the JOURNAL of MALE FEMINISM

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THE JOURNAL OF MALE FEMINISM

This is the official publication of The International Alliance For Male Feminism, a non-profit organization with chapters in major North American cities. Membership is open to feminists of both sexes and active social and educational programs are pursued on all levels. A 24-hour International Male Femmiphile Helpline (with the assistance of telephone answering machine when womanpower is temporarily unavailable) is maintained - (301) 776-8832. The Journal Of Male Feminism serves as the communications link of the movement. There are six issues per year. Advertising quotations furnished upon request. Camera ready copy should be provided for all display ads. Classified ads are .15 per word.

Mailing address and telephone number of the International Office and of the Journal Editorial Office:

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For Male Feminism
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Journal Editor: Linda Ann Stephens

EDITORIAL POLICY: Our general editorial goal is to strive for variety of material, written primarily by members, and covering the whole gamut of male womanhood, male-to-female transsexualism, feminism and femininity. All contributions are welcome. They should be in good taste and we reserve the right to make minor editorial revision. The views reflected in signed articles are those of the authors and do not necessarily represent those of The International Alliance For Male Feminism. When submitting material previously published elsewhere, please try to include full bibliographic (source) information, i.e., the publication name, issue and page number, etc.

Any problems with advertizers which you are unable to resolve satisfactorily should be brought to our attention

As we have no paid correspondent staff, we must rely on our readers to also be our correspondents. Personal accounts of life as women, illustrated if possible, and news of local chapter activities are especially desired. Good contrast pictures are also welcome any time.

International Dues:

Basic: $20
Contributing: $35
Supporting: $75
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Life: $500
Benefactor: $1000

There is no charge for a female woman joining with a male woman or another female woman. A confidential application form from each prospective member is required. Dues run for 12 months, e.g. dues for someone joining in September would run through the following August. Please submit renewals promptly on first expiration so we can avoid the unnecessary work and expense of sending out repeat notices.

Membership includes *Journal of Male Feminism* subscription, copy of *The International Alliance Non-Confidential Membership Directory,* copy of all *Supplements to the Annlual International Alliance Non-Confidential Membership Directory,* and all other rights and privileges. The only listings published in the *Directory* or *Journal* are those prepared and submitted by the individuals themselves for that purpose. The membership application and other records are confidential.

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In the event of real financial hardship (sufficient details must be provided to justify authorization), there is a 50% discount on membership dues and on *The Journal of Male Feminism* subscription price.

Checks and other monetary instruments should be made payable to "The International Alliance".

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Cover Portrait:

Irene R., 32-MD-20715, long active in male feminist circles, enjoys the outdoors at Maryland home of fellow Alliance members. Being a male woman is beautiful!

Welcome New Members!

The following list shows members who have joined since those published in Journal #77-2. Let's give all of these gals a big welcome! To contact them, please see the other articles in this issue pertaining to our Directory. If you so desire you may contact everyone on this list by following the prescribed established procedures. If you are interested in contacting others, you really have that opportunity as an Alliance member. Take advantage of it!

Mary Elizabeth Parker	2-AZ-85040
D.C.M.	1-AZ-85731
Joanne P.	1-BC-V2A
Chrissy P.	21-CA-92260
R. O'R.	22-CA-92104
Donna C.	23-CA-94306
Kathleen O.	24-CA-92335
Walter O.	25-CA-96007
Lesley Anne Shannon	26-CA-94608
Charlene Day	27-CA-94608
Diane L.	28-CA-94015
Babbette L.	29-CA-91802
Jennifer F.	30-CA-92651
Sandy Dionne	31-CA-94016
Fifi La Flavata	32-CA-94102
Vicki Dodson	33-CA-92683
L.T.	3-CO-80499
Kim Sabrina S.	4-CO-80499
Cathy Roberts	5-CO-81645
Dee Dee W.	2-CT-06114
Phyllis E.	15-DC-20016
Susan Faye Cannon	16-DC-20016
Marlene L.	17-DC-20010
Dianne Roberts	3-GA-30355
Patti R.	2-ID-83703
Julie M.	4-IL-62571
Mary Wilson	5-IL-60690
Joyce Ryder	6-IL-60559
Ellen Wilma Graham	7-IL-61071
Mitzi O'Hare	8-IL-61108
Karla Renee B.	9-IL-60656
Suzanne B.	10-IL-60656
Fran DeM.	11-IL-60304
Mable P.	4-IN-46952
M. Chris Lane	2-LA-70502
Teddie C.	1-MB-R3C3R4
Ellen L.	52-MD-20810
Terry Miller	53-MD-21203
Helen T.	54-MD-21912
Diana B.	55-MD-20335
Carrie W.	56-MD-20840
E.J.E.	57-MD-21239
Helena C.	58-MD-21401
Wendy Caroline H.	59-MD-20810
Joyce K.	60-MD-20730
Norberta B.	61-MD-20783
Angela K.	62-MD-21053
Grace B.	3-MI-49307
Robbie Fair	4-MI-48909
Mary Frances S.	1-MN-55102
Patti Fail	2-MN-55165
Enid S.	1-NV-89701
Eleanor McL.	2-NV-89502
Adnrea K.	1-NF-A1C5N8
Leslie Diane S.	1-NM-88061
Caroline Fances O.	2-NM-87501
L.S.	8-NY-14302
R.P.	9-NY-14212
Mary F.	10-NY-10004
Winnie Bryant	11-NY-12301
Gerrie B.	12-NY-10924
Ursala Leslie B.	13-NY-09057
Janet H.	14-NY-11953
R.J. Lewis	15-NY-09131
Jennifer D.	13-NC-28304
Priscilla Ann Goodbody	14-NC-28374
Judy Ann B.	15-NC-28374
Diane M.	1-NS-B0E1B0
Michelle M.	3-OH-45042
Tammy C.	4-OH-45381
Rebecca M.	5-OH-44124
Jamie F.	6-OH-45324
Jennifer Ann Witt	7-OH-45312
Glenda C.	3-OK-73564
Janice B. Trotter	4-ON-L5A3A2
Freddi F.	5-ON-N7L2M9
Iris	22-PA-19310
Michelle A.	23-PA-19333
Lyn M.	24-PA-18431
Kathy Ann R.	25-PA-17543
Wendy W.	26-PA-19134
Tammy F.	27-PA-19145
Lisa S.	28-PA-15215
Fran D.	29-PA-18337
Kathi Coates	1-SC-29482
Inez S.	3-TN-37849
Connie B.	6-TX-78731
Laura M.	13-VA-22079
Micki F.	14-VA-23462
Michelle B.	15-VA-22042

Nicki M.	16-VA-22206
E.M.	17-VA-22003
Betty Ann L.	18-VA-22312
Danielle K.	19-VA-22110
Julie K.	20-VA-22110
Rachel Wendy R.	3-WA-98409
Deanne H.	4-WA-99114
Ruth Martin	1-WV-26505
Suzann Margaret S.	2-WI-53140
Susan Sampson	3-WI-54449

This turned out to be quite a list - over one hundred new Alliance members representing thirty-three states and provinces. We are, indeed, growing. Are you doing your part to help us grow?

Supplement Number Two 1977 Non-Confidential International Membership Directory Distributed

Along with this issue of the *Journal*, all members in good standing should have received a copy of our *1977 Non-Confidential International Membership Directory, Supplement Number Two.* You may immediately begin productive new contacts and hopefully, establish some rich lifelong friendships. Use the amount of caution you deem appropriate until you get to know your Alliance sisters. One is unlikely to be compatible with everyone else. There is no substitute for your good judgement! Exercise it!

A separate article in this issue lists all new Alliance members since those shown in *Journal #77-2.* Many of these gals are not shown in *Directory Supplement Number Two* because they did not request a directory listing. Those people may still be contacted by having letters forwarded to them by our central International Alliance office. Simply follow the procedures shown on the first page of our 1977 Directory. If you do, your letters can reach everyone in our Alliance regardless of location. If you have a letter forwarded to you, please have the courtesy to reply.

Windy City Alliance?

Do you Chicago area gals wish to have an Alliance chapter? The membership is there. The prospective membership is there! The interest in having a local Alliance chapter is there!

What essential ingredient is lacking or currently not known? The very critical one so frequently missing - reliable stable volunteers willing and able to put in the time, effort and money to organize a local group. Many people need help and wish to take but few wish to give!

Adriene Amable, 2-IL-60610, is willing to devote a major amount of her energy and resources to the development of The Chicago Alliance For Male Feminism. She is, however, unwilling to do it alone. If any of you other Chicago gals are able and willing to make a firm commitment of time, energy and resources to this project, please contact Adriene ASAP. Letters sent to her in care of our International Hedquarters will be promptly forwarded. The opportunity and challenge exists now! Are you willing to meet it by giving something of yourself? The rewards can be rich.

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Working For A Uni-Gender Feminist World

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GIVE IT UP

It never works. Trying to push human beings into rigid molds is a ridiculous strategy that always backfires.

It's one thing to lay down general guidelines for conduct that protects the public; it's quite another to insist that ALL senior citizens or ALL Southerners or ALL athletes think, talk and act alike. And when you get to the point of assigning certain non-anatomical characteristics to all men or all women, you've gone totally bonkers. But that's what we do, over and over again. And it's a major source of sadness for us all.

If you're one of the lucky ones who, through nature and nurture, is pretty comfortable in the appropriate mold, then society's stereotypes won't make much difference. If you're not, they impose the singular discomfort of being "different."

Transvestites are different (p.58). They don't fit. Theoretically, a TV is anyone who dresses in the costume of the other sex; realistically, TVs are men who cross dress as women. There are few cases of female transvestism.

It may surprise you to know that current estimates place the number of American TVs at 1,000,000. That's about one out of every hundred men. At first you may be inclined to reject this number as too high on the grounds that you've never known one. But before you do that, consider the fact that many of them guard their cross-dressing secret with unparalleled enthusiasm.

Because our society labels such tendencies as abnormal or sick, the TVs cannot accept their own behavior. The guilt and depression does not stop the dressing — usually a compulsion closely linked to sexual arousal — but it does make them miserable.

And if it makes them miserable, you ask, then why do they do it? That's not a bad question; unfortunately there's no good answer to help straight people understand the intense motivation which must support so disfavored and difficult a preoccupation. I have always disliked most "feminine" apparel. I find pantyhose hot and sticky, high heels difficult to walk in, satins and lace ridiculously fragile, and tight-fitting undergarments too uncomfortable to bear. Yet these are the very garments that TVs find most appealing. Though I have actively fought the social conventions that said I *had* to wear them, I think it is silly not to recognize the rights of others — both men and women — to do so if they wish.

I'm not one to always recommend doing whatever is easy, but in this case that's exactly what I suggest. Every social authority from psychiatrist to policeperson agrees that transvestites are harmless to society. Since they do not cross dress for the purpose of fraud, they cannot hurt others by the clothes they prefer to wear. We should offer help to those who wish to change and leave the rest of them alone.

Joyce Dudney Fleming: Editor

How It Feels To Be Helping

By Joanne & Helen Silvero, 39 & 44-MD-21061
Our new International Alliance Co-Secretaries

It seems like only yesterday that we were attending our first meeting of the Alliance. Actually, it was in January of this year, but so many things have happened so fast that it's tough to keep track of the time. We have met so many lovely girls and had come to a greater understanding of male feminism in the last few months. We personally feel very grateful for all the Alliance and its members have meant to us, so when we were asked to consider taking on the secretarial duties, we felt that it was our chance to help out some of our sisters.

Although the job was difficult at first, we were aided greatly by the outstanding job by our predecessors Lori Jean Rohrbach and Julie Kelly.

Both of these gals have done a job that we cannot even begin to appreciate. A curtsy & a kiss on the cheek to both of these fine sisters.

We hope, as husband and wife co-secretaries, along with helping out FP's wherever we can, to add a little something to the job. Counseling wives of FP's will be an important aim of our office. Also we hope to reach tthe rest of the country in a large scale expansion, contact, organize, and mobilize all our sisters in local chapters in order to help get all our sisters out of the closet, educate the general public on the subject of male feminism and be better prepared to defend ourselves from the slings and arrows of such people as Anita Bryant.

Finally we hope to help make our local Baltimore-DC Alliance chapter monthly meetings more open and fun-filled affairs. After all we're all in this to have fun, so lets go! How about 'Theme Nights'? (Like 1950's or Halloween or pink hearts for Valentine's Day) A plan is underway to provide music to listen and dance to at the meetings. Other ideas include TV rummage sales, (or Swap and Shops), Las Vegas nites and anything else you Baltimore-DC Alliance gals want to do.

But we will need help. We have to know what our sisters really want. All of the above will take oodles of hours in the preparation and behind the scenes work. So get in touch with us. Remember the more of that you contribute, will mean we can do that much more as sisters in the full sense of the word "Alliance".

Ruth Martin, 1-WV-26505, an Alliance gal from the mountain state radiates her enjoyment of femininity and womanhood.

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Open Alliance Listings

As a new Journal feature, we will publish open listings (i.e., those with mailing addresses and/or telephone numbers members have specifically requested publication of) submitted for our *Non-Confidential International Directory*. If you really want contact with others, this should significantly increase your mail. If you do request an open listing, please be responsible enough to provide some type of response to all who contact you.

Any suggestions for improving our Directory, our open listings program and our intra-membership communications are always welcome. This is your Alliance and it relies on your ideas.

Patti Fail, 1-MN-55165
(see picture this issue)

Male Woman, 29, 5'10", 178#, single, Catholic, dresses at home, has a dressmaker and make-up lady. Recently had professional photos taken and would like to exchange mine with yours. I will answer all who write. Collect old comedy films and keep up on political affairs. Would like to start an Alliance Chapter in the Mpls-St. Paul area. Am a member of Tri-Sigma Sorority and I attend the Annual Drag Ball each fall. College graduate, discreet, and sincere. Let's get together at your place and mine to dress and talk woman talk. I want to meet both FP's and female women. Get in touch. I do not play games - I will contact you.

Pete Fail
P.O. Box 3221
St. Paul, Minn. 55165
(612) 735-9365

Dee Dee W., 2-CT-06114
(see picture this issue)

Male woman. Mature adult. Hetero. Married to a sympathetic and understanding wife. Closet FP all my life. Dearly love to dress, and do every day. Wish to correspond and perhaps meet sympathetic sister. Love to talk on phone and will give number to all who are discreet. No sex hang-ups. Love to talk girl-talk. Please write. I will answer all and exchange photos. Address mail to:

Dee Dee W.
Box 14604
Hartford, Ct. 06114

Wendy W., 26-PA-19134

Hetero male, married, 62, 6'1", 220#. Have been cross-dressing for years. Still in closet. Wife tolerant, puts up with dressing, but does not stop me. Would like to correspond with others with possible meetings. Have a few hobbies, jewelry (kits), crewel work, boutique, models, etc. Am discreet. Will answer all who contact me thru Alliance office.

Dee Dee W., 2-CT-06781, our new New England Alliance poet and musician.

Sandy Light, 7-NY-10001, our active New York City Alliance gal.

Diane L., 28-CA-94015, Bay Area Salmacis Alliance For Male Feminism member who initially designed the Salmacis logo which, as adapted slightly, now serves as the Alliance logo. Our Alliance is blessed with many talented gals. What are some of the rest of you contributing?

What nice legs! Babbette Lanning, 29-CA-91802, a new member of our Los Angeles Alliance.

May 19, 1977

The GAZETTE, Montreal, Thu

CANADA

Curator is male woman

WASHINGTON — (CP) — Until early last year, Walter Faw Cannon appeared nothing more than an ordinary 50-year-old curator at the Smithsonian Institution's museum of history and technology.

He is still a curator, but no longer Walter. His name has been legally changed to Faye Cannon and for more than a year he has been wearing women's clothes to work with almost no trouble from his employers or fellow workers.

His decision to adopt women's clothes and to change his name came after the civil service commission barred discrimination against homosexuals, but Cannon says, "I don't classify myself as a gay because I don't know what the word means."

"I define myself as a male woman. There I know what the words mean."

He adds that he will not change his male body, either with a sex-change operation or with hormones.

District of Columbia law forbids discrimination against homosexuals and in the district it is legal for a man to wear women's clothes in public as Cannon does.

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TELEPHONE: 613-231-2036

June 27, 1977

The International Alliance for
Male Feminism,
c/o Ms. Linda Ann Stephens,
Box 623,
Laurel, Maryland 20810.

Dear Ms. Stephens:

Thank you for your letter of June 14, 1977. I am afraid however that I cannot give permission to reprint my paper on sex-change surgery in your Journal for several reasons. It contains illustrations which are for strictly scientific publications. Also, this is a topic which may well be easier misunderstood than understood. In our gender clinic we often run into problems with certain patients who have built false hopes and who are therefore exposed to disappointments or worse. We wish to avoid such situations as much as possible. I feel that the publication of such papers would inadvertently encourage large numbers of people to set their minds on some kind of plan which might not be in their best interests.

We continue to help people with transsexual problems if they seek our help. They usually are quite well-informed about this procedure.

I wish you success with your publication and organization which certainly provides comfort, reassurance and a sense of belonging for many of your members.

Sincerely yours,

E. K. Koranyi, M.D.

EKK/mag

Are We In The Middle Ages Or Approaching The 21st Century?

By Linda Ann Stephens

The question posed by the title of this article was not prompted by actions of rednecks in Mississippi. Rather, it was prompted by the June 27, 1977 response (reprinted above) of Dr. E.K. Koranyi of the University of Ottawa Faculty of Medicine to our request for permission to reprint in our *Journal* his *"Sex Change Surgery In a Male Transsexual"* published originally in the *Psychiatric Journal of the University of Ottawa,* Vol. 1, No. 3 (November 1976), p. 113.

In its "Meet The Editorial Board" section, that same issue describes him under "Health Care Delivery Systems" as: *Erwin K. Koranyi, M.D., Professor of Psychiatry of this University, Director, Adult Psychiatric OPD Clinics, Ottawa General Hospital - University of Ottawa; his expertise in establishing unique psychiatric clinics giving appropriate individual care to all patients, makes him a competent representative of our University in this section.*

One of our Alliance members had seen the article and suggested that we reprint it. We like to reprint such articles to further disseminate information on this subject to our members, subscribers, readers and friends. Our printing of an article does not indicate Alliance endorsement of the information or opinions stated therein. Such was the case with the good doctor's article referenced here. I believe a considerable portion of Dr. Koranyi's article consists of misinformation and unsupported and unsupportable opinion. Nevertheless, we had wished to publish his article and to allow our readers to draw their own conclusions.

