

Marsha Botzer

Interviewed by Ruth Pettis. 9/24/98, 10/9/98, and 10/16/98 at Ingersoll Gender Center

SIDE 1 of 8, 9/24/98:

- 0 — birthdate and place, growing up 1950s/60s; socialization as boy; male/female roles; socialization vs inner feelings
- 5 — early feelings, awareness of gender issues; holding back emotionally, feeling different; how that's common among TS folks; "a kid alone, but not necessarily lonely"; ways to fill up time (reading, solitary games)
- 10 — grade school; sem to psychologist in high school, not connecting socially; specific memory of mom & her friends ("Why aren't I like them?"); question re siblings
- 15 — those w/ siblings felt alone also; feelings about mom, grade school, cont.; social atmosphere of that time; feelings re father ("wasn't a titanic distance"); generalizations re TG relations w/ parents and socialization
- 20 — cont., inadequacies of "theories", name then (Marc) & feelings about that, "disconnected from comfortable sense of self" — feeling not connected w/ self
- 25 — picking out own clothing ("not particularly interested in it"); envisioning the future ("what did you want to be?"); quoting another re body not being right, & "didn't want to put it next to somebody else's", the "wonderful 60s", hippie movement, feelings draft/body, no role models

SIDE 2 of 8, 9/24/98:

- 0 — psychology in the 60s, "I must be wrong ... crazy", emphasizing male role (ROTC, sports); relations w/ women ("no feeling, no connection ... guilt"); construction job as a "manly thing to do"
- 5 — cont., why that didn't work; back to school; influence of hippie movement, pacifism, war protests; patriarchal hierarchy in the movement, wasn't an attempt to blend gender, but at least a freeing of roles; Paris in '68
- 10 — disconnect feelings still there, relation w/ woman (10 yrs), non-sexual, "place of safety"; still "this gender business underneath"; telling partner about TG feelings, reaction
- 15 — seeing many therapists, finding info in print: "first contact w/ it actually being said by other people"; many therapists, cont.; hearing about SCS, & TS info
- 20 — UW research on gender change (medical model) & its flaws; hearing about gay/lesb orientation issues; not an orientation issue for her; first contact w/ SCS (late 70s); finally talking about TS feelings; overjoyed & scared, naming it, Idea of Ingersoll (1977)
- 25 — SCS & "we can do something about it", facilitating support groups; Ingersoll incorporated in '84; becoming a "provider" of counseling & personal transition; first meeting other TG people ("gender playful" individual in Italy), others in Seattle; mixture of TG & cross-dressers, people w/ other symptoms ("confused & chaotic")

SIDE 3 of 8, 10/9/98:

- 0 — early groups based on survival, all levels of health among participants; looking back on what groups meant, modeled from psychology
- 5 — default understanding, based on the overall culture; not as many counselors in 60s/70s; therapists & dead ends; comparing support group work then and now; how groups started — private groups & SCS
- 10 — UW program, more formal, research-oriented; "correct answers" it expected, group members invited to explore doubts nowadays
- 15 — TG & homosexuality overlap? trends in viewing that; early programs only saw MtF (FtMs were always there); early views relating TG to sexual orientation; changes in public views; boundaries overlap bet. TG & cross-dressing/drag
- 20 — cont.; how both topics appeared in early Ing. groups; origin of "transgender" term; Emerald City started mid-80s for cross-dressers; annual CD conference in Port Angeles; early local reaction, started mid-80s
- 25 — starting Ingersoll — 1984; conscious & formal peer-level effort, unique

SIDE 4 of 8, 10/9/98:

- 0 — drag & TG, relation then & now; being provider vs. being a supplicant for services; why distinctions were made
- 5 — orig. of name Ingersoll: Robert Green Ingersoll; why in Seattle; others who made Ingersoll; Jennifer York; difficulties — filing 501(c)(3), govt. hadn't heard of a "gender center"
- 10 — how financed; early location on Stone Way; 2nd space in Fremont; SOCR case ag. landlord who refused to rent to them; Seattle 1st city to incl. transsexual/transvestite in anti-discrimination code, how that came about
- 15 — cont.; current efforts; orig. of word "transgender" — Virginia Prince; who it applies to, then & now
- 20 — how Ing. clientele has changed; how services have changed; geog. origins, person who hitchhiked from Appalachia
- 25 — wouldn't do it differently; early travels, first board members; better to have had clearer vision of support side; Europe, what she found there — '68, Paris, political climate; 84-ish, Benjamin Assoc. meeting in France

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SIDE 5 of 8, 10/9/98:

- 0 — Benjamin Assoc.; why it began, medical model; negative & positive aspects; Europe: Paris org. & its political/social climate (outlawed & desperate); Yugoslavia experience; how she found people; Denmark, drug/cops experience; obvious as TS? androgynous hippie @ time, tagged as male (60s trip)
- 5 — 80s trip was full-time as woman; concerns re crossing inter'l borders ("you should look like your passport"); laws re cross-dressing, selective enforcement; TSs didn't want to stand out; working w. agencies, intervening for people arrested
- 10 — cont., restaurant on Aurora, educating police; TS activities & visibility
- 15 — cont., early low-key stance; meeting in Denver, "tabloid presentations," fear of drawing right-wing attention; doing talk shows in the 80s, feeling exploited; Geraldo, benefits of appearing; specific incident
- 20 — wrap-up of session

SIDE 6 of 8, 10/16/98:

- 0 — colleges attended, UW (60s), Antioch; 60s, relation bet. personal struggle & social/political work; "was it real?"; S org. in Paris
- 5 — Paris, cont.; climate in France for TS at time; contrasted w. U.S.
- 10 — contrast, cont.; resources avail. for TS @ time; organizer in Paris, impressions; groups here in 70s, atmosphere of darkness; creating a place of safety
- 15 — cont.; developing own resources; searching for hormone treatment, her own experience; provider reactions; legal but secretive attitude; medical risks, difficulties in finding provider; stories re Mexico, medical problems
- 20 — lack of follow-up then, TSs who "disappeared"; making connection w. providers, "hanging out" at UW psych. dept. offices; Sandy Passage, Sandra Johnson, Howard Leonard, "my naive" "
- 25 — '84, Ing. becomes a non-profit; early ideas for it vs. reality; therapists' involvement; how Ing. arrangement w. therapists evolved; therapists now asking to be included; insurance issues; therapists' rel w. peers, prejudices w/in therapy field; referrals for other problems

SIDE 7 of 8, 10/16/98:

- 0 — referrals for other problems, cont.; family & youth counseling; TS youth, support in school systems; working w. youth/children re TG issues; determining appropriate response
- 5 — cont.; medical intervention, minimum age, decision process, physicians, how she found them
- 10 — involving professionals in Ing. groups; Benjamin standards, early 80s, & physicians; early interactions bet. M.B., therapists, & physicians: "exciting," "pioneering"
- 15 — problems w. mentioning physician names in groups; creating system of referral; guidelines, feelings ag. Benjamin standards
- 20 — cont.; risks of going it alone; Benjamin standards, reasons for using; why she keeps attending support groups

- 25 — question of "who I am," individual approaches; continuum bet. experiential vs. analytic; blind/deaf clients & gender identity

SIDE 8 of 8, 10/16/98:

- 0 — blind clients & gender identity perception, expectation
5 — cont.; similar patterns; other clients; accompanying clients thru surgery; Bieber in CO
10 — Bieber, cont.; 1960s; how Bieber & M.B. connected; viewing surgeries; accompanying clients, etc., "mythical journey" or quest; videotapes, discussions

[INTERRUPTION]

- 15 — significance of interruption; what is known about TS in time past; 1800s, people who passed, other cultures
20 — cont.; recognizing TS as a condition; historical attempts at surgery; TS history vs. gay/les history, orientation vs. identity
25 — cont.; the great question: who am I & how do I bring it into the world; what sexual minorities have in common; value of "gender identity" as a concept; joint political goals, profound questions of self & identity

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NORTHWEST LESBIAN AND GAY
HISTORY MUSEUM PROJECT

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NWLGHMP Oral History Project
TRANSCRIPT

Interview with: Marsha Botzer

Interview dates: 9/24/98, 10/9/98, and 10/16/98

Interviewed for NWLGHMP by: Ruth Pettis

Transcribed by: Lynn Frothingham

Total number of tapes: 4 **Sound quality:** good

Restrictions: none

Basic biographical information

Year of birth: 1947

Place of birth: Seattle, WA

Ethnic origin: White (but stated she's not comfortable with ethnicity labels)

Occupation: Founder and Public Relations Director, Ingersoll Gender Center

King County resident: lifelong

Topics: personal history as a transgender person; education, work, travel, and developing awareness of transgender identity from 1960s on; discussions with medical and psychiatric professionals, and founding Ingersoll Center; experience in counseling other transsexuals.

[See also: NWLGHMP interview w. Sandra Fosshage, Marsha Botzer, and Janice Van Cleve, September 1, 1999.]



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Interview with Marsha Botzer

Dates: September 24, 1998; October 9, 1998; October 16, 1998

Interviewed for NWLGHMP by Ruth Pettis

Transcribed by Lynn Frothingham

Total number of tapes: 4

Vocal emphasis in *italics*.

Some places hard to hear. Phonetic guesses [in brackets].

SIDE 1 of 8 — 9/24/98:

microphone test:

Ruth: ... Why don't you just say something.

Marsha: All right. The time to be happy is now. The place to be happy is here. And the way to be happy is to make others so.

...

Ruth: Okay, this is Ruth Pettis for the Northwest Lesbian and Gay History Museum Project. It's September 24th, 1998. Today I'm talking with Marsha Botzer, who is the director of public relations for the Ingersoll Gender Center and she is also the *founder* of the Ingersoll Gender Center and we're going to be talking about that today. So, Marsha, why don't we start by you telling me your birthdate and birthplace.

Marsha: Okay, glad to do it, and thank you very much for this opportunity to speak with you about these issues for your project. Let's see, birth date, that would be February 26, 1947 here in Seattle. I've been a resident of Seattle all my life.

Ruth: Did you spend most of your growing up years in Seattle?

Marsha: I did indeed. The Queen Anne Hill area of Seattle.

Ruth: Where did you go to school and where were you educated?

Marsha: Both schools now condominiums — I don't know what that means — but it was Queen Anne Grade School and Queen Anne High School.

Ruth: Here's a question that might seem a little provocative, I hope in a good way. Do you think you received the socialization that was standard for boys when you were growing up?

Marsha: Oh, yes. Very much so. As a member of what could indeed be described quite fairly as the middle class growing up in the 50s and 60s, I certainly did. I think subject to all the stereotypes and expectations and beliefs that a young male in our culture at that time from the middle class could be expected to hold. Concepts of what it was to be a man or woman. Racial concepts. Concepts of what was right and wrong. What there was to be afraid of, that sort of thing.

Ruth: Can you go to any specifics, especially in terms of gender socialization, of what kinds of things they were trying – how they were trying to teach you to be?

Marsha: Well, I think my story is no different than any of the thousands of people who visit us here when they say that they can't really pin down any particular *teaching*, and I certainly can't, but I know the message that males behaved in one way and females in another was certainly strong. And it was along the order of: women provide domestic and love-centered sort of life functions, and men provide the contact with the outer world and support – protection and providing roles. And certainly my mom and dad represented those roles pretty well, although they had been through the war and had many experiences, they like so many others I suspect came back and established lives in the 50s there where mom stayed at home and dad went to work. That certainly was the case and never even a first thought was given to that as I grew up and all the folks in the neighborhood that I knew, the other kids, had parents that were in the same situation, although some had less money and some had more. But they all followed that same basic dad-worked, mom-stayed-at-home, that was certainly there. Never thought about that until much, much later on. Probably for me it was the late high school, early college years, when those kinds of things really began to come into any kind of question at all.

Ruth: That was going to be my next question, was: how old were you when you started to think or become aware that this kind of socialization process wasn't "taking" with you, if that's the correct way to –

Marsha: I'd like to make, at least just for me, the distinction between all that *stuff* that was going on about socialization or whatever we want to call it and the feelings that were in me as a person that later would identify as transsexual and transgender. Oh, incidentally, as is obvious, everything I'm saying is filtered through my own prejudices, feelings, beliefs and so on. I admit that fully and wholly and I really want to state that now because as you interview other folks you'll get different takes on what it means to be transgendered and so on. But that's just part of the game, part of the excitement in this whole world of gender identity that I hope remains open, and never finds that it's going to stick with just one definition.

