

phoenix

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GGA



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

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

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THE PHILOSOPHY and PSYCHOLOGY OF TRANSSEXUALISM

©1983, Alessandra Marie Atalanta

Edited by Georgia [REDACTED]

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Taken from the forthcoming book, Late Blooming Butterfly, a Biographical Study of Transsexualism.

(Third Installment)

ALL YOU EVER WANTED TO KNOW ABOUT TRANSSEXUALISM (and Perhaps More)

(Continued from the previous installment appearing in the January '84 issue.)

Is a Transsexual Really a Female and a Woman?

Some professionals, as well as layman, believe a transsexual can never be a female nor a woman. In the light of the complexity of the issue and origins of sex differentiation in the human fetus, such a belief is vastly oversimplified, even to the point of being biased. In the first place, such a belief begs the question because it assumes a certain definition and etiology of transsexualism which is presently untenable. The bias presumes certain philosophical and religious doctrines which, as any trained and educated philosopher knows, are not able to be proven scientifically, or by any other means, including miracles. Philosophy and religion are in the area of personal perception and faith or in the realm of intellectual speculation that may be available for some reason but certainly not at the same level of scientific endeavor.

If transsexuality is indeed found to be a birth defect then it is related to other forms of hermaphroditic intersexuality. Then we might just as well ask if any one of the many types of hermaphrodites are female after they are surgically reassigned. Developmentally, aside from chromosome (genetic) differences all embryos start out female. If most professionals believe it is possible for a small percentage of genetic males to have developmentally female brains how much difference can it make if their bodies are reconciled to their brains before or after they are born? I submit: only as much difference as you can measure, not with philosophy and religion, but with science and common sense. What you see is usually what you get.

A scientific and phenomenological approach might be to judge individual cases on a profile of factors involved. Some may have differing opinions as to assigning weight to the factors, but at least, the TS should be judged on a composite of elements and not a monolithic credo that "God made humans either male or female and ne'r there be anything in between." A list of these parameters (not necessarily in order of importance) may be as follows:

1. Genetic.
2. Gonadal.
3. Hormonal and biochemical balance.
4. Sexual-mechanical.
5. Self-image (gender-identification).
6. Psychology and personality role (gender role).
7. Cosmeto-morphology.
8. Social.
9. Legal.

Genetic - chromosome types can be readily determined by testing. A simple and inexpensive test is the Barr Body Test, or a baccal smear. A more elaborate and accurate test is a karyotype (chromosome graphing). Obviously, most transsexuals are genetic males, and on that basis can never be genetic females. However, it has been discovered that there are sex determinants at the level of the genes. (Genes are components of chromosomes.) Some recessive genes are activated by the chromosomal sex of the individual. It may yet be discovered that a defect (or mutation) in the genes may be at least a contributing factor in the etiology of transsexualism.

Gonads - Since a post-op does not have ovaries she is, on that score, not a female. Gonadally she is a castrated male. She has a vagina, which is the accompanying organ to the ovaries. In most cases, however, the reconstructed vagina differs considerably from that of a normal woman.

Hormone and biochemical balance - Hormonally those transsexuals in whom the administration of female hormones has reduced the testosterone levels to within the female range (below 100) are female within the hormone level of their blood. That they have been made so medically after puberty is merely another distinction.

Sexual-mechanics - It cannot be denied that a post-op TS is at least a sexual-mechanical female. Successful surgeries can construct a female urogenital apparatus so well that many gynecologists have mistaken a post-operative transsexual for a genetic female.

Self-image - Does she identify with being a woman and believe and feel herself to be a woman through sincere and balanced introspection? Specifically, what is her gender self-identification? If the answers are "Yes" and "Female" then the individual is a female, whether she is pre-, post- or non-operative and regardless of her physical morphology.

Psychological and personality role - A transsexual usually corresponds with the self-image mentioned above, but not always (as in the case of the lesbian dyke). Does she think and feel like a woman? Does she act like a lady? Emotionally, can she achieve a feminine orgasm?

Cosmeto-morphology - this might be defined as the science and art of determining her passability. How well does she resemble a genetic female? What you see is not **always** what you get? If so, how does the information that she is a transsexual affect you, other than being pure information, especially the face of a passable TS?

Social - What if she passes so well that she is accepted unequivocally by Society, even her husband — until someone reveals the information that she is not a genetic female? If she turns as a cog in the wheel

of Society with no squeaks or hitches, why fight it?

Legally - The Law is usually behind the times, but it has, for the most part, adopted a practical position that defers to modern medical surgery on this issue, namely: if she is an operated TS, she is a woman. In some states, even the birth certificate is changed to reflect the transsexual's new status.

The Advantages of Being a TS

The morale of a TS is of vital concern because it is often worn down by suffering and overwhelming obstacles on the way to the solution of the problem. TSs are high suicide risks. Attention should be given therefore, to the **advantages** of being a TS as well as the **disadvantages**. Granted, a TS is a tragedy at the first level of consideration but good comes at many levels in the tree of causality.

Let's enumerate some of the advantages of being a TS.

Statistical studies, and my own observations, have shown that transsexuals are often of considerably higher intelligence than the average "normal" male. There is some evidence that the nature of the birth defect causes superior development of the neurological system as a side effect.

