



Brought to you by Virginia's own  
Transgender Task Force

Volume 2, Issue 3

Summer 2006

# Transgender Health

## End of T.H.I.S. Brings Great Results!

The Transgender Health Initiative Survey (THIS) effort went into overdrive for the last four months of data collection, but all that work paid off with **350** participants completing surveys. Study Coordinator, Jessica Xavier, stated that this will be the largest survey conducted to date among transgender people on the East Coast. With 121 (35%) of the participants being FTM-identified, it is also the highest percentage and the largest number of FTMs ever surveyed on the East Coast.

THIS is the first truly statewide study of transgender people ever done. Participants came from every region of the state. In fact, there was at least one respondent from each of 60 counties and cities in the state. There are 111 cities and counties in Virginia, which

means transgender people were reached in 54% of Virginia localities.

Community Health Research Initiative staff in the Tidewater area, along with staff and volunteers in Richmond, Charlottesville, Washington D.C., and Roanoke went to clubs, balls, and pride events to find trans-identified individuals to take the survey. Pictures taken at D.C.'s Dyke Pride by photographer Ward Morrison from the Washington D.C. *Metro Weekly* captured Ted Heck and Jessica Xavier. Ted and Jessica



Ted Heck (right rear) hangs out with friends at Dupont Circle for the D.C. Dyke Pride March while looking for Virginia Transfolk to participate in THIS. Photograph by Ward Morrison. Reprinted by permission from the D.C. Metro Weekly.

passed out palm cards and surveys to both MTF and FTM trans persons found there. Jessica also attended other pride events, including D.C. Black Pride and Youth Pride.

In other parts of the state, Madge

Young, Gregg Fordham, and the team in Norfolk put in a big effort in the Tidewater

area, going out to events like the Miss TACT pageant and the 8<sup>th</sup> Annual Ms. Models Inc. National pageant. In Richmond, Ted attended monthly drag king shows at Babes in Carytown and went to the drag show at Club Colours on multiple occasions with the unfailing and expert aid of Leslie Bell of Minority Health Consortium. Robert Key attended Virginia Transgender Pride Events where he worked with Nova to promote the survey. Robert also assisted Fan Free Clinic (FFC) clients who filled out surveys onsite during the Tuesday evening Transgender Clinic. Martha Lees at the Roanoke Health Department arranged a transgender health event to

(Continued on page 5, End of THIS)



Jessica Xavier (2<sup>nd</sup> from left) hangs out with friends at the D.C. Dyke Pride March while looking for Virginia Transfolk to participate in THIS. Photograph by Ward Morrison. Reprinted by permission from the D.C. Metro Weekly.

### Inside this issue:

End of T.H.I.S. Brings Great Results!	1
Hormones and the Older FTM	2
Guys Night Out in Roanoke	3
<i>From the Editor:</i> Considering Hormones	4
Announcements & Upcoming Events	5
Contact Information	6
Community Resources	6

### Inside: 4 Different ways YOU can get involved:

- Join the Transgender Task Force! See p. 6 for contact info.
- Join the Virginia HIV Prevention Community Planning Committee. Contact Ami Gandhi at (804) 864-8002 or [Ami.Gandhi@vdh.virginia.gov](mailto:Ami.Gandhi@vdh.virginia.gov)
- Write a letter to the editor or an article for the newsletter! See Announcements on p. 5 for upcoming newsletter topics.
- Add your event to the to the Upcoming Events section on p. 5!

## Hormones and the Older FTM

By Tarynn M. Witten, PhD, MSW, FGSA  
& A. Evan Eyler, MD, MPH

A preceding article addressed aging issues in transgender populations. In this two-part series, we will focus on the topic of hormonal use in older trans persons. In this first part, we will cover testosterone and older female-to-male (FTM) individuals.

The use of hormones is also affected by the aging process. While much is known about changes associated with aging, research involving transgendered elderly persons using hormones is extremely scarce. Only recently has research involving large samples been conducted to show actual effects of trans persons using cross-hormonal treatment, and few of those study participants were elderly individuals who had been using hormones for extended periods of time.

Until additional research is conducted in this area, physicians must extrapolate from evidence-based recommendations for care of non-trans geriatric patients. A general guideline is to consider both the usual effects of hormones for non-trans patients and the medical features of the individual transgendered person.