Okay, with all that little thing aside, I say that while I was really not verbally aware – had we sat down and talked when I was young, I'm sure I could *never* have said that I'm being socialized as a male – I was aware from the very earliest time that there was something that felt wrong, and again I'm just mirroring words that I've heard thousands of times here in our groups and around the world in my visits with other transgendered people. The concept that yes, I'm boy or I'm girl and yet somehow, somehow this isn't quite working like it seems to be for the other children around me or – and of course it doesn't really matter, in our culture – it was on Queen Anne High School circa 1950s

(the United States, grade schools and so on) – that culture was certainly different than somebody growing up in a tribal situation, but believe it or not, we can hear similar words and it's that: whatever that was around me was going on, I didn't feel that it was really working for me, that I didn't seem to see myself doing the same things as the other kids were doing. And that's how to describe – because when I looked at other boys at that time I would have certainly said that, and I'd say that they seemed happy or they seemed more at ease or – and not even those words in the early years because, of course, as a tiny child you don't have that kind of vocabulary. So perhaps it starts with feelings, certainly I would say that's how it was for me, starting with a feeling that something's not right, something's wrong, something's out of place. But mostly just feelings. Later on I would look around and say, "I'm just not interested in doing the things that these other folks are doing." And the most superficial would be, let's say, sports for the boys and some kind of social activity for the women. Holding back, holding back from that connection with other kids. And that again mirrors so many of our clients and friends that visit us here. Not always, but it's often the case that they'll report, as I'm telling you right now, that those early years were ones of feeling set off, feeling confused, feeling different, although I can't even say that I would ever have used the word "different," just *feeling* that it didn't work – my place in the world – hence holding back from connections in the world, holding back from the usual friendships that you would expect kids to be making. And for ever so many years later on I wondered if maybe that was a function of some other component of my personal psychology, but having heard so many stories now from – again around the world, mirroring that – while I don't discount that it could be my own psychology, it also contains something that's very common to the transsexual/transgender experience. And that's feeling out of place, holding back, not making connections.

There you are in those early years when a lot of folks are running around joining little cliques and clubs and that sort of thing – many of us, and this is true for me, were not doing that. A lonely kid. No, no, no – wrong word, lonely. A kid alone, but not necessarily lonely. That was much of the early youth. Hence when a child does that, they quite often can read and find other ways of filling up the time, which I did. We've heard so many stories around here of how people filled up their lives when they were alone. And for me that was reading, playing games alone, that sort of thing. And that's how it was as I remember it in those very early years, and again I think that's a pretty fair mirror of what it is for many of us that face these gender issues. As time went by, oh my gosh, as time went by [snaps fingers] – the things of life then that the cultural side of it played its part, going into school, a frightening thing for me because now I would have to be in the proximity of others and not feeling particularly comfortable with body and self. That never set well.

Ruth: Are we talking about entering grade school?

Marsha: Uh-huh.

Ruth: For the first time.

Marsha: Yep.

Ruth: So it sounds like there was some awareness at that age of –

Marsha: Oh, very much so.

Ruth: – a sense of apartness.

Marsha: Uh-huh. You know, I have my own studies going now, one of the largest in the world, 452 post-operative male-to-female people, and quite often in the work we do with those folks *similar* stories appear and it makes me think of my own situation, which I'm describing to you as not being so very unique but certainly as profound as some of the others in that: when we *feel* and when I felt this confusion about simply being – about self without those kind of words – the response was to hold back and to feel uncomfortable in the presence of others. That can be read in all kinds of ways. In high school at one point I remember being sent to a psychologist – or the equivalent of a psychologist in those days – because they were concerned that I was just not *connecting* with other kids. And never was the concept of gender or gender identity or for that matter orientation or any of those kinds of issues raised, not surprisingly, in the early 50s. So it was looked at under the rubrics of what was available at the time. Nothing came of that, except that one interview and some concern about the fact I was holding back from connections. And so again those around me, and I too, had no answers as to why this was the case. That I see as the personal dilemma for many folks facing the kinds of issues we're discussing.

Ruth: Can you think of any specific incidents or events that throw those feelings into relief? Any moments that you remember?

Marsha: Yes, one in particular does come to mind. Perhaps one of the earliest actual gender-based thoughts is this – let me see if I can remember this well – I was coming downstairs and it was in the days when quite often wives would have their friends in, all female, and have coffee. Folks always have done that and always will be. But I do remember that, and my mom had some friends in and they were sitting in the living room of the home and I came down and I looked into the room and I thought something on the order of, "Why am I not just as they are?" Not in those words, because I'm a small child at that point, but that was the *feeling*. That feeling of "Why aren't I them, or like them?" They were all women in the room. And that kind of confusion, that kind of pure confusion in the beginning that translated later on – and here's the socialization part as I can see it for myself, certainly, and I've heard it from our friends and clients here – that those kind of feelings somehow got tagged as wrong by the culture. Just as a gay or lesbian person has probably told you *they* felt early on that there was something *wrong* with the feelings they were feeling. They may not have been able to tell you how they knew it, they knew it. Same thing for me. And so incidents like that would occur and as I grew a little bit older, I would be looking at the other women around me, girls around me in the grade school, even perhaps – although I can't say for sure – as low as kindergarten. We have definitely documented that some of these feelings go back to your very first verbal – very first time of expression, in many of our clients. And so I suspect that was there for me although I cannot remember beyond, say about five years old or so.

Ruth: Did you have siblings?

Marsha: No, no. We wondered for a long time if maybe this gender identity, that is the transsexual, form had something to do with, say, how many in the family and siblings, and now we know that it doesn't. Of course, being an only child made it easier to be alone and not connect. But even so, so many of the people who have come here, who've had even very large families, found ways of being alone within those large families, and found ways to hold themselves alone. They may have been in the *proximity* of others, but somehow they were still alone.

Ruth: My purpose for asking the question was that *if* there had been siblings I was going to ask if there were ones you identified with more than others and if there were, kind of, influences back and forth were happening?

Marsha: A great question. For me that came a little bit later as I looked out at women in the world, girls and women, and felt what I guess we'd call today some sort of identification. Some of our folks have definitely reported that they felt that a little bit with their brothers and sisters. If they were female-to-male they felt more connected to the males in the family. If they're male-to-female, more connected to the women. Sometimes, not always. As far as doing that in my own family, my mom was the one role there present all the time, but I can't say that I ever felt anything like the early theories used to suggest of a symbiosis, an inability to split off from or feel that I was different from. I certainly felt *completely* different and in part that was the problem. It was hard to conceive of that.

I'm still trying to natter away at the socialization part of it. The loneliness in the grade school, yes, beginning to look around and see there were happy young women in that class and again the feeling, "Why am I not like that?" And although there were happy young *boys* there too, there was just not a connection. Not a connection at all. And then as far as the outer world goes, my goodness, I wish I had a huge video tape – it'd be fun to watch – but it was a world of the man in the gray flannel suit, you know? It truly was a world where women had their place, men had their place, at least at that level in culture.

Ruth: Was your father a business person?

Marsha: An attorney.

Ruth: What kind of connection *did* you feel with him?

Marsha: A great deal of respect. And throughout life, it was that. If anything, we had a bit of distance, as many males had with their families in those days. But it wasn't a titanic distance. He was always accessible. He was a gentle man, and perhaps that was, if anything, one of his failings. I don't know quite how to put *that*. He certainly had that role as part of his life, that is, the male provided, took care of any problems that arose, took care of the family and kept it safe and just *did* that, without explaining *how* he did that, necessarily. So we, as you can probably imagine in this world of transgender mirroring other worlds, have wondered and spent ever so much of our time wondering about the relationships between the child and the parent and how that might cause/effect, be part of the transsexual experience. And again now we find that it just doesn't matter what the relationship was or what the

culture was or what the parents were doing or not doing or what their psychological relationships were. We still see transgendered people come out of every single conceivable relationship and condition.

Even with that said, I recognize that I had a relationship with my parents that carried its own dynamics, but now I can see them as – [in forming? informing?] my personality but not necessarily [in forming? informing?] the transsexual or transgender component of my being. I take a lot from both those. They made me as parents make any child in life, [laughs] both physically and emotionally. But now we can see that the transgender condition is probably something that is in addition to all that comes along with it. And I only stress that because it's even now a little hard to pry things apart, because there seems still to be an overwhelming desire to say you are feeling this male-to-female or female-to-male or transgendered experience based on something that happened in your early childhood experience or life. And that's been a positive and powerful theory but it's *not* the answer to this particular dilemma. Just as folks who are discovering their orientation is not a function of those early years. That it's in all probability a biologically based phenomenon. Or who knows? In other words, it's not that simple. I need to say that, now, at this stage of our interview, because at least here in 1998 those within these various communities who study these things are pretty well aware of these disconnects that I've been talking about but much of the culture as yet has not reached that level of conversation, so much of the culture. I know that when I've done the talk shows in the past, some of the early questions from those audiences are *always* about "What was your relationship to your mother or your dad?" – thinking if they got just the right set of words in response to that they would then be able to put this transgender phenomenon into a box.

Later on there were no places in my kindergarten, grade school, or high school experience that offered pegs upon which to hang these feelings of, first, being disconnected from body and self and, second, to begin to hang it on the idea that it was male or female that was at the core of the issue.

Ruth: If I may ask this, what name did people call you then?

Marsha: I was Marc, with a "c" [laughs].

Ruth: How did you feel towards your name?

Marsha: Just fine. Yes. There was no sense that I was improperly named or wrong. There was just this [pause] – again after all these 20 years of seriously consciously every day thinking about this phenomenon of transgender, I sit here with you today, right now, still at a loss for words about this *particular feeling*, early on, of being disconnected from a *comfortable* sense of self. Instead of just being a kid that had a good time running around outside or doing whatever was the bit of business of the day, I would stand and feel not connected. Not connected to myself.

So I grew up as Marc and as the boy child of my parents, and I doubt anyone would have detected any difference between me and any other male child. I did what was to be done. The rare child, I suppose, among us can analyze what's happening to them at that early age. I certainly didn't. And if we went out to visit some friends or go to a movie or this or that, I just went. And if it was to go to school, I just went. And if there was homework to do,

sometimes I did it [laughter]. In other words what was there, I did, without too much reflection upon it. So when it came to performing a gender role, that also came without much consideration. The clothing was picked out for me, as it is for kids in the early years, and then later on I picked some out for myself although it was never tagged particularly one gender or another. For me it was utilitarian, just to get through the day, wasn't particularly interested in it. And then as time goes on beyond that each culture will offer its own way for "gender role socialization," as they say. And ours, at that time, would offer for a young male that you must be thinking of the future, be preparing to grow up to be a provider.

Ruth: What did you want to *be* when you grew up, let's say, when you were in grade school and then high school, or what kind of things did you envision yourself for the future?

Marsha: That's a good question. I didn't. Other kids were saying what they thought they wanted to be, and I didn't. Because thinking of the future like that was a very hazy bit of business. And perhaps that's it. Maybe there's the distinction. That for some folks who are at one with that sense of self, it is possible to think about the far future. For a transgendered individual, it's often not the case. I remember one person said to me, "My body isn't right so I don't want to put it next to anybody else's until it is." Hence, they were not sexually active, they were just not connected with other folks in relationships until well into their 30s when they solved their gender issue. In other words, if you'd asked *that* person, "What are you thinking about in the future?" – he wouldn't have responded, "A partnership and a this and that" – he would have said, "I just don't know." And that's much – I think now, today – it was for me that way because I didn't think about the future. Had someone come around, "What do you want to do, young Marc?" – "Well, I want to be an attorney like my dad," I probably would have said. But I don't think I ever really felt that.

Ruth: So did you go to college right after high school?

Marsha: I did, uh-huh. Those were, for me, the wonderful 60s and –

Ruth: Why were they wonderful?

Marsha: Because there was such a *glorious* hope for freedom about in the land. When I left high school in '65 the hippie movement was there, and there was the talk of hope. There was a renewed interest in politics – I say renewed *now* because now I know something of the history of politics in this land of ours and progressive politics in particular. But then it was coming across it for the first time. It wasn't that I'm simply Republican or Democrat or that vague government off in the distance. It was becoming real and there was a war [in the field ?] to deal with in the near future for many of us. It was a time when people were – at least at one level, a student level quite often – were talking about justice and hope. That resonated with me in all kinds of levels, not the least of which, although not primary, was the possibility that if we can talk about such freedom and hope at the level of *government*, could we not talk about it for individuals as well?