Transsexuals generally understand and appreciate both women and men better than the average "normal" man or woman. Most transsexuals tried very hard to be boys or men (or both). They often lived as a male among males. They usually have studied women very intensely and of course, most have tried very hard to become a woman.

Many women take their sex for granted. Especially some naturally beautiful ones who never had to work very hard to be a woman. A TS usually has a built-in course in character development during the course of the remedy. A TS has practically to create herself from scratch and she comes to appreciate being a woman as a very precious and enjoyable thing indeed.

Being a member of a pariah caste, even if it is kept secret, tends to make the TS more tolerant of the disadvantaged, the handicapped, the discriminated against. A TS is often less biased and more compassionate than many "normal" individuals.

As a member of a sub-culture of Soc-

iety and afflicted with an esoteric handicap, the TS generally is more receptive, open and sensitive to the spiritual side of life; less swayed by the motives of greed, power and political expediency that rule the world of the manifest.

Of course the TS **cannot** become pregnant and need not take potentially harmful or debilitating birth control remedies. An effect of not getting pregnant is that she can keep her figure and health better (easier) than the average woman who is subject to the "pregnancy bomb".

There are some physical advantages a TS has over a normal male as well. Most of the changes resulting from changing hormone balance in the blood from normal male to normal female are beneficial to the TS.

Some Definitions

To assure understanding of some of the words/descriptions used in the following paragraphs the following definitions are provided:

Hermaphrodite: A birth defect by which the individual incorporates the organs of both sexes. Depending on the genitalia visible the individual may be registered, at birth, as either a male or a female.

Lesbian: a female homosexual. A TS preferring to have sexual relations with a genetic female is, technically a lesbian. Also, a married pre-op or non-op TS living as a male and having sexual relations with a female.

Natural Beauty Wonder (NBW): A very rare case of the genetic male who passes as a beautiful female without the aid of artificially induced female hormones or other transsexual treatments. Although the term has its origins in the gay community the definition does not connote a particular gender identification of the individual; "she" could be a Drag Queen, a TS or even a "straight" male.

Public TS: A TS who does not pass in the eyes of most people, but who insists on cross-living in public and who is therefore recognized as a TS or may be taken to be a TV. Second meaning: a TS who, for one reason or another, becomes publicly known as a TS (Christine Jorgenson, Renée Richards, Canary Conn, etc.) and therefore cannot

live anonymously whether she passes or not. If she can and did pass before becoming known through publicity she is an informational TS.

She-male: a transgendered person taking female hormones and cross-lives (as a woman) but who does **not** seek or want reassignment surgery; often bi-gendered. Morphologically, a pre-op TS is a She-male but is psychologically monosexual and has a different prognosis.

"Legitimate" Classes of Transsexuals

Contrary to the belief held by most professionals that there is but one "true" TS and only one justification for corrective surgery. I believe there are many individual cases having different, but legitimate reasons justifying surgery or non-surgery. Almost everyone agrees the causes of transsexualism are not completely known. There may be more than one cause or combinations of causes. To be practical when attempting to justify someone's valid candidacy for surgery we can disregard the etiology and focus on the teleology. We may not know what causes it, but not knowing the cause of a patient's condition does not mean we cannot strive for a solution. The causes of cancer are as yet, for the most part, unknown, but the medical world continues to look for a cure — some "cures" in use today are surgery, kimotherapy, etc. — and doesn't, out of hand, condemn the patient to a life of torment and pain — as many would do for the transsexual. Too often the professional's preconception of the causes of transsexualism are bound up with their criteria for accepting a TS. Some "clinics" and professionals are so intent on identifying the "true" TS that they screen out the complex cases or those who do not fit their rigid and simplistic ideology. This is a "Save the doctrine and damn the patient" attitude. The one "clinic" I have studied is a farce. The members of this so-called clinic are skimming of the easy cream of the TS crop. In fact they are also skimming crops of money from the TS clients.

Theoretically we can postulate a number of legitimate "motives" justifying surgery, but not your "true blue" TS. For the sake of broadening the issue we'll enumerate and then enlarge upon some of the cases.

1. The Genetic hermaphrodite.
2. The psychological transsexual.
 - a. The gender-identity TS.
 - b. The gender-role TS.
 - c. The bi-gendered TS.
3. The Socially-induced TS.
4. The Conscientious passive homosexual.
5. The Secret TS.
6. The Philosophical TS.

The Genetic Hermaphrodite - Few professionals question the right of a physical hermaphrodite to reassignment surgery, especially if she passes reasonably well or is pre-pubertal.

The Psychological TS - This would be the "true" TS. For whatever reasons (genetic, hormonal, birth-defect, childhood conditions, degenerative personality disorder), her persona is untreatably polarized in the female gender.

Whether she passes or not is irrelevant and really none of the professional's business. Even if she doesn't have a prayer of ever passing, it's her business if she wants to live as a public TS. She should be warned, educated and dissuaded, if possible, but she **cannot** be denied surgery if she really has considered all the angles and still wants it. Most professionals have the idea they have to protect society from the TS who would embarrass people by her appearance. In the first place it is not feasible to predict how well a TS will pass until she has been on hormones for a while and has had some practice at passing. Even if she fails to pass, Society already has plenty of ugly and monstrous people with bizarre habits and appearances; one more "crazy post-op" won't hurt. This is one of the more harmless irritants to Society. Lord knows, there are genetic women out there who don't pass well either.

