

IMPORTANT NOTICE:

The XX Club meeting on Saturday October 26th, 1991 will NOT be held at Christ Church Cathedral, 45 Church Street Hartford. This meeting only will be at Center Church House (behind the church), 60 Gold Street, Hartford, at the regular hours of 2-5PM.. Gold Street is four blocks south of Christ Church Cathedral.

A Very Special Person

President Bush referred to a special group of people in America who make such a difference by enriching the lives of others as his "thousand points of light."

We at the XX Club, are especially fortunate to have as our advisor, the Reverend Canon Clinton R. Jones. Canon Jones is indeed one of those few very special "points of light". Throughout his career, and indeed today, well into his "retirement", Canon Jones devotes his entire being to the service of other people and the church.

I often travel throughout the northeast, and beyond, and occasionally visit other organizations serving the needs of transsexual persons. When the people that I meet at these other groups realize that I am from the XX Club, in Hartford, CT - they invariably speak with awe and respect of the Reverend Canon Jones.

Our very own Canon Jones is indeed a legend in the service of gender dysphoric persons everywhere. His selfless contributions span many years of service to the XX Club, the Gender Identity Clinic of New England, and the Harry Benjamin International Foundation for Gender Dysphoria.

Canon Jones, please allow me the honor of speaking for our entire group, and letting you know just how much we all love, respect, and appreciate you.

Anne C. - President

From The Editor

Dear Reader (and Potential Contributor),

If you missed the last few XX Club meetings (???), the rumors are true. What you see and read here is the new news letter. I am not going to draw comparisons, but I will state that this is not Twenty Minutes. By a group vote, XX (Twenty) was attached to the Twenty Club Inc.. This is the official news letter of the XX Club.

I have volunteered to be the editor and was approved by a XX Club member vote. To be honest, I want this news letter to be a positive reflection of myself, and you the reader. I will try my best to keep this newsletter, the type of newsletter that the XX Club want's it to be. If I should loose my way, I can be replaced. Your feedback, comments, suggestions and observations are welcome.

I think the articles we were given in such short notice are excellent. I think we have a good first issue, but what about the second, the third etc.. We need your help. This is your news letter and hopefully something prompts you into contributing. Non-member submissions are very welcome. Submitted material can take the form of articles, replies, letters, life experiences, hints, medical advances, upcoming events, opinions, even humor as long as it deals with Gender Dysphoric issues, as should everything else. Also please find and read the section on submitting material.

There will be some additions and perhaps an occasional change, but I am very happy with the new physical look of the news letter. I think you will find the pages are clearer and the type style easier to read.

I have had a lot to say, and I have tried to say it in as little space as possible. I will try to leave some room for your opportunity to help and inform someone.

Thank you,

Brenda

In This Issue

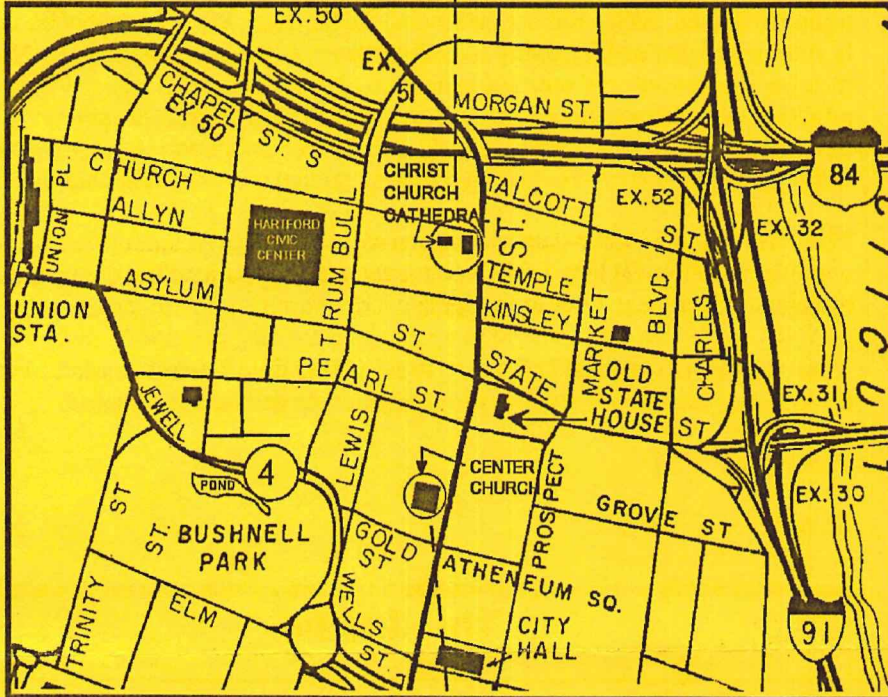
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XX Club Meetings

Regular meetings of the *XX Club* are held the second and fourth Saturdays of every month at 2 PM sharp to 5 PM.

