

# AEGIS NEWS

QUARTERLY 8 / 97 #11 ISSN 1077-162X

## *Does Laser Electrolysis Work?*

Is it possible for coherent (laser) light to kill hair? Certainly. Has anyone yet devised a laser treatment system which kills hair permanently and safely? Perhaps. Has anyone demonstrated permanent hair loss with laser electrolysis. Not yet, at least not to our knowledge.

**H**air. For so many of us, we have it where we don't want it, and want it where we don't have it. We are deluged with promises of products and procedures to grow, condition, color, and remove hair. Some of them work; some of them don't. The trick: find the right product. Find the right procedure.

Humans are famous for frantic and unproductive searches for, among other things, the perfect aphrodisiac, a tonic to grow hair on bald pates, the "gay gene." The more desperate we are, the more readily we will accept charlatans, frauds, and quacks — and the more so if they themselves believe in their particular brand of snake oil.

Getting rid of facial hair is of crucial importance to transsexual and transgendered women. And it's easy to do. We can shave it, wax it, pluck it, cover it with Pan Stik, or pluck it with tweezers — and now we can have it zapped with a laser. The problem with these methods is that they are all temporary. Eventually, the hair comes back.

Electrolysis is a proven way to kill hair. It is the *only* proven way to kill hair. Even so, it is slow, expensive, and worst of all, painful. Improperly done, it can damage the skin. And it is not 100% effective. Each hair requires multiple treatments, depending on the skill of the operator. An inexperienced or inefficient electrologist may not even kill any hairs at all. Yet for all its limitations, electrolysis works. Hair is removed, and it does not grow back (or rather, it does grow back, but as the downy vellus hairs that women and children have on their faces).

Is it possible for coherent (laser) light to kill hair? Certainly. Has anyone yet devised a laser treatment system which kills hair permanently and safely? Perhaps. Has anyone demonstrated permanent hair loss with laser electrolysis? Not yet, at least not to our knowledge.

The newsletters of the transgender community have been full of late with accounts of positive experiences with laser electrolysis. "I was able to get in the

hot tub right after treatment, and my skin felt so smooth!" "It's been three weeks, and I have only a light regrowth." "I still shave every day, but the hair is lighter than before." The problem, of course, is that however optimistic those treated may be about the permanency of their hair loss, it's too soon to tell how much hair will come back. *To date, no study has conclusively (or even inconclusively) shown that hair loss from laser treatment is permanent or safe.*

Laser light certainly has the potential for killing hair; the problem is the delivery system. The light must be directed to the hair root, where it will zap the root. There are a number of recently-developed techniques for reaching the root, including Thermolase's technique of coating the skin with carbon powder. One or more of these techniques may even work. But that's still to be seen.

Certainly, someone will eventually develop an effective and safe delivery system for laser light. Until then, we counsel: think electrolysis.

# Hair Removal Choices: Laser or Electrolysis

by Linda DeFruscio, R.E., R.I., P.M.E.

There is little or no data yet available on laser hair removal showing the result of permanent hair removal.

As you may or may not know, I am a board member of the Massachusetts Association of Electrologists. I try hard to get first-hand information to share with you.

We are looking for that "miracle laser" to permanently remove all our unwanted hairs. When laser light hits human tissue, it produces heat, similar to our own thermolysis method of electrolysis. Where a laser produces heat depends solely on which tissue absorbs its particular light.

There are three techniques for light-induced hair removal:

1) *Thermolase*: Hairs are waxed, then carbon-based lotion is massaged into the hair follicle and the lotion is preferentially absorbed by the hair follicle and the laser light is absorbed by the lotion, thus presumably killing the hair follicle. This year, Thermolase, Inc. began laser hair removal services at Spa Thira in La Jolla, California. This salon represents the first of a series of company-owned and operated day spas which offer hair removal and other beauty services. Thermolase is the only laser device with the U.S. Food and Drug Administration's permission to market and therefore may be used on the public. Thermolase is presently contracting only medical doctors.