Many professionals and clinics would rather the non-passable TS commit suicide, go to a butcher for surgery or just plain get the hell out of their life, rather than cast aspersions on **their** reputation by turning out anything but prim and proper ladies of the TS persuasion. There is nothing sacred about the way Society chooses to clothe the sexes. Society is not going to fall apart because of a small percentage of deviants. Personally, I am embarrassed and turned off as much as anyone else, as well

as saddened, by a public TS, but when it comes right down to it, it really isn't a hellava lot of skin off my nose — or yours.

Which brings up another important distinction. There is a common practice among professionals and clinics to screen out psychotic sex change candidates. Some of the more finicky clinics even exclude the neurotic or those with sex problems indicating psychoanalysis therapy and even those with the **dreaded** disorder: **gender dysphoria transsexualism** (as if one could be perfectly normal and problem free except being gender dysphoric). They tend to overlook the fact that transsexualism is **not** a sex problem; it's a **gender** problem. Furthermore, gender problems are deeper than sex problems. To take another cybernetic analogy, when one is debugging a computer program, one starts at the **top** of the error list and works one's way down because the principle of propagation of error. Often, correction of an error at the top will cause a whole slew of others further down the list to just go away.

The reason the professionals and clinics do this excessively narrow "screening" is, again, to protect their reputations, and I suppose, for the reputation of the TS Community. Granted, a psychotic person is not going to be a good candidate for the cross-living test; they aren't going to be a good candidate for anything until their psychosis is cured. But, the fact remains their psychosis may or may not have anything to do with their gender identity. Every attempt should be made to separate, if possible, the psychosis from their gender identification. If it can be determined that they are distinct problems and the person identifies as female, there is no reason why surgery cannot be performed as a solution to at least one problem, if it is legally feasible to do so as part of the treatment. Hopefully, there will be some beneficial results which will spill over onto the remaining problems. Granted, it is difficult to make such a distinction, but it is theoretically possible, and probably not beyond the ability and experience of some shrinks. The point is, psychological problems, over and above the suspected transsexualism, should not be an excuse not to treat the transsexualism itself.

The Socially-induced TS - is one of the types identified by Dr. Stoller in his two

volume work Sex and Gender. This person looks so much like a female to the average person that it is extremely impractical as well as discomfiting for her to attempt to live a normal life as a male. Often this type is recognized at an early age because they are so hard-core obvious. If he is greatly attached to his male identity, of course surgery is out of the question, and he can always undergo testosterone therapy, or put on a beard, a three piece suit and boots, but if she would rather have surgery, it is irrelevant whether she is a "true" TS or not. One can only go so far in analyzing a person's motives for surgery. Sometimes the motives are far to complex and could cause endless speculation. Ultimately, we **must** consider the results in benefitting the patient as a viable and productive member of society.

The question arises whether social feedback itself is sufficient to cause a TS. In extreme cases it is possible maternal and social conditioning of the child during the first formative 18 months could be a cause; regardless of genetic or developmental defects. In most cases, apparently it can be a contributing factor but, it is not a definitive cause in itself, except perhaps in extreme cases where the subject may give in to social pressures and maternal conditioning. I have heard of, and probably seen or known, males having many feminine physical characteristics and who were embarrassed by them, but nonetheless identify as male and are satisfied with their gender. They also manage to pass in Society as males. In many of the cases of Natural-Beauty-Wonders the male has no TS tendencies. This may indicate that a low serum testosterone level does not of itself induce TS tendencies. The TS factor or factors (whatever they may be) may have more influence on the person's physical characteristics than the other way 'round. But in general, the Stoller Social TS type is probably just part of a random distribution in a Bell Curve or genetic characteristics.

The Conscientious Passive Homosexual

This is a more difficult case. This one **knows** he's male and is not dissatisfied with his gender, but he has deep religious, aesthetic, medical or social objections to having sex in the manner of the gay male. Again, an attempt must be made to edu-

cate him, provide therapy, psychoanalysis or otherwise insure he has considered all options and knows the surgery is irreversible. If he can pass the cross-living test and finds he is still accepted by gays or at least his mate, or if he likes heterosexual men or whatever kind of men, then deference should be given to his higher considerations. Many professionals, often themselves gay, try to dissuade this type on the basis of the preconception that it is better to be a gay man than have surgery. Such an opinion is purely personal, philosophical and certainly no better than the opinion of the gay candidate himself. Conjoint with this professional opinion in an overweening faith in the sanctity of the male prerogatives and an exaggerated and unwarranted horror of the surgery. Another equally valid opinion is that the practice of sodomy is an abomination. Again, there is nothing sacred about sex or profane about removing someone's testicles for humanized reasons. If anything, the enlightened mind is more sacred than a preconception about the human body. At any rate, the patient's overall welfare is more sacred than preserving the idea of the sacred macho-ness of being born male.

The Secret TS - This type wants surgery, even though s/he has no intention of cross-living post-surgically. After surgery they cannot pass, but whatever the reasons, the conversion is solely for his/her own personal satisfaction. Such a person might try to pass the cross-living test solely to obtain surgical clearance, or more likely s/he just might find a surgeon willing to perform the surgery without psychotherapist approval. Provided this person has been given therapy/counseling and in their right mind, there is no reason to deny them surgery.