Meeting are held at:

**Christ Church Cathedral (Parish House)
45 Church Street
Hartford, CT 06103**



Upcoming XX Club Meetings

Saturday, OCT 26th - Meeting at Center Church (Church House Behind Church)

(Meeting Place Change For This Meeting Only ,See Map)

Saturday, NOV 9th - Meeting at Christ Church Cathedral (Parish House)

Speaker - Lois Spivak, Ph.D., "Sex Talk With Dr. Lois"

Saturday, NOV 23rd - Meeting at Christ Church Cathedral (Parish House)

Saturday, DEC 14th - Meeting at Christ Church Cathedral, "XX Club Christmas Party"

Pot Luck Supper, Please Coordinate At Club Meetings

The XX Club, Inc.
P. O. Box 387
Hartford, CT 06141-0387

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XX (Twenty)

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Newsletter articles referring to specific programs, services and/or products do not necessarily constitute endorsement by the XX Club, Inc., or, the Gender Identity Clinic of New England, Inc. Articles involving medical aspects of gender dysphoria are not intended to be medical advice and readers are cautioned not to make any changes in treatment based on such information without consulting a physician.

NEWSLETTER SUBMISSIONS Newsletter submissions may either be mailed to the XX Club at our address above or submitted at a XX Club meeting. While not necessary, it would be helpful to the editors if your contribution was submitted on an MS DOS computer disk (5-1/4" or 3-1/2") (any word processing format or ASCII). This newsletter represents the XX Club, Inc., and the Gender Identity Clinic of New England, Inc.. For that reason, a submission will not be printed if it does not center on an issue of importance to the transsexual community, or if it in any way slanders any individual or group of individuals. Due to space and time constraints, your submission may not be printed immediately. Unfortunately, we cannot be held responsible for the return of any materials submitted. Please state clearly what name, if any, or any other personal information you want, or don't want included in publication of your submission. Personal information about contributors will not be disclosed. Please give due credit to your sources. All submitted material will be considered, and VERY much appreciated. Material submitted serves as a default release to publish. Any photographs submitted must have a signed release from all individuals in the photograph.

CHANGE OF ADDRESS: Please send new address and old address, including zip codes, to "XX" at the above address.

Special thanks and appreciation are extended to Veronica Jean Brown and Becky Ann for their many years of dedicated service through publication of the newsletter, Twenty Minutes, which has ceased publication..

Composition and computer services courtesy of: PC Enhancement, Inc. - Cheshire, CT.

XX Club Information

The XX Club, Inc.

**The Transsexual Peer Support Group, of the:
Gender Identity Clinic Of New England, Inc.**

P. O. Box 387

Hartford, CT 06141-0387

Tel: (203) 646-8651

Nature: The XX Club is the peer support group of the Gender Identity Clinic of New England, Inc.. Our purpose is to provide knowledgeable information and ongoing peer support to transsexual persons throughout the many stages of their transition, as well as information about the Gender Identity Clinic of New England, Inc.. Friends and relatives are encouraged to attend in the hope of gaining greater understanding and acceptance of their loved one's transsexuality. We are open to both male-to-female, and female-to-male transsexual persons. The XX Club, Inc. is non-profit and non-sexual. We hold no prejudice against any other group of people.

Services: The XX Club, Inc. officially publishes a new monthly newsletter (XX), serving the transsexual community. We meet twice a month (2nd & 4th Saturdays, 2-5PM), at the Christ Church Cathedral; 45 Church Street; Hartford, CT. Meetings are structured to provide support, information, and open accepting understanding. On occasion (no more than one meeting per month), we have professional speakers on educational and medical subjects of interest to transsexual persons. We also have social get-togethers, club parties, outreach to New England and New York gender organizations, and a speakers bureau. There is No Smoking allowed during our meetings. Smoking is permitted during our refreshment break, and after the meeting in designated areas only. In the course of our meeting we have a half-hour refreshment break. People are encouraged to get to know another during the break and help themselves to food and beverages. Please feel free to bring food to share with the group.

Security: We hold no security restrictions on people who wish to subscribe to our newsletter. Persons interested in attending a meeting are welcome to come as long as they have a personal interest in transsexuality, understand the supportive nature of our group, and are willing to respect the anonymity of all persons attending. At no time may another persons name, address, telephone number, or any other personal information be given to another person without full permission. Cameras and recording devices are not allowed at our meetings.

Membership & Meeting Fees: Annual membership dues for the XX Club, Inc., are \$20.00 per year. Dues include a one year subscription to our newsletter, XX. Members and visitors are encouraged to contribute a minimum of \$1.00 per person at each meeting to help defray our expenses. Membership dues and meeting fees are used to contribute to Christ Church Cathedral for the use of their facilities and personnel, defray the cost of newsletter production and distribution, and provide refreshments for our meetings. These contributions allows us to remain self sustaining. Sincere thanks to all.

(An original article submitted by Jennifer A. of the XX Club.)

Coming Home

It's our first new issue, okay? So Judy says to me that Ann told her we gotta come up with some good articles to get rolling. "But, but..." I lamely protested. "Well," she sniffed, "at least you should try."

I had no idea of what to focus on that might be of interest to anyone, that wouldn't rehash what everyone already knows or has been through. And, it's got to have some sort of unified focus to hold together. Piece of cake, right? I could have screamed!

