoming by April 9, the event will be cancelled.

Interested parties may contact Joyce at [redacted]

DEAR DOCTOR MICHELLE  
by  
Michelle  
Williams, M.D.  
The advice provided  
in this column is  
given with the un-  
derstanding that the  
inquirer and readers  
MUST consult their  
own physicians for  
medical attention.



(If you have any medical questions which  
may be related to your crossdressing or  
transsexual life style address them to  
Dear Doctor, c/o GGA, PO Box 62283,  
Sunnyvale, CA 94088.)

Dear Doctor Michelle,

I am a male-to-female and have not yet  
had any success in this area in having  
surgery to remove the penis and scrotum.  
That's as far as I want to go. Do you  
know where this can be done?

Jane (GA-11)

Dear Jane,

It is my impression that if "this is  
as far" as you want to go you may not yet  
be ready for surgery. As I have pre-  
viously stated in this column the current  
gender reassignment procedure which is  
most successful, and most widely used, is  
a one-step operation which removes the  
scrotal contents and most of the content  
of the penis and with an inversion tech-  
nique creates a neo-vagina.

The operation which you suggest would  
make the creation of a neo-vagina diffi-  
cult if not impossible due to the pre-  
sence of scar tissue and loss of skin.  
The neo-vagina is important, at least, to  
assure some degree of urinary function.

Some of the East Coast surgeons per-  
forming this operation (reassignment  
surgery) are: Drs. Wesser and Granitio  
from NY and Dr. Malloy from Philadelphia.  
I am currently unaware of reassignment  
surgery being done in the Southeastern  
US.

Dear Doctor Michelle,

I have been taking Depo-testosterone,  
100mg. 1 cc per week for 3 months. How-  
ever, I am finding it very difficult to  
locate the correct surgeon needed for  
surgery.

The information needed consists of:  
How can I locate a physician for the  
mastectomy and removal of ovaries (I had  
a partial mastectomy 7 years ago).  
How to find a physician and hospital for  
the phalloplasty and the requirements to  
have a physician do the phalloplasty.

Lance (OH)

Dear Lance,

While the initial androgen dosage  
seems appropriate I have no direct ex-  
perience in this area and would suggest  
you consult with an endocrinologist for  
follow-up work and possible adjustment of  
the dosage according to the effect of the  
hormones.

In your area of the country I would  
suggest you contact Drs. Foerster and  
Reynolds of Oklahoma City for further  
information on surgical procedures. They  
do one of the best phalloplasty operat-  
ions in the world and should be able to  
assist you in locating a surgeon in your  
area who could do the preliminary mast-  
ectomy and oophorectomy (removal of the  
ovaries).

The mastectomy would normally be per-  
formed by a surgeon and the oophorectomy  
is performed by a gynecologist. The  
phalloplasty performed by a urologist  
which Drs. Foerster and Reynolds are.

The accepted requirements for the  
gender reassignment surgery are listed in  
publications of the Harry Benjamin In-  
ternational Gender Dysphoria Association.  
This group established standards for  
procedures and care so I would suggest  
you contact their organization for a full  
list of the requirements.

I apologize for being unable to pro-  
vide more information in response to your  
questions and needs.

Dr. Michelle

(Editor's Note: As reported in the Aug-  
ust, 1981 Phoenix while Drs. Foerster and  
Reynolds continue to do the first 3 steps  
of the 4 step FTM reassignment surgery,  
local "politics" prevents initiation and  
completion of the 4th step.

The 4 steps are as follows:

1. Building the penis shaft on the cen-  
tral abdomen wall with skin grafts. This  
requires a 10 to 14 day stay in Oklahoma  
City for convalescence at a nearby hot-  
el/motel.



(Dear Doctor continued)

2. Approximately 2 months later the tube pedicle is released from the abdominal wall. This is considered minor surgery and the patient is normally allowed to return home the next day.

3. Approximately two to three weeks later the final releasing of the pedicle, forming the head of the penis, construction of the scrotum, insertion of cosmetic testicles and burying the clitoris in the base of the constructed penis is accomplished. A 7 to 10 day stay in Oklahoma City is required.