Testosterone has been suggested as a means of maintaining vigor and robustness among elderly non-trans men. However, because of the associated risks, it is not recommended for routine use by most professional organizations (e.g. United States Institute of Medicine, Endocrine Society of Australia, others). Supplemental testosterone is used mainly for men who do not produce enough on their own (hypogonadism) when there is clinical evidence of such a problem. Some authors use 200 ng/dL (nanograms per decilitre), as the value below which men should be considered hypogonadal, regardless of age and

other factors.

Elderly trans men require ongoing testosterone supplementation, particularly if they have had oophorectomy (removal of ovaries, often done during a hysterectomy). At present, little data is available regarding the best dosing, monitoring, etc. for older FTMs. Beginning testosterone in the elder years is even less common than continuation of treatment begun earlier in life.

### Risks associated with testosterone use:

Research among non-trans men using testosterone has shown the following side effects and health risks: acne and oily skin; breast enlargement and tenderness, especially early in treatment; fluid retention and peripheral edema; sleep apnea, worsening of prostate disease (fortunately not a consideration for transsexual men); the development of polycythemia (excessive red blood cells), and possibly negative effects on androgen sensitive epilepsy and some migraine conditions.

Some researchers believe that anyone with a history of breast (or prostate) cancer should be prevented from use of testosterone. Other health conditions of concern include chronic obstructive pulmonary disease (COPD), particularly for overweight individuals or smokers and those with kidney or heart conditions (e.g. congestive heart failure, uncontrolled hypertension). The presence of sleep apnea, migraine, and epilepsy should also be taken into account. Finally, the long-term impact of testosterone on heart disease remains unknown.

Polycythemia: Testosterone use results in increased red blood cell production in both natal females and natal males. Although this may provide therapeutic

benefit to elderly persons suffering from anemia, occasionally they elevate to unhealthy levels, particularly if the blood level of testosterone is above the usual male range. This can cause blood clots, especially if other cardiac risk factors (i.e. smoking) are present. Elderly patients are at higher risk due to the vascular changes that accompany the aging process. Wald et al note that, "The main risk factor for polycythemia with testosterone administration appears to be age, and the incidence of this risk factor was reported to be higher with intramuscular rather than transdermal preparations."

Older FTM patients should be advised about the possible consequences of polycythemia, and should be monitored periodically. Annual evaluation may suffice when the testosterone dosage and the percentage of red blood cells has stabilized over time; more frequent monitoring should be obtained earlier in the treatment process. The American Society of Andrology (ASA) recommends a physical examination and determination of the level of red blood cells prior to initiation of treatment and at 3, 6 and 12 months, and then annually thereafter.

Reduction in testosterone dosage is usually required when levels of red blood cells elevate to, or above, the upper limit of the normal male range. In some severe cases, testosterone use must be stopped. Generally, FTM patients who develop polycythemia should be treated in the same way as non-trans men who develop this condition while using androgen supplementation for treatment of hypogonadism.

### Choice of testosterone administration:

Testosterone can be administered by a variety of routes, including transdermally (skin absorption), intramuscularly (injection), orally (by mouth) and

**A general guideline is to consider both the usual effects of hormones for non-trans patients and the medical features of the individual transgendered person.**

**At present, little data is available regarding the best dosing, monitoring, etc. for older FTMs.**

(Continued on page 3), *Trans Allies...*

## Hormones and the Older FTM

(Continued from page 2)

buccally (through the cheek).

Liver dysfunction and cancer have previously been observed among men using oral testosterone, though a newer preparation of testosterone dissolved in castor oil appears to be acceptably safe and is currently used in Canada and parts of Europe.

Although testosterone delivered by injection has long been the mainstay of FTM hormonal treatment, other routes of administration, particularly the transdermal patches and gels, offer some advantages for elderly patients. Elderly persons generally exhibit less muscle mass, and may experience more difficulties with injection pain and other problems. Transdermal administration also provides less variability in average testosterone levels than injection. Transdermal patches, applied nightly, can mimic the male circadian pattern of

testosterone. Some patients cannot tolerate the skin irritation that the patch can produce; this may be a greater problem among older patients because of age-associated changes in the skin. Testosterone gel applied to the skin does not produce the circadian pattern associated with patches, but it is easy to use and is popular among FTMs.