Ruth: There were a number of things happening to people at that time. One of course for young males was having [to] register for the draft. And I assume you had to go through that.

Marsha: Yeah, I sure did.

Ruth: And so what kind of feelings come up for you about that?

Marsha: By that time, by that stage in my career [laughs] in life, I had pushed down these feelings of transgender and transsexual, because I had done something again that's fairly common, although not so much anymore, but certainly in those days it was: to finally come to consciousness that it's my *body* that's not right. It's: my sense of self doesn't match my body and – This for me occurred, I suppose, really consciously in the early years of high school. And I can't remember that it was attached to any particular event or not. But finally then there it was. That just I want this body to be different. It's not supposed to be male, it's supposed to be a woman. And then to say, my God, that just must be nuts, crazy, insane, sick, evil, sinful. And beyond that to look around and see there were absolutely no role models, if you will, or no models in any way to deal with that and that, you well know, back then what could we talk about at all? We couldn't even talk about gay and lesbian. We couldn't even talk about *heterosexuality* for that matter [laughs] very often. With nothing to turn to, the concept was, well, this must be a personal problem. It was also [because of] the 60s, I think. The 60s were also a heyday for psychological explanations of everything following from Freud permeating through the 30s and 40s and 50s. With the concept in mind that I must be wrong or crazy –

[TAPE RUNS OUT]

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Ruth: So the last thing you said was – which I don't think got on the tape – was the concept of feeling that you must be wrong or –

Marsha: That's the idea, that what was available in the way of tools, that is knowledge of self, psychology, and so on, and what was available in the way of models, what was around me, either for orientation issues or gender identity issues, were so limited or nonexistent back then that my response was to say, I must be wrong myself. I must be crazy, or sick, or *something* must be wrong here. And my response to that was to act the male role much more fully than would generally be expected. A defense.

Ruth: How did that manifest itself? Can you give specifics?

Marsha: I sure can. And I just need to say that so many of us did that and it worked both ways. Female-to-male folks were doing similar things, I find out later. And for me it manifested by joining the ROTC, and later – because that was such a time for questioning the military, my eyes were opened there – I left that. But doing that sort of thing. Doing the sports. Doing the superficial role expectations for a male.

Ruth: Did that include getting involved with young women, in relationships or –

Marsha: Not till later on. And there it was truly a sense almost of looking through a sort of a partition or *glass*. Yes, I met people, we went out together, we did things together, but there was no feeling, no connection, and for that I felt guilt too. Quite often the response was, "You're very kind and sweet and why can't we go any further?" And I took great care not to hurt anybody. And I wish I could say that was my great good self and altruism but part of it was just that I didn't want anyone to know what I was feeling inside, and that it must be so bad that I don't dare let any of it out because that would certainly hurt other people and I don't want to hurt other people. So those were some of the responses.

A few minutes ago you asked me did I go right into college, and now I remember: no, I didn't go right into college, because right after high school the feeling was getting stronger about this disconnect between body and sense of self and that I've got to do something about it. I did start college, but I quit after a year and took a job in construction, and partly that was motivated by the feeling that I've *got* to settle this issue. I've got to make a *man* out of myself. And I was headed for the military to do that, but now I say, thankfully, my eyes were opened to some of the political issues and I could no longer give myself fully and wholly to what I had once considered the patriotic effort of our military at that time and now I felt was a grave mistake. So I went into construction because at that time it was a very manly thing to do. During my time in construction not only did I *transition* there but women were beginning to come into the work and a part of me knew all along there shouldn't be any – why shouldn't women be doing this work as well? But at the time the stronger part of me said this is a *manly* thing to do and maybe this will do it. Maybe this'll make it.

Many other people who were feeling these things did go into the military. Some died. We did so many different things. But for me, this was what happened. And I tried that for a while and it did benefit me in that I made some money, got a little freedom in that respect. But again, it didn't solve anything, just like carrying a weapon, or running a jackhammer, doesn't make a man or a woman out of anybody [laughs]. It just doesn't. And nowadays that's obvious, and very few people will ever suggest that you go and do such a thing. But it really wasn't clear at that time. So I certainly did it. And after a while it just began to sink in: no, this isn't changing anything. It isn't changing anything. And I would be working out in the field and I'd see men and women and I'd say, "Wait a minute, this isn't making any difference, I still feel exactly the way I felt before, that this body is wrong." So I went back to school and it was a combination of school and construction work for a few years. I got within about, I guess it was a quarter of a degree, in English literature. Very popular in those days [laughter]. People have written books now about how you can get those kind of degrees and then spend a lifetime looking for a job. Towards the end of that period I just went into construction full time and spent 17 years of my life doing that.

Ruth: So this was after a partial college education?

Marsha: Yeah, all but the last quarter.

Ruth: Something else that was going on during those years were *men* were starting to question their proper roles in the world, and especially around the war effort and pacifism and hippie movement. Did any of that catch up with you, and how did you react to it?

Marsha: Yeah, I did. I spent a lot of my non-working time in groups protesting, planning protests, working at all levels of that.

Ruth: Protesting the war?

Marsha: Yeah, the war. And meeting lots of folks. Although there was a tremendous hierarchy and sort of patriarchal fact of life back then in the movement that we didn't necessarily recognize, that I think was just a function of culture, and men were always the leaders. Women were supporters and activists but they usually took care of business in a way that replicated the home. That's not to say that there weren't some strong women leaders emerging but most of the on-the-ground work and the organizing and all that were all done by men, and some of the newspapers and things that were started were usually male dominated. We *did* begin to wear slightly different clothes. I took an opportunity to wear looser shirts and longer hair and that sort of thing, but it was never that you would be identified as the other gender. And it really wasn't, at least in my take, any attempt to *blend* the genders as now people play with gender and blend it and that sort of thing, and have a good deal of fun usually with it – there was never that attempt. It was a *freeing* up of roles, that's for sure, and that's what attracted me in large part – that we could talk about the kind of free and beautiful politics that *so* attract me and so drive me in life. At the same time we can be talking about the kind of individual human [hard to hear] relation that was going to build a really good world. And I have not rejected that as an object for our attention in this world. All the nastiness that's heaped on the 60s these days – [where? by?] our current radical right wing – is nothing but, I believe, a terrible fear that people might actually be free [laughter].

Ruth: Right.

Marsha: Those were good times. I had my Volkswagen van painted Day-Glo colors, and traveled up and down the coast and around. Went to Paris in '68, was in Paris in May of '68 for those *amazing* adventures where there were slogans on all the walls and the students and the workers were together. It was *very* powerful. I played a very small nonexistent part in all of that. I don't claim to have played any part there. But I was there. And I was involved in those things. And I saw so many people doing so many things. But also, now as I look back on it, I see that that was male-dominated in Europe as well. The men were running the show and the women were quite often there as support and often for sex. So I'm not sure that in '68 we were talking much about – at least many of the political organizations were not talking much about gender equality. That was there but the conversation hadn't gotten too strong, at least from my take.

Ruth: In any of the work did you find any roles in which you were comfortable? Or was it still a matter of feeling disconnected?

Marsha: Yeah, the disconnect was always there, and I now know that part of the energy that came from that fact I could pour into the work that I did, and part of it informed a desire to liberate, I admit that fully, that to liberate others would hopefully lead to a liberation for myself. But I don't see that as a negative at all. And nowadays I see the very same thing operating today in many folks who are working for peace and justice and equality. They want that for the world but they also want that for themselves, and I think there's nothing wrong in that. Perhaps coming to consciousness about it – what level your personal dynamic plays in your justice work – is useful. And you remember back then we were doing consciousness-raising kinds of events. And so every once in a while we could touch on that, and just how much our own personal stuff was informing our political work. But we really – I – never found – Again, maybe it was just that I was afraid to broach the subject of not feeling right in this body, but I never did have a venue where I could actually say that to others in the movement. So it really wasn't until deep into a relationship that I entered into in those years, with a woman, that I actually told anybody about the feelings I had. We were together for ten years and we replicated for the world the appearance of a man and woman relationship, but it wasn't that when we were together. We took care of each other. And we kept each other safe. But it wasn't sexual, and it certainly wasn't what we saw the other couples doing.

Ruth: Did both of you sort of feel a need for that kind of relationship, do you think? Was it a mutual thinking?

Marsha: Yeah, a mutual need, but not very well articulated. In essence, it was a place of safety, a place to come to be okay, and then to go out and do the various things we were doing.

So, there's the war, there's working construction, which was making money, there was the relationship – all of those things going on – and then this gender business underneath. And still, even though there were a few people around this country there in the late 60s and early 70s who were beginning to talk about what we'd say was transsexual or transvestite, and there were some groups and that sort of thing that had been going on, there was no way of connection. And so – whenever it was, probably the very early 70s – when I told my partner about these feelings, we did what I now see as a two-person replica of what I'd done ever so many years before and that was to say, "Oh, no, oh, no. Oh, what can we do about it?" Look around, find no roles, find no help, find no support, and so say, "It's got to be *our* problem and we'll just hold it inside." So once again, repeating that. And this time around, again not through any great ability to understand the *world* but simply through experience, didn't play out such remarkably stereotypical male and female roles, but we certainly stayed together and presented to the world as a male and female couple. And during those years I visited, I believe, 13 or 14 different therapists, looking for someone who knew something about these feelings of being in the wrong body, if you will. And one or two bits of literature would appear.

I remember when I was in Europe in '68, one of the glories of those times was there was a world-wide hippie culture and you could [auto stop ?] and hitchhike in many, many places and run into folks who were coming from different experiences around political work and so on. And in meeting one of those folks in Amsterdam, they had a book wherein there was a story – a short story actually – about someone who was talking about transition from male to female. And you know how it is. That was one of my very first contacts with it actually being said by other people.

And so now when people come into this room, they've probably read about something or been on the Internet or some such thing, but they may have never talked to anybody, and we see it in the eyes as they step in the room and they see a whole roomful of people. Well – and in those years, just as it was for gay and lesbian people some years before, there was a sense: maybe I'm the only one – and that's almost a cliché and a joke. But certainly it can be in a person's life and you can feel maybe, if I'm not the only one then – I'm sick, and maybe that's what it is. And to make a connection where it isn't based on that kind of a dynamic, but where you've just contacted someone else who feels or says similar things – *oh*, remarkable. And that was my first contact.

So I came back to the States and looked around and, again, [that series of ?] looking for therapists because maybe this is a cultural thing. At least in the west at that time when you had these kinds of feelings and when you – I – applied words like, "Maybe I'm crazy or sick," or "Maybe this is something that's psychological." What's the first response? Mine was, we go out and we look for professional help. We still see that now but we also see people who recognize that support groups and conversation are almost as important, at least at the first stage. So, I'm looking around and I'd find one person and we'd talk for a while and by gosh, they just wouldn't know anything about this. And then I'd find another person and yes, maybe they'd heard of it, but they didn't know anything about it and they wished they could help but they didn't know what to do, and they couldn't find any help and so that would end. Find another person who – quite frankly there was never in all those 13 or 14 therapists – there was never anyone who was outright homophobic, transphobic, if you will, or just *mean* in that respect. But in almost every case we came to a point where we just didn't know where to go or what to do.

Ruth: What did you do then – after exhausting 13 or 14 therapists – what step did you take next?

Marsha: These didn't happen all at once – they happened with large spaces in between throughout my 20s and I'd come back from, come out of one of those experiences usually repeating the: "I'll hold it inside but just make it through. I'll be a – I'll play this male role a little harder." That wouldn't work. There'd be a period of situational depression – that's what I can call it now. But who knows? You don't call it that when you're going through it, you don't know anything about the terms and so on. There just would be a period of real dark depressing time and my partner – we wouldn't know what to do, I wouldn't know what to do, it would just be very terrible and painful. Then, build back up again and reach out, try another attempt, repeat that, on and on and on through the years. And so many of the folks that we see [at Ingersoll] tell similar stories. Nowadays of course, hopefully, if they make a call to us or a call to one of the other support systems that are around, they can eliminate all of that. They can make the connections right away, but we didn't have that in place then.