The Philosophical TS - This type is exemplified by Gore Vidal's novel, Myra Breckinridge. Actually the protagonist in this novel is ostensibly a passive homosexual man as the preceding type. However, the relevant aspect of this type is that the person has reached a high enough level of self- and human-understanding that his/her unique and personal state of development leaves the person free to decide, hopefully irrevocably, regardless of, or rather on a higher plane than considerations of gender

or sex that she will become a woman. You might call this type the philosophical or metaphysical TS. (Hopefully he passes almost as well as Raquel Welch.) As you might suspect this type, if she exists at all, is rare. The novel only approximates this type because Myra finally discovers he is a heterosexual male after all and only when it's too late. Despite the suggestion in the novel, the chance for a post-op MTF returning, surgically, to a fully sexually functioning male is as successful as changing a genetic and physical female into a fully sexually functioning male — in other words not a snowball's chance in Hell. As the old saying goes "you can't unring a bell."

to be continued+

GENDERNET



EAST COAST TS RIGHTS COMMITTEE

We have been contacted by one of our members who is anxious to establish an East Coast TS Rights Committee.

The individual is a professional and a 12 year post-op FTM who has lived for more than 20 years as a male.

Individuals interested in supporting and receiving additional information please write Lenard (PA-25) in care of GGA, POB 62283, Sunnyvale, CA 94088.

NEWS FROM THE WINDY CITY CHAPTER by Sharon (IL-1)

It hardly seems possible but two years have passed since that snowy, 9° December night in 1981 twelve people met at the Lite Factory to form our new Chapter. December '83 saw 43 people meeting at our new location, The Club Victoria, to celebrate our second Christmas together and look back at what we have accomplished over the past year.

We survived the trauma of moving our meetings from the closing Lite Factory to the new Club Victoria where Jennifer and her employees welcomed us with open arms allowing us the use of this beautiful club where members of the gender community may meet any night.

We now average 40 people per meeting and our mailing list has increased to 130.

During the past year we have had many guests and guest speakers, such as attorney Ralla Klepak; Dr. Ron Sable, who spoke to us about AIDS; Dr. Tom Jones, an endocrinologist answered the questions of many concerning hormones and other subjects; J.J. LaCourt, an electrologist, gave us tips on electrology and beauty. And of course we can't forget Charlotte Biris, our resident Sex Therapist, consoler and friend who was on hand at so many of our meetings to give aid and succor to those needing it.

September '83 saw our First Annual Miss Windy City Chapter GGA contest. The four ladies entered, Kristina (IL-48), Ellena (our Chapter VP), Marsha and Robin, did marvelously in each of the four categories - Evening wear, Sportswear, Fantasy wear and talent - used by the judges to select the winner. Jennifer, owner of the Club Victoria and Gloria, Miss Gay Wisconsin and Melissa, both performers in the nightly FI shows at the Club were contest judges and awarded first place to Kristina with Ellena 1st Runner up, Marsha 2nd Runner up and Robin 3rd Runner up.

All looked beautiful as they came out to receive their prizes and trophies from Mistress of Ceremonies, Tracy (IL-49).

We look forward to a bigger and better year in '84.

MAIL BAG



Last month you published a letter from Ginny voicing her concerns and asking for information about MTF surgery. You stated you would like to hear from all post-ops concerning the after surgery pain and later cosmetic appearance of the surgery. Why not also ask them to discuss the functioning of the post-operative vagina in later years? The pain is transient but I'm sure we would all like to know if the resulting vagina "itches" to have sex; whether or not they experience orgasms and do they have them during sex — if they have sex — or not at all.

Virginia Prince once showed that 60% of previously heterosexual MTF transsexuals didn't have sexual intercourse post-operatively. That seems to show that something was done wrong or why would so many remain sexless? It seems to me that in such cases it would have been better to remain a "She-male" because although their sex drive is low they can, usually, continue to have orgasms by titillating their breasts.

I believe a survey should be taken and the results tabulated showing the results to be expected by going to each surgeon performing reassignment surgery. Also the inclusion of cost of each surgeon wouldn't hurt.

Too many transsexuals have such surgery blindly and once it's done it can't be undone. The future happiness of those enjoying regular intercourse is dependant upon the results of the surgery. Too often they merely find unhappiness.

Leona (CA-71)

Comments anyone? Because of Virginia Prince's unsuccessful attempts to obtain reassignment surgery one is tempted to view her survey results with more than a grain of salt. We are in the process of preparing, with the assistance of some of the involved counselors, pre-ops and post-ops. We will send it to those GGA people known to be post-op and install it on our electronic Bulletin Board (GenderNet) so non-GGA people may participate. We also plan to have a pre-op questionnaire available both via mail and GenderNet soon.

Re the 1984 centerfolds. Could you please make the calendars a little larger? And place them in the lower corners where I can see them?

Sally.

Ed's reply. Hadn't realized anyone would use them as a calendar. We just tacked the calendar on as an after-thought. By the way, our printer has a copy of all the '84 centerfolds on the wall behind her presses. Sez "they keep the guys closer to their work sites."