Buccal testosterone administration also appears to be safe and effective though its role in the treatment of older patients, who are more likely than their younger peers to experience problems maintaining oral health, remains to be determined.

Although additional clinical research regarding use of testosterone by elderly transmen is clearly needed, current information suggests the following recommendations:

- Middle-aged and elderly patients should be advised of the risks, bene-

fits, and possible side-effects of testosterone, and assisted in making an informed decision about its use.

- Trans men who begin hormonal treatment in mid-life or at later ages should be evaluated for indications of heart disease, COPD, polycythemia, and other chronic conditions that may be worsened by the use of testosterone.
- Testosterone should be used with extreme caution, or not at all, by older trans men with uncontrolled concurrent health risks, particularly polycythemia, heart or kidney disease, uncontrolled high blood pressure, or a history of breast cancer.
- Elderly FTMs wishing to begin treatment with testosterone should be advised that optimum use of testosterone is not yet well understood, but that doses resulting in modest blood levels (i.e., not above the norms for natal males of similar age) should be used.
- Red blood cell levels should be checked periodically (at least annually) for trans men who use testosterone.
- When possible, transdermal methods (gel or patches) should be available.
- FTMs who use testosterone should not smoke. This is particularly important in the later years. Physicians should assist their older patients in smoking cessation.

In the next part of this series, we discuss estrogen for older male-to-female (MTF) trans-identified persons. ♠

For the full, unabridged article and complete references, please contact the authors at [twitten@vcu.edu](mailto:twitten@vcu.edu). Further information and articles are available at the Transcience Research Institute website <http://www.transcience.org> in the Research Archives section. If you are interested in participating in the research effort in support of transgender aging (as either a study participant or collaborator) or know of someone who might be, please contact the author.

## Guys' Night Out In Roanoke!

By Dakota Corbeau

Being a transperson can subject an individual to prejudice and solitude, especially in the more conservative areas of the South and often even from within the GLBQ community. It was the very spirit of this isolation that led transguys from the Roanoke Valley area, in Southwestern Virginia, to compose a group they like to refer to as "Guys' Night Out".

Formed by Gretchen Foster, a Roanoke-born genderqueer FTM, in October of 2005, the group has grown in numbers through the following months. They gather on the third Saturday of each month for a variety of different activities. The group also posts, via email, regular informative messages of FTM-related topics, which can range from bargain places to purchase supplies to doctors who perform chest reconstruction surgeries.

One of the greatest aspects of

"Guys' Night Out" is that it is neither a support group nor a social group, but a well-balanced mix of both. Activities vary from birthday celebrations to educational movie nights, from quiet gatherings to discuss individual experiences to cookout parties with lots of eats and drinks. And while some members are more eager to share their personal thoughts and feelings than others, you are certain to find different viewpoints from most aspects of the gender-bending experience.

To join the mailing list and get the information you will need about the next *Guys' Night Out*, send an e-mail to [baselinerecordlabel@yahoo.com](mailto:baselinerecordlabel@yahoo.com). Guys Night Out can also be found on MySpace at <http://www.myspace.com/transguysnightout> ♠



## From the Editor: Considering Hormones...

While perusing the internet on the topic of hormones for transgender people I came across an article written for Hudson's FTM Resource Guide on myths about testosterone. It's an excellent article, not surprising since this is an excellent website: <http://www.ftmguide.org/>

What I found interesting was that there were so *many* myths. Some I was very familiar with, and a few I had never encountered, like for example, that testosterone will make you gay. Or that it will make you fat. These are myths circulating *within* the FTM community, which makes them even more amazing to me. We owe it to ourselves to get good, factual information about hormones and anything we do to our bodies. This especially true because even many medical professionals don't know

a lot about hormones.

When I began transitioning in 2001, I was experiencing a number of health problems, related mainly to the level of stress I'd been under for several years running. I'd just moved back to Richmond from the West Coast, I'd just written my thesis, I was having employment difficulties, etc.; you get the idea. The thing that really got my attention was that every doctor, physical therapist, nurse, or healthcare provider of any kind that I encountered wanted to blame my health problems on the fact that I was taking hormones. I'm not saying that hormones couldn't have had any effect. Your body does go through lots of changes in adjusting to hormones, and there are certain risks. In fact, I'm certain it had some

effect, if only because of the added stress from those changes. The acne I got, for example, was absolutely related to taking testosterone! But after a certain number of times of being asked to consider stopping the hormones ("just temporarily, to see if it gets better", I kept hearing), I really had a hard time trusting that some of my healthcare providers were not a bit transphobic.