It wasn't until mid- to late 70s that I heard about such things as Seattle Counseling Service, here in Seattle, which I now know is the oldest counseling service for gay and lesbian, and now bi and trans and other folks, in the whole country. And a good bunch of folks right here in our fine Seattle were putting together a system of help there back in those years. And there was even some talk about transsexual and cross-dressing. In the mid – *oh*, '76, somewhere in there, I first found that there could possibly be help, after trying these therapists, after visiting with the folks at the University of Washington. There was, in fact, for a short while a program of research based around gender change at

the University of Washington, although it was very difficult to enter, it was [a] very medical model, it was very off-putting, and I – after making one contact, no, two contacts – went no further with that. I can't blame it. They were probably trying to do their best. I know most of those people now and I know the constraints they were under academically and financially. But the fact is, for someone reaching out for help, that system did not respond well at all. So that didn't work. I heard about the work with Seattle Counseling Service. By then, I'd become aware of the gay and lesbian efforts by staying in touch with my activist friends, because obviously at that time there was a great deal of work in orientation issues. It was one, along with feminism and the antiwar movement – they were all rising up [hard to hear].

Ruth: Did the gay movement, did that give you any pause to think, "Do I belong here? Is this a source of perhaps potential resolution for me?" or did that never be part of it for you?

Marsha: It really wasn't until much later on because I never identified as an orientation issue person, not gay, not lesbian, not heterosexual, not *anything*. And so many, many of our people report the same thing – back then. Nowadays, folks rarely come in seeing a disconnect between all our organizations and groups and issues, but I sure did. And since this didn't seem – for example, gay male issues just did not seem to have anything to do with what I was talking about – that didn't go anywhere either. But the personal pain, that did. And that's what finally impelled me, in around early 1977 or so, to make my first contact with Seattle Counseling Service.

Ruth: And how did that go?

Marsha: Very well indeed. Good folks. And the first time ever that I could speak, in my mumbling way, about what I thought was going on with me, in the wrong body and all of that, and find response. In all these years I've always built that into what we do here, that initial response – "Of course, tell us, what is it? For goodness sake, let's talk" – kind of welcoming/professional at the same time attitude. There it was. But again like so many of our folks and like so many gay and lesbian people, you reach out, you make that first contact that *does* work, and I was overjoyed and terribly scared at the same time. Because opening up before me was the possibility that this might be real, that this might be something I would have to do something about, and *what* could that possibly be? By then – I mentioned a thing that I had read in Europe – but by then, also later on when I made this contact in '77, I of course knew about Christine Jorgensen. And I wondered, as so many of us did back then, how in world I could ever blend such an experience into my life. It seemed absolutely impossible. Absolutely impossible. And so there was a pulling back from that. Luckily this time, it was only months.

So by then end of '77, I had done two things. First I had reached out to therapists who Seattle Counseling Service had recommended that knew something, they'd at least heard about this and were willing to talk about it and they called it transsexualism. And it was in '77 that the idea of Ingersoll came to me. Because coming out of the 60s I thought, "Why not? Since there's nothing here, why don't we *make* something?" So that was the idea. It showed me, or brought to consciousness – that is, the contact with Seattle Counseling Service brought to consciousness – that there *must* be other folks like me, that we can do something about it. And then the 60s [work resulted ?] in Ingersoll.

Well, just like sense of self, it wasn't then anything that I acted on immediately, but I began a closer connection with Seattle Counseling Service, with some therapists that were recommended who talked, that was the release. And so within a couple of years I was doing the group at Seattle Counseling Service that had come from *their* early work in transgender and transsexual issues. There was a support group which I took over in the late 70s and that was the model, quite frankly – I'm pointing to a board here on our wall where there's a number and it says 1,270 and that's the Friday night group. We've met for 1,270 weeks, and the genesis of that group was in this group at Seattle Counseling Service. [laughs] *Yes!*

It took until 1984 to put together Ingersoll itself, and to incorporate as a non-profit in 1984, but the original idea began in '77.

Ruth: Tell me about the transition between being a *recipient* of therapy to becoming someone who was a group leader and a provider. What kind of evolution did that have for you, and where were you in your own personal transition while all this was going on?

Marsha: Yeah. I was – let's see – there were several groups that were being tried. One was a therapy group and one was a support group – very much like what we do now, only in its early "we don't know what to do" stage [laughs] – we don't know what really works. So I tried those, and decided that the support group was making the most difference. There I met people, I heard stories, the various things we could still do today, and so I attended those regularly, not missing them, and taking on – as people tend to do, and we still depend on this – if people show a passion for the work we invite them to *do* something. And, that's what I did. I began to chat with people who came in, and talk with them.

Once I had settled the issue that I was "okay" in feeling these things – wasn't one hundred percent sure of what I was going to do about it; it would probably have something to do with at least a social transition, if not a social and a physical transition as well – that these things were *possible*, and there was a *pattern* that emerged from some of the experiences of people there that I could follow, should I decide to – a pattern of social and/or physical transition. And so I would share that with people who would come in, and that led to taking leadership in the group as – well, I don't know what we would call them back then. We call them facilitators now, but – group leaders, group facilitators.

RP: To back up for a moment, can you remember what it was like the first time you met someone else who felt that they were transsexual? The first individual human being that you came in contact with?

Marsha: Well, that happened in several parts, actually. Briefly, in Italy in '68, on the street, I met an individual who was – who knows? Gender-playful, to say the least. [chuckles] But had talked about doing some sort of surgery, and that was the first time I had actually contacted that, someone who had actually talked about genital conversion surgery. But back here, through Seattle Counseling Service I did meet people who both talked about changing their bodies completely, and then in the – towards the end – some of these people actually *did* and *had* gone through

various body changes, including genital surgery. But, prior to that – let's see; it was just coming back to mind how there were private groups also that had spun off from some of the Seattle Counseling Service work and also just existed in the town. And I would go to a couple of those and – They were usually at someone's home. And there was usually a mixture between cross-dressing, and people talking about transition, and for me – most of the time I saw people who were not functioning too well, in the culture.

You know, that's often explained nowadays rather simply by saying that in the beginning of any movement, it's usually the most frustrated, the most desperate, or most *oppressed* that come forward. And quite often those are folks who [haven't ?] too much to lose, or may appear on the surface – I say that very carefully – may appear on the surface to be confused and chaotic in their lives. Some of the early papers about transsexualism actually said that – for the definition was probably that there was chaos, and depression, and so on. That's only because the first folks coming forward would sometimes present that way – not always, but sometimes. So consequently I saw that too and I wondered: does this just confirm that I truly am suffering from some kind of awful craziness? So there was a period of pulling back, coming – even then. So those initial meetings – you're asking when I first met someone – there were groups of meetings like that. There were *many* different people, most of which, rather than giving the kind of –

[TAPE RUNS OUT]

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Ruth: This is now October 9, and I'm continuing the interview with Marsha Botzner. When we finished last time, we were talking about your personal transition. Do you feel that you want to have anything to add to that?

Marsha: Let me add a few things. The groups we did back then were groups based on *survival*. We came together because there was no option. Again this is like so many other oppressed groups, they come together in their first organizational attempts, for survival. But having said that, I want to return to a point I made last time that within that group of survivors, there were all levels of health, intelligence, everything you'd expect to find anywhere in society. I need to say that because when you look back, it's tempting – and I find myself tempted as well – to say, we were innocent, we were simple, we just didn't know or they were all desperate or they were all one thing or another, when in fact, we were just as complicated then as we are now [laughs]. That's just important for me to say. What we didn't have was a larger conversation, maybe that's the way to put it, a larger language, a history of research, a history of just getting together and talking it over, we didn't have that history on which to base our conversations. So often they were very simply about, "How can I get a surgery?" "How can I" – not to put too fine a point on it, but – "stay alive?" Not necessarily in the physical sense, but just stay alive emotionally. "This is driving me crazy," sort of thing. "I just can't stand the pain any more. How am I going to stay alive with this issue?" That is, "My body isn't right. What am I going to do about it?" In those years, the late 70s, even though there had been groups of folks talking about cross-dressing, and there had been a few folks talking about full changes, and even a few *making* full

changes, there had not yet been in the world a formal way to approach these subjects and to offer real help. So I came into those groups like everyone else, filled with feeling, filled with confusion, filled with certainty –

Ruth: Certainty, or uncertainty?

Marsha: Certainty, but the kind of certainty that says, "Oh, I *know* this is who I am – well, I'm not so sure." [laughter] Yeah. And looked around to hear other stories and to get support. Now we know that's vital and important but we also know that we can offer scenarios, routes, therapy, possibilities, so many things that we were unable to offer back then. So my first response was to put aside the possibility that maybe I was okay, that this was just another human bit of business.

Ruth: What do you mean by that?

Marsha: What do I mean by that? I mean that it is just something that occurs in some human beings that is not a sickness or an evil or a defect of any kind but requires some sort of response from the individual and their society. At that time in the 60s and 70s certainly in me was a feeling that this must ultimately be a sickness. Ultimately, I mean, because we hadn't, as I just said a minute ago, we hadn't done the research, we hadn't had enough conversations to know that *wasn't* the case. Even though we may have been vaguely aware of it and been telling each other, "We're okay, we're okay," I think the default, as they say nowadays, the default position, the place that I went to was ultimately, "There's probably something psychologically wrong here." And I take it as the culture that I grew up in that gave me that default, if you will. Maybe another culture would have given me another understanding, and certainly some of our researchers and students of gender these days would say "Yes, if you grew up in a different culture, you would definitely have a different take on what it meant to feel these things." But for me it was the psychology.

So I thought the first thing I really had to do after making this contact was pursue it on a psychological basis, that is, find help. And as you remember, even in the late 60s and early 70s, it wasn't that common for someone to be doing psychotherapy unless you were with a rather high level, I should say. Well, that's my take on it. There weren't certainly as many M.A.'s and counselors running around, that's for sure. You had psychiatrists, psychoanalysts, clinical level folks, Ph.D. level folks, and a few master's level, but not in the way that we have folks available nowadays, and not the agencies, where a person could walk in and hope to find an intern to work with. When I looked around, what I found was a series of Ph.D. level folks, except I think for one individual, and approached it as if I was searching for, if not a cure, an understanding that would result in not doing anything but somehow living with the pain. And that was the take many of the folks around me were coming to the groups presenting.

So – I believe I mentioned that there was a series of something like 13 therapists in my 20s and early 30s. Good people, all of them, really. Just – we would come to that point where they would say, "I don't know what to do. I just don't know." And we'd explore family and we'd explore relationships and sexuality because the conversations finally were such in those years that we could talk about sexuality. But none of that was answering this question about

"Who am I? Why I should feel like I'm female or woman or -- not man?" So eventually after a few months they would end.

That's important to me because when I began to do those groups, that is, take over the support groups, I took that format, if you will, into doing support groups. Since I've gone back to school and got my degrees and all that now -- but back then I knew as a consumer of psychological services a little of what that was like but that's it. When I did the groups I tried to bring whatever it was I knew about psychology into those groups. That was the original model that I brought. Luckily I didn't know too much [laughs] so the model was simply one of allowing each person some time to speak and then if something came up that was important to them, questioning them about it. Now we still use a format a little like that -- in the beginning of our support groups, we still go around and allow each person to speak, but we don't do what would really be more therapeutic work where probing questions are asked, except in rare cases, because we've learned that that's not the function of a support group and it's not necessary there. But back in those early years, that's the model I began with.

Ruth: Did all of those groups in those years, did they all spring out of the Seattle Counseling Service, or were there other services at that point?

Marsha: There were two things going on. One, there were loose associations of individuals who got together in their homes and had meetings -- that sort of thing -- or simply cross-dressed together, perhaps went to clubs. And then there was Seattle Counseling Service, where these two groups existed, the support group, and for a brief time, a group therapy attempt. To my knowledge there really were *no* other places that an average individual could turn to with any expectation of receiving ongoing services. The University of Washington had a program dealing with *transsexual* gender identity issues but it was quite formal, it was a research program, it didn't admit many people, it was the kind of program that was geared towards research and was not perhaps the kind of experience that an individual would hope for. I should be blunt here -- it really wasn't the kind of experience that a person questioning themselves was looking for. It was trying to understand the full change, the full transsexual position, and it was doing so in a very strong medical model. There were teams that a person would have to appear before, and all that was very daunting and only available to certain individuals, and certainly at that time you were not going to get services unless you gave the correct answers.