2) *Epilaser*: Epilaser was developed by Palomar Medical Technologies, Inc., which is setting up sites around the U.S. and Canada. It consists of a normal mode ruby laser with a special handpiece delivery system. Epilaser doesn't require prior waxing or application of a lotion. Shaving is preferred before the laser treatment. Recently, the FDA denied Palomar's Epilaser permission to market the device as a hair-removal system. However, the FDA approved the company's new laser for fixing skin discoloration, tattoo removal, spider vein treat-

ments, and skin resurfacing, which is the machine's main purpose. Palomar's laser work is based on research at Wellman Laboratories of Photomedicine Laser Center at Boston's Massachusetts General Hospital, led by Dr. R. Rox Anderson, Dermatologist and Director. A four-year study, which began in 1959, is being conducted by Anderson.

3) *ALA*: A third technique of laser hair removal is with ALA cream and red light. Not much is known about this technique, except that the pharmaceutical company that makes the ALA cream is DUSA.

Laser treatments performed on a 2" x 4" area of a man's back takes approximately five minutes, as Anderson reported at the last MAE meeting in September, 1996 in Boston. A whole back could take up to one-and-one-half hours. The laser company's information cites that laser hair removal of mustache hair on a woman could take 10 minutes, whole legs could be done in 60-90 minutes, and the area will be hair-free in six months.

About three months after a single treatment, 10-20 percent of the man's back had permanent hair loss. After two treatments, the figure rose to only 40 percent. So there appears to be a one-in-six chance of getting permanent hair loss in one treatment. No single laser hair removal treatment, it seems, is yet available for permanent removal.

There are several side effects of laser hair removal:

- ☛ Occasional blisters
- ☛ Hypopigmentation (skin lightening)
- ☛ Permanent freckle removal
- ☛ Swelling
- ☛ Moderate pain
- ☛ Hyperpigmentation (skin darkening)
- ☛ Folliculitis (ingrown hairs)
- ☛ Redness

So, who will do hair removal with the Softlight system?

Originally published in *Rosebuds* (Newsletter of the Tiffany Club of New England), Vol. 8, No. 10, November, 1996.

- ☛ Dermatologists
- ☛ MDs
- ☛ Electrologists
- ☛ Cosmetologists
- ☛ Other medical professionals

I question the validity of these risky experiments and convention come-ons, especially since it has been made clear by the FDA or the manufacturers into whose hands these devices should be delivered and *whether the long-term safety issues have been appropriately addressed.*

In comparing electrolysis to lasers, each electrolysis treatment removes about one-third of the treated hairs permanently. The remaining two-thirds of hair, which could be undergrowth, may return finer and softer approximately four to six weeks later.

There are three states of hair growth: anagen (growing stage), catagen (transitional stage), and telogen (resting stage). All the hairs on the body are in three stages of growth. If we properly treat an anagen hair, that hair is 80-100 percent permanently gone. If the hair is in the catagen or telogen state it is 50-60 percent permanently gone. The lower percentage is due to another hair that could be growing beneath the hair root. As the new hair rises to the skin surface, by continuing treatments, the electrologists has a higher success rate of permanent hair removal.

As the research still continues, this is what we have so far: With laser hair removal, only 20 percent of treated hair will be permanently removed on the first treatment. Subsequent treatment will remove only another 20 percent.

Needle electrolysis is here to stay and will always have a place. On the other hand, lasers are not the ideal solution for every problem. Devices and hair removal systems have to be carefully designed for specific applications. Laser epilation will likely evolve as another modality for both permanent and temporary hair removal.

## *Laser: The Horror Stories Begin*

*by Teresa E. Petricca, CPE*

A lot of pressure is being exerted on the electrology profession: pressure from the laser manufacturers and by those who are disregarding the basic tenants of our profession because of vested interests. The American Electrology Association is committed to the science of permanent hair removal. Our bylaws state this fact succinctly.