Enclosed is my renewal check. I wanted to take this opportunity to thank you all for existing. GGA and the Phoenix have been helpful beyond words over the past year. I have come to understand myself better and have been able to turn guilt into understanding. If you had existed 20 years ago my life would have been better, but at least now I am making progress. Again, my appreciation.

I would like to see more "How To" articles in the Phoenix. I also enjoy the stories. Anyway, keep up the good work.

Janice (IL-15)

Was Alessandro **really** nude in the pictures in the March issue?

Danny.

Ed's reply. No. If you'll look closely you'll see she has on a white crocheted teenyweeny bikini. Unfortunately, the white-on-white combination makes the coverings almost invisible.

Phoenix Monthly—International



Left to right. 1st Runner up Ellena [REDACTED] Miss Windy City-GGA Kristina

Phoenix Monthly—International



Keaton, 2nd Runner up Marsha

3rd Runner up Robin

LIPS

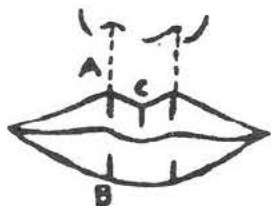
by Muriel Olive

The mouth is the most mobile feature, capable of showing many emotions and expressions. To achieve a clean looking outline always use a lipstick brush when applying lipstick. A pencil may also be used. The brush and pencil are used in the same manner. Place the little finger against the chin to serve as a brace.



The lipstick shade worn **must** harmonize with the rest of your complexion as well as your nail polish **and** the outfit you are wearing.

Outline the lips first, using a lipstick pencil, by drawing short, sketchy overlapping lines.



"A" is the highest elevation of the lip-line and just below the ribs extending down from the nostril. Put a dot just on both sides **above** this point of the lips.

"B" Follow guideline "A" to the bottom lip. Put a dot on both sides as much as a $\frac{1}{4}$ inch below the lower lip if the lip is too thin.

"C" is the middle guideline is centered between "A" and "B".

1. Connect center lower lip guide lines from dot to dot with a curved line and ending straight to the corners.

2. Connect the top lip guides with short, sketchy, overlapping strokes from low the high elevation, curving slightly outward, then straightening out down to the corners.

3. Fill in the outline solidly with lipstick brush or lipstick from a tube.

Blot lips with tissue and apply lip gloss to give more highlight sheen or moist look, if desired.

CORRECTIVE LIPLINE CHART



Thin lips—Increase size of both upper and lower lip with a gentle curving line.



Thin Upper Lip—Build up curve of upper lip to balance.



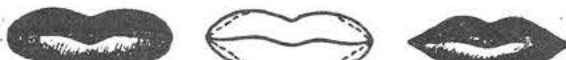
Thin Lower Lip—Extend curve of lower lip to balance.



Sharp Cupid's Bow, Narrow Corners—Fill in most of Cupid's Bow widen sides of upper and lower lips.



Very Full Center, Tight Corners—Build out sides of upper and lower lip, avoiding too much curve toward corners.



Large, Full Lips—Keep lipstick coloring inside of lip line. Shade color off at sides. Keep corners very sharp and clean-cut.



Small Mouth—Build out sides of upper and lower lips and extend corners of mouth.



Drooping Corners—Build up the upper lip at corners of mouth.

IT'S HAPPY BIRTHDAY TIME!



The following Associates have a birthday in the months listed. We hope you'll send each Birthday Person a nice card. We have.

MARCH

Stephanie	CA-26	Kaye	CA-97
Ashley	CA-219	Marilyn	CA-226
Felicia	CA-250	Carol	CA-252
Robyn	CA-242	Mike	CA-407
Myrna	CN-18	Melaine	CN-21
Cindy	CT-23	Pat	FL-50
Bee Bee	FL-54	Diana	HI-10
Carol	IL-50	Anna	IL-57
Teri	IL-61	Bea	MD-33
Carol	MD-36	Linda	NJ-21
Joseph	NJ-26	Jamie	OH-26
Janice	OR-16	Tiffanie	TX-40
May	UT-11		

APRIL

Terri	CA-66	Lila	CA-86
Terry	CA-122	Donna	CA-161
April	CA-179	Wendi	CA-175
Shirley	CA-179	Pam	CA-121
Kim	FL-50	Catherine	FL-47
Connie	IA-13	Diana	IL-56
Jeri	IL-64	Julie Ann	IN-18
Linda	MA-19	Jo Ann	MA-21
Coreene	MT-14	Valarie	NJ-23
Karen	NJ-27	Laurie	OH-30
Connie	PA-41	Jim	PA-400
Melinda	TX-35	Carol	TX-48
Jacquelien	TX-41	Sharon	TX-50

ATLANTA, GA TV GROUP

Gi Gi [redacted] of Atlanta advises she is starting a group (The Elite TV Co.). Anyone interested in contacting her may do so by writing Gi Gi [redacted] POB 47686, Atlanta, GA 30362. This new group is also listed on the What's Happening page.

NEW CHAPTER

Continuing to grow we are proud to announce the opening of a new Chapter in Iowa under the auspices of Connie. Individuals interesting in meeting others in the area need only contact Boxholder, POB 1025, Bettendorf, IA 52722 for specific information concerning the meetings and happenings of this, our newest, Chapter.