Ruth: What would the correct answers have been?

Marsha: In those years, the correct answers for a transsexual person would have been that I felt this all my life, that I am absolutely with no question 100% female, that I've never desired anything but, in my case, a male, that I expect to go on to partner up with a man, and if it were only possible in society to have children, and -- It was rather a tight script. Also, not betraying any past that could lead to another diagnosis. So rather than being welcoming, as we are now -- that is, offering someone complete freedom to talk about whatever has happened in their past -- If they were in a hospital for a while because of depression or if there was chaos in their family, whatever it may be, we want to talk about that now because we know that it's not going to determine what the individual does or doesn't do; it's just

going to help us provide some good service. But certainly back then, an individual approaching something like the University or some of the individual practitioners would *never* want to tell of a history like that, of depression and chaos, because they would be afraid, sometimes wrongly – there are always good people in any era – so they might have been lucky and found a good practitioner who didn't know what to do but just wanted to help. But the general feeling – and certainly this was in me – was “No, we simply can't talk about any of our background.” Now for me, I didn't have anything that dramatic to talk about but still there was a feeling I had to present a fairly normal background, an ongoing sense of feeling this completely, never any doubts, and of *course* I had been filled with doubts on and off. Now we invite people to explore those doubts, sometimes incredibly profitable. But then, not only would we not talk about any psychological issues or family issues in the past that were out of the ordinary, but we'd be very unlikely to talk about any doubts that we might have about our process.

Ruth: Did these researchers at that time tend to associate transsexualism and homosexuality as overlapping categories?

Marsha: I'll give you *my* take on that. It's that in the very beginning – no, that they looked at it as separate and then coming together, and then going apart, and now at this day and age, coming back together but in some much larger sense of what it means to be human. Not that it's an orientation issue, but that it can be encapsulated in a biological take on identity. That might be the way things are going now, but – At that time, I would say that there was probably the understanding that it's a separate issue but now when asked to try and describe it in the *world*, the thoughts are always, “It *must* have something to do with being gay, because how could a man want to be a woman if it wasn't all about sex?” And in those early years we rarely if ever heard about female to male. They were *there*. They've always been there. Just like male to female have always been there. And everybody in between. But perhaps because of the culture that we live in, it was the male to female people who were first reported on and seen in a public way. That is, that was the public face of gender identity. So the question would be, “How in the world could a man ever want to be woman if it wasn't for sex?” And to pry that one apart has taken ever so long and of course even now sometimes that will come up as the question in an audience. However, I must say I really haven't heard that from an audience in a very long time, except as a subtext whereas, say in the early 80s when I was beginning to do lots of these talks in public, that was a common question. “Doesn't this mean that you're gay?” But we don't hear that so much anymore, except as I say as a subtext. Again, going back to those times, I would just venture to say that the researchers, the people looking into it, were looking into it as a separate issue. But when it came time to try and describe it in a public venue, it was linked to orientation, but linked in a way that was very mushy, if you will. Linked in a way that had no language. We really weren't talking about orientation versus identity until a bit later on.

Ruth: While we're on this topic, I have a couple of kind of related questions, and the first one deals with male to female transitions because I've met a couple of people who were male to female who have taken great care to distance themselves from cross-dressing and the drag scene and then saying, “That's *not* what I'm about,” and being very careful to say that. But on the other hand in the two documentaries I've seen about cross-dressing, there always seem to be a significant number of people who desire and perhaps eventually *do* go through a sex change, sex

reassignment therapy process. So I'm wondering, are the boundaries – how separate or how perhaps fuzzy are they between the two?

Marsha: My first thought in answering that question is this: that the more information we have, the clearer it becomes – and because the information is still young, it's still not *widely* known – a person may come into us going with what they know and what they know may be that some people cross-dress and it may be possible actually to change. So if that's your option as far as knowledge goes, it's probably safer to believe, "Maybe it's a cross-dressing issue," when in fact you might need to confront something deeper. And certainly I *do* believe that was the case years and years ago. So, a lot of times people would come in and say it's a cross-dressing issue and then discover later that they needed to do more. Also for a period we wondered if simply the act of cross-dressing led somehow into a desire to change, and now we know that it doesn't. It can be tempting sometimes, as a person discovers how they *can* cross-live in the world, to consider living full time in the other gender role. But now we're able to say, "Go ahead and try that. Experiment with that and discover where it really fits and where it doesn't."

In past years, because that option wasn't there, there was always the lure of, "I wonder what I might be like to be full time?" Sometimes those conversations were difficult because it was impossible to say exactly what I really want. What we saw happen and what we saw happen here was that we would begin with a group that invited everybody – cross-dressing, transsexual – everyone. And before too long there would be a desire to have two separate groups because people who cross-dress said, "I don't want to sit in group and listen to people talk about surgeries all night." Those were the individuals who could say quite clearly they didn't want to go ahead. And another group who quite clearly said they did want to go ahead with some kind of physical transition would say, "I don't want sit here and talk about clothes and make-up." There was always that other group in between – the group I was referring to a moment ago who would say, "I'm not sure but we haven't got any way to test it out so, am I cross-dressing? Am I a transsexual? I don't know," and be struggling with that and maybe one day think one thing and one day another. Now we've made up this term "transgender," originally to cover that kind of thinking and to offer a way through that. But we didn't really have that then. What many groups would do is split and we actually did that too, although I've always maintained that our Friday group be open to everyone. And once again at this late date on Fridays there are cross-dressers and there are transsexual people and there are transgender people who are all sitting there together and finally we have a language, we have a way of talking all together so we don't feel that we have to go off into separate groups. But back then we did create some separate groups. We spun off an organization called Emerald City,¹ which was primarily for cross-dressing.

Ruth: When was that?

Marsha: Let's see, that got going formally in the mid-80s. It had been partly the result of our Friday group creating it formally. The people who are facilitators at that time were involved in creating the formal group, that is, the formal organization. There were members who had been around for many years before that. They'd been the ones who had visited in peoples' homes and had been coming to Seattle Counseling Service and had been cross-dressing on their own around Seattle – that sort of thing. But this was the formal creation of an organization geared to the cross-

dresser and to providing a safe place – I put it this way – a safe and healthy place to go and enjoy *social* events. Because one thing we were not offering at the Friday group was a lot of purely social activity. Again I think that comes from my take on support groups being something that supports you on an emotional level, on a psychological level and works with that, rather than the simply doing and being involved in a social event. When we recognized that, there came Emerald City and that's been going so well for so many years now. In fact, every year now there's a convention held in Port Angeles, of all places, which is a small, logging-based town. Every year a group of 150 to 200 cross-dressers and friends and transgendered people go there and have a four-day conference.

Ruth: Wow.

Marsha: It's wonderful.

Ruth: Why Port Angeles?

Marsha: We had a person with us as a facilitator in the mid-80s who was a very courageous person who said, "We're just going to do this. We're going to find a small place where we can do this." And she went out there and she talked to the chief of police and the mayor and worked with all the folks out there and *my goodness*, they were just scared to death. They didn't know what in the world was going to happen. And they said no and then they said yes. And finally it got worked out and they had a small original convention and folks discovered that it worked and that, my goodness, their money was good, and so on. And it's grown ever since.

Ruth: So when did this first one happen, when was the first conference?

Marsha: I don't remember the exact date, I have to find it, but it was mid-80s.

Ruth: Mid-80s, okay.

Marsha: So Emerald City grew and the Friday night continued to do its work, and Ingersoll was growing in its own right because we incorporated in 1984, although as I mentioned, the first idea came to me in '77, and between '77 and '84 there were several private attempts to start something, which I did. They were usually thwarted by money issues, location issues. Along those years I was finding people who were interested in doing the same thing. And several people were facilitating the group with me and stayed there and became folks who were interested in creating a new organization. And those are the ones who were with me when I created Ingersoll in '84. Around here, Ingersoll, Emerald City, the support group concept, the necessity for social organization, the necessity for medical and good therapeutic systems, these were all crystallizing. For us here in the Seattle area, it was the early to mid-80s when these things were forming as conscious needs which we were going to address. And although there are groups all over this country and all over this world we were certainly one of the first to concretize, that is, to make real, organizations that dealt with these issues. I am fully and wholly aware that there are other organizations, as I say, that were in existence before, primarily cross-dressing ones, before this time and I'm not talking about those. I'm talking about what happened here. But what I'm particularly proud of is the fact that we were *conscious* of what we

were doing, we knew we needed the social, we knew we needed the therapeutic and medical connections in a *formal* way -- not just that you knew a counselor over here or a doctor over there -- but that there be some formal way of bringing these folks into the orbit of our needs and our organizations. *That's* the difference, and *that's* where I think we really were ahead, for whatever reason, of most other places.

At that time I know also that there were several *formal* programs going on at the universities and other locations around the globe to help primarily transsexual people. But again, the difference is that we're doing this on a *peer* level. And it was a conscious attempt, successful I believe, for *peers*, for people who are facing these issues, to create a service organization that met their needs and was responsive to their needs. To bring together the professionals, the peers, the non-professionals, the support -- all of us -- in an organization that would be ongoing, that was addressed primarily to the health of the individual. And that I really want to lay claim to, not as the only person in the world, for goodness sake, because obviously there were many others thinking this way. But I *do* want to claim that we here at Ingersoll have always had in mind the individual getting their own sense of self and their own sense of power in hand. And by that I mean that we would offer services that would allow the individual to settle those questions of self, then they go out in the world and they do whatever they want. They do social, they do relationships, they do business, they do whatever they need to do. Now that's different from an organization that would say, "We are going to offer ways for you to be social, for you to make contact with other people, for you to -- for social reasons -- or that we're just going to provide you with basic information." Perhaps it's not so subtle, but the focus is that we wanted to approach that deep sense of self, to liberate *that*, because I believe all else follows from there. You have a strong sense of self, who you are, you can go to all these other things. You can go to the social side of it, you can go to the medical side of it, you can do anything. And I think we've been proved true over all these years. So those are the differences that I see we were doing in those early years as opposed to some other places. And it was very exciting! My goodness sakes, we'd sit in rooms and chat these things up. I remember one time in an apartment over in Queen Anne Hill, several of us sat there and talked about the need for Emerald City and its difference from the Friday night group and the emerging Ingersoll.

[SIDE 3 ENDS]

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Ruth: Okay, you were talking about sitting around a place on Queen Anne and about the need for Emerald City.

Marsha: Right, and it was just as I described and it was so exciting because we were building something, making something new in the world.

Ruth: Was Emerald City -- was the group that that was for or directed to, was that different from the group that might go to, like a drag coronation ball or participate in that scene?

Marsha: I remember now your original question, might as well get back to it. There was a sense that people doing drag and drag performance were in a different category, and I suspect there still is a feeling like that. However,

nowadays I also suspect that the sense is: it's just a different take. It's part of the whole process of expressing gender self and gender role. But then we were afraid, I think, in many cases that it represented a non-transsexual, non-cross-dressing, primarily orientation – although we never would have said the word orientation – but gay take on the world. And because there was a fear that if we expressed that sort of take on the world, we would never get the services. As you recall, a moment ago I was saying how if you did enter into the medical or psychological world, it was very likely for someone questioning gender identity *not* to talk about anything they felt would be seen as suspicious or they wouldn't get their services. In those days, for many of our cross-dressing and transsexual people there was a feeling that if we identified as gay or lesbian, that is, orientation issues, that would be a strike against us and we wouldn't get services and we would be pigeon-holed somewhere else. It was an odd mixture of self protection, a strange kind of homophobia that was actually a sort of self-transphobia, if you will. It's hard to say what it was. But it *did* result in separating out the groups, and so to answer your question directly, many of our folks back then would have said, "Drag? Oh, no, that has nothing to do with me. I'm a transvestite or a cross-dresser or a transsexual person." We didn't have the word transgender. And nowadays I think if you come to the groups what you'd hear is, "Oh, drag? Fine, that's fine. Me, I'm looking at, I'm a cross-dresser or I'm a transsexual person or I'm transgendered," and the conversation would go on like that. Which is I think far healthier, [laughing] oh my goodness.