Maybe this whole effort is presumptuous, but here goes. I'm extremely new to XX Club, having attended only two meetings so far—one being the picnic attired as "XY", Jennifer's quondam [male] predecessor/persona—but still ample opportunity to put one's foot in mouth by saying dumb things and asking stupid questions (please, no 'dumb blonde' jokes). Nevertheless, so much has transpired [from L. "trans," which we all know and love, and "spirare," "to breathe"] so fast, all within the brief span of a couple of months, after so many many years of wandering forlorn in the proverbial desert, before finally managing to connect enough specific information with enough personal confidence/fortitude to go ahead and pursue this elusive task.

I mean, like, gosh! Aside from some questionable TVs traipsing the streets of Berkeley, or auto shows in L.A., (and that whole other world in NYC and SF), I'd hardly ever come across any real live TSs up close in real life. Sure, you can see 'em on Donahue and Sally or Geraldo in daily public offerings of this or that multiple Enquirer agglomeration of weird physical, metaphysical, and psychological anomalies, but Jeez! I know I'm strange, but...does the whole world have to know? I just wanna get through this transition with psyche reasonably intact and disappear (i.e., be slightly innocuous back to leading a reasonably normal life like anyone else. Is that too much to ask?

But how do you actually do it? The concept and mechanics were known cerebrally and felt for a lifetime at the deepest emotional levels, but still the doing of it foundered, having been so soundly locked away in solitary confinement, starved on diets of moldy bread and brackish water. Through denial, purges, and steadfast suppression, "XY" thought he had the problem licked, or at least sufficiently subdued, so he could survive. Survive, but not much more. But then, somehow, suddenly, all his machinations came undone. Mirabile dictu! The prison door was cast open and Jennifer came barreling out, vowing never to be shut away again. First, discovering our "sister" organization, the Connecticut Outreach Society, the pathway led inexorably—and in very quick order—to the XX Club, and a related, supportive network of professional healthcare providers. My God! These people are just like me, and they're right here! They're live, they're real, and they don't bite! They laugh, they love, they feel the same pain! Not the sleazy images of salacious literature so vividly portrayed and served up for popular consumption! I can't believe it! I've come home, for the very first time. And so completely, in so many ways.

There's so much to learn and absorb. Every home is characterized by its own special culture and customs, its own language, creating its own unique milieu. "SRS," for example, translates into English as "the Holy Grail." Then there seems to be some sort of semi-continuous spectrum defined by points or bands, categories like TV, TS, CD, FI, TG, among others, though I'm finding glib reliance upon these misleading. [In what follows, I shall speak from the perspective of M-to-F; the gentle reader may feel free, as the occasion demands, to reverse—for the sake of clarity—any gender references as necessary to more closely resemble his or her own personal viewpoint.] As with many fields of endeavor, there exist here at least two generally-accepted, distinct schools of affiliation or practice: TV and TS, each with its own "politically correct" ground rules, assumptions, and interpretations. A humble (and actual) illustrative example of the sort of cognitive dissonance one may encounter:

TV: I'm thinking of getting breast implants. JLA: Why don't you just take hormones and see what happens. Then, if you're not satisfied... TV: But I wouldn't be able to get erections! JLA: Oh!

Naive me! I hadn't even considered that as a problem. More of a relief, actually. Oh well, you get the picture, so much to learn. Like, the capricious vagaries of gender attribution and its nuances, as between "he" and "she," when you're hanging out with TVs, as compared to the [perhaps subtle political] subtext underlying "I never really was a 'he'," as stated by a TS. Or the overly sensitive reactions that seem with alarming regularity to blow small misunderstandings between the two camps into mutual exchanges of verbal and pictorial brickbats. On the one hand, I'm crazy enough to laugh at just about anything; if you're thin-skinned in this business, my dear, you ain't gonna last very long; but on the other hand, well, yes, maybe that last remark could have been in rather poor taste; and, yes, I can see how it might have offended. So each group facetiously blames the other for their imputed lack of understanding, and life goes on. Ho-hum...

A singular pet peeve, if you will: I really hate the term "femme name." My own name, Jennifer, is very real and personal to me. To call that my "femme" name is, in a very real sense, demeaning. I'd like to see that practice die, a vain wish. Am I being overly sensitive? If anything, the name "XY" is the artificial one, a name of temporary convenience conferred many years ago without my concurrence. I consider it my "XY name". So, aren't things a little backward here?

Speaking of XY, a funny thing happened at work the other day. Everyone's been noticing that a) XY has lost a heckuva lotta weight; b) XY's hair is getting a bit longish; c) isn't XY beginning to look a little bit...different? Of course, XY has generated some stock answers for these inquiries: "Oh, I've got new glasses," or "Yes, I was getting a little overweight," or "Gee, I guess my barber's on vacation." Nothing about hormones or electrolysis or—heaven forend!—a sex change??!! Well, no, not yet. Many well-meaning individuals have warned XY that he's getting way too thin. Just the other day, from a close GG (there's another one of those esoteric terms): "Why, XY! You're so skinny no girl will have anything to do with you!" Oh? But XY can only give a shrug and affect a diffident smile, because Jennifer can't yet tell them what's going on

inside, what's really in her heart. Changes? Folks, you ain't seen nuthin' yet!