4. Construction of a urethra through the penis, connecting it to the female urethra and a vaginectomy to totally obliterate all residual female organs. (This is the step which cannot now be undertaken in OK.)

Dr. Foerster is a plastic surgeon while Dr. Reynolds is a urologist.

Drs. Foerster and Reynolds may be contacted at 3131 NW Expressway, Oklahoma City, OK 73112.

#### MAIL BAG

Dear Friends,

After reading the February issue, I feel the obligation to comment on two items in that edition of your outstanding publication.

I read "LET US GET TOGETHER" by Dana with interest; however, my own experience has been somewhat different with TS/TV Groups. As a pre-op transsexual I started attending such a group. As background, God blessed me with a delicate (some say "beautiful") female face. Lest someone consider this conceit, this same face was a horrible curse when I was growing up as a male.

The point is, I've always come off well as a female, even in the "straight" world. I've been approached by many normal guys, and am now engaged to be married in the near future. Also, for reasons beyond my own comprehension my female mannerisms and dress came to me naturally. This will always be a great mystery in my life.

At any rate, I did not carry any feeling of superiority or conceit to the TS/TV group. Initially I felt comfortable being with my peers. Heretofore, my only contact with other TSS had been with

flaming haired hookers, and I was seeking to meet others like myself who had ordinary jobs in the straight world.

I was shocked at what I encountered -- hostility!! This occurred mostly during the rap sessions when I would make a contribution to the conversation. Paraphrased, I would get comments such as "That's easy enough for you to say", someone would remark angrily, "you're beautiful and so you've got it made! You could pass anywhere, but what about us?"

The fact was that almost anyone at the meeting could have "passed easily". But, they were afraid and unsure of themselves. Actually, I had gone through the same fears and uncertainties, but they blamed me for having it easy because of my appearance. I tried to explain this, but no one listened. Obviously, I quickly quit attending the group.

Dana is quite correct in noting that many leave the TS/TV world following surgery; however, the reason is not to isolate themselves. I now have several such friends, and they all share a common objective. Most of us wish we had never been part of the male gender, and wish we could forget about it. Some have the need

to join clubs (I don't) and become active in straight groups such as the Democratic Party Women's Club or church groups.

The second subject: in your section on hair removal, you touch on one point that deserves constant mention. Also because it's buried in the story, it might get overlooked.

Since electrolysis is almost mandatory for the TS (perhaps not for the TV) more emphasis should be given to your statement that an operator be found with experience in male hair removal. I learned this the hard way. I totally wasted one year of pain and discomfort, and about \$1,650.00 learning it. I initially took my business to a lady who had never before worked on males.

It was a total waste of time. You correctly observed that women usually have only peach-fuzz type hair removed. A year after starting I learned that to successfully remove male beard hairs takes a much stronger charge of electricity. The higher the charge, the greater the pain. Thus the inexperienced operator will tend to keep the dose low, trying not to hurt the client as much.

A second year with an operator who has an exclusive TS/TV practice finished the

job. However, if done correctly on the male face electrolysis is very painful. There is a way to make it a lot easier, viz. with drugs. Forget the weak stuff like aspirin, etc. It won't do any good. However, two Percodan taken along with two 10mg Valium (about an hour before the appointment time) will kill most of the pain.

A word of warning: this dosage may be too high for some people and an M.D. should be consulted first. Actually, Percodan is an extremely dangerous drug that is habit forming. It is so dangerous that a doctor must, in California, prescribe it on a special State form. However, if the doctor knows the patient (and trusts him/her) he knows you cannot become addicted to the drug on two pills per week.

At any rate, your section on electrolysis was outstanding, and should be repeated from time-to-time for the benefit of new readers.