If I hadn't already done a lot of research on my own about testosterone and how it could and couldn't affect you, I would have really had a difficult time in maintaining my boundaries about what advice I was willing to follow from various healthcare providers. I owe a lot to all

*(Continued on page 5), Trans Allies...*

## Don't be silly: A public service announcement

Everyone's favorite hormone expert gives some sisterly advice on how to take hormones without seriously jeopardizing your health

By Raverdyke Used by permission from *Trans-Health.com*

As a writer on hormones for Trans-Health, I feel a responsibility to our readers to provide interesting information that is useful and accessible. I have written a few technical articles; now I would like to take an editorial moment to discuss something that is very important to all of us who choose to use hormones: our health.

Sometimes we are so excited (and desperate) to start hormone treatment, and to experience the changes we want, that we don't stop and think carefully about what we are doing. Androgens and estrogens are not candy or harmless substances. Hormone replacement therapy is a medically useful practice with inevitable associated medical risks. I would like to list a few things that I think you should keep in mind:

**If you are injecting your hormones, don't share or reuse needles.** This is a very high risk practice. You can catch dangerous and even fatal diseases by sharing or reusing needles. Sterile, medical grade needles and syringes are cheap and easy to find. In some places they require a prescription from your physician; if so, make sure you get one when you receive the prescription for your hormones. If you cannot afford new needles, see if your city or municipality has a needle exchange pro-

gram in which they will take your old needles and syringes and give you sterile ones. It would be better to inject less frequently because you don't have needles than it would be to inject more frequently with a needle that has already been used by you or somebody else. With the former you might experience mood swings or other physiological effects; with the latter, you could die. It is not a joke.

**Never buy black market drugs.** Ever. Not even from pharmacies in Mexico that you found on the Internet. Bodybuilders, for example, might sell you androgens, but they are notorious liars and cheats. You don't know if what you are getting is sterile or even what they say it is. Plus you will pay way more for your hormones on the black market than you would if you got them from a pharmacy. Save your money, your sanity and your health.

**Never take hormones without a doctor's supervision.** You might suffer from a disease that contraindicates hormone therapy, and it's better to be safe than sorry. Health risks linked to androgens can include high blood pressure, polycystic ovarian syndrome (PCOS), and uterine and ovarian cancer. Health risks related to estrogens might include blood clots and breast cancer. Make sure you are tested frequently for anything your doctor feels is worth monitoring, and that

your doctor carefully reviews the results of these tests. Even if you can't get your doctor to prescribe hormones for you, he or she should have enough of a sense of medical responsibility to monitor you while you use them. If they refuse to monitor your progress, your doctor sucks and should be thrown out like moldy vegetables. Find somebody who cares, even if you have to travel to another city to do it.

**Stay away from oral preparations if you can; use injectables instead.** Oral androgens have been linked to liver problems. Oral estrogens have been linked to increased risk of blood clotting. If you have liver problems, or a history of liver problems, don't even consider oral drugs. Your physician should know about this already, but let's all be on the same page, dig?

**More is not necessarily better.** Do not increase your dosages without your doctor's approval.

**Don't believe everything you read or hear.** Make sure you verify all information that you receive from anybody.

My intention is not to scare people. When used safely and intelligently, hormone replacement therapies can give us what we want. It's just that I want people to use them safely and intelligently. ♠

## Considering Homones

(Continued from page 4)

those people out there like Hudson, who have taken the time to make medical information about things like hormones and surgeries accessible to regular, non-medical folks. ♣

## Announcements:

- The Virginia Department of Health has compiled a **Transgender Resource & Referral (R&R)**, listing resources for transgender people all over the state. Go to <http://www.vdh.virginia.gov/std/Hotline/Transgender%20RR%20List.pdf> to access the PDF. If you are a provider and you'd like to be added to the R&R listing, go here to download the form: <http://www.vdh.virginia.gov/std/Hotline/Tranqender%20RR%20Form.pdf>
- **Upcoming Topics for the Transgender Health Newsletter:**
  - Fall — **Stress Management**, deadline for submissions is **Oct. 15**.
  - Winter — **Violence**, deadline for submissions is **Dec. 15**.Is there a topic related to transgender health that you'd like to see covered in an upcoming issue? Suggestions for topics, along with readers' input via letters to the editor & articles is wanted and needed! Contact the editor, Ted Heck via email at [Ted.Heck@vdh.virginia.gov](mailto:Ted.Heck@vdh.virginia.gov) or phone at (804) 864-8012 if you'd like to contribute in any way.