GENDERNET ROADMAP

Many of us get out the old road map before embarking on a trip to unfamiliar territory. So, included in your envelope this month is a Roadmap of GenderNet. If you're a computer user and have a modem the Roadmap will allow you to quickly and easily find your way around from place to place in Gendernet.

If you aren't "into" computers and have no need for the Roadmap please pass it along to someone who can use and will get some use out of it, or send it back.

If you have friends interested in exploring GenderNet be sure and give them the phone number so they can browse the network.

WANTED: ROOM TO SHARE

Am pre-op and on SSI. Need a room to share in Berkeley or SF. Can contribute up to \$150.00 per month as my share of expenses. Write Alexis, CA-255, in care of GGA Office.

WHERE AND WHEN IT'S HAPPENING

GGA Chapters do not act as dating services or dating brokers. Do not call asking for that service.

****NORTHERN CALIFORNIA AREA****

GATEWAY GENDER ALLIANCE

San Francisco Chapter - No meetings until 2nd Wednesday March '84.†

San Jose - 1st and 3rd Friday†

†Meetings begin at 8 pm. Write PO Box 62283 Sunnyvale, 94088 or call (408) 734-3773 for specific details.

SANTA ROSA - Meetings: 1st Friday, 3rd Wednesday each month at [redacted]

[redacted] Call (707) 526-2500 for specific details.

SACRAMENTO CHAPTER. Meetings on 2nd Friday each month. Write: Bonnie [redacted] POB 38918, Sacramento, CA 95838 for details, meeting time(s) and place.

****OTHERS****

PACIFIC CENTER - 2712 Telegraph, Berkeley. 1st & 3rd Wednesday rap session. Last Friday, special topic or speaker. Meetings run from 7:30 - 10:00.

BI-SEXUAL CENTER. Rap sessions from 7:30 each Tuesday and Wednesday. \$3.00 donation requested. For specific information write PO Box 28227, San Francisco, 94126 or call (415) 929-9299.

SOCIETY OF JANUS. For those into or seeking adventure in S&M. Write PO Box 6794, San Francisco for information.

ETVC. Last Thursday each month at Chez Mallet, 527 Bryant St. SF.

****SOUTHERN CALIFORNIA AREA****

MISSION VIEJO/ORANGE COUNTY AREA. Gender Dysphoria Program for Orange County. Information brochure - \$2.00. Contact Joanna M. Clark, 31815 Camino Capistrano, Suite L, San Juan Capistrano, CA 92675. Group Counseling: Dana Point facility - 2nd & 4th Monday. San Juan Capistrano Facility - 1st & 3rd Monday.

SAN DIEGO-GGA: Contact W. Thomas, PO Box 99732, San Diego, 92109.

SHANGRI-LA: Nancy [redacted] PO Box 18902, Irvine, 92713.

SALMACIS: Meets in Glendale 2nd Saturday each month. \$2.00 donation requested. Call (213) 241-9023 for information.

****COLORADO****

DENVER. Gender Identity Center. Staffed by professionals, pre and post-ops. 3715 W. 32nd Ave, 80211. Phone (303) 458-5378.

****CONNECTICUT****

XX GROUP. 45 Church St. Hartford.

****DISTRICT OF COLUMBIA****

DELTA CHI-GGA. 1st Saturday each month. Write POB 11254, Lincolnia Station, Alexandria, VA 22312.

CAPITOL CHAPTER-GGA. (Balt-DC Area). Pam [redacted] POB 651 Marshall, VA 22115. Meets 3rd Saturday.

ACADEMY AWARDS (Drag gay). Carl Rizzi, [redacted] Arlington, VA 22204.

****FLORIDA****

SUCCESS CHAPTER-GGA. Monthly Meetings. Contact Susan [redacted] POB 1601, Pinellas Park, FL, 34290.

*****ILLINOIS*****

WINDY CITY CHAPTER-GGA. Monthly meetings. Contact PO Box 2312, Chicago, IL 60690 or call (312) 472-4518.

CHI Chapter (Tri-S). Marilyn [redacted] POB 2055, Des Plaines, IL 60018.

*****MASSACHUSETTS*****

TIFFANY CLUB. Tuesdays & Saturdays 7-11 pm. Very attractive private facility. GGA Members welcome. Write Tiffany Club, POB 19, Wayland, MA 01778 or call (617) 358-5575.

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

TS SUPPORT GROUP. Write Rachia Heyelman, POB 25, South Orleans, MA 02662 for information.

*****MICHIGAN*****

CROSSROADS. Irregular meeting schedule. Write POB 1298, Flint MI, 48501 for information.

*****NEW JERSEY*****

NU CHAPTER-GGA. 1st Saturday each month. For specific information write POB 9034, Morristown, NJ 07960.

*****NEW YORK*****

NYC-GGA. 2nd Saturday. Changing facilities available. Members may arrive anytime after 4:30 pm. Meetings run from 7 - 11:30. Muriel Olive, [redacted] NYC, 10019.

*****OHIO*****

PARADISE CLUB. Reservations required as meetings are held at a motel and a room is often required for overnight stay. Meetings: Oct. 22, Dec. 10. Write Paradise Club, POB 17023, Cleveland, OH 44117.

*****OREGON*****

NORTHWEST CHAPTER-GGA Regular meetings. For information concerning activities in NW Area contact POB 13173, Portland, OR 97213.