Sincerely,  
Sandi (CA Subscriber)

(Editor's Comments: we greatly appreciate the kind words Sandi. Concerning the Group with which you had such a negative experience - jealousy can rear its ugly head anywhere. Certainly lack of confidence on the part of one person -- or a group of persons -- is often covered by apparent anger toward another who seemingly doesn't have the same problems they do. Realistically all TSs have generally the same problems, at least, initially and the lack of confidence is certainly a large boulder in their road to happiness. Many post-ops are shattered, even years post-surgically, at having been "read". One suspects some are constantly looking over their shoulder to see the reactions of others to them. Having been deeply involved in the "gender world" for several years I tend to look closely at people, especially the ones who don't quite carry off the image one expects them to project and I see many people everyday who don't "pass" as what they appear to be. I see women who could just as easily be crossdressed men and vice versa yet, by their actions one knows they have the confidence of their own identity. Confidence, especially for the post-op, is being able to say "I'm a woman. I may not look like Marilyn Monroe, but then who does." or in the case of the FTM "I may not look like Clark

Gable, but to hell with it." and getting on with life;

We agree the post-op does not drop out in an effort of isolation, and can understand it is rather to forget the past and get on with her new life. And, that is as it should be since one cannot be expected to be a lifelong TS. Certainly if the post-op is to enjoy even a modicum of happiness they must put the past behind them and get on with life as they can best make it post-surgically and constant dwelling on the past, when she was Fred or he was Ethel, or being reminded of that painful, unhappy past does not seem, to us, to be the best way to "get on with it").

#### NEW OREGON CHAPTER

We are happy to announce the formation of a new GGA Chapter in Portland, OR. Ellen (OR-2, formerly OR-14) is the Secretary of this newest Chapter. Olivia (OR-1, formerly OR-13) has graciously consented to accept the duties of Northwest Area Coordinator.

The NW Chapter can be contacted by writing to PO Box 230172, Tigard Station, Portland, OR 97223.

Olivia can be contacted by writing to PO Box 13173, Portland, OR 97213

Keep your eye on the Coming Attractions page for meeting time, date and other pertinent information for the NW Chapter.

#### ATLANTA SUPPORT GROUP

The Atlanta TransPersons group has been established for the twofold purpose of providing an atmosphere in which both TSs and TVs can meet, on a weekly basis, to air their feelings, rap about the frustrations facing them, exchange information and to provide social and recreational events for those associated with the group. Outings are planned to various local clubs, bars, restaurants, etc. which provide the attendees opportunities for both fun and needed public exposure.

Both crossdressers and transsexuals are welcome at, not only the regular Tuesday evening meetings but, the Friday evening "Coffee House" sponsored by the Atlanta Gay Center as well.

The regular meetings are facilitated by Rosary Forman, who has a degree in clinical psychology and did her thesis on Self-concept Theory.

For specific information for meeting time and place see the Coming Attractions page.



### SWINGER'S CONVENTION

NASCON '82, the first international convention on swinging as a lifestyle sponsored by NASCA, Inc., will be held May 13th - 16th in Los Angeles. Over 1100 participants from the US, Canada, Mexico, Australia, Great Britain, New Zealand and Japan are expected.

NASCON '82 will bring people together from all over the Western World for education and social interaction through talks, professional and academic papers, workshops, seminars, exhibits, a South Seas Luau Luncheon and an Erotic Masquerade Ball.

The Erotic Masquerade Ball is becoming one of the most anticipated social events of the year with a number of celebrities already registered. Exotic costumes, musicians, male and female exotic dancers, live music, costume judging and other entertainment is featured.

All proceeds will go towards the study and advancement of the swinging lifestyle.

Proposals and presentations from qualified persons are welcome. Topics of interest are human sexuality and swinging as a lifestyle and recreation. Subjects may be sexual behavior, medical aspects of sexuality, human rights and personal freedom, swinging and the media, legal and political issues of sexuality and swinging, open interpersonal relationships, research, practical aspects of swinging parties and socials, management and financial issues in swinging and related lifestyles and related subjects.

Persons interested in attending, or presenting at, NASCON '82 should contact Robert McGinley, Ph.D., NASCA, Inc. 2742-A, W. Orangethorpe, Fullerton, CA 92633; (714) 879-2761.

### COMING ATTRACTIONS

#### \*\*\*\* NORTHERN CALIFORNIA AREA \*\*\*\*

##### GATEWAY GENDER ALLIANCE

Meeting time at each location: 8 PM.

SAN FRANCISCO: 2nd Wednesday.\*

SAN JOSE: 1st & 3rd Friday.\*

\*A donation of \$2.00 requested!