We have in our files considerable evidence of the uselessness, and sometimes even dangerousness, of "psychiatric assistance". Though it only appears to dangerously misguide sometimes, it nearly always ends up as a large waste of time, money, energy and other resources. Even though a shrink may not know a damn thing about the subject, or only enough to be dangerous, society has set them up as "experts" and a favorable endorsement from one usually has to be obtained prior to a transsexual operation. Unfortunately, "psychiatric care" has generally reflected the classic case of a very expensive "helping profession" which has provided little help and, in too many cases, actual harm.

What is the answer? I do not know. I am certain, however, that it does not lie in attempting to censor or restrict the dissemination of information and opinions, however erroneous they may be. Does Dr. Koranyi really believe his refusal of permission for us to reprint his article will prevent people from reading it and similar articles by other shrinks of all strips and learning what they need to tell these experts in order to obtain the required "favorable psychiatric evaluation?" I also call on the good Dr. Koranyi and his colleagues to have a greater respect for their clients (and to cease and desist in trying to hide things from them) and a greater respect for scientific objectivity and how much they really know about the whole field of male femininity and the human mind.

Other opinions, "scientific expert" as well as lay, on the attitude reflected in Dr. Koranyi's letter are invited and will be published. A copy is also being provided to Dr. Koranyi in case he wished to clarify or try to further support his rationale or, hopefully, change his mind. Let us hear from you.

Roanoke May "Outlaw" Transvestites

[Editor's Note: The following letter ana news clipping was received from Lucy J., 12-VA-24060, our active Virginia Belle from Roanoke. Looks like the Roanoke city fathers (mothers?) believe all gays are transvestites and all transvestites are gay. Even though the article quotes Commonwealth's Attorney as stating, "It's always arguable that the prosecution of victimless crimes is ineffective", the fair city of Roanoke (Your Town, U.S.A.?) has been able to devote considerable person power & tax money to this effort as it has eliminated all serious crime. Thanks Lucy for demonstrating that you are an active Alliance gal willing to stand up & be counted when they come to take away your neighbor! How many of the rest of us have written letters-to-the-editor to protest denial of basic human rights to our sisters and fellow citizens? Have you recently demonstrated your love and concern for your neighbor, FP or otherwise?]

Dear Alliance Sisters,

Would like to pass along this news clip from South-West Va. newspaper.

Although the emphasis of the article is on the "gay" or homosexual transvestites, I feel it brings public attention to a possible threat to the civil liberties of ALL of us!

Strangely enough, many male homosexuals do not like or appreciate homosexual TV's, and are definitely not attracted to TV's as women, but macho males only.

Roanoke, with all its massage parlors and adult bookstores, is considering an ordinance against TV's. It does seem very unjust for the city to permit discreet female prostitutes to flourish while trying to subvert their male counterparts. I believe the issue surrounds the overly conspicuous and public soliciting that takes place in the downtown business district at night time in Roanoke.

The article is somewhat inaccurate since it does not even consider the hetrosexual TV. I plan to write a letter to the editor but not sure of the approach.

Roanoke Times & World-News, Sunday, September 18, 1977

Roanoke Gets Strict With Gays

By JOHN WITT
Staff Writer

As part of a general crackdown on homosexual activity in Roanoke, city officials are now considering a special ordinance to outlaw transvestites.

A draft of the ordinance, prepared by City Atty. Wilburn Dibling, has been submitted to Police Chief M. David Hooper and Commonwealth's Atty. Robert Rider. Both have expressed support for the idea.

Hooper said the anti-transvestite ordinance is needed because "Roanoke has nothing specific to deal with these people and we are getting them from all over Southwest Virginia."

The ordinance is aimed at the so-called "market queens;" men who pose as women to sell sexual favors. They congregate at the City Market, and police cannot order them away because it is not now against the law to masquerade as a member of the opposite sex.

The trouble comes, Hooper said, when some of the male customers discover they are female impersonators. Often a fight or robbery results.

Rider agrees that such an ordinance would provide the ammunition needed to clear transvestites from the area. "The numbers are increasing," he said, "and it (the ordinance) seems to be a response to a genuine concern on the part of merchants in the market area."

Dibling said Virginia Beach and Martinsville have adopted ordinances dealing with transvestites. But he said the Virginia Beach law is "no good at all." He said it simply "prohibited a person from wearing dress not becoming his sex." It was repealed before it was ever tested in court. Dibling said the Virginia Beach statute was so vague it would technically have made it against the law for a woman to wear a man's shirt.

The Martinsville version made it unlawful "for any person over the age of 14 years to appear upon the streets . . . wearing a mask or other means of disguise . . . or dressed so as to appear as a person of the opposite sex." But that language might prevent children over 15 from wearing a Halloween costume, Dibling said.

Dibling will not reveal the exact wording of his anti-transvestite ordinance until it is submitted to city council. He did say the primary targets of the proposed law are persons who wear clothing of the opposite sex with the intent of concealing their true gender.

Meanwhile, the Roanoke City Police Department's vice squad has used the charge of "soliciting for immoral purposes" to arrest 77 male homosexuals during the first eight months of this year.

Those arrested included the president of a large corporation, prominent doctors, a high-level federal administrator, a wealthy Realtor, and the organist at a local church.

One-third of the arrests were made in the men's room on the upper level of Crossroads Mall, according to Sgt. John Barrett of the vice squad.

The "gay grapevine" was so effective that out-of-state businessmen would often visit the public restroom at the mall. Homosexuals would even make lunch-hour dates there, Barrett said.

"The Crossroads situation was especially bad because the regular patrons didn't know about it and little children were being exposed (to homosexual activity)," Barrett said.

The homosexuals who frequented the restroom at the mall were especially aggressive, Barrett said.

They felt safe from detection because of the isolated location of the restroom (the entrance from the upper level is not marked and the rest rooms are at the end of a hallway opening on the service entrances to several stores,) and because there were two doors.

Now there are padlocks on the doors to the public restrooms at Crossroads. Merchants contacted for this story denied any knowledge of the problem, explaining that they were closed for remodeling.

Many other arrests were made in the neighborhood of Elmwood Park, known in the gay community as "the cruise zone."

Male prostitutes, many of them juveniles, solicit business from homosexuals "trolling" around the park in their cars.

Many of Roanoke's adult bookstores cater to the homosexual population, offering gay movies and books.

There are at least three nightclubs downtown where same-sex dancing is permitted and where heterosexual couples are made to feel unwelcome, Barrett said.

To make an arrest for soliciting, Barrett explained, an undercover vice officer goes to an area frequented by homosexuals and waits to be propositioned.

Though the soliciting statute carries a penalty of up to a year in jail and a fine of up to $1,000, few of those arrested in Roanoke this year paid any fine and none received a jail sentence. Some of those convicted were referred for psychiatric counseling, but Rider feels the vast majority will not abandon the homosexual lifestyle.

"It's always arguable that the prosecution of victimless crimes is ineffective," Rider said.

Nevertheless, police say they will continue to use undercover vice officers to arrest active homosexuals frequenting public places.

Sgt. Jack Heath, who headed up the vice squad for 17 years before stepping down in June, said that the increase in the number of homosexual arrests did not necessarily mean the gay population in Roanoke is expanding. "They're here and they've always been here," he said. "We didn't declare war on them . . . In my opinion more of them are being arrested now because of the slack in the drug traffic."

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Sharl B., 3-FL-33444, is ready for an evening out.

From South of the Border? No! It's Iris H., 22-PA-19130, of our Lancaster-York Alliance For Male Feminism.

Julie Kelly, our former International Alliance Secretary, now living it up in Iran. One can easily tell she enjoys her womanhood!

We Are Proud We Are Male Femmiphiles

U. S. Immigration & Naturalization Service
E. A. Garmatz Federal Building
100 South Hanover Street
Baltimore, Md. 21201

October 20, 1977

Dear Friends,

On September 9, 1977 Michael (AKA Micheline) Johnson, an International Alliance For Male Feminism member, was refused entry to this country by Mr. William T. Lemay, an Immigration Service Official at the Ogdensburg-Prescott Bridge, Ogdensburg, New York Customs Post. The sole grounds given was Officer Lemay's interpretation of the U. S. Immigration Nationality Act Section 212a4 to bar entry of a male dressed in feminine attire as a "sexual deviate" in an "excluded category." Officer Lemay refused to allow Mike (AKA Micheline) to speak to Officer Lemay's supervisor or to make any other appeal of his arbitrary ruling. Ms. Johnson did use full correct identification including legal name. Over the years Ms. Johnson has crossed the border into the U. S. A. num erous times as Micheline (at Ogdensburg, Champlain & other points) without any problem.

Although we are confident that Officer Lemay's surprise interpretation was simply an inadvertent error made "on the spot" by an over zealous but conscientious and dedicated Customs Officer, we are concerned that our Immigration and Naturalization Service promptly clarify this point in the law for the edification of all U. S. Customs Officers.

Please confirm:

(1) That it is not a Federal offense for a male to dress in feminine attire,
(2) that such feminine dressing by males is not a valid grounds for exclusion of visitors from the U. S. A. under the U. S. Immigration and Nationality Act Section 212a4 or any other Federal statute, and
(3) that this information will be disseminated, through appropriate means, to Customs Officer Lemay and to other border officials, ruling on entry of foreign visitors, under your jurisdiction.

Thank you for your prompt cooperation in clearing up this matter. Should you desire additional information, please let us know.

Your International Alliance Sister,

Linda Ann Stephens

International Alliance Board Chairperson

In Sisterhood For Universal Feminism

Purchasing And Trying On Women's Clothing

By Micheline Johnson, 2-ON-K1G

For many TVs, the buying of clothes for their wardrobe, in a size that fits them and in a style that looks good on them, presents somewhat of a problem. Some invent complicated stories about buying gifts for friends or sisters etc. Others find one particular boutique where they find the manageress cooperative and understanding, but often have to pay through the nose. *Journal of Male Feminism* readers may be interested in a little survey I did this summer, to determine the current climate and attitude of store owners in our area of Canada (Montreal, Ottawa, Peterborough) to guys or guys as gals trying on women's clothes before purchasing. I found the results depended on your approach, and on how you were dressed.

In Montreal, Micheline asked the manager in every women's fashion boutique in a 10-block stretch of Mont-Royal Est if they minded her trying things on before buying. The results were 100% in favour - 'Sure', 'No problem', 'A buck is a buck', 'We thought you were a girl' (not very convincingly) - - were typical responses.

A more extensive survey was done in Ottawa, my home town. I found that the result was somewhat different for departmental stores than for small boutiques. For the former, they tend to shunt you off to the fitting rooms in the mens dept. This survey was done by Mike. I confronted the store manager (not just the first clerk), and asked what the official store policy was with respect to males trying on women's clothes before purchasing them for themselves. Of 15 departmental stores questioned, 33% were in favour. Of 103 boutiques surveyed, 67% were in favour. Detailed results, with store names, addresses, and reactions, are available on request.

More recently, Micheline continued her survey of Montreal, this time on Ste Catherine Street. Of 14 boutiques and 4 departmental stores checked for their official policy, all were in favour. It should be noted that the French-Canadian tends to be more liberal minded than his/her Anglo-Saxon counterpart.

In Peterborough, Micheline found that 7 out of 8 surveyed had approving managers, and it was OK at the eighth if they were not too busy.

Finally, Micheline went round those stores in Ottawa that had previously refused Mike, picked out something that appealed to her, and asked the first clerk she saw if she might try it on. This approach met with 100% success (even in the snobbish expensive stores) much to her satisfaction.

The idea for the survey started awhile back when Mike was in Stanley's Bargain Corner (1144 Mount Royal East, Montreal) enviously eyeing a nice outfit. To his surprise, the manageress came up to him and asked if he would like to try it on. He did, and two others as well. It later turned out that the store owner also ran a gay discoteque (Valentin's on Mount Royal at the corner of Parc) where TVs are welcome to go. Micheline and a friend recently visited there and had a very enjoyable evening of dancing.

It would seem therefore that there is no reason, funds permitting, why TVs should not be fashionably dressed at the boutiques of their choice. Would any Toronto readers have similar information on the climate in that city?

Thousands Are Becoming Transsexuals

RICHARD SALTUS
AP Science Writer

PALO ALTO, Calif. (AP) — It is a long and lonely journey across the border of sex, but thousands feel they must make the trip.

They are transsexuals, people with the mind of one sex imprisoned in the body of the other. This tragic mismatch can produce a state of misery that drives such people to drastic action: sex change through surgery and a reversal of life styles.

Perhaps 3,000 persons in the United States have been sexually reassigned, as doctors call it, mainly in the last 10 years as the surgery has become widely available. At Stanford University Medical Center, one of the most active institutions in sexual reassignment, more than 150 persons have undergone the hormone therapy and plastic surgery.

Doctors have a hard time evaluating how much transsexuals are helped by the switch, because so many disappear and cut all their old ties.

Nevertheless, the Stanford specialists feel that their patients — carefully selected from thousands of applicants — have generally been helped. Some feel whole and happy for the first time in their lives, showing "major improvements" in sexual function and psychological adjustment, said Dr. Norman Fisk. Vocationally there also is some improvement, said Fisk, a Palo Alto psychiatrist and co-director of the Stanford program.

Few if any regret what they did, he said, though two patients later reverted to their pre-surgical sex roles.

Sexual reassignment is currently performed at some 20 centers in 17 states. One of the pioneering institutions was Johns Hopkins Medical School, where sex-change surgery began in 1966. In an evaluation two years ago, doctors were more qualified in their enthusiasm than are their Stanford counterparts.

Although some of the patients did "extraordinarily well" after surgery, said a Hopkins report, others did "extraordinarily poorly," falling into self-destructive relationships, drug abuse, suicide attempts.

Drs. Jon K. Meyer and John E. Hoopes said a post-surgical euphoria in many patients drained away two to five years later, as they realized the switch was not a cure-all for personal troubles.

"Sex reassignment surgery seems to temporarily palliate an unfortunate emotional state, rather than really cure the problem of gender dysphoria," they wrote.

Gender dysphoria is a term that means unhappiness of an intense and overriding degree about one's sex. In some persons — estimated at one in 10,000 to one in 100,000 births — this dissatisfaction is so strong that there is a feeling of revulsion at one's own sexual organs and a compelling wish to be of the other sex.

These people are called transsexuals. Dr. Renee Richards, the male-to-female eye doctor who recently stirred up controversy in the tennis world by daring to compete as a woman, expressed the transsexual dilemma:

"Emotionally the desire to be a woman and a girl had been a most overwhelming drive ever since I can remember."

The causes of the disorder are not known, though Fisk believes the answer is to be found in the development of the brain before birth.

"My feeling is that it is a biological abnormality; in animals, there's no question it's biological," he said. Injections of male hormones into female animal fetuses have produced masculine behavior in the offspring, for example.

There are far more applicants to

centers like Stanford than are accepted. Dr. Fisk is one of the specialists who help evaluate and screen out poor surgical candidates.

Psychotics and publicity seekers are usually rejected, as are people with a collection of psychological problems that they blame entirely on their gender difficulty.

"Our best patients are people who have led reasonably functional lives despite being very unhappy," said Fisk. He said only 10 to 15 per cent are accepted at first, though some of the others manage to rehabilitate themselves enough to be permitted in later.

What about those rejected? Some, said Fisk, find others have less strict standards. Some go abroad, where some surgeons do a brisk business in operations on those who couldn't obtain it in their own countries.

Fisk warns that "there are a lot of charlatans in this business" but he does not imply that private physicians outside the medical centers are generally unqualified.

Hormone therapy and living in the opposite sex role usually begin a year or more before the operation. Dr. Richards, in fact, said her hormone treatments began 12 years before surgery.

In males, the female hormones help to soften the skin and redistribute the body's fat in a womanly way. At the same time, many patients have facial hair removed by electrolysis. This can take 150 to 200 hours and run into thousands of dollars.

Male hormones given to women deepen the voice and bring facial hairs sprouting into mustaches and beards.

This is the crucial time when the patient must learn the behavior of the opposite sex — and not the stereotypes of the sex.

"We do not want people to become caricatures, but to have naturally masculine or feminine behavior," said Fisk.

It's all part of a requirement called "passability."

Males-to-females have to be able to wear makeup convincingly, walk and act in a feminine way. Sometimes Stanford brings in charm or modeling school teachers to give workshops in social behavior. "It they are not convincing, it's a nightmare," said Fisk.

Of course, many women who make the switch are on the short side as men, and males who become women are unusually tall. If the transition would be ludicrous, the patient is strongly discouraged.

Age is not a bar in most cases: Stanford has converted patients as young as 21 and as old as 65. If tendencies toward transsexualism are noticed in children, they are usually treated with psychotherapy, which may be able to reverse the condition in the early years.

By the time for surgery, the transition has been largely carried out.

"It is the cross-living, and not the surgery, that really causes the transformation," said Marti Norberg, coordinator of Stanford's Gender Dysphoria Program. "The surgery merely confirms what has already happened — and the promise of the operation is what motivates the patient to do well in the cross-living."

Sex-change operations have come to be accepted by the medical profession in general as a valid procedure, but insurance companies are often reluctant to cover the costs, which may range as high as $7,000 or $8,000. Some policies exclude such surgery specifically, or label it as an "experimental" procedure that is not covered.

The male-to-female procedure is easier and more likely to be cosmetically successful. Briefly, the testicles are removed, the penis is amputated and its skin inverted to line the new vagina, which is created by

cutting into the area between the rectum and prostate.

Often the vaginal lining produced this way is sensitive enough to allow orgasm. Breast implants of silicone are sometimes added.

The female-to-male operation is more difficult, and several methods have been tried. Sometimes the clitoris is enlarged by hormone therapy and freed of its connective tissue to form a small penis.

Another approach is to cut a flap of skin from the abdomen and shape it into a tube. Artificial testicles are implanted.

Not all patients can have satisfactory sexual relationships, though Ms. Norberg said "orgasm is reported by both male and female" sex change recipients.

Marriage is common after the transformation, with female-to-male patients generally having better, more stable relationships, Ms. Norberg said.

After the change, many patients are so convincingly living their new roles that they can keep their history a secret. This is especially true in male-to-female changes, because the plastic surgery makes a better resemblance.

About 40 per cent of the patients willingly reveal their great secret, said Fisk; the others manage to conceal it. This would seem very unlikely in the case of newly made males, but Fisk said they sometimes say their sex organs are not normal because of some accident; furthermore, the women who marry such men may often be sexually naive, according to Ms. Norberg.

Breaking the news is difficult, and is not best handled as one patient Ms. Norberg mentioned: "She told him over the telephone, 'There's something I have to tell you.' He freaked out. It has to be done more subtly than that."

By the time they have surgery, many patients have already vanished from their old lives, and afterward surface elsewhere with a new name, new wardrobe, identification credentials changed to reflect the new gender.