So, back to the point, and here's the bottom line: home is where the heart is. I could never go through this entirely on my own, in a vacuum. There's still a jumble of confusing, conflicting, and difficult feelings, "facts", and processes to sort out and work through. And—heaven knows!—there's still a zillion things that have to be done between here and there, to get from point A to point B. And some of those are extremely frightening, the risks: losing close relationships of long standing with family members and [fair-weather] friends; potential professional ostracism; the taunts and stares of semi-literate Neanderthals. But still, Jennifer's at home now, both internally and externally, in a very real psychological sense.

Internally, she's comfortable at last with who she is: no more self-flagellation, no more shame, no more self-imposed delays. No more putting it off and saying, "Well, maybe someday." "Someday" is now and it's here, she's home. But you already know that. And externally? That's where the good people of XX Club come in. Just by having them there, the people—their support, their wellspring of good advice based upon experience and familiarity. Without sounding trite or smarmy or anything like that, there are deep feelings of a closeness that can't be described, ineffable. Maybe you can't appreciate this unless you've been there, I don't know. Part relief, part sharing, part struggle, part joy. Part sadness and impatience. Part just being together. Recognition of our shared humanity and acceptance. Nobody has all the answers, but we're helping one another, each in his or her own way. That's what home is supposed to be. Maybe that's what life is all about.

Jennifer A.

The BIG "C" & You

An original article by S. E. Toon of the XX Club

You can wake up in the morning, head to work and while crossing the street get hit by a speeding Mack truck. It could happen. Still, you cross the streets, only you look both ways beforehand. The same principle works when addressing the health aspects of your transition, roads still need to be crossed, but you need to look in all directions before proceeding.

When a Male to Female Transsexual confronts her dilemma many realities have to dealt with. One of these is the risks associated with chemical therapy. With technology as it stands there is no way of avoiding these complications. Part of the problem with "long term" Estrogen therapy relate to the problem with the fact that your body has adopted the metabolism of a genetic female. With that comes all the potential hazards one becomes heir to. Armed with an understanding of the health implications of hormone therapy and elective breast surgery and how dietary habits can be used to help counteract those risks, a transsexual can greatly reduce the chances of disease. Let's review these factors and their relationship to our living healthful lives.

The Cost of Freedom

Every responsible person upon starting Estrogen therapy should have been read the riot act in relation to the health dangers of prolonged hormone therapy. Even your monthly supply comes with a scroll a mile long listing such potential complications: a recent 2 to 3 fold increase in the risk of gall bladder disease, vascular diseases associated with therapy ranging from thrombophlebitis, pulmonary embolism, stroke and myocardial infraction, retinal thrombosis, mesenteric thrombosis, and optic neuritis, also related blood clotting complications to such an extent that it is viewed mandatory to stop treatment well before any surgery to help lower complications; and the problem we will be concentrating on: an increase of carcinomas of the breast.

The warnings summarize by noting that estrogens have important uses but have serious health risks as well. All potential reactions should be considered clear risks thus the lowest dosage that will be effective (preferably using cyclic rotation) should be administered. This allows the body 1) to heal from the chemical abuse, and 2) to help keep the body from building a resistant tolerance to the drug's effect (a nasty complication since your body can only absorb so much oral hormones in a twenty-four hour period, expelling the rest). Hormones injected with an oil solution are host to their own additional risks.

Now, you have been given the warnings, you're on therapy under the supervision of your practitioner, and you realize that you will need maintenance hormones for the rest of your life (although drastically less after SRS); how does this all affect you?

It's a Woman's World

Breast cancer is year after year the number one killer of women in free America. Despite this and the fact that 75% of the poverty stricken are also women, only 3.4% of private donation charities goes to women. Medical research for male centralized diseases far outweighs that of breast cancer and other diseases for women. The FDA itself has dragged its heels on testing cited hazards in relation to breast implants for nearly a decade. Health education in this regard is grossly negligent on a national level. In a recent sample, 29% of black woman v. 12% of whites know what mammography was. This basic knowledge is dangerous to be ignorant of. Of the groups studied, the death rate was equal in regard to breast cancer. This was due to late detection and treatment. This is the world you live in. Welcome to it!

Now that you starting to smell the coffee, how about this data relating to this "healthy" world around us: 37% of an average American's caloric intake is FAT. The maximum amount of fat for anyone should be 30%, with 20% being a true, comfortable average. Now the plot thickens (my future epitaph).

In 1987, 40,899 women in the U.S died of breast cancer, and the figure increased each successive year. In the same year in Japan only 5,231 women died of breast cancer, due in part to their low-fat diet. A cultural sin has occurred that has confirmed this finding: since 1987, each year the figure in Japan has increased as the country continues to become "westernized" and ushers fat into their diet.

Sugar, Spice and Low, Low, FATI

...that's what healthy girls are made of. According to Maureen Henderson, M.D., of Fred Hutchinson Cancer Research Center if fat intake was cut in half and "bad" fats replaced with "good" fats, there would be a 33% reduction in all cancers and a 60% reduction in breast cancer.

Good fats? Bad fats? Consider them the Good, the Bad and the Ugly. There are three types of fats: the good; MONOUNSATURATED (olive oil, peanut butter, avocado); the bad; POLYUNSATURATED (fish, corn oil, safflower, soy); and the ugly; SATURATED (meat, milk, cheese, eggs, vegetable shortening, coconuts). Of these three only monounsaturated fat has no link to breast cancers. Polyunsaturated are fine in regards to its effect on the heart but still has detrimental effects. Saturated fat is and always has been bad news.