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

### OTHER GROUPS

PACIFIC CENTER, 2712 Telegraph, Berkeley. 1st & 3rd Wednesday rap sessions. Last Friday, special topic or guest speaker. Meeting time: 7:30 'til 10:00pm

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

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

#### \*\*\*\* SOUTHERN CALIFORNIA AREA \*\*\*\*

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

SHANGRI-LA: (Scyros Chapter). First Saturday each month, 5-11 pm. Contact Nancy [redacted] for information.

SHANGRI-LA: Main Office. Nancy [redacted] PO Box 18202, Irvine, CA 92713.

MISSION VIEJO AREA: Gender Dysphoria Program for Orange County. Informational brochure "For the Record" - \$2.00. Contact Joanna M. Clark, 31815 Camino Capistrano, Suite L, San Juan Capistrano, CA 92675. Group counseling: Dana Point facility on the 2nd & 4th Mondays; San Juan Capistrano facility 1st and 3rd Mondays.

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

#### \*\*\*\* COLORADO \*\*\*\*

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

#### \*\*\*\* CONNECTICUT \*\*\*\*

XX-CLUB. Primarily a TS Support Group. Contact Rev. Clinton Jones, 45 Church St, Hartford, 09103 for information.

HARRIET LANE'S "The TV Set". Private facilities. Parties 2nd & 4th Saturday. Contact Harriet Lane, Post Office Box 2, Yalesville Station, Wallingford 06402 or call [redacted] for party information.

#### \*\*\*\* DISTRICT OF COLUMBIA \*\*\*\*

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

The Phoenix Monthly-International

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

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

\*\*\*\* FLORIDA \*\*\*\*

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

PARTIES: Contact: Fantasies in Lace, PO  
Box 100279, Ft. Lauderdale 33310.

\*\*\*\* GEORGIA \*\*\*\*

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

\*\*\*\* ILLINOIS \*\*\*\*

WINDY CITY CHAPTER of GGA.

Meeting schedule:

April 14th May 26th June 30th

Meeting time 7:30. Contact (312) 472-4518  
for the location.

CHI CHAPTER (Tri-S).

Donna [REDACTED] Post Office Box 218, Mark-  
ham, IL 60446

\*\*\*\* MASSACHUSETTS \*\*\*\*

BOSTON AREA

TIFFANY CLUB: Tuesdays & Saturdays, 7-11  
pm. Very attractive private facilities  
with overnights. GGA members welcome.  
Write Tiffany Club, PO Box 19, Wayland,  
MA 01778 or call (617) 358-5575.

KAY-MAYFLOWER SOCIETY: Every Wednesday,  
7-11 pm. For information call (617) 254-  
7389.

CAPE COD AREA

TS SUPPORT GROUP: Contact Rachia Heyel-  
man, PO Box 25, S. Orleans, 02662 for  
information.

\*\*\*\* MICHIGAN \*\*\*\*

CROSSROADS: Irregular schedule. Following  
meeting date has been established:

March 20, 1982 in Ann Arbor

April 17, 1982 location not set

If you need additional information send a  
stamped, self-addressed envelope to Grace  
Bacon, PO Box 3013, Flint, 48502.

\*\*\*\* NEW JERSEY \*\*\*\*

NU CHAPTER (GGA) (Northern NJ):

J. Mallay, [REDACTED] Morristown,  
NJ 07960. No meeting schedule set, but  
watch these pages for future announce-  
ments.

\*\*\*\* NEW YORK AREA \*\*\*\*

GGA CHAPTER, NEW YORK CITY

Muriel Olive, 157 W. 57th St., Suite 601,  
NYC, 10019. Meetings: 2nd Saturday of  
each month. A facility for changing is  
available for those members needing it.

Members may arrive anytime after 4:30 but  
the meetings start at 7:00 and run 'til  
11:30ish. The building is locked at mid-  
night (so like Cinderella we must be out  
by then).

TV PARTIES: Contact Joyce [REDACTED] 27-50  
[REDACTED] Jackson Heights, 11372 or  
call [REDACTED]

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

\*\*\*\* OHIO \*\*\*\*

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

Meeting Schedule:

April 17th; June 19th; August 21st; Oct-  
ober 23rd; December 11th.