The transition often requires help from a lawyer. Getting birth certificates and drivers' licenses changed is difficult in some states, California being one of them. The Erickson Foundation, which aids transsexuals, said 33 states are now willing to change birth certificates; in some cases the gender is completely revised, while in others the old gender is marked out and the new one added.

The Social Security Administration will change its records with a letter of authorization from a doctor, said a lawyer; one patient got a brand new number.

The lawyer, who asked not to be identified, helps transsexuals with such problems as well as difficulties with insurers and employers.

Many employers, including agencies of the government, have been accommodating to workers who change their sex. Some have not, and the lawyer said that an employer who fires a worker simply because he or she is a transsexual "can probably get away with it" because it is not discrimination that is covered by federal law.

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The Washington Star Sunday, June 12, 1977

Women and the Art of Being Framed

We're past the stage where women are hiding behind their eyeglasses. Nobody has come up with statistics, but men DO make passes at women who wear glasses, contrary to Dorothy Parker's famous rhyme.

This past week the Opticians Association of America met at the Washington Hilton. They DID come up with some fascinating statistics. As many as 105 million people in the U.S. have something wrong with

Givenchy's "Plus" for evening.

Fashionable "Half" by Givenchy.

Peace on Earth
*
GOOD WILL to PEOPLE

their eyesight. Among eyeglass wearers, 43.5 million are women.

And these are the women who declare their eyeglasses to be fashion accessories. Hiding behind their glasses? Hardly. They flaunt them in every shape, size and color. In fact, so big is the frame business today, big-name designers such as Yves Saint Laurent, Hubert de Givenchy, Christian Dior, Gloria Vanderbilt, Pierre Cardin, Gloria Vanderbilt, Halston and Sylvestro Calleri of Italy, have all gone the design route with them.

The proper makeup and frames make the difference.

WHAT IS EVEN more interesting, are the other areas being explored. The cosmetics industry for one, is working on the idea of offering women more expertise than ever before. Gunter Essl of Germany for Eye Mystique says he has synthesized his latest frame colors with the feeling of the upcoming fall fashions and makeup colors.

Marilyn Bernard of Helena Rubinstein working with Eye Mystique, showed us a guide, "Helena Rubinstein's Guide to Spec-Tacular Eyes," that's available through stores selling Univis eyewear. In Washington, Hilbert Optical, Connecticut Optical, and Bausch and Lomb have them. Wide eye frames mean more of a show for subtle shaded eye makeup, and a show of brow.

Lenses for the nearsighted tend to make eyes look smaller, while those for the farsighted will tend to magnify every makeup error. Always keep in mind what Marilyn Bernard says is terribly important: makeup should not appear too flamboyant or too lightly applied when the glasses are off. She suggests that makeup be applied using an optical-quality magnifying mirror, cotton swabs to work with and an eyelash curler to use before applying mascara. Color of hair, facial contours, eye color and skin tones all come into play with the right makeup and shape of eyeglasses also being shown. The booklet is a real find.

TODAY WARDROBES of eyeglass frames (prescription and sunglass) are the norm for some women, who differentiate between what they wear in the daytime and evening. There are different glasses for different occasions and for different reasons.

Hubert de Givenchy was the first of the big name designers to move into the fashion eyeglass field. At the Optique Gallery they have his new Givenchy Plus, which is a boon indeed. It's the first lorgnette style for those who can't read a telephone book, don't want to schlepp glass cases on an evening out, whose purses don't hold a pair of glasses, but who still want to read a menu or the theater program.

—Washington Star Photographer John Bowden

Wrong frames (right) do not enhance eyes, says Marilyn Bernard for Eye Mystique.

Shell pink, tortoise, blue and lilac are among the colors offered for this elegant evening accessory by Unico, the international division of Universal Optical Co.

Givenchy cautions women not to think that tinted prescription glasses will afford them sunglass protection from the sun. They won't. And please don't buy glasses just because you like the frame, no matter who designed them, but be sure to have them professionally fitted.

The Givenchy half glasses are vain woman's delight for reading. They really show off her eyes, which after all are among the most riveting objects a woman can possess. They show off a beautiful hairdo and brow to perfection, to say nothing of a great makeup job.

SAINT LAURENT'S Optique Solaire glasses for Renaissance, are designed according to the designer with the face's anatomical structure in mind. He has small, medium and large faces given frame numbers to best suit them. He believes hair color should be one of the prime considerations in the choice of an eyeglass frame.

Blondes? Try beige, blue, marigold, cocoa, sapphire and hyacinth.

Gray haired? Sapphire, aventurine and blue.

Redhead? Mink, cocoa, tourmaline (translucent) and sable.

Brunette? Mink, salmon, coffee, aventurine and sable.

If you happen to love tortoise-toned frames, everybody is in luck. No matter what the color of your hair, they look good on any face, he says.

Today's fashion frames are accessories. Treat them like you would any other piece of jewelry. Care for them by washing them with water and wiping with soft tissue. Don't wear glasses on top of your head. They can ruin the alignment as well as strain the temples of your glasses. Never put the lenses face down. They scratch that way.

By all means look at the world through rose-tinted glasses and rose-tinted frames. It's a lot more fun and fashionable.

— Eleni

Group Hits City Tactics

By LIONELL PARKER
Staff Writer

Transvestites appeared once again at a community meeting sponsored by the Fayetteville City Council to complain about alleged police harassment and the enforcement of an ordinance passed in 1950 which bans masks and disguises in the city.

Tony Powell, spokesman for the group, called the ordinance "unconstitutional" and complained it had taken 27 years for the Fayetteville Police Department to enforce it.

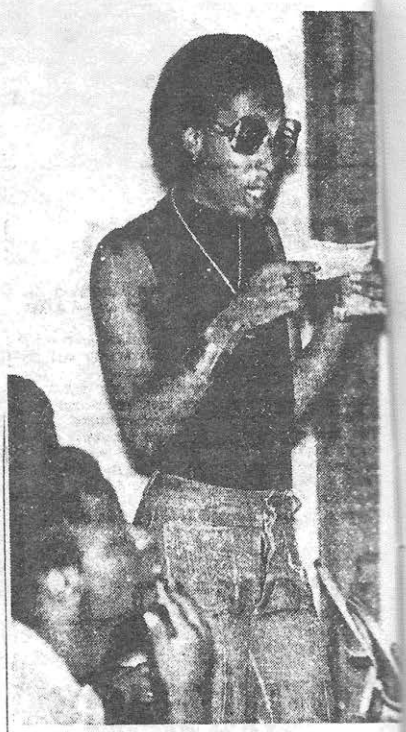
"I'm a decent, law-abiding citizen and I don't feel it is right for any law to dictate the way I should dress," Powell said. "I've received two citations for female impersonation and I don't think it's right."

William Graham told Mayor Beth Finch his group had applied for a permit to stage a peaceful demonstration but Police Chief Danny Dixon had not given a reply.

City Councilman Marion George said there is no requirement for a permit to conduct such a demonstration, but warned the group that if a demonstration was held in the area of the Cumberland County Courthouse, the presiding superior court judge had the right to jail them for disturbing or disrupting court.

The group protested the ordinance that prohibits the wearing of any mask, hood, or any disguise that conceals identity. The ordinance exempts the prohibition in certain cases, such as Halloween.

Police have been charging the transvestites with female impersonation under the ordinance.



NEIGHBORHOOD MEETING—Tony Powell complains to Mayor Beth Finch and Councilman Marion George during a neighborhood meeting about alleged police harassment of female impersonators in downtown Fayetteville. (Staff photo—Cramer Gallimore)

Paradise Spring 77 on June 18 in Warren, Ohio. Barbara Bowser, 3-PA-15003 and Julia Lafaye, 2-OH-44313.

Paradise Spring 1977, Warren, Ohio. On the floor behind the bed is Julia J. and Julie McBride. From left to right sitting is Michelle Blair, Kathy Ann, Barbara, Mary Ellen and Dawn Ellen. Standig is Gloria Lee and Ann Marie Ryan.

Pittsburgh-Cleveland Alliance Tries Weekend Bashes in Warren, Ohio

By Kathy Ann K., 10-PA-15212 and Julia L., 2-OH-44313

Where was PARADISE SPRING 1977; well, of all places it was in Warren, Ohio. There were 10 TV lovelies and 2 GG lovelies gathered at the Imperial Motel in downtown Warren, Ohio. They were decked-out in their new hairdo's and new outfits.

The party started at 2:00 PM on Saturday June 18 and continued in to the wee hours. From Ohio came Ann and GG Norma from Sandusky, Gloria and GG Lenna from Conneaut, and Julia from Akron. From Pennsylvania came Debbie from Butler, Kathy Ann from Pittsburgh, Barbara from Ambridge, Michelle from Erie, Dawn Ellen from near Scranton, Mary Ellen and Julie from Lancaster.

Julia wearing a blue and white outfit was first to arrive and set up operations. Kathy Ann wearing a green print dress and Debbie with a black two piece gaucho came together. Barbara had on a pink print dress. Next to arrive was Ann wearing a two piece blue jacket and skirt with her GG in a two piece green outfit. Gloria appeared in a luscious white pants suit with her platinum blond hair, her GG was in a green pants suit. Michelle wore a short black flowered dress and looked just scrumptious. Mary Ellen had on a pink dress with Julie in a white pants suit and Dawn Ellen in a two piece outfit. All the girls looked beautiful in their costumes. During the evening many pictures were taken of every one. Some of those Polaroids were beautiful, but I understand Lenna had a little problem with Gloria's camera and didn't get too many pictures.

Some of the girls had known each other from past associations but new friendships were formed. A warm and friendly atmosphere prevailed and it was just great to be dressed and see others dressed in their finest frocks. Special thanks to Norma and Lenna two great GG's who thought enough of us to come and join in wholeheartedly. They really helped to make the whole thing a big success.

The Pittsburgh-Cleveland Chapter of International Alliance sponsored this event which occupied most of one wing of the Imperial Motel. This was the first such event in this area and will not be the last, judging from the comment of those who were there. Plans are going ahead for future "Paradise" meetings. For the future, the consensus of opinion was that a motel where everyone can have their own room for privacy while dressing, resting or doing whatever they please was preferred over a meeting hall. A room is also needed because of the considerable distance many came so they can stay overnight. More advance notice of the meetings in the future, at least 4 to 6 weeks. Thoughts were presented for frequency of future meetings, several would like to meet every two months. For activities, a potluck dinner, picnic or a make-up person talk and/or demonstration was suggested. In addition an Xmas type party was suggested along with a 2 or 3 dollar gift.

It was pointed out that if meetings were to be held frequently, help would be needed to: 1) Handle write-ups, 2) Typing, 3) Addressing envelopes, 4) Motel and restaurant arrangements, etc., 5) Handling funds, 6) Special activity arrangements, 7) Obtaining food, snacks, chairs, tables and transportation to and from meet.

No complaints were registered and a wonderful time was had by all, and I am sure everyone is looking forward to the next "Paradise". For those that did not come, they really missed a real fun time.

[The Pittsburgh-Cleveland Chapter's last meeting was held at the same location on November 12th. We hope to have an illustrated feature story on this one for our next issue as well as news of their future gettogethers.]

Many of you have never seen a picture of our editor, Linda Ann Stephens. You may be assured that this has been due neither to difficulty in passing nor to modesty. The above picture shows Linda Ann relaxing after a hard day at the editor's desk and answering 10,000 "Where is my Journal?" telephone calls. So far, she has declined to enter the Ms. Laurel Beauty Contest.

Fran DeM., 11-IL-60304. A new Chicago Alliance member and an accomplished pianist. Now all we need is a smile.

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MEASURING UP—Senior Airman Louise Young, who stands 5 feet tall, uses a stool as she measures Airman Basic Suzanne Henderson, 6'2", during processing at Westover Air Force Base, Mass. Both women are Air Force Reservists assigned to the 439th Tactical Airlift Wing at the base.

Andrea K., 1-NF-A1C. Do Canadian legs look better than American legs?

Denise Cook, 3-DC-20009, models new outfit for Baltimore-DC Alliance sisters.

Fall Happenings In The Baltimore-DC Chapter

Summer activities with the Baltimore-DC Alliance For Male Feminism gals concluded with their big Annual Picnic at Marilyn & Phyllis's beautiful 2½ acre waterfront home on Maryland's Eastern Shore near Easton. Most of the gals went swimming en femme and the food spread was tremendous and delicious. Sue Carter went home $15 richer as winner of our 50/50 Raffle Golden Pot. Nora V. walked off with the Raffle runner-up prize. Bill Sneed, a Washington Post photographer, and Jay Hirsch, a free lance photographer/author from New York City, joined with the chapter for the festivities.

Adriene Amable, leader of our new Chicago Alliance was able to join the group and easily won the award for traveling the greatest distance. People who passed up this beautiful outdoor afternoon affair just could not know what they missed. In a "comedy of errors" (on the part of several persons who shall remain unnamed) Rene C. & Jean R., 9 & 15-PA-17602, ended up being stranded in Easton, Md. without being able to locate our picnic.

Altogether they had 3 men, 11 female women and 13 male women as follows:

Marilyn&Phyllis Dexter	21/22-MD-21654
Holly Dexter	Marilyn&Phyllis's daughter
Phyllis Anne E.	15-DC-20016
Nancy	Phyllis Anne's friend
Donna T.	10-MD20785
Nora V.	Donna's friend
Kathy & Sue Carter	7/8-MD-20716
Irene R.	32-MD-20715
Joanne & Helen Silvero	39/44-MD-21061
Jenniffer Wiswell	36-MD-20810
Michelle West & Linda	2/6-DC-20009
Jay Hirsch & Terry	New York City
Linda Martin	4-VA-22193
Fran & Lynn B.	20/19-MD-21801
Sally Ann & Louise K.	34-MD-21666
Bonnie Kelly	Bladensburg, Md.
Linda Ann Stephens	1-MD-20810
Bill Sneed & Sheila	Washington Post
Adriene Amable	2-IL-60610

On September 10th the chapter returned to its regular meeting place for a program on Development of a Feminine Voice by Males presented by Dr. Linda Spencer and graduate assistant Kathy Peters of the Loyola College Speech and Hearing Center. Dr. Spencer, a member of our International Alliance Advisory Board, was her usual dynamic self in describing the Loyola program of assisting males in becoming better women. The program includes non-verbal as well as verbal training in being a woman and invloves a one-on-one tutoring situation working with a female graduate student under Dr. Spencer's supervision. Video tape sessions are $10 while the others are $8. Males in the Baltimore-Columbia commuting area who desire expert personal attention in perfecting all aspects of their femininity are clearly missing a golden opportunity if they fail to enroll. Evening sessions are also available. After hearing Dr. Spencer's talk, no one could doubt that any male can become a very feminine woman! All it takes is effort and practice! Professional assistance, such as that offered by this Loyola College Program obviously helps speed the learning. 20 male women and 8 female women were in attendance for the September program and party:

Dr. Linda E. Spencer	Loyola College
Kathy Peters	Loyola College
Michelle W.	11-MD-21012
Carrie W.	56-MD-20840
Marilyn& Phyllis Dexter	21/22-MD-21654
Sally Ann K.	34-MD-21666
Kathy Ann Ragan	25-PA-17543
Lynn Nichols	18-PA-17055
Joanne & Helen Silvero	39/40-MD-21064
Kathy Carter	7/8-MD-20716
Rene C. & Jean R.	9/15-PA-17602
Denise Cook	3-DC-20009
Gypsy	37-MD-21231
Phyllis E.	15-DC-20016
Cathy P.	18-MD-21225
Betty Ann L. & Bea F.	18-VA-22312
JenniferW.	36-MD-20810

Bonnie,Connie&Dawn Kelly	Bladensburg
Michelle West	2-DC-20009
Sally A.	12-DC-20044
Sandra Jenkins	31-MD-20785
Linda Ann Stephens	1-MD-20810

Sister Jeannine Gramick, SSND, discussed Roman Catholic views of male womanhood and transsexualism with the chapter on October 8. Sister Jeannine, long an Alliance friend and supporter, has a Ph.D. in Education from the University of PA and is listed in the World Who's Who of Women In Education. She has also worked with Dignity, a Roman Catholic gay organization. Among other things, she informed the group that transsexualism, once viewed by church theology as being contrary to natural law, is no longer so viewed due to new interpretations of what is natural.

An interesting feature of this meeting was that it was held concurrently with a Unitarian parish lobster fest in the same physical facilities. The co-location and intermingling was a pleasant, new, enjoyable and educational experience for both groups. Should we propose a joint picnic or pot luck supper next year? Only two of our members got nervous about the crowd and turned around and left without coming in. Another arrived before we posted signs to our new meeting room and left because she could not find us. Altogether though, we had 15 male women, 6 femal women and 4 men in attendance:

Sister Jeannine Gramick	Mt. Rainer, Md
Dr. Jarosz	Johns Hopkins, Baltimore
Dr. Tom Mazur	Johns Hopkins, Balto.
Dick Rashke	
Joanne & Helen Silvero	39/44-MD-21061
Susan	Catonsville, Md.
Barbara B.	23-MD-21037
Irene & Nell R.	32/33-MD-20715
Rene C. & Jean R.	9/15-PA-17603
Betty Ann L. & Bea F.	18-VA-22312
Sally Ann K.	34-MD-21666
Bonnie Kelly	Bladensburg, Md.
Jenniffer Wiswell	36-MD-20810
Phyllis Dexter	21-MD-21654
Linda Martin	4-VA-22193
Michelle West	2-DC-20005
Diana D.	14-DC-21001
Liz W.	38-MD-21401
Sandy	Arlington, Va.
Linda Ann Stephens	1-MD-20810

The October 29 meeting included a broad ranging discussion of future plans. Special announcements on the Christmas Cocktail Party and Banquet on December 10 were handed out. The gala annual event sponsored by the chapter features an all one can eat hot buffet dinner (entrees of steamship beef and seafood creole), cash bar, door prizes, party favors, Christmas gift exchange, disco dancing, a professional female impersonation troupe, 50/50 raffle, presentation of annual awards, and an after dinner talk by Ms. Judy Stilwagon, a long time women's liberation activist and Alliance friend and supporter.

The Halloween Party 50/50 Raffle was won by Cathy P. who went home $10.50 richer. Party and program ideas for the coming year were discussed with a number of new ideas and several people volunteering to arrange programs. In addition to Dr. Jarosz, 5 female women and 13 male women (two as their "brothers") were present:

Susan Cannon	16-DC-20036
Denise Cook	3-DC-20009
Angela K.	62-MD-21053
Phyllis E.	15-DC-20016
Irene & Nell R.	32/33-MD-20715
Kathy & Sue Carter	7/8-MD-20716
Norberta T. Morgan	61-MD-21654
Sally A.	12-DC-20044
Linda Martin	4-VA-22193
Cathy P.	18-MD-21225
Dr. Jarosz	Johns Hopkins Univ.
J.K. & Gail R.	Washington, D.C.
Cori Bail	Baltimore, Md.
Phyllis&Marilyn Dexter	21/22-MD-21654
Linda Ann Stephens	1-MD-20810

Stay tuned! The next issue will tell about the Baltimore-DC Chapter's November Cosmetics Party and the annual Christmas Cocktail Party and Banquet on December 10.