It is true that polyunsaturated fats help reduce the levels of cholesterol, an issue confronted by all transsexuals. The unfortunate fact is that the fat eats both good and bad cholesterol. Tests on the fat has indicated that they also are potent promoters of breast cancer by producing free radicals in the system, the unstable elements that interact with fat molecules to instill malignancy.

A maintenance tool that can be used to help you control the amount of fat you intake a day is weighing the fat making sure that you stay within 40 grams a day. Fat should comprise under 25% of your daily diet and be the monounsaturated variety. Fruits, vegetables and grains can provide you with the necessary nutrition needed. Considering the latest test results it would be a good idea to usher more vegetables from the cabbage family into your diet. A little aerobic exercise (preferable low-impact) goes hand in hand with any healthy dietary plan.

Quit whining, it's the only body you've got, take care of it. After all you've gone through to make it congruent with your mind, you should feel obligated to give it the respect it deserves.

Implant Implications

To add more fuel to the fire is the health question of breast implants in terms of cancer. The fears range from smooth-walled implants leaking silicone into the body to the breakdown of foam-covered implant's surface. Taking into consideration the previously outlined predisposition to carcinomas of the breast one should proceed with trepidation when considering the surgery.

Since the mid-sixties about 2 million women have had breast augmentation. 200,000 of these were foam-covered "Meme" implants. From the beginning, there were questions of health risks. Today there is even a support group called Command Trust Network dedicated to suffering implant patients. They claim to hear testimony from a thousand women a month regarding breast implants. Also the presence on the implant makes it more difficult to detect cancers deterring early treatment. Despite accusations regarding the "Meme" implants, Surgitek, a division of Bristol-Myers-Squibb still insists their product has a well-established safety profile, and

has willingly submitted their test results to the FDA for review.

The complications cited have to do with the foam itself that in a recent FDA test DID start the breakdown process releasing TOLUENE DIAMINE (TDA); an animal carcinogen. TDA has been proven to cause genetic defects in animals. Previous tests resulted in the FDA pulling dyes from the market in the seventies that contained TDA. According to David Black, of Aegis Lab, TDA has even found its way into the breast milk of some implant patients. The chemical does slowly become absorbed into the system. The question remains, how detrimental is it to health? Cancer risk estimates vary widely from one in a million to one in fifty.

The problem with finding conclusive proof of its damage is that so many cancers do not become apparent until up to fifty years after first exposure to a carcinogen. Due to the newness of the product (roughly 25 years) one can only wait to see the evidence if and when it appears.

One reality is that due to progressive disintegration of the foam, the amount of carcinogen increases steadily with time. Thus, the risk of implant complications increases with the length of time after surgery. The younger you are at the time of the augmentation, the greater the risk.

A common problem with both smooth-walled and foam covered implants is hardening of the breast. The principle is this, as soon as the implant (any implant, not just the breast) is put into the body it is attacked as an intruder and the body tries to chew it up and wall it off from the body with scar tissue. Doctors will treat this problem implementing the "squeeze" method in an attempt to break up the capsule of scar tissue within. This of course adds stress on the implant itself, the potential danger of leakage is present. With foam implants the body starts breaking down the coating first, starting the release of TDA, and then progresses to the implant's core. This process can take five to ten years to occur.

A transsexual (especially a young pre-op) should weigh all these implications while considering this cosmetic procedure. The previous dietary health information has even more weight in the light of further dangers from breast augmentation. This is to say that one should not have surgery. While testing has proven the presence of cancer causing agents, they are still inconclusive on damage. One should always make an informed decision before progressing. The FDA should publish the results of testing this year, if all goes well. It might be prudent to wait for the verdict.

(A complicated medical procedure has been used that will transplant tissue from the buttocks to the breast, but because of the trauma involved it is only used for radical cases of mastectomy, and not for mere "cosmetic" application.)

Miracle Cures or Snake Oil?

Although not funded as much as necessary, researchers are on the constant battle for "cures" for cancer particularly breast cancer. This is some of the disclosed information that is presently being tested further.

For those with a microbiological philosophy on health it will be refreshing to hear that the New York Institute of Hormone Research found an ingredient in CRUCIFEROUS (cabbage-family) vegetables that may help build a resiliency against breast cancer. INDOLE-3-CARBINOL causes estrogen to break down into inactive by-products. "Active" by-products seem to promote tumors. What is unknown yet is how much Indole is needed in a daily diet to be effective.

In early 1991 researchers at The Center for Reproductive Medicine and Breast Cancer in Rotterdam have started testing a replacement for estrogen MELATONIN, a hormone produced by the brain's pineal gland. It has been used in the past to control fertility in seasonally breeding animals. According to Michael Cohen, M.D., it works by curbing the monthly recruitment of lactation cells to the breast that may make women more susceptible to cancer. Whether this can be used in long-term Estrogen therapy has yet to be determined. The U.S. is monitoring the ongoing test.

Another potential cancer fighter may be TAMOXIFEN, an anti-estrogen drug already being used as a maintenance drug for women already stricken with cancer. It interrupts the process by which Estrogen binds with receptor cells in the breast to stimulate cancer growth. Tests are under way in Pittsburgh, London, and New York. Amy Langer of the National Alliance of Breast Cancer Organizations considers this "the biggest move in five years." Its potential use in therapy is still unknown.