On October 3, 1996, CBS featured a segment on "48 Hours" on laser cosmetic surgery. The program featured several disastrous results of the CO<sup>2</sup> UltraPulse Laser Resurfacing procedures.

Dr. Michael D. Rabkin, a California physician, has been using laser for cosmetic surgery for two years. He offers a one-day course to physicians on laser techniques which is representative of the extent of the training being offered in the field. The course features practice with the actual laser device on "vegetable" patients. Mostly tomatoes and eggplants.

"48 Hours" reporter Roberta Baskin noted "Advertisements and headlines promise seemingly magical solutions to age-old problems. Choosing the right doctor might be a challenge. Anyone can get a certificate of training." Physicians, at desk registration prior to Dr. Rabkin's course, automatically received a certificate of attendance, suitable for framing. "Just how much training is needed is left up to the [individual] doctor. No medical board is monitoring the practice of cosmetic laser surgery, so any doctor can become a laser specialist. Eye surgeons, plastic surgeons, dermatologists can all count on a booming market."

A woman in Florida who had the laser resurfacing done on her entire face reported, "My face is so taut and so sore and I sometimes just have to cry..." Aside from very slow and questionable healing of the treated skin, the process caused her lower eyelids to curl outward and droop. This is requiring ongoing treatment and will ultimately result in complete reconstruction of the lids.

Dr. Brian Hoff stated that "physicians are seeing more and more complications as more and more procedures are being performed. There is a minor epidemic of this result where the lower lids get turned out. Laser is a very powerful technology. I'm just concerned it may not be better, safer, faster in all instances. There may be just a little too much marketing pressure coming from the laser companies themselves." The Florida patient felt that "if it's the latest thing, it's got to be good." Dr. Hoff warns, "If it's the latest thing, you've got to be careful." He further stated, "The popular perception is that it is a magic bullet. It is real surgery with real risks just like any other surgery that uses a scalpel instead of a laser."

Another woman was diagnosed with "penetrating laser burns" on the cornea of one eye. "My cornea had been completely obliterated by the laser... thirteen holes." Insurance is a problem as well. "If you have an accidental complication related to a plastics procedure of any type, you are not covered," she told the reporter.

One gentleman, following laser resurfacing, found himself home and suffering bouts of nausea which resulted in some rather violent vomiting. This apparently resulted in the rupturing of a blood vessel behind the eye, ultimately resulting in blindness. His case is in litigation, so all of the circumstances surrounding the case are not known. The common theme in all of the cases showcased in the "48 Hours" program was the compromising of the patients' eyes.

Viewing this program only reinforced my very strong concerns regarding the use of the laser for hair removal. I am extremely disturbed by the pressure being exerted on electrologists to embrace this unproven technology. I shudder to think of the same category of complications that could arise from the use of the laser for hair removal. It is too powerful and too risky.

The AEA is seeking regulation of electrologists in 19 unlicensed states. I

cannot imagine the "horror stories" that could result from the use of laser by hair removal by electrologists — especially when doctors with more than basic medical training are producing plenty of their own.

Long-term effects must be considered. Laser resurfacing has been practiced for three years and *the horror stories are just beginning*. We are beginning to hear of complications from spas that have been performing laser hair removal. Given more time, I'm sure there will be documentation of the unexpected ramifications of these procedures.

The following is an excerpt from a July 10, 1996 ruling by the New Jersey State Board of Medical Examiners:

### *ThermoLase Laser Based Hair Removal Process*

*In the Fall of 1995, the Board was approached by a representative of the above-referenced corporation seeking approval for a duly licensed nurse to be delegated the administration of this laser based hair removal process. The company is also seeking an interpretation of the term "electromagnetic rays" as used in N.J.S.A. 45-9-22.1 to include lasers. The Executive Committee has interpreted this procedure to be invasive and thus requiring the services of a licensed physician. Following the Executive Committee's initial review of the matter, Dr. Colburn was assigned to meet with representatives of the corporation and their attorneys and consultants to review the literature concerning the equipment used, the procedure, and its safety. Dr. Colburn has also done extensive research on this matter and it has also been given to Board members Perry and Rothenberg for their review. A significant portion of the material was received reviewed by the Board for its consideration. The Executive Committee again reviewed this matter on June 26 and interpret-*

ed this process as an invasive procedure that would not permit delegation to another health care professional holding a limited license such as a nurse. Dr. Colburn gave an explanation of the process.