Southwick sees both sides

The New Hampshire, Sept. 27, 1977

By Elizabeth Grimm

A man I know wakes up in the morning and often first looks in his mirror. "Oh, no," he sometimes says. "This is going to be an ugly day." Other days he is more satisfied. "This is a handsome one," he laughs.

For Wade Southwick, UNH '71, the decision is a little different. "For me, if I want to feel hansome, I can," he explains. "And if I want to be pretty, I can. I want to be able to have the changing identities." Southwick is a transvestite.

Not to be confused with transexualism, a transvestite, or cross-dresser, is a person (almost always male) who enjoys wearing clothing of the opposite sex.

The tall, big-boned 35 year-old looks like any male who walks down Main St., USA, in jeans and a pullover sweater, except for one thing. His fingernails are half an inch long and neatly manicured.

Southwick works part-time at a trailer camp in North Hampton, owned by his family, for seven months of the year.

In the winter he is a ski instructor at Waterville Valley ski area. During his seven on-and-off again years at UNH, Southwick was an active member of the outing club and president of the ski team for three years.

Sitting in the human sexuality center at Hood House, Southwick is quick to explain the important difference between the terms 'sex' and 'gender.'

"Sex is our biological make-up, our basic drives before man reinterprets them. And gender — that's all the elaboration upon these drives. If a person is called a 'feminine person,' we don't know the gender of that person."

Last March first, Southwich held a workshop during the afternoon of "sexuality day," held at the Memorial Union Building by the Human Sexuality Center. Twenty-five people packed his workshop and kept him talking overtime for two hours. Southwick will hold another workshop during this spring's "sexuality day" but also is available to talk with people through Health Educator Anne DuBois at Hood House.

"A lot of people are in the closet in their heads," says Southwick. "They feel guilty and are afraid they'll be caught and they want to talk about these feelings.

"Many wives and girlfriends of transvestites have difficulty dealing with it and want to talk about this. I tell them that it shouldn't be a threat. We're headed for a uni-genderal society without the absolute dictates of masculinity and femininity."

Southwick spends much of his time in Boston working with a group of people developing a program on gender phenomena. They are developing a hotline service, rap sessions, social program, and an information distribution center and educational program.

"There's lots of misinformation on the subject," he says. "Some people think that it is a sickness or that there are definite reasons for transvestitism . There isn't any one reason."

As a young child, Southwick says he perceived his family to be basically an unloving one. "I always wanted to be held. When I was younger it seemed that it was easier to be loved if you were a girl.

"When I was four or five I started playing dress-up with my sister and she used to treat me like a little sister. Then when I

was nine years old I put on a hula skirt for my Webelos badge in Cub Scouts and a mother called me pretty. I was embarrassed but I enjoyed feeling pretty."

Southwick says he had no qualms about cross-dressing until he was discovered. "I never had any identity problems. Before I was caught it never dawned on me. But at fourteen I got whipped by a non-understanding parent. And also I had outgrown my source of clothes from my sister. So I said 'to hell with it' for a number of years and transferred those feelings to nature and art."

He adds that he used to "sneak" every now and then until a couple of years ago. "There were a lot of things I considered good that I had been repressing. Like compassion, for example. You shouldn't feel like you should prove yourself and try to be masculine. I have no desire to prove myself to be one of the guys. I'm not one of the guys--I'm myself and I know me. I've come to like myself."

A few years ago Southwick fell in love with a woman who was a major turning point in his life. She helped him acknowledge his transvestitism and feel positively enough about himself to "come out of the closet." They were engaged to marry, but she died of leukemia last November.

The majority of transvestites are heterosexual. Southwick says he has always been envious of the female experience but enjoys and prefers the male experience. "I'd choose to be male. I'm envious of the female because I can't experience it. But as a male, that which is pleasurable for females I can enjoy without endangering my masculinity."

He shifts his hulking frame in the chair and continues. "If a person wants to appreciate a flower, to incorporate Eastern philosophy, it is not enough to see it. You must be it. If you want to appreciate the female experience and understand it, then this is how.

"I wanted to know why a woman cries at the movies. A woman can put on a negligee and that is a very sensual experience; she is heightening her own sensuality. A woman can take bubble baths. If you are a woman, you experience these feelings all the time and take it for granted that you are allowed to experience these sensual sides.

"As a male I consider myself extremely lucky to use this human capacity for sensuality that most men get beat out of them. Males are no less sensitive — they are just reconditioned.

"Transvestites don't have to put up with masculine pressures. There is no better relaxation on earth than becoming a different person. A lot of males would have a hard time coping with life if they couldn't do that.

"And Flip 'Geraldine' Wilson, Jack Lemmon, Tony Curtis, Jack Benny and Ray Bolger are all having fun when they impersonate females. Pretending is a turn-on. There is nothing wrong with acting out fantasies; it's just play-acting. It's the other people who bring something to it."

Southwick feels that it is feminine to look good and feel good. I glance down at my corduroys and sweatshirt, which I am wearing solely for comfort. He catches my eye. "Ugh . . ." I begin to hesitate. "About what I'm wearing, Wade, and what you are wearing there," I say as I point to the photograph on the table beside him that is reproduced for this paper.

"Um, well, Wade, I don't really know how to say this, but I never dress that glamorously. And to tell you the truth, no offense or anything, but, uh, that dress — isn't it sort of out of style?"

He bursts into laughter. "Yeah," he explains, "You see now the styles are becoming unisexual. Nowadays the trend for clothing is away from sex and more for comfort. You're right, the glamour queen is out of style. But the number one reason for cross-dressing is that it is a sexual turn-on.

"When transvestites are young, the dressing is the main turn-on. When you get older it becomes more transgenderal — that is, you get bored with just the sexual

Wade Southwick

Wade Southwick

part and the person enjoys male and female experiences for other reasons. For my dressing, I want to be the best I can. I am still in the learning process."

Wade Southwick becomes Merissa Sherrill Southwick when he cross-dresses. "My family prefers Merissa over me," he laughs. "She is nicer. I'm trying to keep her personality all the time."

Southwick says when he "came out," his sister didn't know what a transvestite was. "But she knew that my feelings have always been more intense than most. She perhaps was the one member of my family that had the most difficulty and didn't know how to take it at first. But there was never a confrontation. It was just a matter of getting used to it. And for my nieces, it's an interesting aspect that makes their uncle unique."

Southwick stands up and pulls on his sweater. When the snows come, Merissa Sherrill Southwick will be no longer. "I'm a transgenderal person but am still a very masculine person. I express this in the winter up at Waterville and don't practice too much, mostly out of preference. I don't care who knows. My attitude is that it's an incorporate part of my being. If people are curious they ask me. I've never had any problems and just go about my business, which is teaching skiing."

He acknowledges that he is an extremely unique position: self-employed and without a wife and children. "If the situation had been different, then I might have continued to repress myself or still transfer these feelings to art and nature."

He leans forward and says intently, "I see it as something beautiful and something better and I'm proud of it. This is reflected to others. If you come off embarrassed then other people will be. But I haven't been put down even though I'm prepared for it. And if some ignorant soul has to build up his ego — then he can go ahead.

—Washington Star Photographer John Bowden

TODAY'S GOOD FASHION NEWS: TENDER IS ALL RIGHT

The romantic blouse — tender in its fashion implications, innocent in its seduction — is back once again. Working their subtle magic here are a Bertha collar, ruffles, lace and covered buttons. Add wrist flouncing and tiny, stand-up collar and yolk — both lace edged — and this poly and cotton voile look shows why delicately Victorian blouses are giving tailored tops a ladylike run for the money this fall. From Saks Fifth Avenue, for $24.

— Eleni

Pat Arnolde's TALLS

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Southpark, Charlotte, N.C. 364-3825
Westview Mall, Baltimore 747-0671
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THE WASHINGTON POST
Thursday, July 21, 1977

FDA Requiring Direct Warning to Users of Estrogen

By Morton Mintz
Washington Post Staff Writer

The Food and Drug Administration ruled yesterday that the millions of middle-aged women who take drugs containing estrogen for a year or longer must be warned repeatedly that they are multiplying the normal risk of cancer of the uterus five to 10 times.

Starting Sept. 21, the FDA will require pharmacists and physicians who dispense estrogen — the female sex hormone—to provide users with a special plain-language brochure each time they fill a prescription.

The brochure rejects promotional claims, which manufacturers and others have made for more than a decade, that prolonged use of estrogen actually may prevent cancer and, in the process, keep users "feminine forever."

"You may have heard that taking estrogens for long periods (years) after the menopause will keep your skin soft and supple and keep you feeling young," the brochure says at one point. "There is no evidence that this is so, however, and such long-term treatment carries important risks."

Manufacturers will print the brochures. Ayerst Laboratories, a division of American Home Products Corp., makes the most widely prescribed brand, Premarin.

Currently, the FDA estimates, 3 million women take the drugs for both menopausal and post-menopausal symptoms. About twice as many were taking them in December, 1975, when three separate teams of scientists reported that long-term estrogen intake increases the risk of cancer of the endometrium (lining of the uterus).

FDA Commissioner Donald Kennedy said the agency is "concerned that estrogens are used too frequently and for too long, and our aim is that the information to be provided to patients will lead to better use of these drugs—including less pressure on physicians to prescribe them."

Last year the FDA tightened the estrogen prescribing instructions for physicians. Only once before, however, has the agency required that crucial facts about a prescription drug be provided directly to consumers.

The brochure, which will be published Friday in the Federal Register, says that estrogens have "important uses," but makes these key points:

- ". . . considerably more than half of all women undergoing the menopause have only mild symptoms or no symptons at all and therefore do not need estrogens. Other women may need estrogens for a few months," while they adjust to the lower estrogen levels naturally occurring in the body usually between ages 45 and 55.
- "Somethimes women experience nervous symptoms or depression during menopause. There is no evidence that estrogens are effective for such symptoms and they should not be used to treat them . . ."
- Because a postmenopausal estrogen user has five to 10 chances per 1,000 each year of getting endometrial cancer, compared with a nonuser's one per 1,000, "it is important to take estrogens only when you really need them."
- "The risk of this cancer is greater the longer estrogens are used and also seems to be greater when larger doses are taken. For this reason, it is important to take the lowest dose of estrogen that will control symptoms and to take it only as long as it is needed."
- In animals, estrogens can cause tumors to develop in the breast and other organs. "At present, there is no good evidence that women using estrogen in the menopause have an increased risk of such tumors, but there is no way yet to be sure they do not; and one study raises the possibility that use of estrogens in the meno-

pause may increase the risk of breast cancer may years later."

In a related action, the FDA proposed language for a user brochure for another class of hormones, the progestins. Some doctors use them to test for pregnancy, but, the agency said, they may injure the fetus—needlessly, because "more rapid methods for testing for pregnancy are now available."

The drugs also have been used to prevent miscarriage, but, the FDA said, "no adequate evidence is available to show that they are effective." In addition, birth defects can occur if a woman takes the drugs during the first four months of pregnancy, the proposed brochure warns.

The drugs are sold under brand names including Delatutin, Duphaston, Norlutate, Norlutin and Provera.

Eleanor McL., 2-NV-89502, a new Reno member looks like a million dollars and clearly has things together.

Hospital Sued Over Sex-Change Surgery

NASHVILLE, Sept. 21 (UPI) — Contending she's been left "half woman and half man" by Vanderbilt Hospital's refusal to complete a sex-change operation, Pat Lepley has filed suit seeking $500,000 damages.

The suit, which alleges Lepley underwent a hysterectomy and a mastectomy as steps toward a complete sex change, claims hospital officials refused further treatment because they felt it would not be covered by Medicare or Medicaid.

But Dr. David G. Bowers, a Vanderbilt plastic surgeon named in the suit, said the hospital decided Lepley should not go through with the operation because of "psychological problems."

"My understanding," he said, "is that she didn't end up being a good candidate for completing the procedure."

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Editor's Mailbag

Dear Editor,

I've just returned from my trip to Seattle and I am attempting to put my universe in order.

After our telephone conversation and considerable thought I've decided the only way to get results is to put myself out there. So enclosed is picture first one of myself and since that time I've shaved my arms and do my makeup better etc. and am told I pass. My beard being a heavy problem.

Please list me in the next listing with my phone no. 707-763-5165 "Jimi Rey" P.O. Box 941, Petaluma, Calif.

I'm single unattached, have my own home plus a lake cabin, have just made a firm decision to participate in crossdressing to the fullest extent I'm able and still allow my universe to function as usual.

This means to dress often to find and meet new and understanding companions and to participate in life. In order to receive, we must be willing to risk. That does not mean being heartless or stupid.

My desire is to meet sincere warm and loving people and give them the space to be who they are.

Thank you for caring and sharing with me.

Warmest Regards,

Jimi Rey
11-CA-94952

Dear Linda Ann,

Thank you (and the Alliance members) for having Terry and me at your picnic. May as well get rid of the bad news first...enclosed are a few photos, that is it, just a few. The pictures of you and Jennifer taken on the boat, were on another roll of film, and due to technical difficulties that roll did not come out. As bad as you may feel, I feel worse because I really thought I had a good shot or two. I sent copies of these pictures to Irene and Jennifer. In case they do not show up at your next meeting I thought the other members would like to see how their sisters look, and that I am not out to distort anyone.

Someone asked me on the boat what I "thought of all this." This may not be the best way to put it, but I am a photographer not a writer. I find you and your sisters as strange as men who go away for a weekend without their wife or girlfriend and hunt to kill, or men who play golf in funny clothes without the "women" or men who bowl or men who wear a suit and tie when it is 95 out. I find it less strange than a religion where women are not equal to men, and the ministers swear a life to celibacy (who would give food, a natural body function?)

I find you and your sisters much more acceptable than someone smoking a cigarette or cigar in an elevator or small room, much more acceptable than people who drink and want you to drink with them. If I had my rathers I would rather be with a group of TV's or TS's than with a group of cigar smoking, alcohol drinking people with sponges for minds.

I would like to come to another meeting, with the purpose of taking some more pictures and listening and talking with some members, now that I think I know who I want to talk with. Like people in general (you are a people) some of you are more interesting than others.

From what I saw of you (and listened to) I think you are more female than male...at least when you dress, and I do not know how often you do that. When you dress as a female you are one. Your body is also more on the female side, the texture and muscle quality of your skin and body. It appears to me you take famle hormones.

[Editor's Note: Thank you very much, Jay! You are very flattering. Actually I have never taken female hormones and do not plan to. They are not required for life as a male woman although the Alliance has a number of members who have used them at one time or another.]

You were dressed Saturday for a reason, and that is the impression I got from you.

When I was speaking with Cathy it was brought up that most women are TV's. They wear male clothing almost everyday, depending on the women. Women have much more of an outlet for their emotional feelings than men, and this is because of male domination. Men really fuck things up, especially for themselves.

This is even so in porn movies. Men get quite excited at seeing two women make love, that is still considered heterosexually acceptable to view, but two men making love is considered strictly gay and for a gay audience.

Men basically still wear the uniform of suit and tie to work, and to some eating establishments to be accepted while women can wear anything. Yet on the weekend they look like assholes in their ridiculous golf costumes and stamped out leisure suits...

Sincerely,
Jay Hirsh
New York City, N.Y.

Dearest Linda,

It was so nice to visit the group. My guest, Bea T., was delighted and charmed by your sisters. She is planning to come again with me to the next meeting.

Please find my application and [dues] check as promised. I find that your printed material is well done and I do subscribe to your overview approach, particularly to your link with NOW, etc.

Love,
Betty Ann L.
18-VA-22312

Dear Friends:

This to let you know that I have received and carefully read the contents of your 'introductory' package. A most comprehensive description of the aims and scope of your organization. I have sent to your 'library' for a copy of the Directory. I assure you that neither of my requests for information is out of morbid curiosity!

I shall be submitting my application for membership early in July. I hope that it will be approved.

A bit of trivia, if you don't mind? I was tickled no end to see the ad of Lane Bryant. Having had, in my wife's name, an active charge account with Lane Bryant, I have often wondered about the amount of business they have had with transvestites. Their Tall Gals catalog gets dog-eared in my house. I wonder if the founder ever had the thought that 'boys will be girls'. L.E. Massey and I are old friends, too.

My occupation, which of course will be in the application, allows me most of the time at home. Once the maintenance chores are done I can amuse myself by writing in rhyme. Who knows, I might become the Poetess Laureate of the Alliance. While written in jest, there are some bitter truths in it! Anyway, I hope it will be of some amusement to the staff.

Dee Dee W.
Hartford, CT

[Editor's Note: Dee Dee's 'Ode To The Closet Transvestite' is published on page of this issue. How many vote for Dee Dee as our new Poetess Laureate? Welcome aboard Dee Dee and many thanks for your Journal contributions!]

Dear Editor,

Please find enclosed a money order in the amount of $50.00 to cover 1 year membership, the balance to be donated to your organization, together with my membership application. I have also included a couple of snaps which you have my permission to use if you wish. Unfortunately, I do not have any in black & white.

I should probably give you a little more background. I have been involved in cross-dressing for many years, many many times I have tried to give it up, thrown all my clothes away, got myself

involved in all types of activities such as extra work and sports in the hope that if I kept myself occupied I would forget about it, but it hasn't worked. After a while the urge to dress up again would come back stronger than ever.

In the past few years it has taken a turn which I did not expect. Where I used to be happy if I had the chance to dress up once a month, now this second personality which I call Joanne has become more demanding. Dressing is only a small part of it. Joanne wants to be a woman for longer periods of time, as often as possible.

This left me very confused for a while. I thought I could possibly be a TS, but then again I have no desire to have my sex changed.

In reading some of your material I found that the term "male woman" fitted me perfectly. This is exactly how I feel.

I have tried to speak to my wife about it several times, but her reactions ranged from shock at first to ridicule, so we agreed not to talk about it. I don't want to hurt anyone nor do I want to be hurt. I have contacted a few TV clubs, but the response was entirely different from what I expected, so I just gave up until I received a letter from Micheline Johnson from Ottawa. She sounded like a very nice person and sent some of your literature. After a lot of thought I decided to send in my application. I would love to support your organization in every way I can.

I trust that you will understand my feelings and hoping to hear from you.