*****PENNSYLVANIA*****

PHI CHAPTER-GGA (Philadelphia Area) Contact: POB 322, Collingswood, NJ 08108. NEPA-GGA (Scranton/Wilkes Barre Area) Meetings: 1st Saturday, each month. Contact Kathy [redacted] POB 268, Dallas, PA 18612.

*****RHODE ISLAND*****

HOLCYON SOCIETY (Tiffany Club). 1st Saturday 7pm. Contact: Occupant, PO Box 142, Kingston, RI 02852 or call (617) 678-0609.

*****TEXAS*****

GENDER DYSPHORIA CENTER. Galveston GGA Chapter. Meetings: 8pm 1st Saturday every month except July, Aug, Sept. Contact Alice, [redacted] Especially helpful for the TS.

*****VIRGINIA*****

HAMPTON ROADS-GGA. Meetings: March 3rd and May 14th. Contact N. Cooper, S-180, POB 2400, Virginia Beach, 23452.

*****WASHINGTON*****

Seattle Counseling Service. TV/TS support group. Meetings: every Friday evening from 8-10. Anyone concerned with TV/TS issues welcome. 1505 Broadway, Seattle 98122. (206) 329-8737.

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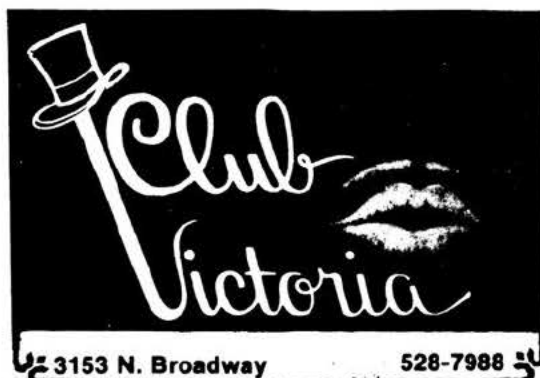
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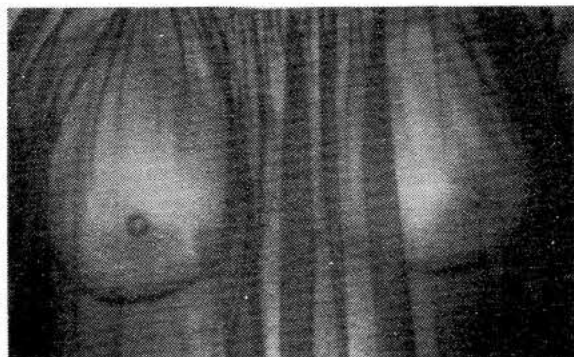
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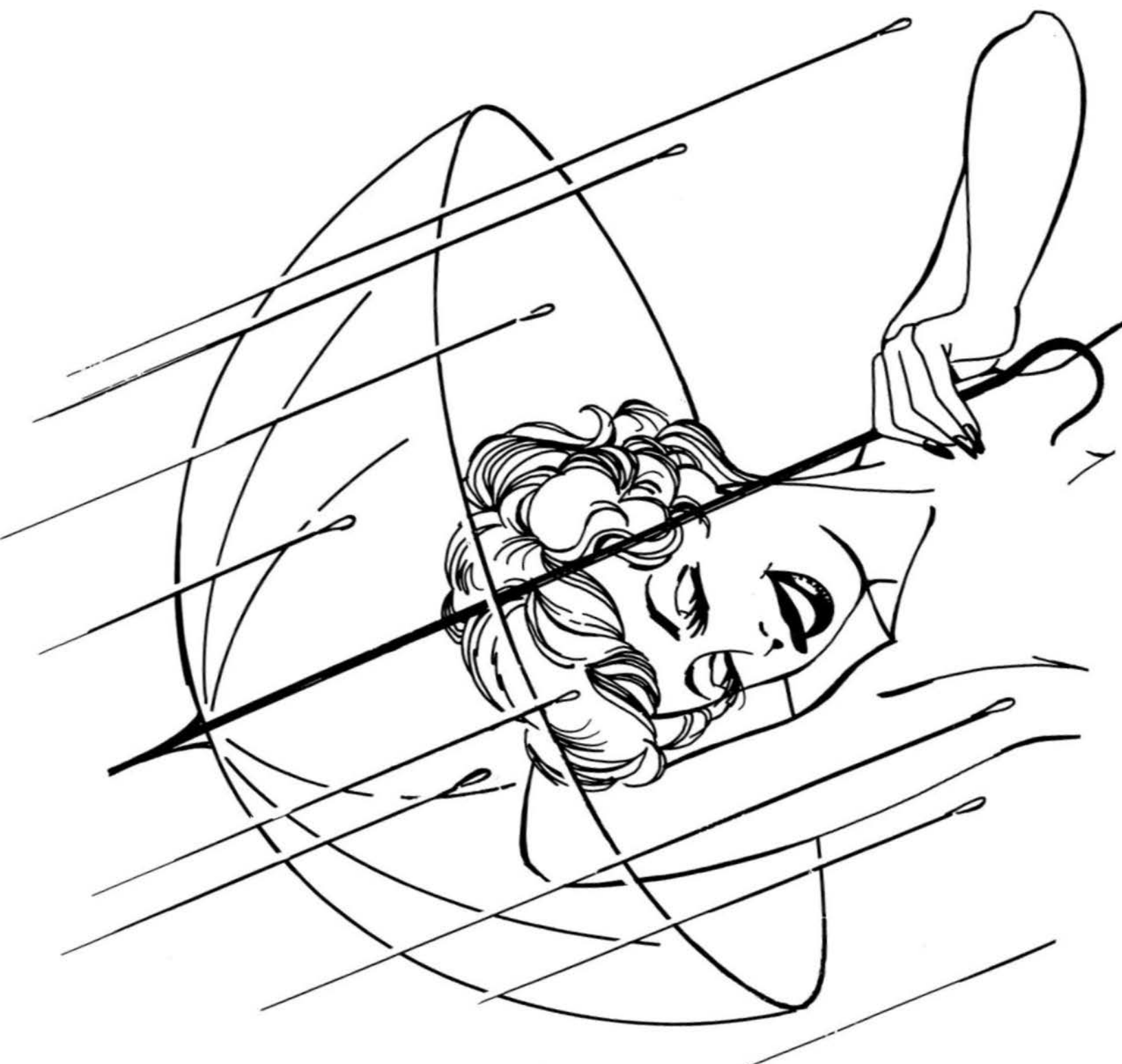
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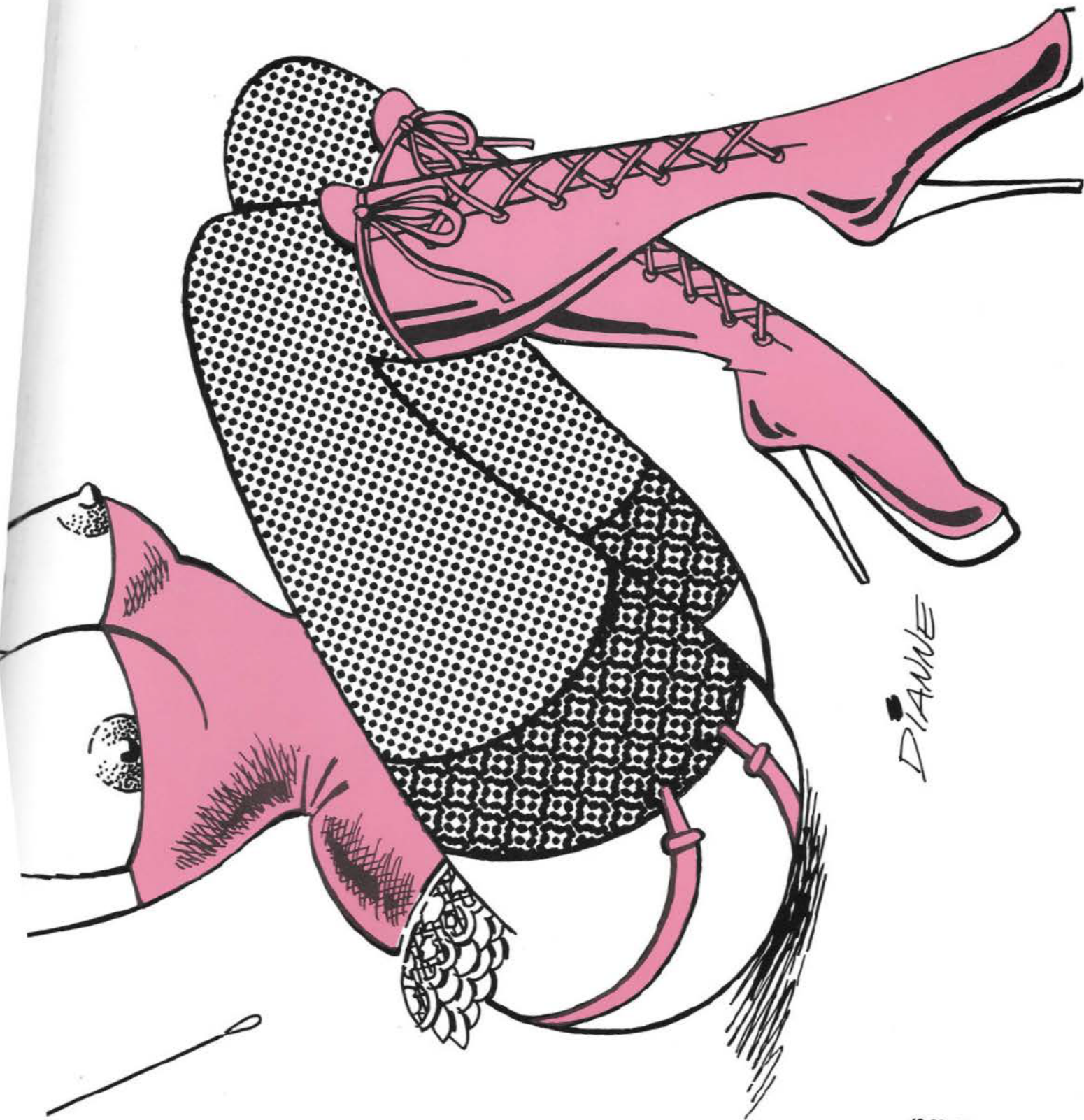
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