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

NORTHWEST CHAPTER (GGA). Regular monthl  
meetings. Contact PO Box 230172, Tigard  
Station, Portland OR 97223 for informa-  
tion.

NORTHWEST COORDINATOR. For information  
concerning activities in the NW Area  
contact Olivia Perel, PO Box 13173,  
Portland OR 97213

\*\*\*\* PENNSYLVANIA \*\*\*\*

PI CHAPTER (GGA) (Pittsburgh Area)

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

PGH CHAPTER (GGA) (Pittsburgh Area)

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

PHI CHAPTER (GGA) (Philadelphia Area.)

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

\*\*\*\* RHODE ISLAND \*\*\*\*

HALCYON SOCIETY (Tiffany Club R.I.)

Meeting 1st Saturday each month - 7pm.

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

\*\*\*\* TEXAS \*\*\*\*

SOUTHWEST CHAPTER. (GGA) Galveston. Con-  
tact Alice [REDACTED] for informa-  
tion.

\*\*\*\* VIRGINIA \*\*\*\*

NU RHO CHAPTER (Tri-S) (Norfolk-Virginia  
Beach Area) N. Cooper, S-180, P.O. Box  
2400, Virginia Beach, 23452

\*\*\*\* WISCONSIN \*\*\*\*

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

\*\*\*\* CANADA \*\*\*\*

WINNIPEG CHAPTER (GGA). Meetings on the  
1st and 3rd Friday each month. Contact  
Linda T. O'Connell, 710 504 Main St.,  
Winnipeg R3B 1B8 or call (204) 947-1774  
for time and place.

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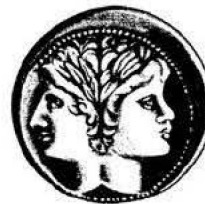


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Glue or tape your mailing label in the above blank space.

#### PHOENIX BACK ISSUES

A limited supply of the following 1981 issues of the Phoenix are available at \$2.00 per copy. You may opt to have them sent via 3rd class mail or included with the nearest regular monthly mailing. If selecting 3rd class mail add 54 cents postage per copy to the price.

#### ISSUES

( ) January ( ) February ( ) March  
( ) April ( ) May ( ) June  
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GATHER FROM ALL RESOURCES AVAILABLE AND DISSEMINATE ALL INFORMATION PERTAINING TO AND OF INTEREST TO THE GENDER DYSPHORIC INDIVIDUAL.

PROVIDE REFERRAL SERVICES FOR THE VARIOUS GENDER INDIVIDUALS AND GROUPS WITH WHOM/WHICH THIS ORGANIZATION IS IN CONTACT.

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

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

PROVIDE A PUBLICATION CONTAINING ITEMS OF INTEREST TO THE GENDER DYSPHORIC INDIVIDUAL AND COUNSELORS.

PROVIDE THOSE MEMBERS DESIRING IT A LIST OF PSYCHOTHERAPISTS COUNSELING IN THE GENDER DYSPHORIC FIELD.

PROVIDE A LISTING OR REGISTER OF ACTIVITIES OF INTEREST IN LOCAL OR ACCESSIBLE AREAS TO THE INDIVIDUALS AFFILIATED WITH THIS ORGANIZATION.

ADVERTISE TO ATTRACT UNDECLARED GENDER DYSPHORIC INDIVIDUALS WITHIN OUR SPHERE OF INFLUENCE.

ENCOURAGE THE FULL AND ACTIVE PARTICIPATION IN THIS ORGANIZATION OF ALL GENDER DYSPHORIC INDIVIDUALS AND ORGANIZATIONS.

FEEL LIKE YOU'RE THE ONLY ONE?  
WANT TO GET SOME INFORMATION?      WANT TO TALK TO SOMEONE ABOUT IT?

PEER COUNSELING	RAP SESSIONS
CALL ONE OF THE GGA HOTLINES	
FOR THE MALE-TO-FEMALE	FOR THE FEMALE-TO-MALE
(408) 734-3773	(408) 578-9215
Ask for Georgia	Ask for Bill
(also general information concerning the Organization)	

IN CANADA  
(204) 947-1774  
ask for Linda



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