I remain,
Sincerely,
Joanne P.
1-BC-V2A6K4

liberté égalité sororité

Dear Editor,

I'd just like to say it feels terrific to be able to tell all my sisters in the Alliance that I have an understanding wife! My wife approves 100%

She is such a great help with makeup, wardrobe...I just pray most of my sisters who read this have just as an understanding wife as myself.

My theory is if your wife loves you, she'll stand by you no matter what.

I was so much in the closet, by myself, alone, before I told my wife, but I got up the courage to tell her and have I grown.

A wife can realy come in handy helping you match clothes, etc.

If it wasn't for my wife, I'd probably have an ulcer.

You who are afraid to tell your girlfriend, I've told some girlfriends before and have found 80% of the women will go for it.

I feel that's why there are those of you who are inactive. You are afraid to share. You are even a little bit selfish. I was afraid once, too. I know how it feels not to be able to tell anyone, not to get dressed up and go out.

You've just got to take the chance. (The odds are with you). Believe me, the prize is worth it.

Ratchal O.
7-PA-15220

RACHEL O, 7-PA-15216,
AN ACTIVE PITTSBURGH ALLIANCE
GAL MARRIED TO A VERY SUPPORTIVE WIFE.

SUE OSMAN,
30-PA-15216,
A VERY SUPPORTIVE WIFE

Dear Editor,

How have you been keeping lately?

I'm just fine. I'm writting a letter that I would like you to print in our next volume to see if I can get more people (sisters) to write to me, as I still want to get to know more people like myself. Also I'm sending a picture of myself to be published. It's not a very good one as it is a little dark. I had my wife take it though, not enthusiasticly.

Thank you, Love, Anita.

Dear Sisters of the Alliance:

I would like to get to know more of you than I do. Also would like to know if any of you correspond with any Canadian sisters from the western provinces of Canada. As I don't get much chance to get out to meet any one because I don't care to go to bars by myself and Red Deer is a small city that's still kind of backward compared to Calgary.

Now some things about myself. I'm 5'4", 125#, light brown hair, blue eyes, look good and feel good in femme clothes, wish I could a ear them every day but being married with two children is not easy to dress up in from of two young kids, that are old enough to know but not understand the true meaning of TVism/TSism. I would like to find a way to get hormones for myself, so that someday, some year, I may get what I want, to be a female (with surgery). I really enjoy being dressed up in feminine clothes, make up etc. I have a great hang-up on pierced ears and also have them myself, as I love to be as feminine as I can be with what I have.

Please Sisters (male or female) write to me with your views to see if I can straighten myself out one way or another. I also love to read about TV/TS, female impersonators, etc., but there is not too much information up here (Alberta) to be had on the subjects.

If some one would even tell me or send me some literature on the previous mentioned even if only on loan to read, pleas send them and I will read them and mail them back.

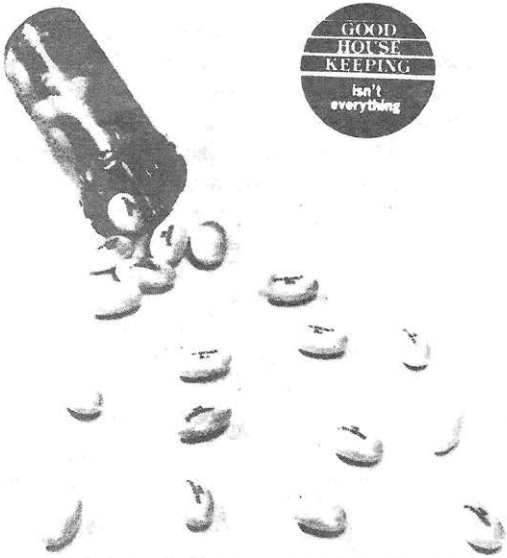
Also I would love to meet a woman that would want me to dress at all times as a woman, act as a woman and speak like a woman.

Would like to know also if any of you ever travel to western Canada?

Love, Anita Dawn
Please Write:
Ms. A.D. Milligan
16 Onslow Sq.
Red Deer, Alberta, Canada
T4N5C6
(1-AB-T4N5C6)

Anita Dawn Milligan, 1-AB-T4N5C6

Irene R., 32-MD-20715, lovely Maryland belle whose picture also graces our cover this issue.



ESTROGEN THERAPY: The Dangerous Road To Shangri-la

For more than a decade, promotional campaigns for estrogens and the preachings of a few physicians have tantalized millions of menopausal and postmenopausal women with the promise that they could remain healthy, youthful, and sensual the rest of their lives. The promise is summed up in the slogan "Feminine Forever," which is also the title of the book that helped spark the estrogen boom.

Estrogens have been prescribed for specific menopausal symptoms, such as hot flashes, for more than 35 years. But the use of estrogens nearly tripled between 1965 and 1975, as millions of healthy women were encouraged to take estrogen pills routinely as a cure-all for aging, for the degenerative diseases associated with aging, and for the emotional difficulties of middle age. Estrogens grew into an $80-million-a-year bonanza for the drug industry.

But the dream of femininity through drugs has turned into a nightmare for some women, and estrogen advertising no longer promises her everything. There is mounting evidence that long-term estrogen replacement therapy, instead of maintaining health and prolonging life, may lead to cancer, vascular disease, and to premature death.

ESTROGENS AND CANCER

Three separate studies published in the last year indicate that women who take estrogens are more likely to develop cancer of the uterine lining (endometrium) than are women who do not take them. In Seattle, the history of estrogen use (or nonuse) by 317 patients with endometrial cancer was compared with the estrogen history of 317 women with other forms of cancer. From the results, the investigators calculated that estrogen users are 4.5 times more likely to develop endometrial cancer than nonusers.

A study of women enrolled in a Los Angeles prepaid medical-care plan uncovered the same trend. After reviewing the histories of 94 women with endometrial cancer and 188 without, the researchers calculated that the risk of endometrial cancer was 7.6 times greater for those who used conjugated estrogens (the most popular type of estrogen product) than for the nonusers. The risk grew with duration of use. For women who took estrogens for seven or more years, it was 13.9 times greater than for nonusers.

In the third independent study, conducted at a California retirement community, women who had used estrogens were found to be eight times more likely to develop endometrial cancer than nonusers. The degree of risk appeared to increase with the dosage.

Although the recent retrospective studies do not prove that estrogen replacement therapy causes endometrial cancer, they indicate a strong association between the two—an association consistent with animal studies and human biology, and consistent with a reported rise in endometrial cancer rates in eight areas of the United States. In some areas, the incidence of endometrial cancer has been increasing at a rate of 10 per cent a year—an "increase in incidence of a magnitude that has rarely been paralleled in the history of cancer reporting in this country," says the research team headed by Dr. Noel Weiss of the University of Washington, Seattle. In general, the increase has been greatest in women 50 years old or older who are in the high socioeconomic groups—the women most likely to be taking estrogens.

According to Dr. Weiss, the normal risk of endometrial cancer in postmenopausal women who still have a uterus is one case per 1000 women per year. But with regular estrogen use, the risk grows to four to eight cases per 1000 per year. That's a greater risk, for older women, than the risk of breast cancer. The expected risk of endometrial cancer for a woman taking estrogens "is similar to a pack-a-day smoker's chance of acquiring lung cancer," writes Dr. Carol Proudfit in the Journal of the American Medical Association. She fears even more trouble ahead. Because of the time cancer takes to develop (perhaps a decade or more), and the surge in popularity of estrogens in the 1960's, "it is possible that we are just beginning to see the manifestations of years of estrogen treatment."

As this issue went to press, the U.S. Food and Drug Administration was proposing changes in estrogen drug labeling that would spell out for physicians the acceptable uses of estrogens, warn about the risk of endometrial cancer, and suggest the least hazardous treatment regimen for specific menopausal symptoms. The FDA also proposes including a package insert for the patient. The American College of Obstetricians and Gynecologists will issue its own recommendations. One director of that specialty organization advises using estrogens only to treat vasomotor symptoms (like hot flashes and sweats) and vaginal atrophy (drying, thinning, and loss of elasticity of the vaginal walls). Even then, he suggests using the lowest possible dose and stopping treatment after six months to see if symptoms persist.

Ironically, the studies that elicited this flurry of Governmental and professional caution have also been used as a sales tool by some estrogen manufacturers. Because those studies either did not mention specific products or implicated the most widely used brand of conjugated estrogens—*Premarin*, made by Ayerst Laboratories—some producers of other types of estrogen took heart, and advantage. Their recent advertisements seem to suggest that their products, unlike conjugated natural estrogens (whch are commonly derived from animal sources), are unrelated to increased cancer risk. For example, one ad for a synthetic conjugated estrogen product—*Genisis*, made by Organon, Inc.—heralds the "End of the age of 'natural' estrogens" and "The dawn of a new age." An ad for a synthetic single estrogen—*Estrace*, made by Mead Johnson Laboratories—called the product ". . . the major *human* estrogen . . . primary estrogen of the human ovary. . . ."

The Medical Letter, a respected independent publication on drug therapy, rejects any implication that one estrogen product is any safer than another. "The consensus of informed opinion is that no convincing evidence has demonstrated that any one type of synthetic or natural estrogen is less likely to be carcinogenic than any other," says The Medical Letter. All estrogen originating outside the body, whether natural, synthetic, conjugated, or unconjugated,

"should be considered potentially carcinogenic."

That potential cancer-causing action may not be limited to the lining of the uterus. Although several studies had suggested that estrogen replacement therapy may protect against breast cancer, the most recent report suggests the opposite. A study conducted by researchers from Harvard, the University of Louisville, and the National Cancer Institute indicated that the use of conjugated estrogens for the menopause by 1891 women was associated with 30 per cent more breast-cancer cases than would be expected in the general female population. Fifteen years after the start of estrogen therapy, breast cancer developed at twice the expected rate. Most of the women studied took low-dose tablets; those on higher-dose medication suffered a greater incidence of breast cancer.

"Our findings clearly indicate that menopausal estrogen use does not protect against breast cancer," according to the investigators. "Although the data do not by themselves indict exogenous estrogens [estrogen taken as medication] as a cause of breast cancer, they raise this risk as a definite possibility, and indicate that a thorough evaluation is necessary."

OTHER HAZARDS OF ESTROGEN

There are other known and suspected hazards of estrogen use. The Medical Letter notes such side effects as vaginal spotting or profuse bleeding, nausea, breast tenderness, fluid retention, and an increase in the size of pre-existing benign tumors of the uterus (fibroids). Postmenopausal vaginal bleeding (occurring after one year of no periods) is particularly troublesome because such abnormal bleeding could also signal cancer. To rule out a uterine malignancy, a diagnostic dilation and curettage has to be performed.

Estrogen users sometimes suffer from abdominal discomfort and menstrual-like cramps. More seriously, estrogen therapy may trigger high blood pressure. Estrogen also increases some clotting factors in the blood, thus raising the potential for heart attack and stroke. According to Dr. Kenneth Ryan of the Boston Hospital for Women, "Thromboembolism, coronary disease and stroke are estrogen-related risks . . . which when added to a putative cancer risk, put estrogens into a category of pharmacologic agents that must be used with extreme care."

As with all drugs, the risks of therapy must be weighed against the benefits. For some symptoms in some menopausal women, the benefits are substantial. However, there is as much medical controversy about the advantages of treatment as there is about the hazards. Much of the controversy centers on the nature of menopause itself.

Some doctors believe that the menopause is a hormone-deficiency disease and that women without estrogens are sexless castrates, requiring hormonal treatment until the end of life. Others, including CU's medical consultants, believe that menopause is not an illness but a normal stage of life, that femininity does not decline as hormones decline, and that most women do not need estrogen therapy to cope with the symptoms or aftermath of menopause.

THE BIOLOGY OF MENOPAUSE

Most women are between 40 and 55 years of age when they experience menopause, defined as the cessation of menstrual periods. The cause is a gradual decline, usually beginning in the mid-to-late 40's, in the ovaries' production of estrogens—hormones that promote secondary sex characteristics, control the menstrual cycle, and have a variety of other effects.

If the end of menstruation were the only consequence of estrogen decline, few women would complain, seek medical assistance, or take a pill a day to resume their monthly period. But many menopausal women report experiencing hot flashes, sometimes to a disabling degree. In a hot flash, a wave of heat, lasting a few seconds to a few minutes, spreads from the chest to the neck and head. It is usually accompanied by a "flush," or increasing reddening, sometimes followed by drenching sweats. Flashes can occur as often as 10 to 20 times a day. They are particularly common during sleep, resulting in restlessness, irritability, and fatigue. The flashes can cause embarrassment; they certainly cause discomfort. Flashes may recur for only a few weeks, or they may continue for years. In most cases, they cease within a year or two—but that can be a distressing year or two.

Although researchers are not sure that estrogen decline is the direct cause of hot flashes, they do know that estrogen replacement therapy usually eliminates them. In women who are not treated, the flashes eventually subside anyway.

Physicians *are* sure that a lack of estrogen can lead to atrophy of the vaginal walls in some postmenopausal women, generally a decade or two after menstruation ceases. The vagina becomes less elastic; its lining grows thinner; and vaginal secretions and lubrication decrease. Itching, burning, and pain during intercourse may accompany those changes. Vaginal atrophy can be reversed with estrogen replacement, either taken orally, by injection, or by a vaginal cream or a suppository. Local treatment is probably safer than oral medication or injections, say CU's consultants, because less estrogen may be absorbed into the system.

Hot flashes and atrophy of the vagina are the *only* physical signs distinctly characteristic of the menopause other than the cessation of menstrual periods. No more than 50 per cent of menopausal women experience hot flashes; a much smaller percentage experience atrophy of the vagina.

What makes some women more vulnerable than others? A woman's symptoms may be related to the extent and the rate of estrogen decline. Contrary to "feminine forever" reasoning, estrogen starvation does not usually follow closely on the heels of menopause. The adrenal glands also supply the body with some estrogen and may help cushion the fall in the ovaries' production of the hormone. In some women, the ovaries themselves continue to produce a low level of estrogen for many years beyond menopause. As many as two out of five women maintain moderate estrogen levels the rest of their lives. The rate of fall, as well as its extent, varies from woman to woman and may affect the severity of menopausal symptoms.

But there is a cluster of symptoms accompanying menopause that seems to be related more to a woman's emotional make-up than to her hormonal status. A menopausal woman might feel nervous, tired, and depressed. She may experience quick mood changes, laughing one minute and crying the next. She may suffer from insomnia. The woman who experiences *severe* psychological difficulty at menopause has probably experienced earlier emotional problems. "Menopause by itself does not induce depression, but in a depressive person, menopause will bring out a depression," according to Dr. Marvin Fogel of the Mt. Sinai Medical Center in New York. "Emotionally, it acts as a trigger for what is there already."

Menopause can be a difficult time for even the most stable individual. It is a dramatic and undeniable sign of aging and the loss of reproductive capacity—a stunning double blow in a society that emphasizes the desirability of youth, good looks and sensuality for everyone, and reproduction and child care for women. "Feminine forever" advocates prescribe long-term estrogen therapy to promote a youthful appearance and a "feeling of well-being," and to stave off the degenerative diseases of aging.

But aging is governed by such diverse factors as heredity, diet, and physical and emotional illness. According to medical experts, estrogen *cannot* prevent or reverse the aging process. For example, estrogen cannot retard the wrinkling of skin, nor is there proof that it can lengthen life. Some women may derive a feeling of well-being, but it's hard to evaluate so subjective a benefit.

Still another claim for estrogen replacement therapy is that it can prevent or delay coronary artery disease. Several surveys have shown that men in their 30's and 40's develop coronary artery disease much more frequently than women. The gap narrows in the 50's, and after 60 women catch up

with men. Could it be that estrogens provide some protection to premenopausal women, protection that declines with the fall in estrogen production?

Recently, that suggestion has been put aside. The current medical belief is that there is no sudden increase in heart disease in women after the menopause, but rather a steady increase with advancing age. According to current thinking, there is a particular, but still undefined, group of *men* who are vulnerable to premature coronary disease. It is that group that accounts for the statistical difference in heart attacks between men and women under 50, not a hormonal difference between the sexes.

If estrogens do have an effect on heart-attack incidence, it may be for the worse, as we noted earlier. Recent evidence indicates that estrogens, in the form of oral contraceptives, increase the incidence of heart attack in premenopausal women, especially those from 40 to 44 years of age. In a study of men with a previous heart attack, low doses of estrogen did not prevent a repeat attack, and high doses increased the likelihood of a repeat attack. The verdict is not yet in, but Dr. Louise Tyrer, an obstetrician-gynecologist with Planned Parenthood, said she would be very concerned about putting a woman who has high blood pressure or a family history of early heart attacks on estrogen replacement therapy.

OSTEOPOROSIS: AN UNRESOLVED ISSUE

The sharpest medical controversy surrounding estrogen therapy concerns its use to treat and prevent osteoporosis—the thinning and increased porosity of bone. About one out of four postmenopausal women eventually suffers from a serious form of this condition. It commonly produces backache and may lead to vertebral body collapse, a shortening or bending of the spine (the so-called dowager's hump), and hip fractures. Osteoporosis has been linked to lowered estrogen levels because its incidence rises after menopause, and it develops sooner and more severely in women whose ovaries are removed.

Yet osteoporosis occasionally occurs in young women with normal estrogen levels, and three out of four postmenopausal women remain free of the severe variety of the disease. Why some postmenopausal women become osteoporotic and some do not is unknown. Both groups may be equally estrogen-deficient. Estrogen deficiency is only one factor that tends to promote bone loss. Others may include physical inactivity, calcium and protein deprivation, and general malnutrition.

Estrogen therapy seems to relieve the pain of osteoporosis in some women, at least temporarily. But its value is uncertain because the pain may stop for a time even without drugs.

What about the use of estrogens for *preventing* osteoporosis—probably the most commonly given reason for long-term estrogen therapy? The FDA is currently reviewing the scientific evidence supporting that use. But according to the FDA Drug Bulletin, "Even if estrogens prove to be effective for this indication . . . long-term prophylactic use will require most careful individual consideration as well as the patient's fully informed consent."

There may be alternative ways to deal with osteoporosis. Experimental programs for prevention and treatment are in progress using calcium, fluoride, and vitamin D supplements, a high-protein diet, and exercise.

REDUCING THE RISKS

Just as physicians disagree on the reasons for administering estrogens, they disagree on the methods of administration. But with the recent evidence linking estrogen use to an increased risk of endometrial cancer, caution has become the key consideration, and certain general principles are emerging. Women who are candidates for estrogen therapy should be aware of those principles.

If a woman is started on estrogen replacement, her physician should first take a careful history and perform a thorough physical examination. (Existing liver disease, breast or uterine cancer, or heart disease would rule out estrogen therapy.) The physical exam should include a Pap smear for cancer detection. Some doctors also use the vaginal smear as an index of a woman's estrogen levels and then as a periodic check of the effectiveness of therapy. Other doctors depend on a woman's symptoms to determine the need for treatment, the lowest effective dose, and the proper time to discontinue treatment.