## Upcoming Events:

- September 19 — 24: **Southern Comfort 2006: Celebrating the Times of Our Lives** at the Sheraton Colony Square Hotel in Atlanta, GA. The largest & longest running transgender conference, offering an outstanding variety of social activities, a wide assortment of seminars, guest speakers, and new this year, a Diversity Outreach & Career Fair. For more info and registration, go to <http://www.sccatl.org/>
- October 11 at Virginia Tech — Training by the LGBTQ Task Force of the Virginia Sexual and Domestic Action Alliance (VSDVAA): **Intimate Partner Violence and Sexual Assault in the Lesbian/Gay/Bisexual/Transgender/Questioning Community**. This training will provide information to individuals working in LGBTQ service agencies and in domestic violence and sexual assault agencies, so that all are more prepared to outreach and serve LGBTQ individuals who have experienced intimate partner violence and/or sexual assault. Cost: \$50 for members of the VSDVAA, \$70 for nonmembers; lunch is provided. To become a member or to register, visit <http://www.vsdvalliance.org> or call Kathy Pierce at (434) 979-9002. Scholarships available to those identifying as members of the LGBTQ community.
- October 18 — 22, **The Second Annual Transsistahs and Transbrothas Conference** to be held in Louisville, KY. Topics will include spirituality, life skills, family and alternative families, and politics. Check <http://www.transfamilydefyinggravity.net/#> for updates!
- March 3, 2007 — Conference: **Building LGBTQ Coalitions for Change on Campus**—At University of Virginia in Charlottesville, VA. A statewide organizing conference on lesbian, gay, bisexual, trans-

## End of T.H.I.S.

(Continued from page 1)

help mobilize the Southwestern Virginia trans community. And finally, Pam Meador and other staff at the Drop-In Center in Roanoke's Council of Community Services and Sara of AIDS Services Group in Charlottesville helped get surveys out in the hills and valleys of western Virginia.

So many other people and agencies helped in the effort that there is no way to list them all here, but thanks to all of this work, the Survey is sure to generate some very exciting data. Data is expected to be available later this fall when the full report is published. Look forward to hearing more in the next Transgender Health Newsletter! ♣



Some Virginia Transfolk and friends at the D.C. Dyke Pride March. Photograph by Ward Morrison. Reprinted by permission from the D.C. Metro Weekly.

gender, and queer issues on Virginia college campuses. Faculty, staff, administrators, and students from all VA higher education institutions are invited. The conference will offer opportunities for people to meet others who are working on LGBTQ issues on their campuses, share information, and build a sustainable statewide coalition.

- April 9-15, 2007 - **Transgender 2007**, the 21st conference of the International Foundation for Gender Education (IFGE) at the Philadelphia Airport Hilton, Philadelphia, PA. There will be numerous seminars and workshops on trans subjects, free time for networking, fun events, and a gala banquet on Saturday night. Open to all! — FTM, MTF, Crossdresser, Transsexual, Significant Other, Friend, Helping Professional, etc. Go to <http://www.transeventsusa.org/ifge/> for more info.

## Ongoing Events

- 1<sup>st</sup> Friday of every month: **TGIIF** stands for **TransGendered Interested In Fielden's Friday** — Doors open at Fielden's (2033 West Broad St. in Richmond) at 11 pm. Email [fieldensva@aol.com](mailto:fieldensva@aol.com) for more information. Past TGIIF nights have featured: TG theme movies, special guest speakers, personal stories, makeup workshops, feminization workshops, and a professional photographer.