This would be an interesting paper, for someone to pry apart the cultural aspect, that is, the fear that if you identified with a dangerous minority, gay and lesbian, because back then it still was dangerous and oppressed and we hadn't risen to – we hadn't gotten on the radar screens yet to join in *that* kind of oppression – what we have now – and I don't think that's any win, that's for sure. But at least we're all together in the battle now. But with that fear in front of an individual, they would say, "No, I'm not part of that group," hoping then that the doctors and the therapists would give the aid so desperately required. Also, because we felt that we didn't have the power, it was going as supplicant to these services, but Ingersoll's been created to take away that fear. Because we *are* the providers. There is so much controversy going on right now about what kinds of standards of care should be in place for people considering physical changes to their body. But our take here has always been that it must be based on the individual, that it can't be arbitrary. We've never followed absolute statements about what should be done in therapy or what should be done in the experience prior to some sort of surgical intervention. Our take has always been to help the individual discover who they are. I just need to say that, because there is circa 1998 a huge controversy about: what, if any, process should be in place between an individual saying, "I want to make a physical change to my body," and the professional world providing that change. But back then, in the 70s and early 80s, there was this strong feeling – because we hadn't yet positioned ourselves and we hadn't yet had the power in our hands – that if we weren't careful, if we didn't make these distinctions – gay/lesbian is over here, transsexual is here, and it's different from cross-dressing – that the transsexual people would not get the services they needed.

Ruth: Where did the name Ingersoll come from?

Marsha: The name Ingersoll? Robert Green Ingersoll was an attorney in the last century. He lived from 1833 to 1899. As far as I know, he had nothing to do with transsexual or gender identity or orientation issues, but he was a person who spoke out for the rights of all individuals. He spoke out against the radical religious right of his time which is probably why we don't hear much about him in the textbooks or anywhere. He was the Attorney General of Illinois. He could have been, or so most of the books say, President, had he not been such an opponent of the religious right of his time and of oppression and of slavery and advocate for women's rights. In those years, amazing – amazing. A fascinating individual. I came across him one day in the early 80s walking through the Seattle Public Library – sounds like I met him! But no, what I saw on the table was a book. And it said something Ingersoll. And I thought, "Oh, is that about the compressors?" because maybe you've seen a truck go by with a compressor that says Ingersoll-Rand on the back? Not the same at all. I opened the book and there was an essay, one of his many, many incredibly beautiful essays, talking about how he had come to the realization that the concept of hell was a tool of oppression and that when he realized that, all the fears melted away and he felt like a free man. In a much more complicated statement than that, but that attracted me and I read more. And I read more of this man, who was apparently the kind of speaker who could hold thousands for hours before the age of loudspeakers, to read such a person and to listen to such a person talk about liberty and justice and freedom and equality was a magnificent bit of business. I sat there in the library for the rest of the afternoon and read him. And he became important in my life and later on when it came time to name the center, that was who I thought of. Yeah.

Ruth: One of my questions was going to be why did Ingersoll get formed in Seattle? Why Seattle? And the more I talk to you, the more I get the sensation that it was because you were here.

Marsha: Yes, actually, yes. I grew up here and I always come back here. I've traveled around a bit, around the world, but I always come back to Seattle. By default there, we started Ingersoll here. And it was my idea, in the beginning. The name, and all the rest of it. Now, it's been made by hundreds and hundreds of people over the years, so now it is much more than just my idea. It is its own creature. And as we grow, we're following the stages that most organizations follow and most non-profits follow as they grow up. And politically, we are finding our place in the political world and we're finding our place in the world of orientation and identity. So it's much more than me, much more, but I did start it.

Ruth: Were there other people that you involved in the starting of it?

Marsha: Yeah, there've been so many people. There was one person in particular named Jennifer York who was with me at the very beginning and helped do much of the legal work and the organizing work – oh, but there have been so many others. So many others. The original group is all gone now except for me.

Ruth: By all gone, do you mean having passed on or –

Marsha: No, they've moved on. At least, I *hope* they're still alive. But the founding group now has moved on to other things.

Ruth: What were some of the difficulties that you had in getting Ingersoll started?

Marsha: A funny one is simply that I hired an attorney to do the 501(c)3 paperwork and we sent off some material and it came back to us because the government had never heard of a gender center and they needed more information. And I just, I put it I hope a little humorously, that the government wrote back and said, "What's a gender center?" They'd never heard of such a thing. What they really did is they just needed more information about what services. But essentially what that meant was that they had no idea what this organization was or could be. There were those. There was the problem of finances. At that time, I was working in the construction trades and I'd just put my paychecks into this. We financed it that way. I financed it in the beginning. And it was some years later that we began to make our rent and so on, as we do now, through donations, and we're now beginning to get some grants and grow up in that way. But in the early years, it was money. It was finding a space, although that was not too difficult. We did find a space fairly quickly. It was a small space up on Stone Way North. But beyond that there were no real powerful difficulties. We were able to settle in and continue to ask the question, "How are we going to provide the best services?" But that had been going on since '77, that question. The actual group work, which I counted as most important, was going along just fine. Setting the thing up required legal, money, and a space, which wasn't too hard to achieve. I don't want to downplay it. It took a while. It took a lot of commitment. It took not doing anything else but this. No vacations, no movies, none of that – just doing this and saving every penny and giving it to this.

Ruth: Were there times in establishing a public center that you encountered prejudice from someone who might provide space or services – or hostility?

Marsha: Only once, only once. I think that's largely because no one had any idea what this is. When we'd talk about transvestite, cross-dressing, transsexual, especially transsexual in those years, nobody had ever heard of it. Now, most everyone has heard of it. But back then, people had really very little idea what in the world we were up to.

Ruth: Can you remember any specific conversations or incidents?

Marsha: In renting, no. Of course, I was a bit careful and did a little bit of research before approaching anyone, just to find out who had rented before, and chat with them a little bit before saying anything about who we were. The original space and the second space we had, which was in Fremont, we didn't encounter any problem with the landlord. Then the third space, which is here, we begin in a basement room, and that was just way too small so we were looking again for another space. And we got this up here. And this was a much smaller space, divided into other rooms at the time. We wanted to look around for something else and it was then that we approached a landlord out around Lake Union and when that landlord found out who we were, they refused to rent. And that one we took to the Office of Civil Rights here in Seattle and it drag on for two years, during which time we expanded this and really made this a good home, as you can see. That was our only instance of pure and direct prejudice.

Ruth: What was the outcome of that?

Marsha: Ambiguous. We never got a judgment against him, although we did get what amounted to an apology. The laws, which we continue to work on around those sorts of discriminations, are still a bit weak.

Ruth: You mentioned that Seattle was the first city to have transgender mentioned in the city codes, for non-discrimination.

Marsha: Yes, yes, yes! There again, that was mid-80s and I believe it was '86 that we did that. That was a result of a lot of hard work. Janice Van Cleve and a number of others who were with us at the time did wonderful work. We would spend a lot of time chatting with officials and explaining what we were and what we're about and what was needed, making the allies and working with them and educating them such that when it came time to offer this language for consideration we were able to do it in a clear and proper way, and it was accepted and entered the language of the ordinances. And even now, right now, right today there is consideration again of changing those laws to be even *more* inclusive, for example, to include transgender or gender identity or words to that effect.

Ruth: As opposed to?

Marsha: Simply "transvestite and transsexual," because the word transgender was not in use, generally, in '86, even though it had been out there. But we were still thinking in terms of the cross-dressing, that is, transvestism, and those who make the full body change, the transsexual people, and those are the two words we offered. Well, now we want to be sure that we're including *all* the folks who visit with us, including those folks who are not going to make full physical changes but are living in another gender role or those folks who are simply exploring, either with therapy or maybe without it, the question of gender identity. We want to improve that language, and we will.

Ruth: When and how did the word transgender get started, get started to be used?

Marsha: Ah, that's a good one. Virginia Prince – a good friend and one of the matriarchs, if you will [laughing] – a person who identified as transvestite and cross-dresser – has been an activist for ever so many years – is the person who *probably* coined it, although – and I want to give her credit for that – but who knows? It's been around a few years now, early 80s. But its use as a term that's on everyone's lips who visits us here has been really fairly recent. And actually the word was made up to mean those individuals who are living full time but who are not doing a surgery because so many people were presenting with that, "Hey, I don't think I need to do a surgery" – that is, a genital conversion surgery – "in order to be who I am. I can live fully and wholly in this world by changing my *role presentation*. Maybe I'll do some small bit of surgery to my face or something." Or maybe for f-to-m, do a mastectomy or something. What do we say? Everyone wants a name, so what were the folks who fit in that category going to call themselves? And transgender was the answer. And that couldn't happen until we reached a point where it was okay to say that. Because again, to refer back to one of your earlier questions, in the earlier years, in the 60s and 70s and early 80s, just as we didn't tell – that is, the transsexual people – didn't tell their doctors or therapists much about their past for fear of not getting services, there was a tremendous fear that if we said such things as, "I

may want surgery of *some* kind. I'm not sure I want a genital conversion surgery," that we would be branded as not being real, not being truly transsexual and therefore not worthy of any services.

It wasn't until we ourselves felt "Hey, this is a legitimate stance. This is a real human condition, this transgender, this feeling that I'll live in the other gender role yet not necessarily do a surgery." Not until we accepted that were we able to come forward and make it a part of our language. So that's what the word was originally for and now as you know it's expanded, as words do in human society, to be an umbrella sort of term. So that when somebody walks in the door here as they will tonight at 8:00 for our 1273rd Friday group and says, "I'm transgendered," the almost comic answer is, "Sit down and tell us what you mean." Because it might mean cross-dressing, it might mean transsexual, it might mean some blend that – who knows? I mean, anything. So it's a wonderfully fascinating work and there's another paper for somebody – to trace that word out a bit and chat about it for a while. And there's a new word coming, I'm sure there is, something that includes even more. Maybe transgendered *is* the word, because it does seem to – there have been people in here who have said, "I'm just exploring gender, I'm not doing any physical change whatsoever or even a social change," and we've said, "Ah, transgender." But maybe there's another word that would mean more of the simple, and sometimes profound, exploring of gender and gender identity. Its bases, the way it plays out in cultures, the way it plays out individually. Who knows? There are wordsmiths who'll come up with those.

Ruth: How has Ingersoll's clientele changed over the years? You mentioned that, when I talked to you earlier, about the geographical origins of people. I mean, in the early years people came from all over the country and perhaps now that's not necessary because they might have other services. Do you just want to say a little bit about that?

Marsha: Good question, thank you. Yes, that's quite right. In the early years when we announced our being through simply being and being dependable – this I see as an absolute key – we *were* here week after week after week after week. That permeated through the communication sources that people had. And like any oppressed group or small group, people would spread the word. When it became clear that we *were* dependable, we were going to be here, then people would take the chance and come from everywhere because we offered the hope of understanding themselves and of getting the services people so desperately wanted – hormones, surgery. Nowadays, those become parts of the experience, and not everyone's experience and when it does become a part, we can help a person get those services fairly simply. When I say that, it means "fairly simply" compared to wondering if you're going to have to go halfway across the globe and do it in the back alley somewhere to find services for hormones. No, what I mean now is that there are understood psychological processes to go through to receive approval and then visit one of our physicians who can provide the *best* care and the *best* medicine under the *best* conditions. This is relatively easy to do. If someone comes and finds that's what would be appropriate in their lives, it is *extremely* easy to do here. I say that because in comparison to the early years that is such a sea change as to be almost unbelievable. But in the early years there was a sense that there was *no* place to get those kind of services – hormones and surgery – so when we were found to be dependable and able to provide services like that, people came to us, literally again, from all over the world. Many different countries are represented here and certainly all the states of the United States.

And I remember one case where a person hitchhiked out of Appalachia to come here. They brought a box of clothing with them, given to them by relatives who knew nothing about this transgender business but had come together. You might have thought that in that culture they would have been rejected but the people had come together and said, "We don't know what's going on but here take some clothes and go to Seattle and get help." And that's what we would see.

And then later on as other groups rose up – you're absolutely right. It's much easier if you're in the Midwest somewhere maybe to go to Kansas City or to go to someplace closer by, obviously, than to come out here. But still, still – and this is simply my pride in Ingersoll – I think that if a person does find their way out here, they will find a very solid program and a very comfortable way to deal with these questions that's not yet present in all the services. We can offer dependability. Again because we've been here so long we have developed patterns that are very secure and if someplace is just beginning or if they've lost a lot of people and they're starting over again as all small organizations do, there can be a period where the services fall back and if you appear at just that time, it's very hard. Luckily – well, not luckily – it's the result of hard work – that's not too often the case. Once an organization gets going and passes, say, the first five years, they're probably going to be there for a long time.