No one study or discovery is a cause for alarm and drastic change, yet together in regards to the health of women and transsexuals they serve as cause for reflection. Through modifications of nutrition and lifestyle we can go forth knowing that while on the road of life we have taken the time to look both ways and are proceeding with caution. Yes, the 18-wheeler may still lurk around the corner but this time if we see it coming we still at least fighting chance of avoiding the impact.

I hope that this compilation of information has helped all transsexuals reading to encourage in a reality check so that we still can make responsible decisions on how to live and maintain our precious bodies. I wish you all peace, tranquility, and good health!

A Letter From Holly

Reprinted from Rosebuds, May 1991

I get letters, and answer them, for the IFGE. Many are from wannabe's: perhaps transsexual, but deep in the closet and never had any contact with other crossdressers. I don't consider myself transsexual, but I have watched several dozen people make a gender change, and many more start and not finish. As a spectator, I have a lot of advice, free and worth it!

I suggest:

1. Start saving your money. As a woman you will earn less; if you can't save now, you won't make it. It will cost like a new Jaguar, tho not all at once, not leasable, and no 48-month financing. Find out

about IRA's Keoghs, and if there's a contributory pension plan, such as TIAA, buy into it. You will save a lot on income taxes. When your "easy payments" are over, keep putting money into a savings bank, not where your checking account is, by mail is good.

2. Buy some books, \$100 worth or so, from the IFGE, Outreach, CDS. Reading will save you a lot of lost time, motion, and money.

3. Find a good electrologist. Ask around at the club, find who's good. You can't do this AFTER you start living as a woman and it's best if you do all of it BEFORE starting female hormones. It isn't a bad thing to do even if you're not sure you will be "going all the way". Figure a hundred dollars a week for a year or more.

4. Practice. By this I mean crossdress whenever you can, safely. Get makeup instruction, then learn by doing. The Poconos weekends are a good place to start; there are other "weekends" other places.

5. Don't spend a lot of money on clothes, etc. Your tastes will change, your body will change size and shape, fashions will change. Look at the women around you, look at working women doing what you would hope to do to make your living after the change. Observation's cheap.

6. Now for the countdown. You know how to make your male self into a passable woman. Your cheeks are bare in the morning. You can stop there, or take hormones and change to being a Transgenderist (also called a non-operative transsexual) perhaps to live full time as a woman the rest of your life, or you can start on the Yellow Brick to Sexual Reassignment Surgery. If SRS is your goal, you must play the game. Get thee to a gender clinic, if you can; it's cheaper. Find a counselor (shrink). The Standards of Care demand it. When time comes to start hormones, you need money and a M.D. \$500 to open, including blood tests for testosterone level and AIDS. Stop smoking, cut down on the drinking, and you may find you gain weight just from the Premarin. At the point where strangers react to you as a woman, you might as well live full-time. If you don't "pass" in jeans, a T-shirt and no makeup, it's too soon.

7. After a year living as a woman, including being treated as a less-than-fully-competent, second-class citizen who doesn't get the money or the raises that she used to as a male, you really can't go back. You ARE a woman, in all but a few genital details. (If you pass well, and go out a lot, you find that out even as a TV; try it and you may not like it. Read Joanne Stringer's "Survival Guide" for more on that.) THE HORMONES ARE WHAT CHANGE YOUR (apparent) SEX. You have about 90 days to change your mind.

8. If you have complied with the Standards of care, you can now look for a surgeon. The good ones, each of whom does more than one operation for SRS a week, are booked three or four months in advance... includes scheduling, a hospital bed, etc. Have cash in advance, or at least a certified check. You have already sent the surgeon your two letters, perhaps talked to him in person, so the transportation might include two round trips... and I remember a friend whose Frequent Flyer free ticket was for a flight that didn't leave, so she had to buy a not-so-free one to make her surgery date. But the big item is the time after the operation. For three weeks you

shouldn't expect to work or even ride in a car much. Got some good walking shoes? Got somewhere to stay? Money to pay for a week or two in a hospital, or nearby, nothing coming in? See paragraph 1.

9. I have heard conversations, but ask the woman who owns one, for the strait dope, on the care and maintenance of a field-change (non-factory-installed) vagina. Sounds like more work than shaving in the morning, but another way to thing of it as playing with yourself. Anyhow, you are "complete". This is like a high school diploma; you needed it, it took a lot of work, but it really won't get you anything that doesn't take more hard work. Good luck! If you can legally marry, send me a invitation.

Holly

(The following article appeared in Time page 61, September 9th 1991. The article was a sub-article within one dealing with sexual preference and brain differences in men. This article was provided by Anne. I am quoting the entire article, and asking for leniency at my hearing.)

-Editor

Clues From Transsexual Rats

In at least one animal, the laboratory rat, nature seems much more important than nurture in determining sexual orientation and behavior. At the University of California, Los Angeles, neuroendocrinologist Roger Gorsky is learning exactly what little boy rats are made of.