The estrogen regimen that appears least hazardous, according to the FDA, is "cyclic administration of the lowest effective dose for the shortest possible time with appropriate monitoring for endometrial cancer." If estrogen is prescribed, it is usually given orally for 21 days and then withheld for seven days. That week of rest prevents continuous estrogenic stimulation of the uterus and minimizes some undesirable side effects, such as breast tenderness and bloating. If bleeding occurs, it generally begins toward the end of the week without treatment. Such bleeding is known as estrogen withdrawal bleeding. Some doctors prescribe synthetic progesterone to estrogen patients to ensure complete shedding of the endometrium. (Progesterone is a hormone produced by the ovaries in women with normal menstrual cycles.) But the safety and benefits of the estrogen-progesterone regimen as replacement therapy have yet to be evaluated.

Whatever the regimen, all patients on estrogen replacement should be seen by a doctor regularly, usually at 6- to 12-month intervals. During the examinations, the doctor should note the effectiveness of treatment and perhaps establish a new minimum dose. An estrogen patient who experiences unscheduled vaginal bleeding should see her physician as soon as possible.

Because of the known and potential risks of estrogen replacement, CU's medical consultants advise that therapy be re-evaluated and discontinued periodically, to see if symptoms return. Vasomotor symptoms, such as flashes, usually need to be treated only for a period of months, according to the FDA, and rarely for longer than a year. (Atrophy of the vagina may require treatment for a much longer time, but estrogen-containing vaginal creams or suppositories are often sufficient.) In younger women who experience an artificial menopause after their ovaries have been removed, symptoms are generally more severe, and treatment may be required for a number of years.

A WOMAN'S RESPONSIBILITIES

The safe use of estrogen replacement therapy is not up to your doctor alone. If you are already taking estrogens for the menopause, or if your doctor or an acquaintance suggests taking estrogens, you can help protect your health by being informed, being wary, and heeding the following advice:

- If you are now taking estrogens, ask your physician whether a trial period without estrogens would be advisable for you. If the decision is to continue therapy, perhaps a lower dosage would still control your symptoms. Such a re-evaluation would be particularly useful if you have been on replacement therapy longer than a year. Don't feel that if you've been on estrogen replacement a long time the damage is already done and there's no use going off. One of the endometrial cancer studies revealed that the longer a woman stays unexposed to estrogen, the lower the risk of cancer becomes.
- Do not begin estrogen therapy without carefully weighing what it can do *for* you against what it can do *to* you. Because of the potential hazards, only severe symptoms warrant its use. Are your flashes, sweats, or other menopausal problems incapacitating? Can you learn to live with them? If you remember that they are transient, perhaps they will become tolerable. Caution is most important if you still have your uterus. (In a woman who has had a hysterectomy, endometrial cancer is no longer a concern.)
- If you and your doctor decide that estrogen therapy is essential for you, request the lowest effective dose. If your therapy requires that you take medication every day, ask

your doctor if a cyclic regimen—giving your body a respite from estrogen stimulation—can be prescribed. If more than a year goes by and your doctor has not suggested a trial period without medication, you should suggest it.

- During estrogen replacement therapy, periodic examinations are essential to monitor the effects of the drug, to decide whether the dosage should be changed, and to evaluate the need for continuing therapy. If you have vaginal bleeding at any time other than that scheduled for withdrawal bleeding, inform your doctor at once.
- Participate as a partner in deciding whether estrogen replacement therapy should be started and how it should proceed. Be sure your doctor explains the risks associated with treatment as well as what benefits you can expect. Discuss openly any reservations you might have. If your doctor does not show caution in the use of this potentially dangerous drug, seek the opinion of another doctor.

A closeup of Rene C., 9-PA-17602, an active member of the new Lancaster-York Alliance For Male Feminism.

Joanne P., 1-BC-V2A, a good looking woman who knows it, who enjoys it and who is proud of it.

Joanne P., 1-BC-V2A, our new Alliance housewife from the Pacific Northwest.

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THE FAYETTEVILLE OBSERVER
TUESDAY, MAY 17, 1977

Hospital Garb Traded For Female Fashions

By MARICA ELLIOTT
Staff Writer

If you had the chance to see Farrah Fawcett model a black negligee in a fashion show, would you go?

If your answer is yes, then you might just get that opportunity on May 24 when fabulous Farrah appears in a fashion benefit sponsored by operating room nurses and technicians.

If you think this is jive, you're right. It won't be the real Farrah of Charlie's Angels, but it will be her double in the person of Dr. Harold Newman, who will be wearing her famous hairstyle a la wig and "revealing" lingerie. And though it's only second best, she's bound or rather he is bound to give the audience a real charge.

With him will be a number of other doctors and medical personnel, also dressed as fashion-conscious women. They will have exchanged their white hospital garb for the latest in bikinis, evening gowns, wedding dresses and casual sportswear.

The unconventional fashion benefit will be held on May 24 at 8 p.m., at the Bordeaux Convention Center. It is being sponsored by the Association of Operating Room Nurses and the Association of Operating Room Technicians.

Proceeds will be used for educational purposes, to provide scholarships and to help absorb some of the costs of continuing education for operating room nurses and technicians.

Questions about who will participate bring giggles from show co-chairmen, Mrs. Lisa Jordan, certified operating room technician, and Mrs. Robert M. Hallbauer, registered nurse, who have been busy with "fitting" sessions.

Appearing with "Farrah" will be a six-foot, four-inch blushing bride, Dr. Gary Copeland, who will be wearing a white gown of Alencon lace with a Sweetheart neckline. The bride's father, Dr. James Askins , will be wearing blue overalls, and he will be carrying a shotgun. "Her" mother, Dr. Joe Hardison, will be wearing a black dress and veil, and "she'll be carrying a large handkerchief and will probably be crying a lot," said Mrs. Jordan.

Attired in pink and blue flowing jersey nightgowns which are gathered at the waist, will be bridesmaids, Dr. Harold Newman, Dr. Joe Meek, Dr. David Beckham, Dr. R. Carnevale, Dr. Tom Hurdle and Dr. C.T. Daniel. They will be carrying baskets of yellow daisies .

Dr. Ray Carnevale Gets New Hairdo With Aid Of Lisa Jordan

The Capitol at Bordeaux is supplying fashions for "A Day In The Life of An Everyday Housewife." Adrien Williams, professional humorist, will emcee. The show is open to the public, and admission will be charged.

Others, who will be showing what the "everyday housewife" would wear to go grocery shopping, attend a tea, play tennis, swim or go out for the evening, will be Dr. James Askins, Dr. Ed. Garber, Dr. Joe Hardison, Dr. Tom Hurdle, Dr. Sid Gardner, Dr. Dino Pantelakos and Dr. Luther Sappenfield. Ken Jackson, respiratory therapist, will don a bikini.

The reaction of the medical staff when they were first asked to help with the benefit was as hilarious as the show will be, according to Mrs. Jordan and Mrs. Hallbauer.

"At first, it was a little bit difficult to get them to do it," said Mrs. Jordan.

Mrs. Hallbauer said the responses were "'you're really going through with this?'

"One doctor said, 'oh, yes, I've modeled before.' I asked, 'women's clothes?' He said, 'Huh?' Some of them hemmed and hawed for a couple of weeks. They wanted to know, 'can I pay instead' or can I send my wife to pick out the clothes?' We said, no; they would have to pick out the clothes themselves.

"We have a great bunch; they're being very good sports. The fittings areysterical.

"Their first question is 'can I go out and look?' They walk out with trousers sticking out from nightgowns, and they look in the three-way mirror to see how it fits. They check their profiles like a lady would."

Some of the doctors feared that their patients might see them in the department store while they tried on fashions. Some wore dark shades, and others really didn't care to check their profiles.

Even though the two women have been helping with the fittings, they still aren't used to seeing the doctors attired in female fashions.

"These are men we work with and respect. It's hard to look at them in these clothes and not laugh. It's just hilarious," said Mrs. Hallbauer.

Plain and simply, "a low-cut formal with a hairy chest is a funny sight indeed," according to Mrs. Jordan. And that sight should provide quite a bit of good humor at the fashion show.

BLUSHING BRIDE—Deda Kelly helps Dr. Gary Copeland with a picture hat draped with illusion to complete the southern belle design of the gown. Dr. C.T. Daniel, looking on, is sure to be the hit of the reception in this vee-neck gown.

Dr. Harold Newman is fitted in a slinky negligee by Andrea Hallbauer.

Dr. Ed Garber (left) and Dr. C.T. Daniel Ready for Cocktails

Lisa Jordan And Dr. David Beckham Decide On Hem Leng

Betty Ann A., 1-IL-60552. This picture was taken on her 70th birthday. Doesn't she look great to be 70 years old? Many years! Bet she will still enjoy being Betty Ann when she is 100.

Ode To The Closet Transvestite

By Dee Dee W., 2-CT-06781

As a closet transvestite, one must work like a dog,
Get married, have children, live high off the hog.
Move to the suburbs to get away from the smog,
Be content in life's wheel as a functioning cog.

As a closet transvestite, one must not expose
Any interest at all in sheer panty hose.
Must protect his male image as he all too well knows
Of the slings and the arrows that reward 'one of those.'

As a closet transvestite, cross-dressing forsooth,
Is like strawberry shortcake to a very sweet tooth.
Like taking a drink from the fountain of youth,
Equates like a bullfighter's moment of truth.

As a closet transvestite, one never talks
About dreams of dressing, taking walks
In high heeled shoes. Where no one mocks
The femmiphiles in fashion's frocks.

As a closet transvestite, one waits until night,
Pulls down the curtains, locks ev'ry door tight.
Then it's lipstick and lashes, a dress that's just right,
And exist for the moment in utter delight.

As a closet transvestite, alack and alas,
My only companion is my looking glass!
How often I think, as I mow the grass,
*Being a male is a pain in the ***!*

Albany, June 77 Party

Ellen Goodman

'Sissy' Just Isn't Anymore as Long as Jocks Endorse It

Boston.

The whole thing happened in one of those two-story planes they build to make you forget that you're 5 miles up in the air. I had just settled into a chair and opened a magazine when who should appear but Jo Jo White, standing half-naked in his little white cotton underpants with a towel wrapped around his neck.

Now, let me explain. I am not the sort of person who even fantasizes about encountering strange men in their underwear on planes, trains, etc. The one time I was sent to interview a houseful of nudists, I broke the Guinness Book of Records for maintaining eye contact. I leave the rest to Erica Jong, who has a less conventional fear of flying than I do.

But Jo Jo was not alone. He was to the right of Denis Potvin and above Pete Rose, happily occupying a page in the middle of a respectable national newsweekly, which was not called *Viva*. In short, there were eight male athletes posing in their little nothings for a Jockey ad over the cutline that read: "Take away Their Uniforms and Who Are They?"

Well, it seems that Ken Anderson is a Fun Top and Jim Hart is a Slim Guy Boxer. The only one who was fit to be seen in public was Jamaal Wilkes, who looked as if he were merely wearing a uniform of a different color. As for Jim Palmer's teeny-weeny green print bikini, his Skants were a scandal. Is it possible that he was not raised under the 11th commandment: Thou Shalt Not Go Out of the House in Unseemly Undergarments Lest Thou Get in an Accident.

What were these jocks for Jockey doing —aside from earning a lifetime supply of undies? What were they doing wearing hockey gloves and blue denim bikinis in front of millions of Americans?

They were being paid to convince the rest of the male population that it's O.K. to buy items they wouldn't have been caught dead in at 15. At that age, the average American male already had a conditioned response to anything that looked fancy, sexy or smelled good. That response was to the single word imprinted in the playgrounds of their minds: sissy.

As the mere sound of sibilant S, strong men pulled their bodies into gray flannel like terrified turtles, shaved their heads to within an inch of their lives and learned how to remove each other's teeth with a single blow.

But over the past handful years, men have been urged by women and assorted merchants to adopt a variety of products that once were verboten. The more questionable the origin of the product, the more they were sold as maler than male.

Pocketbooks were not, gasp, pocketbooks, but tote bags and carry-alls designed to look like saddle bags for the Marlboro man's horse, or tackle boxes for the fisherman. Men wrote articles to each other about how to carry them—carefully —in a distinctively male over-the-shoulder fashion, as opposed to a female over-the-shoulder fashion.

It was obvious that if you wanted to sell men anything even vaguely neuter, you had to inject it with visual and verbal testosterone. Jewelry, for instance, could be sold either in the garrote chain style or as medallions heavy enough to double as a mace. Rings were popular in the brass-knuckle fashion; bracelets that looked like recycled handcuffs were also all right.

Perfume—forgive me—male cologne, was repackaged and re-baptized. They became things like promise-him-anything-but-give-him-Hai Karate. And then came Macho, a perfume in a bottle the shape of which will never appear in this family newspaper.

But nothing has worked quite as well in the fight against sissy stuff as the jock. No one kicks sand in the face of a superstar. Dave Kopay's efforts notwithstanding, an athletic endorsement is as effective in fighting the old conditioned response as an Anita Bryant seal of approval.

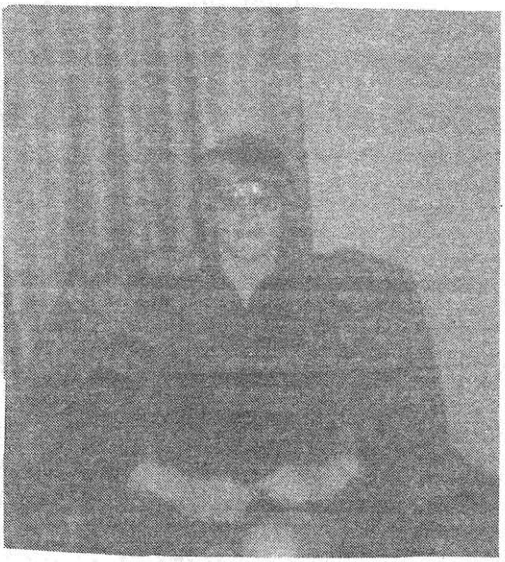
Joe Namath sold pantyhose before he turned brute, or should I say, Brut. Pete Rose took to Aqua Velva before he stripped down to his Metre Briefs. (From the look of him in the briefs, I suspect he was drinking the Aqua Velva when he signed the modeling contract.)

The more things change in male decor, the more they stay the same in the ads. The more androgynous the product, the more macho the role-model. So progress inches forward, or downward, to the Tropez Brief.

As a trend-watcher might suggest, it's only a matter of time before we have Dr. Julius Erving, the basketball superstar, selling eye-liner under the brand-name Sado. In the meantime I wish Jo Jo White's mother would cover the poor boy up. It must be cold in a Boeing 747 with just a pair of white briefs and towel over your shoulder.

Kathy Ann Ragan, 25-PA-17543, the lovely, sexy, sensuous and sensitive leader of The Lancaster-York Alliance For Male Feminism relaxes after a hard day promoting this new Alliance chapter.

Trina Wood, 7-TX-78209, an understanding girl-friend par excellence!



Janice B. Trotter, 4-ON-L5A, a Canadian Alliance sister from Ontario.

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SANDRA MESICS' THOUGHTS ON THE SUICIDE OF ROMAINE ATURA

I was greatly saddened to hear of the tragic death of Romaine Atura, a young post-operative transsexual from New York. Her death was a suicide; she jumped off the roof of a building and fell to her death. The reason why she chose to die was obvious to those of us who knew her: She was unhappy with the results of her sex reassignment surgery.

When something like this occurs, our first instinct is to find fault. Was it the fault of the doctor who performed the surgery, or was it perhaps due to the psychiatrist who approved her for surgery? Was it Romaine's friends, who may have influenced her to go ahead and have it done, or was it Romaine's fault for acting too hastily?

I can feel personally at fault here, since a mutual friend called me a short time before Romaine's death, telling me that she was despondent after her surgery, and asking me to call her and speak to her about it, since I had just gone through the change myself several months previously. I promised to, but got sidetracked for reasons unknown. By the time I got around to calling, I was greeted with the news of her death. It is hard for me not to feel some responsibility for Romaine's death — perhaps I could have helped.

Since I am what might be considered a spokesperson for the transsexual cause, people immediately assume that I am pro-sex for anybody who wants one. This couldn't be farther from the truth. I am highly critical about the whole process, and now that I have gone through the whole thing, I feel that I can talk from experience. It isn't for everyone.

When I met Romaine, I was all set to enter the hospital — in fact it was about two weeks previous to my own operation. She excitedly asked me about the whole thing, telling me that she was considering such a move. Looking at Romaine, it was hard to tell her that it wasn't for her — she was lovely, completely passable as a woman, soft-spoken, intelligent, and had a secure job and living arrangement. On the surface, she seemed an ideal candidate. However, I resisted my initial urge to tell her

to go ahead — that was not for me to do and, as I have always done, I spoke to her in realistic terms about what she could expect.

When I had finished speaking to her, I thought in my mind that she was not mentally prepared to take the step. And so, several months later, I was surprised to hear that she was already out of the hospital, living as a complete woman. She had moved through the process very quickly — perhaps all too quickly.

No physician will operate on a transsexual without a psychiatric recommendation. Unfortunately, these "evaluations" are often hardly more than a brief fifty-minute interview with a psychiatrist chosen by the surgeon. There is only so much information that can come out in such a short period of time, and most transsexuals who are even remotely aware of their condition know the textbook answers to the questions that the shrink will be asking them. It is all too easy to snow them. As one TS put it, "You plunk down the seventy-five dollars and they approve you."

I fear that this is what happened in Romaine's case and happens all too often in this situation. She knew all the answers, but I'm sure that until the day she went into the hospital, she had her doubts about the whole thing. But can you blame the physician? I was operated on by the same doctor who performed Romaine's surgery and I can attest to his technical competence. I have known about six other transsexuals who had their surgery performed by this man, and there was not one botched job in the lot. I found him to be a very warm, compassionate man, who feels that he genuinely performing a much needed service for people with gender problems. Sure, he's making money by the fistful, but he could do just as well performing nose jobs on wealthy society women.

Romaine committed suicide within two months of her surgery, having had sex, but not having enjoyed it. She simply felt that there was no feeling in her vagina, and she panicked. In this situation, I feel she jumped the gun — two months of healing after such major surgery is too little time to expect any sort of sensation. Speaking very personally and frankly, I will say that in my case, I wasn't able to enjoy sex for three or four months, and even now, over a year after my surgery, I am not orgasmic one hundred percent of the time (but then again, who is?). I believe that if Romaine had not expected in-

stant results, she might still be alive today.