Ruth: Looking back, are there any things that, if you had the chance you would do differently? In starting a center like this and keeping it going? Or the kinds of services offered?

Marsha: Anything different? [pause] My first feeling is no. Because another thing that I did in those years was travel around this country and visit with *anyone* who was interested. Then finally that included going to Europe as well to talk to anyone who was interested and to invite them onto the board; for example, John Money from Johns Hopkins, one of the premier researchers in gender and gender identity in the earlier years, was on my first board. Daniel Hunt, who was one of the individuals who has contributed mightily to this understanding, was on my first board. And that's because I went out there and got them.

I feel quite satisfied that that original way of doing things, although I can't say it was fully conscious. It was more on the order of, what to do? This seems right. Do it. I suppose that would be it – that I wish it had been possible to be more completely conscious of how to create an organization. Now I know the steps that are usually followed by emerging organizations, both political and social. Back then I simply didn't. I suppose, yes, that would have been better, to have had a clearer vision of how to create the *support* side of an organization. We knew about boards of directors, we made the choice to go with a non-profit 501(c)3 – Actually, I did and I made that choice. I think that was a good choice. Sometimes I wonder. Sometimes I think maybe I should have started a private thing. But the reason I started it as a 501(c)3 was the personal commitment to serving people, rather than profit. And I think that's proved to be the best choice. But again, it wasn't something that was carefully planned out. There was no business plan. But I think we did pretty well.

Ruth: You mentioned going to Europe during these times. What countries did you visit, and did you find a different climate than here? Was it more progressive or less so?

Marsha: The reason I went the first time was just to see if there – that was in '68 – *before* I'd even made contact with Seattle Counseling Service – was simply to find out if there was *anyone* else in the world who felt like I did, and because there were political activities going on. I think I mentioned that Paris in '68 was a powerful time. Of course, here, political activities with the war and all – quite strong. And that was a large part of my life. So, on one level I went because of that, on one level I went because I was a hippie in those days, and in a way that's what you did if you could. But I also went with the hope of finding somebody and that – I believe I mentioned that in our first interview.

Ruth: Uh-huh, you mentioned a "gender-playful individual."

Marsha: Yes, yes, that's right. Yeah. That was the first real contact. Then I went back some years later because the organization started by Harry Benjamin and others, now known as the Benjamin Association and responsible for the standards of care, had one of its meetings in France in – what was that? '84? '86?

[SIDE 4 ENDS]

SIDE 5 of 8 — 10/9/98:

Ruth: You were talking about going to Europe with the Benjamins.

Marsha: Right, I had joined that organization and been a member for a couple of years and when this opportunity came up – because every two years the association holds a meeting, once in Europe and then it comes back over to this side of the pond – when this opportunity to go to Europe with the organization came along, I went. I went because I wanted to be active in the organization and do the work, which I was doing, but also because it gave me the opportunity to see what European research was doing and to chat with some folks who appeared at the conference, some transgendered people from Europe, because as always that organization, when it meets, attracts a number of transgender and transsexual people. And in the early years some of us were members.

Now it's coming back full circle and many of us are members now and it's our organization more and more now. For a period it became an organization largely of non-transsexual, non-transgendered researchers, but that's another story. My take on the Benjamin organization is that it *began* with the best of intentions; that is, if it *hadn't* begun, others were going to make rules about things like surgery. That is, the state was going to make rules, probably outlaw it. There's always been a right wing and the right wing in those years, in the late 70s, when it heard about this sort of thing at all was very interested in outlawing it. No surgeries – that sort of thing. One of the reasons the Benjamin Association began was simply to provide some sort of standards of care based on a medical model that would make it possible to provide services. And throughout its history it's always tried to offer [a] place where researchers can present the latest information. So although there have been abuses – that is, creating very strict medical models or distancing people from the actual emotional events by focusing too much on aspects of research – I think the overall take on the Benjamin Association has been a positive – a positive step in the *gender* question, the

grander conversation of understanding identity and gender. So anyway. Oh my goodness, I do go on. But that was the reason I went that time and I did in fact meet lots more folks and find that it just didn't matter where you went in the world, at least in the western world, that the process was very much the same, that groups of people were getting together and trying to start small organizations that would help themselves. I remember, there was an organization in Paris that I visited but it had a lot more air of desperation because the times were much harder for folks forming the organization in Paris at that time.

Ruth: Why do you think that was?

Marsha: Well, there were definite laws proscribing gay/lesbian – and for that matter transsexual, although it wasn't always stated – activities. The social climate was very much one of rejection, and to find services was very difficult because if they weren't outlawed – or that is, simply were not permitted – then they were very, very hard to find. And that's not so different than *here* at that time, or anywhere for that matter. But it was just very hard for the folks to put together an organization. But what I learned from that was – that was an emerging worldwide process of association around gender and gender identity that we could work with and stay in contact with and learn from.

Ruth: What other countries did you visit?

Marsha: All the western European countries and only as far east as I could get at that time, which was a trip into Yugoslavia under some – Now I would never do it but being quite young I took some chances back then. Spent one evening with a friend I met on a train in a Yugoslav embassy function, nothing fancy, it was a back [row?], just dinner sort of thing and I didn't say a single word because if I had spoken in English it would have been a dangerous thing. I don't want to build it up that – it wasn't that bad – but it was pretty scary business. Anyway, that's another story [laughter].

Ruth: [laughing] I'm intrigued though. I mean, you want to know more about that.

Marsha: I went because I wanted to know what the situation for transsexual and transgendered people – well, didn't have the word "transgendered" – transsexual people was wherever I could find them and I *did* find a couple. But there was no organization that I could find at that time.

Ruth: *How* would you find people in a country – you know, culture and language that was so remote from –

Marsha: I learned that by making friends, usually on the trains, that I could find my way into whatever hippie culture there was, and through that I could find whatever social services there were, and through that I could find if there was anything for gay or lesbian or bi. Actually, not bi – we didn't even say "bi" back then. And transsexual. That's how I would find them wherever I went. Or not [laughs]. Sometimes it was just a dead end. So, that was then.

Ruth: What would have been the consequences for you in this embassy situation if you had spoken English?

Marsha: Probably no more than just a very embarrassing questioning event, possibly detained for a little while. Nothing – I don't know really, I don't know quite how dangerous it was. I was very angry with the person for taking me into that. They were a happy-go-lucky sort of who was, "Oh, sure, come on, have dinner here with me" – and, *whew!* I remember another time when I was with a group of folks and oh, how naïve I was. We were traveling in our Volkswagen van.

Ruth: Was this in this country now?

Marsha: No, Europe, this was in – what was it? – Copenhagen? – and we were sleeping in the van and it was down by a train station and there was a rap on the door and we woke up and looked outside and literally there were guys in trench coats standing around the van because they suspected drugs. And I was so naïve I hadn't even thought of that. And there was a great scurrying inside the van and if there *were* drugs somehow they must have gotten rid of them because when the van was searched there was nothing. Boy! Well, anyway, there were lots of events like that in hippie life back then.

Ruth: This brings up a question I had about being out, being obvious – one part of the question is – is there a coming out process that's similar to what a gay person would do? And at that time how did you present yourself to other people? How obvious would it have been that you were transsexual, or not?

Marsha: Not particularly, other than a heavy dose of androgyny, if you will. Remember in those years long hair on genetic males was the thing. Also beads and jewelry. So I did all of that plus, as I say, a heavy, heavy dose of androgyny, meaning that whenever I could, I bought the things usually bought by women. But I doubt anyone would have tagged me as transsexual.

Ruth: Would you have been tagged as a male or female, or do you know?

Marsha: Probably as male, probably as male. Although that was – by the time of the trip to the Benjamin Association I was full-time female, yeah – it was the first trip where these things happened that I just recounted to you – the embassy and the beat-up van thing – and at that time, that was in the '68-'69 period – that I was doing the androgyny because you know when you travel you have more freedom perhaps. At least I thought I did, and I tried to go as far as I possibly could go while I was there. But then again, you know when you're crossing borders that's another matter and I was quite worried that were I to take my desires as far as I wanted that – I mean, I was in a foreign country – and if you come to a border you should look like your passport, generally. Or at least I used those kinds of thoughts as protection or as rationale for not dressing fully and wholly as female or carrying it that far.

Ruth: In terms of dress, I have talked to a couple of lesbians from the old school who remember a time in Seattle when it was illegal to dress in the clothes of the opposite sex.² Now those laws must have impacted anyone who was transgender pretty severely. When did that change and how did you [hard to hear] work around that?

Marsha: I think all legislative areas, all areas of law in this country had, at one time or another, laws like that. Some are still on the books. If you dig deep enough you'll find them in most of the states. They're just not enforced and haven't been for ever so long. And even at that time they weren't enforced unless there was something else going on, or unless there was pure prejudice at work or someone was simply discriminating in a very powerful way. If there were round-ups or if there were something like that going on in bars – why, this never having happened to me I can't speak from first hand, only from second hand information – that quite often any and all ways of abusing were used.

The other thing is that for transsexual people the object has usually been *not* to stand out, and not in most cases to go out into the world until they'd reached the stage where they passed, as they used to say and we still do. And that was certainly the case in those early years that there was so much fear that terrible things would happen if we didn't pass very well. That more than likely we weren't going to go out anywhere, even to friendly bars or what we perceived might be friendly, unless we were pretty sure of our presentation. Those laws had very little opportunity to be used. When they were used against people there was, as I'm told, almost always something else going on. People were being rounded up or people were being harassed or abused in some way.

And nowadays, it's interesting, I think it would take a great deal to try and drag out some sort of statute like that. I don't think it would ever be used, the way we're *going*. There are certainly those who would like to bring those statutes back. But the major difference now is that we have the concept of transgender and we have the notion that blending genders and working with that is a very vital part of discovering who you are, such that people often go out into culture now in an androgynous stage or in the early stages of their transition experiments and take it into the world to live it. Now if those kinds of laws were still fully and wholly in place, then such folks could expect some trouble. But the way we dealt with that early on, before we confronted it directly, was to have an individual carry with them, say, a paper from their therapist, describing what they were doing and why they were doing it. And in the late 80s there were occasionally arrests based on a person not looking the gender that people thought they should be. But these papers almost always took care of the issue. It's at that time that we began directly working with the problem here in Seattle by going directly to the police department, and to those responsible for enforcing the laws, and talking with them and educating them. Again I can't say that this was a result of sitting down together in counsel together and planning out a strategy. It arose simply from the fact, this has happened, the police were called because a person went into a restroom in a restaurant downtown and somebody said, "That's a man," and they called the police. What are you going to do about it? Let's go down and talk to the police. The police had no idea what's going on. Can we educate? We did, and moved on from there.

Ruth: Do you recall any specific incidents when you had to talk with someone or intervene?

Marsha: Oh, sure. Sure. There was once a restaurant out on Aurora, long gone now, where this sort of scenario played out and the result was in the next couple weeks after that, I and a couple of others went down and chatted with anyone in the police department that we could would talk to. And eventually we got as high as the vice chief or whatever they're called, second in command. And approached it from the point of view of his is a psychotherapeutic condition, [responding ?] to psychotherapy and that this is a human condition, that it is not a perverse act and so on.

And as a result of that – it didn't happen immediately – but it led to an opportunity to sit down with some other officers and eventually even – let's see if I remember this correctly – what I want to say is, an incoming class of new police officers, you know, they go through a training process. Now we've done that many times and we're in the process of re-evaluating that right now and making it more formal. Once again, you have to reinvent this wheel quite often. But I can't remember if in those early years we actually spoke to the whole class or just to small groups. I think it was probably small groups.

But the point is we were able to do that education component and that's what made the real difference, rather than go after legislation. By doing the training, at least here in Seattle, we were able to make a good connection with the police department and prevent that sort of thing from happening – the indiscriminate arrest or abuse of somebody simply because they were cross-dressed or transsexual. Such that very quickly – even in those early years – someone might be stopped because their tail light was out, they'd be cross-dressed, they'd be terrified, and the officer would simply be concerned with the tail light and the driver's license and the usual things, and it wouldn't be the issue – wearing cross-dress – which was a tremendous win. We learned early on that education was the key. And of course it's a two-part process now. Do the education, change the laws to reflect new knowledge. But rather than go immediately to the legal side of it, we start with the education. It's so different now, at least in this town. In most cases nowadays people can explore all kinds of presentation issues, all kinds of cross-dressing and cross-gender presentations, without any real fear that laws and the police will be involved. Unless there's something else going on, if there's some violence or some other issue going on that calls in police, then there could be a problem, but it's likely to be based on that and *not* at all on the presentation component. Yeah.