The Board, upon motion made and seconded, voted that based upon the definitions of electromagnetic waves and lasers as found in Dorland's Illustrated Medical Dictionary, the Board interprets the term "electromagnetic rays," as used in J.S.S.A. 45-9-22.1 as electromagnetic waves to not include lasers.

The Board discussed adding a statement to Board regulations in J.J.A.C. 13.35.6.14(c) to the effect that the use of any type of laser may not be performed by health care providers other than licensed physicians, as it would constitute the practice of medicine. This matter will be discussed by the executive committee to draft a revision to the regulation.

My compliments to the New Jersey Board. I believe that more and more legislatively-based action like the above will begin to surface, disabusing electrologists of the notion that utilizing laser equipment may be in their future. And, appropriately so! Not only is the use of laser equipment proving dangerous (even in the hands of the supposedly educated) but electrologists, by definition, practice permanent hair removal. At this time, laser-based hair removal is not permanent. To my mind, the story begins and ends right there.

I am chagrined at the behavior of those who seek to feed on the fears of the electrology community because of vested interests. In my opinion, assisting the laser hair removal manufacturers by extolling laser in electrology association promotional literatures: "It really Works! Protect your income! Laser for hair removal are here! How will they impact on your practice? Can you use the Laser? Join with us to find out, to learn some of the answers, to see where you can participate in this situation, from the laser people themselves" is contrary to our professional position.

This infomercial approach encourages the uninformed to become involved in an unproven, risk-laden venture into temporary hair removal — and, at great financial and professional cost.

To have the "laser people themselves" demonstrating their equipment is equal to an Association endorsement of their product. What has happened to their profession? Has everyone lost sight of reality? What happened to our commitment to permanent hair removal, professional education and safety practices? We are professionals, not speculators on "the latest and greatest" just because someone proclaims this new professional duty to check out everything. But, we must embrace only those new ideas which have merit beyond question and results which have been proven and cleared by the FDA for safety and efficacy.

Dr. Robert Richards, Canada, and Dr. James Schuster, WI, via a phone call to me, are in agreement that scanning laser light has incredible potential for devastating surrounding tissue. Every doctor with whom I have spoken who is not financially involved with a laser manufacturer all share their and Dr. Hoff's concerns. They also all agree: lasers do not perform permanent hair removal. I don't look forward to seeing laser hair removal horror stories featured in some future TV news magazine show.

In many medical fields, in the hands of well-trained professionals with extremely precise skills, laser devices have proven to perform in an exemplary fashion. Public response to anything laser, therefore, is one of great respect. I am very concerned that the interpretation by the public and by some electrology professionals is that laser used for anything must be, by definition, a major step forward. I must strongly say that this is

not necessarily so.

Laser manufacturers will continue to seek FDA clearance for their hair removal devices. Some may be cleared (ThermoLase) and some may be specifically denied (Palomar). This jockeying for a piece of the \$1 billion hair removal market will be part of our professional existence from now on. The important thing to keep in mind is that regardless of the rarefied atmosphere through which lasers are publicly viewed, needle electrology is still singularly unique in its permanency.

Aside from the issue of permanent versus temporary hair removal, I am personally counting on the FDA to protect the public safety by recognizing the enormous potential danger to the public of the continued and, in my opinion, frivolous, implementation of laser devices for hair removal. It is my hope that the FDA will continue to recognize this through their clearance denials for laser hair removal devices.

### Conclusion

Unless and until there are definitive studies determining that safe, permanent hair removal results are achieved through the use of laser devices, we must not respond to scare tactics insisting that electrology as we know it is a thing of the past and that if we don't jump on board that beam of light, we are out of business.