Technically, the surgical procedure is not perfect but it is close enough not to present a major problem if the person is willing to make sacrifices. When I went into the hospital, I had convinced myself that there was a possibility that I might never be able to have sex again, that I might never have another orgasm, that I might always have gynecological problems. And yet I felt that it would all be worth it. I had done a lot of mental preparation and a couple of years of soul-searching.

My psychiatric evaluation was done by a team of psychologists and psychiatrists over a period of six months. I was interviewed for hours on end, being judged not only by my answers but by my appearance, manner, and degree of adjustment in the female role. I was given a three-hour battery of psychological tests that had me mentally and physically drained by the time I had completed them. These doctors did not particularly want to see the patient get the surgery, so when they told me that I would benefit from it, I knew that I had a good chance, but I really didn't need them to tell me that. I knew all the textbook answers that I could have given them, but if I had, who would I have been fooling? Only myself.

There used to be a lot of pressure among TVs, drag queens, and transsexuals to go ahead and have the surgery. You might say that for awhile in this subculture sex change was the vogue. However, now several years later, a lot of these people are lamenting the fact that they went through with the surgery. It's no longer being viewed as the cure for being gay — it is a deadly trap. Doctors are now alarmed at the high suicide rate among post-operative transsexuals.

What is the solution? I feel that the answer lies in screening applicants for the surgery more closely, getting back to the principles set down by Johns Hopkins Hospital : at least a year of living as a woman. During this time the applicant is interviewed by psychiatrists **and other post-operative transsexuals** who can tell the person what to expect. Follow-up studied on post-op transsexuals are badly needed to fill in some of the voids in information about what happens to these people.

However, all this is too late to help Romaine and the many others like her. Her life was a tragedy and her death was needless. I can only hope that at last she has found peace.

KAYHAN INTERNATIONAL, October 29,1977.

Transsexual discrimination

By Shearlean Duke

LOS ANGELES.

CHIEF Petty Officer Michael Clark spent nearly 12 years in the navy. He accumulated a folder full of letters of commendation and was well liked by his colleagues.

Sergeant 1st Class Joanna Clark spent nearly two years in the U.S. Army Reserve. She, too, accumulated a folder full of letters of commendation and was well liked by her colleagues.

Michael Clark and Joanna Clark are the same person — and possibly the only person in the U.S. ever to serve in one branch of armed services as a man and in another branch as a woman.

Chief Petty Officer Michael Clark, who spent 12 years in the United States Navy before sex change surgery.

Michael Clark served in the navy from 1957-1969, when he was honorably discharged. In 1975 he underwent a sex change operation and became — legally and biologically — a woman named Joanna Clark.

Several months following the surgery, Miss Clark enlisted in the U.S. Army Reserve, where she served for nearly 19 months as a Sergeant First Class.

She joined the reserve because she had liked the military and, with nearly 16 years in the U.S. Naval Reserve, hoped to accumulate a few more years of service toward military retirement benefits.

When Miss Clark walked into the Army Reserve Centre in nearby Los Alamitos nearly two years ago, she did not hide the fact that she was a transsexual — and Lieutenant Colonel Art Woldford, U.S. Army (retired), an administrator for the 49th Medical Battalion assured her the sex-change operation didn't matter.

"I'm the one who enlisted her, and she made absolutely no attempt to hide her background," Wolford said recently, a few days before he received orders from 6th Army Headquarters not to discuss the case with the press.

"It didn't bother me one bit. She was a person qualified to do the job we needed done."

But Wolford, a civilian employed by the Department of the Army, obviously was wrong about the sex-change operation not mat-

Working For A Uni-Gender Feminist World

The best man for a job . . . may be a

WOMAN

tering. Officially, the army took a dim view of having an admitted transsexual in its ranks.

So on August, 10, 1977 — after 19 months of army service — Sergeant Clark received a letter informing her she was being released.

The official statement from the office of the Chief of Legislative Liaison reads:

"In accordance with current Army Regulation 40-501 an individual with abnormalities and defects of the genitalia such as change of sex is disqualified for enlistment. It is the Department of Army policy not to waive this disqualification due to the requirement for continuing maintenance therapy and the high incidence of psychological problems associated with the condition."

Why was Joanna Clark allowed to serve for 19 months before the regulation was enforced?

The answer to that question is under investigation by the Army Inspector General's Office in Washington, D.C.

"We won't get any comment from them until that investigation is complete," said Lieutenant Colonel High Waite, chief of the news branch in the army's office of public affairs.

When that investigation will be completed Waite does not know.

All this has left Joanna Clark confused and angry. She says that as long as she is able to do her job she should be allowed to stay in the Reserve.

She had hoped to spend enough time in reserve duty to bring her total number of years of military service to 20, entitling her to retirement benefits.

Joanna Clark today, after her release from the U.S. Ar Reserve. Below, Sergeant First Class Joanna Clark.

Miss Clark, who is doing clerical work through a temporary employment agency in nearby Orange County, has beeen trying to fight the army's decision to release her.

Miss Clark believes that Army Regulation 40-501 should be done away with — or, at least, waived in her case.

There are others who share her opinion.

One of them is Captain J.C. Smith, a navy doctor in Long Beach who is often called up to do army physicals, after being asked to complete a physical examination of Miss Clark in July, Smith recommended she be allowed to remain in the service.

"I found no reason, physically or mentally, that she couldn't perform her duties," Smith, a doctor at the Naval Regional Medical Centre, told the Los Angeles Times. "Personally, of course, it

was my feeling that since they (the army) knew about her and she had served that long — she wasn't trying to hide anything — I felt a waiver could be granted. She is able to do her job and she has shown she can do her job. A waiver could be made, but it would have to come from the army."

Wolford, the man who signed Miss Clark up for the Reserve, also believes she should be allowed to stay.

Wolford, a 30-year army veteran, is one of Miss Clark's most enthusiastic supporters.

Miss Clark believes the army's position not to grant a waiver is based on fear and the need to save face.

"I served with honour and distinction during my army reserve career," she said, "without physical or psychiatric impairment. This is borne out by the numerous letters of commendation I received."

Miss Clark, 39, is a thoughtful, articulate woman with red hair and blue eyes. She is 1.8 metres tall and weighs nearly 86 kilograms.

Her sex-change operation two years ago was the result of years of frustration and confusion, she says. "As far back as I could remember, I couldn't understand what it was I felt or why I felt that way," Miss Clark said. "All I knew was that I was different from other boys because I didn't enjoy the things they did. I did do them, of course. Society is a very good teacher in making you conform. So I learned very quickly the things I could do and the things I couldn't do."

Miss Clark claims that it was attempts at conformity that led her into the unsuccessful marriages, one of which resulted in a son, who is 16.

Her first marriage, right out of secondary school, lasted for 11 years. "I can describe it simply," Miss Clark said. "I made her miserable and she made me miserable. But in my generation you stayed married, regardless."

But Miss Clark's marriage did eventually end in divorce in 1970. She says she made a last-ditch effort to conform by remarrying two years later.

"We had problems, too," she recalled. "and I finally told her that I thought I was a transsexual. And she said, 'What's that?' and I said, 'I think I'm just as female as you, inside.'"

After making that admission, Miss Clark went to see a psychiatrist and eventually entered a programme for transsexuals at Stanford University, where she underwent psychiatric evaluation.

— LAT

Mary Elizabeth Parker, 2-AZ-85040, a new Alliance member from Phoenix. Smile gal!

MIXED SINGLES

By Andrew Kopkind

The sports page epic of Renee Richards raises prickly questions of identity, of masculinity and femininity, of body and soul - so sensational because they are so confounding and even threatening.

[Reprinted from New Times]

It was one of those oppressive mid-Atlantic afternoons in August, when just going outside is like walking into somebody's mouth. The spectators around the tournament court at the Orange (N.J.) Lawn Tennis Club were soggy enough simply from sitting in the stands. Down below, Renee Richards was melting like the Witch of the West, her short hair plastered to her pate, an *haute couture* tennis frock drenched and clinging to her large, lean figure. But despite the dismal day, she was exuberant as she defeated Kathy Harter, a well-regarded opponent a dozen years her junior. As the bleachers cheered her victory, Richards strode to the edge of the court and placed a long arm around Harter's shoulders.

"Kathy, you're one hell of a girl," she growled warmly. Harter smiled appreciatively and looked up into Richards' face: "You are too, Renee."

It was not an easy compliment for Harter to return. Richards' fast shuffle of her cards of identity from Jack to Queen convinces old friends and a few sexually progressive tennis pros. But the established stars, such as Chris Evert, and the controlling organizations, such as the Women's Tennis Association, still think of Renee as Dick.

Dick Raskind, M.D., started playing tennis as a kid, captained the Yale (Class of '56) tennis team, advanced to a top seed in the national men's over-35 rankings, narrowly missed a Forest Hills championship and meanwhile built a lucrative and respected practice as an ophthalmologist. Finally last summer, Raskind gave up the retreating ghost of his masculinity and underwent the surgery which exchanged his male for female genital and urological equipment. Dick was born again as Renee (literally, "reborn" in French) and moved to Newport Beach, Calif., where she began new ophthalmological and tennis careers—this time in the women's ranks.

For many months Renee Richards kept her new profile low. She treated her patients and played the odd tennis set at the John Wayne Tennis Club. But at a match earlier this summer in La Jolla, a spectator "read" Renee (in the jargon of sexual closetry) as her former male incarnation, and a San Diego newscaster started running with the tip. Now the ball was in her court.

"I pleaded with the TV man for hours," Richards told me recently. "I asked him not to go on the air with the story, but he did. Even so, I could have buried it. It wasn't national news. My father and my sister urged me to wait it out, until the story died off and I could go back to leading my life again. I had that choice."

But because of the "zillions of letters" from sexually oppressed sympathizers seeking a spokesperson, or because of her own need for real-life validation, Richards went public. She applied to compete in the big women's matches of the year, found an old tennis friend who let her enter the tournament he was organizing at Orange Lawn and volleyed with press and players there with equal agility. She lost the $1,800 first prize money in the semifinals, after a sleepless week of hounding by an insidiously curious press. But a few days later she won more than $100,000 from Random House and Ballantine Books at an "auction" for rights to her autobiography, whereupon she announced she

would take a year off from eye-doctoring in favor of tennis and other pursuits. At 42, she may find the other pursuits more rewarding than the tennis. But all things considered, the score surely stands: Advantage, Richards.

Even in a season crowded with ample subjects for gossip, Renee Richards is a commanding media phenomenon. The transsexual process changed her into an *event* as well as a woman, and made transsexualism itself a hot topic. TV's *Medical Center* unzipped its sex-change two-parter as a September rerun. In Emeryville, California, female-to-male transsexual gym teacher Steve Dain won the support of 175 students and parents protesting his arrest for "willful disturbance" of a teachers' meeting after he asked to resume his teaching career as a man. Richards herself turned up on a New York television news-talk show before her publicity agent began worrying that she was giving away vauable details of her story that might more profitably be saved for "the book."

Richards held up well under the barrage, but the klieg lights were hot and the headlines assaulted a woman whose very life would titillate the masses and make moralists of improbable observers. "Well, a bad joke ended today when Renee Richards lost. . . ," one television sports-reader said. "Renee Richards, who made a mockery of women's tennis . . . ," another began.

"The vast majority of transsexuals prefer to merge back into society as women," Richards said softly in a talk we had in her Madison Avenue hotel suite during the Tennis Week week. "They don't want to be something special. But I'm an event because I have become open about it."

Now people gawk at her in the streets and old friends gossip, but Richards maintains a single-minded sense of control over her social environment. She finds comfort in the kindness of strangers: "Just the other day in my old neighborhood a man recognized me, stopped his car, jumped out, ran over and shook my hand," she reported. Former tennis buddies still call for games; one friend had her over for a set at an exclusive Manhattan club, causing "quite a sensation" at courtside. But she keeps up the friendships she values from the old days and forms new ones (there are rumors of a romantic liaison with a man in California) despite the celebrity.

"I feel the pressure tremendously," she allowed. "I feel I have to behave perfectly, to be a model of decorum. Then I go home and I *don't* behave so perfectly," she grinned. "At practice yesterday, I whacked the ball so hard against the clubhouse wall I knocked down a picture on the inside. You see, I'm damned if I do, damned if I don't in this thing. If I don't win a tournament, then I'm a flash in the pan. If I do win, then everyone will say I have a tremendous advantage because I used to be a man."

Tennis is a way to prove her legitimacy as well as a danger to it. "It's my vehicle for expressing the social issues: that a transsexual is a woman in every conceivable way and is entitled to the same rights that every woman ought to have, and also that a person in a sexual minority should be allowed to live without social ostracism, and not be deprived of gainful employment." But tennis, as she said later, is also "my game." The tennis fixation occupies an emotional place second only to the transsexual urge. Both are deeply engrained. When Richards' father—also a physician (her mother, a psychiatrist, died in 1961)—saw her for the first time "as a woman," the subject was, as it always had been, tennis.

"He's a real macho guy," she said of her father, "a big bear. I had an intuition he'd be in the stands that day, and he was. We were close, but we always dodged the sexual issue. After the match, he came over and said just what I knew he would: 'You don't get down to hit those low balls,' and 'Throw the ball up higher when you serve.'"

To smooth the way in her new world, Richards travels with a public relations agent, a slightly unbelievable Southern Californian named Dave Buffum, who describes himself as director of "a private clinic and an educational foundation." Buffum's brash disingenuousness grates against Richards' gentle sincerity. During the morning I spent with Richards in her hotel, Buffum flew into violent telephone tantrums in a corner of the room, disrupting our conversation with noisy threats and obscenities over some snafu in scheduling a tennis match. Richards sat quietly, waited out the torrent of abuse Buffum was dishing over the receiver and asked him gently but firmly to take his calls in another room.

The publicity Richards generates wherever she goes says as much about the gossipers as the gossipee. Just her existence as a changeling raises prickly questions of identity, of masculinity and femininity, of body and soul—so sensational because they are so confounding and, in a sense, threatening. Some people have always chosen extraordinary sexual styles, manners and affects. But gender was never something to pick and choose, like items on a supermarket shelf. Even after Christine Jorgensen and Jan Morris—two of the very small number of transsexuals who have "become open"—gender remains one of the immutables of existence. As Richards learned soon enough, society still needs to cling to some test that will "prove" it is impossible to change sex in midstream.

Renee Richards presents herself as a living contradiction of that proposition that gender is parceled out one-to-a-customer at birth and cannot be traded in thereafter for an exciting new model. "I've known I was a transsexual ever since I was an infant," she insists. "I've had an absolutely overwhelming desire to become the woman I felt I am. It's a kind of emotional malignancy—not a disease, of course—but the desire grows and grows and there's no stopping it. I tried for years and years and years to deny it. I tried to grow a beard. I joined the Navy. I tried psychoanalysis, marriage, having a child—all kinds of male endeavors."

Some of those attempts worked for a while to distract or deflect the transsexual urge, but in time the obses-

PHOTOGRAPH BY LEO CHOPLIN/BLACK STAR

The talk is tennis: after a New Jersey match, Richards chats with a young opponent. When Renee's father dropped by, he counseled her on her serve.

sion won. "If a person is a true transsexual," Richards said firmly, "and if he or she has the wherewithal to do it—the money and the knowledge—they'll eventually have the surgery, no matter how hard they may have tried to avoid it."

Like many children with less exotic sexual ambivalence, Dick dealt with his doubts by overcompensation. He accepted his father's compulsive tennis instruction and used his early sports prowess for entree into the community of male athletes. A classmate from Horace Mann High School in New York, who also was a New Hampshire summer camp-mate, remembers young Dick as "very graceful, but not effeminate, an average kind of guy—except that he had the only big-game tennis serve at Camp Moosilauke." Raskind went on to Yale, dated the prettiest New Haven girls, then did his medical school stint in Rochester, N.Y. Later, he served in a Naval hospital, taught at Cornell Medical School and earned a national reputation as an expert on the surgical correction of cross-eyes in children.

From time to time, the "malignant" compulsion to become the woman he felt he was almost overtook Dick. In 1967 he flew to Casablanca for "the operation" but recoiled at the filthy hospital conditions and the lack of postoperative care. He came back depressed and despairing of relief. It was then that he met Barbara, a generation younger and, everyone agrees, singularly beautiful. They eventually married.

"Dick and Barbara were mirror images of each other," Renee said, speaking of her earlier self in a curious grammatical form which might be called the Third Person Distant. Her bibliography as well as her liftstyle had to conform to the grammar: During the transition period, she "collaborated" with Dick. Her curriculum vitae lists eight learned publications authored by Raskind, R.H.; the ninth and tenth are by Raskind, R.H. and Richards, Renee. Now the collaboration is ended and she can publish all by herself. "Dick" was obviously absent from the hotel room where Renee and I talked about his life with Barbara; Renee seemed to refer to him as to a cousin of whom she was fond, but whom she rarely saw—anymore.

"Dick was a pretty man at that time—that is, a very good looking man," she continued, catching herself and smiling slightly. No immodesty there: after all, Dick was somebody else, somewhere else. "There was instant rapport."

Whatever it was, it did not last very long. Dick was on his way to becoming Renee, and Barbara gave up hope of keeping her husband a man. A somewhat waspish acquaintance was less charitable in describing the end of the marriage: "Dick wasn't interested. Barbara was pleasant, terribly attractive, but hardly able to cope with the grocery shopping made less transsexualism." Shortly after the birth of their son, Nicki, Dick began the long process of medical treatments and psychological preparations which climaxed in the sex-reassignment surgery, and the couple separated.

As a physician and surgeon, Raskind knew the difficulties and risks of the entire transsexual procedure. Most clinics and attending doctors require the prospective surgical patient to undergo years of hormone treatment before any irreversible cutting is done. At the same time, the patient customarily "transvests"—cross-dresses and assumes the mannerisms and habits of the desired sexual identity.

For Raskind, it was an elaborate charade. At first he was Dick by day and went in "drag" as Renee after office hours. Later, when the estrogen hormones began enlarging his breasts and shifting his shape, it was Renee who donned male drag for work, complete with a man's wig and conservative suits. Raskind's colleagues noticed a certain rise in the pitch of his voice (actually, an

acquired talent and not the result of the estrogen) and the changes in his figure. Never guessing what he was going through, they postulated that he had cancer of the larynx and was taking hormones for treatment.

PHOTOGRAPH BY CENTRAL PRESS/PICTORIAL PARADE

The pioneer nears 50: Richards' polite reception contrasts with that accorded Christine Jorgensen, the first transsexual, who was seen as a freak.

Estrogen does not usually remove a man's beard or body hair, so electrolysis is invariably a painful necessity for male transsexuals. The female hormone does increase breast size (and some enlargement remains even if treatment is stopped), but silicone implants are sometimes added. Estrogen causes impotence in the male; and it must be used for the rest of the transsexual's life to maintain a "female" body shape.