First of all, they need testosterone and plenty of it early in life. Gorsky and his team have found that if they castrate rats just after birth, the animals will exhibit behavior typical of a she-rat with the hots; arching their backs, flexing their tails and allowing other rats to mont them. But by injecting these neutered males with testosterone, researchers can return them to maleness. However, such "rescues" work only during the first five days after birth. At day six, the castrates are permanent transsexuals. "If only these rats could talk", Gorski speculates, "I think they might say, 'I'm a female, Get me out of this male's body.'"

Even more intriguing, the UCLA researcher has learned that sex hormones (or the lack thereof) affect the anatomy of a rat's brain. Buried deep beneath the cerebral folds, Gorsky discovered a part of the brain that appears to involved in regulating sexual behavior and is five times as large in males as in females. But without testosterone this specialized region shrinks in castrated subjects. "In rats, sexual behavior is totally dependent on hormones," concludes Gorsky. In humans, he allows, things are not nearly so simple. "

Overheard: "I used to use pancake makeup, but, I mean, I really got tired of putting my face on that hot griddle!"

The XX (Twenty) Club

The Twenty Club, yes, in Hartford, yes. I used to go there. Let's see, that was the winter after the fall I went to Fantasia Fair, which was a year after I went to the Tiffany Club's P'town Outing, which was the spring I got my master's degree. OK. Yes. In fact, I went there quite awhile, with some regularity. They used to meet twice a month, the second and fourth Saturdays. Oh, they still do? I see. Well, yes. I think I probably got there at least once a month for what, eighteen, twenty-four months, maybe.

It was quite an experience. The first time I went there, I wasn't really sure what to expect. I got there just about when the meeting started. There were fifteen or twenty people sitting in a circle. Like everything else, it was the same but different. I guessed the older gentleman with the collar was Canon Jones. Virginia and a few others I had met in other places at other times were there. There was no score card, no name tags. I listened and heard some things that were clear and sensible, and some that weren't.

After about an hour, the minister said that before we broke for coffee, "We usually ask the new people to say a little about themselves." This threw me for a small loop. I didn't really know where I was, yet, or what I was doing there. When my turn came, I said that I had come there, "... to learn more about my womanhood." And so I did.

Over the next year-and-a-half or two, I listened, chatted with this one and that one at the coffee break, sometimes (rarely) shared, and gradually, indefinitely, non-specifically, reality became clearer. As I listened, some words rang with truth, others with anguish, many with happiness, while some just made a hollow noise and went clunk when they hit the floor. I learned how to separate the wheat from the chaff. And then I could use the wheat as a measuring stick. When those whom I had learned spoke the truth described their lives, did what they say compare with my own? Some times it did, and some times it didn't. What did it mean when it did? What did it mean when it didn't?

Now came the sifting and sorting. When I had introduced myself that first Saturday afternoon, one of the guests had asked if I were then living full-time as a woman. I was taken aback by the question. Couldn't she tell from a block away that I was a guy? Whether or not she could read me, the question implied a possibility. I could have been. Sure, there were lots of reasons why I wasn't, blah, blah, blah, but her question said I could have been. Others obviously were. Some had SRS. Many were getting on with their lives, while and after deciding what that life would be. Oh, I see.

So, yes, the Twenty Club. I used to go there. I found a means to measure there. I learned what the hollow sound of self-deception sounded like, and what the ring of true words of accurate description sounded like. I met some wise people, some beggars, and some fools there. Each told me something about me when they told who they were, what they did, and what life was. I learned about possibility there. More things are possible than we care to know, but that doesn't mean we have to. You can if you want to, but you won't want

to if what you want to isn't real. So, as it turns out, I was right. I had said, when caught off guard, that I went to the Twenty Club to learn about my womanhood, and I did. And reality is getting realer, and life goes on. Yes, the Twenty Club, down in Hartford. It's an interesting place to go to when you're ready.

Vivian Vixen

Estrogen Prices

I recently conducted an extremely informal telephone survey on the price of Premarin in the 2.5mg strength in the 100 count. I contacted around 40 Hartford area pharmacies. For the same prescription, the prices ranged from \$70.95 to \$104.80. From those pharmacies that stocked it, the average price was \$89.73

If your prescriptions aren't presently covered by insurance, it may be worth your while to shop around. Twice a day, at a 25 day cycle, a savings of \$203.10 a year is possible.

One pharmacist related that he no longer stocked it and had to return some of it back to the manufacture. This suggests that checking for expiration short-dating is important.

Brenda

Electrolysis Update

According to a recent add in a electrolysis newsletter, a disposable insulated needle is being introduced. It is stated that the insulation is graduated and able to resist Blend and Galvanic treatments. The quoted price for the needles is 90 cents each. Ballet Disposable Insulated Electrolysis Needles, Synoptic Products.

Brenda

Reports of Estrogen Benefits

(An article appeared in a Connecticut newspaper The Hartford Courant on Sept 12th, 1991 on the cover and page A12 by Frank Spencer-Molloy titled "Vast study finds estrogen helps fend off heart disease". The rather lengthy article focuses on post-menopause women but there is at least this much I would like to pass on. The original article was provided by The Reverend Canon Clinton R. Jones)

Editor

In what is shaping up as one of the most controversial topics in women's health, a 10-year study of 50,000 women has found that estrogen taken after menopause cuts in half the risk of heart disease, the

leading killer of women.