Reacting to premeditated fear tactics causes one to move too quickly and with less than appropriate care. Our reaction to "laser fear" must be one of deliberate caution. Stand firm in the often quoted statement, "Electrology is the only method of permanent hair removal." It still is. Even after all the fanfare, slight-of-hand, and proclamations, it still is.

---

*Dr. Robert Richards, Canada, and Dr. James Schuster, WI, via a phone call to me, are in agreement that scanning laser light has incredible potential for devastating surrounding tissue. Every doctor with whom I have spoken who is not financially involved with a laser manufacturer all share their and Dr. Hoff's concerns. They also all agree: Lasers do not perform permanent hair removal. I don't look forward to seeing laser hair removal horror stories featured in some future TV news magazine show.*

# How Not to Get Rid of Unwanted Hair

In some of the Scandinavian countries, the irradiation method of hair removal is still practiced. The affected area is bombarded with ionizing radiation (you know, the same sort of emissions given off by radium). After a period, there is no more embarrassing hair problem.

Everyone who hasn't been hiding under a rock since 1945 knows that there are serious and often fatal short- and long-term consequences of exposure to radiation. Most of us would not think of using radiation to remove unwanted hair. Whatever could those (usually sensible) Scandinavians be thinking?

In 1990, two surgeons from The Netherlands published a paper in the medical journal *Plastic and Reconstructive Surgery*, describing the results in 40 patients of facial hair removal by surgical means. Incisions were made and hair roots were scraped off with a scalpel from underneath. The scars and lumpy skin left by this procedure were clearly visible in the photos which accompanied the article. Their faces looked horrible.

If some "permanent" hair removal techniques are dangerous or disfiguring, others simply don't work. Throughout the twentieth century, various "needleless electrolysis" systems have been hawked by the unscrupulous to the impressionable. This will probably continue for as long as people continue to be gullible — that is, forever.

Needleless techniques generally come with tweezers which are used to grasp the hair. Radio waves or other mysterious electrical signals are supposed to travel down the hair shaft to the root and kill it. The problem is that the hair does not conduct the electricity to the root.

Needleless electrolysis has been marketed under a variety of names, in salons and in kits for the home. Many people swear by it, but the FDA is not fooled, and will not let companies claim the technique causes permanent hair loss; slick ads nevertheless imply that it does.

Laser and "softlight" (an intense, but non-laser light source) can certainly vaporize hair, but there's a problem: this light must selectively reach and zap the hair root, and so far, no one has figured out a way to do it. Thermolase, Inc. reportedly smears carbon powder (which is much like powdered charcoal or photocopier toner)

on the skin in hopes that the powder will reach the hair root. However, by all accounts, the hair root is tightly sheathed, so the powder cannot reach it.

Lasers selectively heat dark objects, so especially for individuals with light skin and dark hair, there is potential for permanent hair removal by laser. As of this writing, it remains just that: a possibility. Hair loss by existing laser techniques is likely to be temporary, and the number of unskilled and under-trained practitioners (many of whom are physicians) make it a dangerous gamble.

Plucking and waxing remove hair by pulling out the roots. The hair then grows back, often with distorted roots which make later treatment by electrolysis very difficult. There is *anecdotal* evidence that after repeated plucking hairs grow in finer and lighter. No one has conclusively demonstrated this, and electrologists warn against it. It does stand to reason that repeated trauma to the hair root would eventually weaken it. Persons on low or fixed incomes should consider waxing or plucking over methods, like needleless systems, which are *proven* to be effective. We don't recommend waiting in hopes that someone will come up with a safe and inexpensive method of permanent hair removal.

A problem with electrolysis is that many operators just don't seem to have the skill to permanently kill hair. Some transwomen have spent tens of thousands of dollars on electrolysis, yet can still grow a full beard. The problem is not with the method, but with the practitioner. Some electrologists are very effective, as can be attested to by the many transsexual women who have thrown away their razors. It behooves the individual who is serious about transition to locate and patronize an *effective* electrologist — preferably, one who has treated and finished a number of transwomen.