The operation—actually, several surgical procedures often performed in two or three separate sessions—took place for Raskind in early August 1975. The surgeon was Dr. Roberto Granato, a well-known specialist in the gender-identity subculture. He is said to have some 200 sex-reassignments in his credits.

Renee doesn't talk about the clinical details of her surgery, but in the typical case of the male transsexual, castration comes first. The testes are removed, but the empty scrotum is left in place; it will later form the lips of the new vagina, the *labia majora* and *minora*. The penis is also removed, but its skin is used to fashion the lining of a vagina that will be sensitive to erotic stimulation. The prostate is usually removed as well, and the urethra is shortened and redirected to allow sit-down urination. Sometimes a "cosmetic" clitoris is added as an aesthetic last touch. Naturally, the reproductive organs cannot be rebuilt to function "normally," although a uterine transplant may someday be possible. But like the cosmetic clitoris, it too would serve to reinforce the "feeling" of womanhood rather than the function. The medical process does not stop with the operation. When she is discharged from the hospital, a post-surgical male-to-female transsexual is fitted with a dilator which must be inserted often to keep the refashioned vagina from closing. And hormone therapy must continue indefinitely—despite the possibility of cancer risk in older "women" (there are, as one would guess, no studies of the effect of estrogens on older transsexuals).

The female-to-male operation is much more difficult, therefore more expensive and, possibly for that reason, more rare. A hysterectomy is performed, the penis is constructed with skin and bone grafts and a cosmetic scrotum is fashioned with fake testes. The new penis is not erotically sensitive and does not become erect with stimulation; a prosthesis must be used to accomplish insertion in intercourse. Born-again males can achieve orgasm via their clitoris, a remnant from their female days which is retained in surgery and enlarged by male hormones. The new females, however, can usually achieve orgasm with their new vaginas.

The surgical plumbing is the only

aspect of the transsexual phenomenon about which there is some scientific agreement. The causes, significance and even the definition of transsexualism lurk in the greyest of areas. The exact place of transsexualism on the spectrum of sexual orientations has never been fixed. Renee Richards says she always knew she was a transsexual and not a homosexual, but the distinction is based on subjective fantasies and cannot be objectively described.

"*I* always knew the difference between the two," she said with a trace of disapproval for another minority. Deborah Feinbloom, author of one of the best descriptive texts on the murky subject, *Transvestites & Transsexuals: Mixed Views*, explains that male-to-female transsexuals usually entertain sexual fantasies in which they are women—making love to men. Homosexual males, on the other hand, are generally quite clear that they are men—making love to other men. Or maybe it's on the same hand. "How clear is it that subjective fantasies make the difference?" a psychiatrist who used to work with Dick Raskind asked. Objectively, Dick was a man attracted to other men; subjectively, he was a woman attracted to men. Some psychologists would say that the transsexual fantasy is simply an elliptical transformation of the homosexual impulse, but perhaps the subjective reality is sufficient in itself to constitute a sexual category. Difference or not, transsexuals are compelled to make extraordinary mutilations of their body to act out their fantasies—which in itself is different from most other sexual orientations.

The situation is further complicated—perhaps hopelessly—when some male-to-female transsexuals go through the medical rigamarole to become lesbians to be women loving women; but as yet there are no reliable reports of women becoming homosexual males. There is, of course, the distinct phenomenon of transvestism — men dressing as women (almost never the other way around, for unfathomed reasons). Transvestites may be transsexuals: indeed, all transsexuals are transvestites at some point. Transvestites may be gay or straight—and those two groups are generally hostile to each other, in one degree or another. At the end, the mind boggles at the possible combinations and permutations of sexual styles, and the vocabulary is scarcely adequate to deal with all the concepts.

One thing, however, is coming clear as more transsexuals "become open": there are many more "preoperative" transsexuals than anyone had imagined, and there is evidence that they turn up with similar frequency in every culture and society. Deborah Feinbloom believes that a clinic such as the one in New York where Dr. Granato reassigned Renee Richards "does two operations a week." There are 40-odd gender identity clinics in the U.S., and 20 hospitals where surgery is regularly performed. Richards says there are 3,000 operated transsexuals and perhaps 10,000 preoperatives who would have surgery if they could.

Drag, hormones, electrolysis and plastic surgery do not make a man into a woman, or vice versa. Neither are there any single tests which alone can prove one's gender. There are various clinical tests, but none is entirely adequate. For instance, the vaunted chromosome test, which counts "Barrbodies" in cells scraped from inside a subject's cheek, makes so many mistakes that it cannot be used for U.S. legal purposes. (One European woman who was found to have too many "male" chromosomes and was barred from Olympic competition asked the attending officials, "What should my children call me now? Pop?") Not even the presence of one or another organ definitely establishes gender. A woman was booted from sports competition because she had testes—even though they did not function to give her "male" characteristics. So arbitrary is sex assignment in some cases that babies born with "extra" organs are surgically limited to whichever gender their physi-

cians find medically convenient or their parents deem socially agreeable. One male baby who suffered accidental surgical damage to his penis during circumcision was simply molded into a female.

For most purposes, Renee Richards is a woman. Her driver's license is stamped "F" in the proper place, her medical papers have been appropriately changed, she is eligible for lower insurance rates on the basis of the extended life expectancy of a woman in the actuarial tables. She has the same genitalia and urological equipment as most other women. She does not ovulate or menstruate, and she cannot conceive offspring; neither can millions of women, for one reason or another.

We know the difference between men and women by the thousands of little signs and signals they send out in normal behavior. If gender matters at all in everyday social intercourse, it is usually because the signs are given a special weight. Gentlemen open doors for ladies not because the females have a certain preponderance of XX chromosomes or functioning fallopian tubes, but because they relate to chivalric men in a certain obedient, appreciative way. Not the least irony in the transsexual phenomenon is that many male-to-female reassignees feel they must exaggerate the silliest signals of femininity to reinforce their self-image. Renee Richards studied and assumed the attributes of what she calls "sexually labeled behavior" simply to be taken for a woman—at a time in the history of sexual mores when many women are struggling to remove the same oppressive labels. In our morning's conversation in Manhattan, she seemed to be concentrating intently on the details of the feminine manner. Once, she crossed her legs in the "masculine" style, with one ankle on another knee—like a male tennis player in the locker room; then she quickly and gracefully slid into the "feminine" fashion of one knee cupped inside the other. I saw the confusion of motions, and she saw me seeing it. There are limits to the game.

Renee may not be a complete "success" as a woman; there will always be something unfinished about her, a sense of neither-nor, a bionic unreality. But there must have been the same sense about Dick

The *event* of Renee Richards is another jolt in the awakening sexual consciousness of Americans, but while it has liberating effects, it is not necessarily an act of liberation. A less "sexually labeled" society might not correlate genitalia with identity, nor manner with being. We are not, after all, what's between our legs (or what we do with it), nor how we cross our legs. The use of sexual categories for sports seems poised for passing, too: not because men and women are always the same, but because there are other categories that make more sense than sex in specific instances. There are women who are older, taller, heavier and less "femininely" proportioned than Richards playing tennis. Why is sex the common category? The outrage over Richards' entrance into the women's rankings seems to have less to do with any possible defilement of the flower of feminine athletics than with the threat to the process of categorization she poses.

Renee may not be a complete "success" as a woman; there will always be something unfinished about her, a sense of neither-nor, a bionic unreality. But there must have been the same sense about Dick. America is not yet ready for de-labeling. But the changes are rapid. A quarter of a century ago, Christine Jorgensen—the first "open" transsexual—was universally regarded as a freak. The New York tabloids exploited her, the *New York Times* practically ignored her:

"Bronx Boy Is Now A Girl" deserved five paragraphs buried on page 18. A few months later, the second Kinsey study was published; it was banned by the U.S. Army in Europe, and because of the furor the Illinois state library system banned all 8,000 books on sexual topics from its shelves. The *Times* index devoted three inches of one column to the heading "Sex" in 1952.

Renee Richards now rates daily stories in the newspapers and sympathetic treatment in the weeklies. Most of her mail is unqualifiedly supportive. The *Times* index has a full page under "Sex," and a dozen subheadings to boot.

A more complete change may come too late to let Renee Richards merge back into society as a woman, as she once wanted. She is already too much a part of the process and not simply its victim. For what is finally fascinating about her is the way in which her story becomes a metaphor for America right now: the sexual ambiguity, the identity crisis, the instant renewal, the complete retooling, the self-absorption. No Viennese psyche-searching or Oriental mind-meditating accomplished her changes. Her method was technological: pills and plastic surgery—and her route led through the media. And when it was done, she followed the rest of America on the road to rebirth—to the Southern California sunbelt.

When the cheering and leering stop (and when she is really too old to play tournament tennis), she may still feel at home on the beach, with the rest of bionic America. By then the status situation for sexual minorities may be so skewed that no one will care about the differences. She ought to fare better than Christine Jorgensen. That old pioneer is now dragging 50, she's worried about her estrogen dosage and she finds little comfort in the fame of those who followed her trail through the sexual wilderness. "All in all," she told a friend not long ago, "I've got all the problems of a middle-aged woman, along with all the problems of a middle-aged man." ●

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[Editor's Note: Gemini has extended the following offer through March, 1978. The Gemini directory somewhat duplicates the Non-Confidential International Alliance Membership Directory. While only some Alliance members subscribe to Gemini, they have a number of non-Alliance members in their directory. International Alliance members are encouraged to take advantage of Sally's offer and make your own evaluation.]

GEMINI: The Nationwide Social Network For The Male-Woman

Sally Douglas, Founder, and first Director of *Salmacis - "The Equalitarian Feminist Social Society"*, originator of the concepts of *male-feminism* and *male-lesbianism,* retired from the Society in 1975, shortly before its amalgamation into the *International Alliance* in order to have the freedom to expand her original concept of a co-operative nationwide social network of participation male-women into a viable entity.

This concept is now a reality - and is available to every member of the *International Alliance.*

Sally, after teaming with her partner - genetic female Louise McCarthy - formed *GEMINI-Social Introductions for people in Alternative Lifestyles.* This new organization is now serving more than 1500 male-women, feminist women, and men who wish to date she-males; nationwide.

In order to implement a long neglected phase of male-feminist social introductions, Sally has made a significant breakthrough in extablishing a working relationship with the *Seahorse Collective* which originated the *Journal for Bisexual Feminist Women.*

Using this base of operations, Sally is now originating a dialog between the bisexual feminist women and the androgynous male-woman. By means of this interchange of ideas, many bisexual feminist women (who are biased toward the femme as a marriage partner) will come to know the feminist aspects of the male-woman.

For those male-women, who consider themselves male-lesbians this arrangement could prove to be of inestimable value.

However, this ONE aspect of the relationship between the male-woman and society does not comprise the TOTAL effort of *GEMINI.*

GEMINI's *Alternative Social Register* is an equalitarian publication. It is open to everyone interested in cross-genderism; regardless of sex, sexual persuasion, race, color, creed, or whatever! Listed in *GEMINI's* pages are: male-women who wish to meet women, or men, or couples, or other male women. Men, who wish to date she-males. Women who are interested in meeting other women, or male-women...etc.

FOR ANY SINCERE MALE-WOMAN who believes that transgenderism/transexualism is a viable contemporary lifestyle, *GEMINI* can be of great assistance. Because it is the Digest and Catalog of everyone who has surfaced since the beginnings of the Salmacis Society in 1971! And it will enable her to MEET people who have similar interests to hers, in a locality near hers.

Unlike all other media featuring contact between she-males and others, *The Alternative Social Register* contains no personal ads, and no pornographic content. Instead, the total knowledge of *GEMINI's* staff about who's who, what each person considers as her lifestyle, and who she wnats to meet, is abstracted in a compact and easy to use format that enables *GEMINI* TO PRESENT THIS VAST MOUNTAIN of information in a useable way, in a book that is affordable.

Ideally, the names, addresses, and phone numbers, of all socially active

male-women could be listed openly in a "Blue Book" such as the telephone book, or the city directory. However, many male-women have worries about reprisals from members of the "establishment" who do not understand the implications of male-feminism, and possibly never will. In order to circumvent this possible danger, Sally lists many persons under security codes. However, in so doing, she requires EACH listing subscriber to demonstrate her own sincerity and commitment by financing the cost of forwarding letters to her.

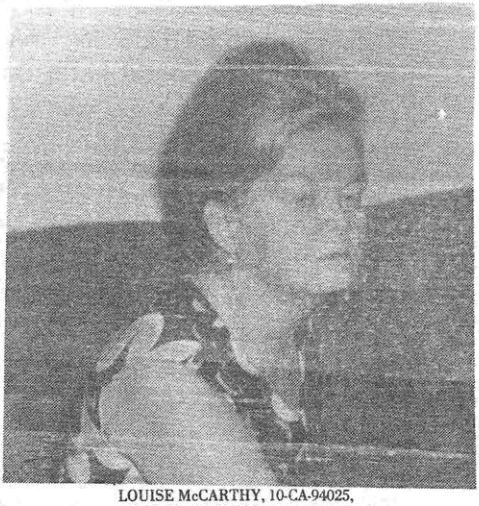
This is an original development! Sally has placed the burden where it belongs, so that every subscriber to the *Alternative Social Register* has access to more than 1500 persons - WITHOUT HAVING TO PAY ONE CENT IN FORWARDING FEES!

In keeping with the philosophy of open feminism, *GEMINI* is an equalitarian publication. The *Alliance*'s members can feel assured of equal treatment no matter what their personal, individual lifestyle may be. There is no homophobia at *GEMINI*! Try them, and see!

For the male-woman who seeks the companionship of feminist bisexual women, and can demonstrate her feminist posture through a complex testing program, Sally's partner, genetic female, Louise McCarthy, has her personal program of introductions to feminist women. The casual reader is advised to be sure of her "feminism" before applying; as Louise's program is stiff!

Sally stresses the importance of developing friendships with people who are meetable on a face-to-face basis. Much can be accomplished in getting to know one's own self, as well as others, if personal meetings can be arranged.

And *GEMINI* gives the socially active male-woman just this capability! To meet people who live near her - who have interests which complement her own.



LOUISE McCARTHY, 10-CA-94025, A PENNY FOR YOUR THOUGHTS.

Should any Alliance member wish to avail herself of the capabilities of *GEMINI*'s staff, Sally, as a member of the *International Alliance for Male Feminism* makes this offer:

"To any member, in good standing, of the *International Alliance* - as certified by the staff - a subscription to the current *GEMINI* is available at 50% of list. (That is; everyone except California residents - $5.00. Californians must add sales tax to make the total $5.33)"

Our advice to you is: "Hurry. Get your *GEMINI*!"

An inspection copy of the *Journal of Bisexual Feminist Women* may be obtained by sending $2.00 to: Seahorse Collective, POB 76, Palo Alto, CA, 94302.

HERE'S SALLY, 9-CA-94025, IN A CLOSE-UP

[From F.I. Newsletter #10]

COURT HAS RULED IN FAVOR OF RENEE — U. S. Open at Forest Hills Cannot Bar Her

FOREST HILLS, N. Y. — Dr. Renee Richards cannot be barred from competing in the U. S. Open tennis championship at Forest Hills in Late August because she has had a sex change operation, a State Supreme Court justice ruled on Aug. 16.

In a 13-page decision, Justice Alfred M. Ascione stated that the state's Human Rights Law prevents discrimination because of sex and that there is now "overwhelming medical evidence that this person is female."

Justice Ascione added that requiring Dr. Richards, who underwent a sex change operation two years ago, to pass a Barr Body or sex-chromatin test to be eligible to play in the Women's Tennis Association Open is "grossly unfair, discriminatory and inequitable."

Ascione stated that until Dr. Richards appeared on the scene, the USTA National Championships in its 95-year history had not demanded any sex determination test other than "observation of primary and secondary sexual characteristics."

"It seems clear," he asserted, "that defendants knowingly instituted this test (the ex-chromatin test) for the sole purpose of preventing the plaintiff from participating in the tournament."

Ascione cited expert medical testimony which asserted that Dr. Richards, 43, is a woman medically, physically and socially.

He dismissed defendants' "primary concern" of insuring fairness in their claim that there is a competitive advantage for a male who has undergone sex-change surgery, by again citing medical testimony that Dr. Richards' muscle development, weight, height and physique fit within th female norm." Dr. Richards is 6'2" and weighs 147 pounds.

EX-MAN VICTIM OF RAPE IN PARK

A 22-year-old Omahan who recently went through surgery to change him from a man to a woman reported she was raped last month, police reported.

According to detectives, the victim claimed she was forced into a car near Fortieth and Dodge Streets shortly after midnight and driven to Elmwood Park where the attack took place.

She said the suspect, in his mid-20s with greasy hair, forced her into a small red car where he struck her several times and threatened her with a knife, then drove to the park.

The victim's physician told police she underwent transsexual surgery in Denver several months ago and is "legally an physically a woman."

The Philadelphia Musical World and Times
Vol. 3, No. 5, June 1977

The 'Hilarious' and 'Devastating' Les Ballet Trockadero de Monte Carlo

Those turned away from the Walnut Street Theatre New Year's Eve bash this past year will again have the opportunity to see LES BALLETS TROCKADERO-DE MONTE CARLO or better known as "THE TROCKS" on Sunday, Oct 16 at 3 and 8 p.m. at the Academy of Music. For ticket information see page 5.

"We've conquered New York, but is the rest of the world ready?" reads an advertisement for THE TROCKS. Well, Philadelphia made up its mind on New Year's Eve and gave THE TROCKS a very enthuasistic Philadelphia welcome. Leading U.S. and Canadian dance critics have laughed themselves silly over this troupe, but they've also taken the "Troc" seriously enough to devote reams of analytical writing to just what's so funny. The Troks are comprised of 10 male dancers, and perfects classical ballet or works of original satire on travesti. The purpose of the TROCKS is to give humoristic characterization to various dance styles from romantic ballet to American modern. Men dancing traditional female roles on point, emphasise the suspension of disbelief associated with theatrical dance. Costumes, make-up and restoration of original bravura and mime are combined commentary on the rich heritage of traditional western dance.

Primary choreographer, PETER ANASTOS, recreates and satirizes the Russian Imperial Ballet style with such ballets as Don Quixote and The Nutcracker.

Guest Choreographers have enlarged the company's scope. The TROCKS' intentions are largely comic, but there is an element of seriousness because it's basic premise is that dance in all its form reflects humanistic high artistic ideals.

'Dead on Target and halarious!"

The New Yorker

'. . . . dance will never be the same."

The New York Times

'A must! Don't Miss it!"

The Village Voice

'Suddenly you ache with uncontrollable halarity"

VOGUE