Researchers at Harvard Medical School and Brigham and Women's Hospital in Boston report today in the New England Journal of Medicine on the largest estrogen study yet, done as part of a national health survey of female nurses begun in 1976.

Among 48,470 women followed for 10 years, the researchers found, the risk of major coronary disease among women taking estrogen after menopause was half that of women did not take the hormone artificially. The result was basically the same as even when the scientists factored in smoking or high blood pressure, which are already shown to cause heart disease. (...)

In the bloodstream, it seems to lower levels of cholesterol implicated in heart disease and death.

Perhaps no drug has produced more contrary, last-week-it-was-bad-for-you-this-week-it's-good-for-you evidence than estrogen. (...)

"We are not surprised and we are still not convinced," Cynthia Pearson, program director for the National Women's Network in Washington, D.C., said of the Harvard study. While "very large and well-done," the study's validity was limited, Pearson said, by its having to rely on data retrospectively gathered from women who had made their own decisions about whether to seek estrogen. (...) While 14 of 15 other smaller studies have suggested estrogen use halves the risk of heart disease, no large-scale controlled study women has ever been done that would prove the connection once and for all.

(...Dr. Deborah A. Metzger an assistant professor of obstetrics and gynecology at UCON Health Center:)

The fear of breast cancer, which has been statistically related to estrogen, but never proved as a cause, has been "blown all out of proportion" in comparison with estrogen's "silent benefits,"... (...)

In an accompanying editorial, Dr. Lee Goldman and Anna N.A. Tosteson of Brigham and Women's Hospital said a more carefully controlled trial of estrogen's effects on heart disease is urgently needed.

...a woman between the ages of 65 and 74 stands 6 percent chance of dying from heart disease outweighing by far the risk of dying from breast cancer... (...)

...Wyeth-Ayerst, the maker of Premarin, an estrogen pill women have taken for decades, last year asked the U.S. Food Drug Administration for permission to market to doctors as a heart-disease preventative. The FDA said no... "

(P.S. A later article Appeared in Newsweek, September 23ed on page 60 written by Jean Seligmann, titled "Estrogen and Female Hearts". The article was about the same study and I thought it would have been redundant to print it as well. Although written for a genetic female, I still like the last sentence.)

"In considering hormone replacement therapy, women should make their doctors explain the delicate balance of risks and benefits".

Letters to the editor

This is our first newsletter, and because it's our first newsletter, we don't have any letters to the editor. When we do, we will devote at least this much space for your letter.

Advertising Rates Per Issue

\$5.00 1/8 page

\$10.00 1/4 page

\$15.00 1/2 page

\$30.00 whole page

The following area organizations are known to the editors to provide valuable support to the gender community. This does not constitute an official endorsement by XX, The XX Club or The Gender Identity Clinic of New England, however you are encouraged to investigate to any and all resources and judge their value for yourself. Updates and additional information are welcome.

AEGIS - Chrysalis Quarterly
 P.O. Box 33724
 Decatur, GA 30033
 Resource Type: Publisher of a TS Newsletter

Connecticut Outreach Society
 P.O. Box 163
 Farmington, Ct 06034
 Resource Type: TV & TS Support Group
 Meetings: 2nd Sat & 4th Wed in West Hartford, 3rd Sat in Greenwich

Harriet Lane's TV Set
 P.O. Box 4002
 Wallingford, Ct 06492
 Resource Type: TV & TS Social Group
 Meetings: 2ND & 4TH Saturday Evenings 8-12PM


IFGE - TV/TS Tapestry Journal
 P.O. Box 367
 Wayland, MA 01778
 Telephone (617) 894-83402
 Resource Type: Publisher of a TS & TV Newsletter

Renaissance Education Association
 P.O. Box 652
 King of Prussia, PA 19406
 Telephone (215) 630-1437
 Resource Types: TV & TS Support Group and Newsletter


The Transsexual Voice
 P.O. Box 16314
 Atlanta, GA 30321
 Resource Type: Publisher of a TS Newsletter

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Our Guest Speaker

November 9TH - XX Club Meeting

“Sex Talk With Dr. Lois”

Dr. Spivack is a Psychologist in private practice in New Haven, CT. In addition, she is a instructor in Human Sexuality at Quinnipiac College in Hamden, CT.

She received her training in sex therapy at Yale University under the direction of Dr's. Phillip & Lorna Sarrell.

Dr. Spivack is a Certified Sex Therapist with (AASECT), the American Association of Sex Educators, Counselors & Therapists; and a Certified Diplomat of the American Board of Sexology.

We are certain that Dr. Spivack's presentation will be followed with a lively question and answer period. This is a meeting not to miss!

Our Guest Speaker

January 12TH - XX Club Meeting

“Gender Dysphoria - A Medical Perspective”

Dr. Elliot Sternthal, M.D., F.A.C.P., will address the special medical management needs of the gender dysphoric individual at this meeting.

Dr. Sternthal is an Endocrinologist in private practice in Bloomfield, CT. Some of us know Dr. Sternthal better as a member of the board of the Gender Identity Clinic of New England, Inc. - and our clinic Endocrinologist. He is a Board Certified Endocrinologist, and a Fellow of the American College of Physicians.

This is your chance to ask all the questions that you have been dying to ask. Come with your lists. This meeting will certainly not be dull!