One day, no doubt, some ingenious soul will figure out a safe, fast, painless, and inexpensive method of permanent hair removal. When that happens, those who have had electrolysis will of course be miffed because newcomers will not have to go through the same pain and expense they did. But until that day, it is only those who have had electrolysis who have thrown away their razors.

# Some Precautions

## Electrolysis

Be sure the electrologist uses presterilized, disposable probes and wears new disposable latex gloves. Use a reputable practitioner, since bad technique can result in hair regrowth or scarring. Currently, 31 states license electrologists. The International Guild of Electrologists, Inc. (800-830-3247) can provide referrals. Avoid home-electrolysis devices: their improper use can cause burning, infections, or scarring.

## Laser

Choose a practitioner who is either a doctor, a registered nurse, or a medical technician working under a physician's supervision, because lasers can burn or scar when used incorrectly. Eye protection is also essential. Other cautions: "If you've had a recent chemical peel or have taken the acne drug Accutane, wait several months," says Jeffrey J. Colton, M.D., a facial plastic and cosmetic surgeon in Bingham Farms, MI. Also, avoid Retin-A or alpha-hydroxy acids for a few weeks before the procedure. Finally, be aware that some laser techniques can lighten dark skin. "Ask about this," advises Colton. And make sure the system being used is FDA approved *for hair removal*— not all are.

Adapted from "The Curse of Unwanted Hair" by Stacey Colino, *McCall's*, August, 1997

# Whither the Transgender Community? Whither AEGIS?

by Dallas Denny

In the four-part series *Vision 2001: A Gender Odyssey*, which appeared in these pages last year, I took a broad look at the rapidly evolving transgender community, attempting to affix it in time as it was in early- to mid- 1996. It was an ambitious task, and one I have received both accolades and criticisms for attempting. I made some mistakes of fact, and at least one of judgement, as I was overly harsh in my response to a letter from Jane Ellen Fairfax in Issue #6. But overall, I feel pretty good about what I wrote.

In researching the article, I was struck with how very extensive the transgender community has become. The emergence of such a range of services and organizations would have been very difficult to predict — or even to believe possible — ten or so years ago.

I discovered, however, that although much is being done, things tend to happen haphazardly, with no overriding plan or strategy, and with considerable duplication of services at local, state, and national levels. Considering that volunteers are always in short supply and that many of the community's activists — myself included — are battle-scarred and weary, it would behoove the various organizations to share certain duties and responsibilities among themselves, with each group providing certain functions on a nationwide basis. For example, wouldn't it be nice if there were a single national hotline, staffed with volunteers six days a week, which would direct callers to the most appropriate resource? Wouldn't it be great if there were a central source for quality educational literature about crossdressing and transsexualism? Wouldn't it be wonderful for one organization to take the initiative in providing help to transpersons who face discrimination at work — not by just writing about job discrimination, but by standing shoulder-to-shoulder with those discriminated against, helping them in their individual fights? (Of course, steps are being made in this direction. For instance, IFGE, AEGIS, Renaissance, and

Transgender Forum (an internet resource) cooperate in keeping a list of active support groups; this makes for a much more definitive and up-to-date listing than would any of these groups acting by themselves. More ambitious cooperative endeavors, however, remain in the community's future.

Although it's wonderful there's so much going on, I have to wonder if perhaps we have too many organizations. The trans community is made of a small number of people in comparison to other minority communities. Perhaps it would be capable of adequately funding one or two national organizations — but not as many as we currently have. As things stand, most of the national organizations are under-funded and under-staffed. Who knows how long they will be able to last? Certainly not indefinitely. ICTLEP has announced that due to lack of community support, this year's conference may be the last; the other organizations continue to look, often unsuccessfully, for funds.