▶ **Would you like to see an announcement or an upcoming event listed here? Contact Ted Heck at 804-864-8012 or [Ted.Heck@vdh.virginia.gov](mailto:Ted.Heck@vdh.virginia.gov). The deadline for the next newsletter is Oct. 15, 2006!**

**Brought to you by  
Virginia's own  
Transgender Task  
Force**

For more info or to get involved, contact Ted Heck:

109 Governor Street, Rm. 326  
Richmond, Virginia 23219

Phone: 804.864.8012  
OR

→ [Ted.Heck@vdh.virginia.gov](mailto:Ted.Heck@vdh.virginia.gov)

The Virginia HIV Community Planning Committee identified transgender persons in Virginia as a priority population. To identify the health related needs of transgender persons, focus was turned to conducting research, increasing understanding and knowledge of transgender communities in Virginia and developing transgender sensitive and specific HIV interventions and health care. From this, the Transgender Health Initiative was born with leadership from the Transgender Task Force (comprised of CPG members, transgender individuals, community members and researchers). The goals of the Task Force are to:

- 1) Inform effective training to promote culturally competent health care to the transgender communities;
- 2) Develop a statewide resource guide to be distributed across the state to facilitate increased access to care for Transgender individuals;
- 3) Develop and implement HIV prevention programs for the transgender community.

**Building healthy  
transgender communities!**



The Virginia HIV Prevention Community Planning Committee (HCPC) includes people from various backgrounds, expertise, and life experiences coming together as one to aid in preventing the spread of HIV/AIDS in Virginia. Transgender persons are an essential part of the Virginia HCPC.

Have your voices heard! If you or anyone you know is interested in applying to the Virginia HCPC or have any questions, please call Ami Gandhi at (804) 864-8002 or email at [Ami.Gandhi@vdh.virginia.gov](mailto:Ami.Gandhi@vdh.virginia.gov).

## Community Resources

To have your resource listed here, contact the Transgender Health Newsletter at the number or email address listed above on this page.

**TG Clinic at the Fan Free Clinic** — Free Transgender-specific healthcare for anyone in Virginia, including hormone therapy, HIV testing, and primary care services. Every Tuesday 6 pm to 9 pm, 1010 N. Thompson St., Richmond, VA. Call (804) 358-6343 and ask to speak to Linda Kendall or Zakia McKensey for more info.

**Richmond Transformers** — A peer-facilitated social and support group in the Richmond, Virginia area for anyone on the FTM spectrum. 2<sup>nd</sup> and 4<sup>th</sup> Tuesdays of each month, 7 pm — 8:50 pm at the Fan Free Clinic, 1010 N. Thompson St., Richmond, VA. Call (804) 358-6343 for directions or other info.

**MTF Support Group** — A peer-facilitated support group in the Richmond, Virginia area for anyone on the MTF spectrum. 2<sup>nd</sup> & 4<sup>th</sup> Thursdays, 6 pm — 8 pm at the Fan Free Clinic, 1010 N. Thompson St., Richmond, VA. Call Zakia at (804) 358-6343 for directions or other info.

**TS Ladies Talk**— A peer-facilitated support group for MTF transsexual women in the Tidewater area. For more info, call Vega at (757) 575-7690 or Mocha at (757) 237-8884. Every Monday, 6 pm — 8 pm at Tidewater AIDS Community Task Force, 9229 Granby St., Norfolk, VA. Call (757) 583-1317 for directions or other info.

**Sophisticated Ladies** — A peer-facilitated support group for all MTF transgender persons in the Tidewater area. Every Monday 7 pm — 9 pm in Suffolk, VA. Call Avantis at (757) 573-1113 for more info about location or about the group.

**DC Area Transmasculine Society (DCATS)** — A peer facilitated social and support group in the D.C. area for anyone on the FTM spectrum. For more info, go to <http://www.dcatsinfo.com/> 2<sup>nd</sup> Sunday of each month 5 pm — 7 pm at the Whitman-Walker Clinic, 1407 S Street, N.W., Washington, D.C. Call (202) 745-6171 for directions.

**Roanoke Guys Night Out** — A social group for FTMs/Genderqueer/Masculine-ID'd persons assigned female at birth. For more information email [baselinerecordlabel@yahoo.com](mailto:baselinerecordlabel@yahoo.com) or go to: <http://www.myspace.com/transguysnightout>

**Metro Area Gender Identity Connection (MAGIC)** - a peer-facilitated support group for MTF and & FTM transsexual people. Every 3<sup>rd</sup> Friday at 8 p.m. at the Falls Church Presbyterian Church, Broad Street & Fairfax Street, Falls Church. Email [magic@www.janisweb.com/magic](mailto:magic@www.janisweb.com/magic) for more info.