In June, at the 2nd International Congress on Sex and Gender Issues, there occurred what may prove to be a historic meeting. Over dinner, principals from AEGIS, IFGE, and Renaissance Education Association agreed that the Executive Directors of each of the three will approach their respective Boards for permission to appoint two people to form a committee to prepare a plan for merger of the three organizations into a single, new organization.

Although this was but a tiny step, and may come to naught, it is significant that the three organizations would consider this. It shows a willingness to put aside egos and private agendas for the greater good of the community.

And what if the merger were to actually happen? Think how much more efficiently the community's many needs could be addressed by a new organization with the combined resources and expertise of the three organizations! And consider: there would be but one organization to join, one membership application, one fee.

The growth of the transgender community, the changes in the ways we view ourselves, demand that our organizations evolve to meet today's needs. It's no longer possible for a volunteer-based agency to serve the many persons coming out about their transgender issues, or of persons in transition, or of helping professionals. We need professional organizations with paid staff.

As a community, we are moving away from the images of ourselves we once held, and exploring new ground. We are not just crossdressers and transsexuals; we are transgendered. We don't take for granted, as we once did, that there is something wrong with us. Increasingly, we point our collective finger at a screwed-up society. Although the trans community was founded on identity politics, the wisdom of this has come into question. Perhaps, as Jessica Xavier suggested in her article *So You Want to Be in Politics*, (*AEGIS News*, #7), we need to play identity politics in the same way as has the gay and lesbian community. Perhaps, as Callan Williams has suggested (*Chrysalis*, Volume 2, No. 4), we need to avoid identity politics. We do, however, have much to learn from the media-savvy and relatively wealthy gay and lesbian political machine. In either case, our organizations must reach a level of efficiency and professionalism we have hereto not achieved.

All of this works around to why I wrote *Vision 2001*. Much has changed since 1991, the year I founded AEGIS. For the past several years, I have been struggling with how AEGIS should adapt to the many changes in the transgender community, and wondering how AEGIS could grow into an organization capable of addressing in an organized fashion the needs of increasing numbers of transsexual and transgendered persons. Certainly I think AEGIS has done a good job, but there is so much left undone. Perhaps the potential merger is just the thing. In fact, I am quite certain that such a merger would be good for the community and for AEGIS.

# **DON'T BE PRESSURED**

## **GET THE LOW DOWN ON HIV/AIDS**



**GIRL, YOU LOOK FABULOUS AND YOU KNOW IT!**

**LOOK, WE'VE MADE THE CHOICE TO LIVE OUR LIVES OPENLY AS TRANSGENDERED WOMEN. WE'RE PROUD OF WHO WE ARE.**

**YOU KNOW, YOU'VE GOT TO BE CAREFUL WITH ALL THAT'S GOING ON OUT THERE. BECAUSE EVERY 13 MINUTES SOMEONE IS INFECTED WITH HIV AND JUST ABOUT EVERY 15 MINUTES SOMEONE DIES WITH AIDS.**

**YOU'RE RIGHT, I USED TO FEEL INVISIBLE, BUT NOW I'M SPEAKING OUT TO LET THE GIRLS KNOW THAT HIV/AIDS IS REAL. BE A REAL DIVA!**

**PROTECT YOURSELF. PROTECT YOUR PARTNER.**

# **USE A LATEX CONDOM EVERY TIME**

This project was financially supported by the Centers for Disease Control and Prevention, AIDS Project of the East Bay's private donors, and the Alameda County Office of AIDS Administration.

**AIDS Project of the East Bay**  
**651 20th Street, Oakland, California 94612 510-834-8181**

Models appearing in this poster series are volunteers; their sexual orientation, gender identity or HIV status can not be assumed by their participation.



## *AEGIS Debuts Automated Help Line*

In June, AEGIS quietly began beta-testing a computer-automated help line. The automated system allows callers to choose from and listen to more than 100 pre-recorded messages about transexualism, transgenderism, and crossdressing. The system is quite flexible; among other things, it can be configured to:

- Take orders for specific documents and FAX or e-mail them to the caller
- Transfer callers to other phone lines (for instance, to the homes of volunteers)
- Assign box numbers to individuals or organizations who can call in from remote locations to retrieve messages; boxholders can record and later change introductory messages and set passwords so that others cannot access their boxes.
- Allow the caller to page a live operator
- Allow the caller to record a request for information or referrals

The system runs on an IBM-compatible computer which is dedicated to this single use. Staff can review and save messages and pick up a remote phone to talk to callers.

The pre-recorded messages can be easily changed, and new messages added.

A printed system guide is included in this issue of *AEGIS News*, and will be distributed to transgender and gay/lesbian/bisexual organizations and included with AEGIS' general information packet. Those who don't have a printed guide can "jump in" and browse through the pre-recorded messages.

AEGIS developed the automated system to cope with the increasing number of calls for information and referrals. Director Dallas Denny said, "The automated system is tireless. It never sleeps. It draws no salary. It will never replace the sympathetic human ear, but it

is a valuable communication tool. And it's not grumpy at three in the morning."

The help line [770-939-0244] is available 24 hours a day. It will be answered live on Tuesday and Thursday evenings from 6-9 pm Eastern time.

## *AEGIS Mailing Lists*

For the past eighteen months, AEGIS has operated a daily transgender news service on the internet. Subscribers to AEGISNEWS receive news, press releases, conference announcements, and other trans-related material. Posts are received in the e-mail inboxes of subscribers in digest form (meaning that there is generally only one message per day rather than several shorter messages). Breaking news stories and other messages which need timely delivery are sent without delay. Recent messages have included the announcement of the death sentence for transexual Leslie Nelson, the dates of the 1998 Be-All conference, and an article about the outing of a transexual college professor by Germaine Greer. The news list also receives medical advisories and lists of resources from AEGIS headquarters.

Only AEGIS staff and authorized "stringers" may post to the list; however, those with news or press releases can send mail to us [news@gender.org].

We tend to post news items without comment or editorializing, so the digests will not clog your mailbox.

Our other list, GENDHELP, is a social list, a forum for discussion of issues related to change, growth, and/or transition. It is open for postings from all subscribers. Its tone is quite different from the news list, as it's chatty and supportive. Dr. Erin Swenson is the moderator.

Needless to say, some items posted on AEGISNEWS just beg for a responses! We welcome discussion of AEGISNEWS items on GENDHELP.

For info on subscribing to these e-lists, send e-mail to aegis@gender.org.

## *Transgender Treatment Bulletin*

AEGIS is pleased to announce the publication of the premiere issue of *Transgender Treatment Bulletin*, a newsletter by and for professionals who work with transpeople. The contents include an article by Dr. Anne Lawrence on preserving reproductive options of post-operative transexual people, a medical advisory bulletin about Polycystic Ovary Syndrome (a condition which affects the majority of even pre-transition FTMS), an editorial by James Green (also about PCOS), a brief article by Dallas Denny about office procedures when dealing with trans patients, and an article, also by Dallas, entitled "What is the Role of the Helping Professional?"

Frequency of the *Transgender Treatment Bulletin* has not been set, but we plan to publish at least two issues yearly. The newsletter will be distributed to professional members of AEGIS. The initial issue will have much wider distribution, so that the community will be aware of the *Bulletin*.

AEGIS is searching for advertisers, articles, and an editor for the *Bulletin*; anyone who would like to place an ad, who has an article, or would like to serve as editor should contact us at P.O. Box 33724, Decatur, GA 30033-0724 [770-939-2128; aegis@gender.org].

## *Outcome Study in Progress*

AEGIS Director Dallas Denny is studying the outcome of more than 70 individuals who transitioned gender roles in the transgender community. She presented initial results of this study at the recent 2nd International Congress on Sex and Gender Issues in King of Prussia, PA, and will present further results at the Harry Benjamin Conference in Vancouver this September. Dallas' study is important in that it is one of the first outcome studies done outside the confines of a formal gender program.