Ruth: You talked to me when we first met about the fact that transgender/transsexual activists took a quiet stance at first and you talked about a meeting in Denver where the question was how visible to be. Would you like to say any more about that and how that's changed over time?

Marsha: Oh, sure. Yes, you know, that just came up recently again. There've been some more as there always are when – this is my personal prejudice – when the networks need some ratings – some more shows about transgender and transsexual. I get calls every year at the time when they're doing sweeps and points. And again there's a call – not so much a call – but a question, do we really want to be that public? And especially now that the right wing is beginning yet another campaign against gay and lesbian, a campaign that is including for the first time on a major level transgender and transsexual, although still their – again, I do believe this is the case – their prime money maker is prejudice against gay and lesbian people. But in any event – back then not being on the radar screens in that way, the thinking was that we don't want to be known by anyone because, again, we won't get the services. That was the primary thought. Secondary would be that they will try and if not kill us at least stop us in all kinds of possible ways and cause us great harm. That Denver meeting sticks in my mind because there was chance to do a radio show – not even a television show but a radio show – and the decision of the group was not to do it because it would make the general public aware that we existed at all, as transsexual people, and that's what we were talking about – transsexual people – at the time. And that would be awful. And we weren't quite sure exactly why, except it would

probably lead to some sort of abuse or maybe denial of services. And nowadays the question is well, how much do we want these tabloid presentations or some of the other semi – not semi, but fully – exploitative events.

Ruth: Like Jerry Springer, those kinds of shows?

Marsha: Yeah, and the fear is not so much that the services would be denied, but that it would come to the attention of the *organized* right wing, the viciously well-organized right wing that exists in this country at this time, that seems to have found amazing tools, amazing ways of generating hate and profiting from that hate. The recent ads against gay and lesbian people under the name of love – you know, change them – is a perfect example. And the fear is, it's a very short step to include transsexual and transgender and they would certainly make a great point out of how evil and horrible the transsexuals are and we could – some people fear – become a major fundraising tool of the right wing and elements of that. That's part of the discussion that's going on now. At the same time there's none of that fear that there shouldn't be education and discussion and in most cases approval of talk shows because they do get the information out that there's help and hope.

Ruth: Sounds like a balancing act.

Marsha: Yeah, it is. I personally don't do the talk shows any more. I'm not saying I won't ever again, but it will have to be a very special talk show where I feel that we're not being exploited. Because I did them in the 80s. I did lots of them.

Ruth: Did you feel that you were being exploited on any of those?

Marsha: Towards the end, yes. And again, being naïve, I perhaps didn't realize that that was the case all along, but at least in the early years on the Geraldos and all of them I was able to spend a whole hour talking about what this is and isn't and give phone numbers and contacts. I mean, after the first Geraldo, my gosh, we got something on the order of 6,000 calls in a matter of weeks. But then again, mid-80s or so, it began to change where no longer was it just enough to be a transsexual person but you had to have something else. Transsexualism and prostitution, or transsexualism and this or that or the other, and I do remember one show where the host came into the green room and clapped their hands and said, [claps once], "Let's go out there and give them a real fight!" or words to that effect. And I thought, "What am I doing here? I'm not here to do that." I also discovered when I went onstage that they'd brought on a number of people who I was completely unprepared for, in other words, I had been lied to about who would be on that show, which is not uncommon in the talk show circuit or at least at that time it wasn't.

Ruth: Who were these people?

Marsha: A couple of folks who just wanted to push their book, and another was talking how she provided sex services to people as a transgendered person – and that's not why I was there. Not that I disapprove, necessarily, of any of that but that was not the show I'd signed up for, nor was it the show that was promised to me. So I quit doing them.

Ruth: I have it being close to 12:30. Did you have –

Marsha: I do. I need to move on now. I really do thank you for this. I appreciate it mightily.

Ruth: Well, I thank you too. Is there anything else you want to say before we –

Marsha: Not right now, no. Is this the last one then, or –

Ruth: If you have more – I have more questions related to what do we know about transsexualism from the previous century – people who passed – if you wanted to talk about that?

Marsha: If it's not too much trouble and we could meet again I would like very much to do that.

Ruth: Okay.

Marsha: And finish at that time.

Ruth: Okay, sure. Okay. Well, I'll shut this off for now and we can make another appointment. Thank you very much.

[SIDE 5 ENDS]

SIDE 6 of 8 — 10/16/98:

Ruth: This is Ruth Pettis and it's October 16, 1998 and I am once again with Marsha Botzer at Ingersoll and we're resuming from where we left off last time, and I have a couple of questions just for some specific detail that I neglected to ask about last time and that was, where did you go to college?

Marsha: I went to the University of Washington. I went all but one quarter, almost completing a degree in English when the activities of the 60s really became more important. I thought *doing* was more important than finishing a degree in English literature. And off I went to do anti-war and so on – that was the trip to Europe and all of that. I admit I wasn't the best student in the world but I wasn't failing. And I also admit that afterwards I do indeed wish I'd finished because it wasn't until many years later when I went on for my M.A. that I had to go back and finish the undergraduate work and that second time was many years later, actually into the 80s, when I went back to Antioch and finished the B.A. and then on through the master's degree.

Ruth: At Antioch?

Marsha: At Antioch here in Seattle. Yeah. But those were very heady days, they were indeed back there in the 60s when the school work, if you will, just didn't seem to be nearly as important as changing the world on the streets and in the discussions and all the other things we were doing. And of course that was also, I suppose, impelled somewhat

by my personal feelings. I've often wondered how much my own quest about self, how much if anything *that* had to do with my work socially at that time. And it's – I think it's a function of creating guilt in progressives just like creating guilt in gay and lesbian and bi and trans people – that some of the first thoughts are always, "Gee, I wonder if I'm not doing this for really good reasons but only because I'm trying to deal with myself." And there was a period in the 70s when I certainly did wonder that. Did I really do the social work, and that was the anti-war and the organizing for social justice sort of work, as some way to deal with my own internal issues? And now I'm quite convinced that although there may have been some impulse there only on the level of, "If I have such deep and powerful feelings certainly others do too and there doesn't seem any way in the world for us to express these feelings so I want to do something about it" – that was there. But now I know that there was nothing artificial about looking at that war and knowing it was wrong and trying to do something about it. And some of the other organizing work that I was doing back then. And that's important for me to say, because I wonder how many of us were doing things like that. Wondering if all our running around in our protests and our meetings was *real*. I left school because *it* didn't seem real. It didn't seem connected. And often around here we're urging folks to study themselves and their society to deal with their gender identity issues and folks are asking, "What's the real truth here?" Same sort of process was going on then, asking – at least among some of us – was our social activism real or was it a product of our own needs? And I bet that's going on right now in the current crop and whoever may read this and listen to it, I bet they'll do the same thing. I just hope that they find out also in their own time, maybe a little earlier, that social activism is good in and of itself [laughs].

Ruth: And even if it is reflecting your needs.

Marsha: Yeah.

Ruth: You also talked about when you went to Paris in the mid-80s with the Benjamin Association, that you had met some people who were part of a transgender or transsexual organization in Paris. I'm wondering if you remember what the name of that organization was?

Marsha: No, I don't. We could probably find it. It was run by a person who was later killed, a gay man, who was later killed in an act of – a hate crime – that's what we call it now. Not a transgendered person but somebody who had started gay and lesbian groups and was available, with some space, in a service agency for meetings for transgendered people and he was doing that. They would meet once a month. They had potlucks, that sort of thing. I remember going one night during one of those and we had some kind of, mmm, delicious French roll-up that someone had made.

Ruth: I'm wondering what turns up at a French potluck!

Marsha: [laughing] Yeah, it was wonderful. And we talked about the issues and they were much the same as anywhere else I'd been, around transgender. And at that time of course it was specifically, as were all the discussions, concerned with how do we get services like the hormones and like the surgery? Of course we talked

about how difficult it was to live in the world, in most cases, but there was very little if any talk and I don't really remember any talk about transgender. We didn't even use the word at that time.

Ruth: What language were you using in these discussions?

Marsha: Oh, very poor French in my case until finally someone just said, "That's enough," and became the translator and I spoke in English. But just to follow the thought out – we weren't seeing there and we didn't see here the individual who would say, "Oh, I'm just exploring gender, I'm just playing with it," or, "I'm discovering that my gender identity may or may not need a surgery." At that stage in understanding most of the discussion was about either cross-dressing without any talk about surgeries or profound gender issues – that is, body not matching self – or it was transsexual: "I am going through a full transition and I'm going to include a surgery." That was the common discussion. And of course to see it the same there in France in that group in a little room in Paris as it was here in our groups in Seattle was something I was both surprised and not surprised to see. I really did expect it to be the same but when it turned out to be the same, it was a bit of a surprise.

Ruth: Are you talking about in terms of personality types, body language and –

Marsha: All the same.

Ruth: All of those ranges – ?

Marsha: In those years the climate in Paris for dealing with orientation issues, and certainly with gender issues, was very bad; at least that's how it was described and pictured to me. And I'm not going to in any way claim that I understand the climate, the social climate in France at that time, but I just report that it was very hard, very hard to get services. Many of the people, if they could, left the country to get services around hormones and certainly around surgery because at that time nobody was doing it. I believe it may have even been illegal in France at that time.

Ruth: What countries would they go to?

Marsha: I believe people were going to Belgium largely. It was – the difference that I noticed was – that it was even more of a beleaguered group. They were more under siege. Of course, Paris is a *huge* city and it had some of the aspects of big city in that this was a small group within a huge city, a huge, powerful, dangerous city. Different than what we had going on here in Seattle. Even taking that into account though the folks were more desperate, lacking services, lacking support. When I compare that to what we have here, the only real difference is that we were, with intensive effort, able to find some sort of support, both psychological and medical, and we could make it pretty secure. I want to talk about that in a second, how that came to be. So that when our folks came here to the groups, even in those years, they could make the connections and even though in those years it was very difficult to do anything about your place of work, at least you could do something about your sense of self, medical needs, and even family, because we were vaguely aware of family therapy in those years [humorous tone]. That is, bringing in a

whole family and working together. And some people were doing it. And there were ways to talk together. But those kind of supports were not yet in place in Paris and – although I didn't visit – I guess in Germany I did meet with a few folks, although not formally in a group, and I don't remember too much about that except that they were largely dealing with their gender issues individually and there, as always, it depends on the strength of the personality. And if the personality could deal with finding help, being rejected, they'd probably do okay. If those sorts of things wore the person down or they were unequipped to deal with those kinds of rejections and problems then in those years there was an awful lot of pain, suffering, depression, and suicide.

Ruth: Do you remember the name of the person in Paris who had started that organization?

Marsha: No, I can find that perhaps, yes.

Ruth: And did you meet [him]?

Marsha: Yes.

Ruth: What impressions did you have of [him]?

Marsha: A man who was overworked beyond overworked. Somebody who had a great deal going on in his own life and I'm not qualified to speak on it but later on I think there were many controversies swirling around him, things that he was involved in as an activist and an individual and, I really don't know. And I don't know all the details about why he was murdered although he was murdered. Yeah.

That just brings to mind how in the 70s there were groups here – I mentioned of course Seattle Counseling Service – but there were people informally meeting in their homes, that sort of thing, on the level of "We'll just get together, it's a social sort of thing" – cross-dress, discuss transsexual issues, that sort of thing. What I remember from both of those – it's just coming right into my head at this moment – was darkness, lowered light, meeting in homes where the lights are turned down like you do for parties, that sort of thing. Or meeting in that Paris room where it – it just wasn't well lit! [laughing] And I don't know – for me right now it's becoming a metaphor and now we turn the lights up [laughing], if you will. Yeah, yeah. Maybe that's just memory, I don't know. But I sure do remember that. And other groups that I would meet with here in this country and those other individuals, usually it was quietly, in a room with the lights lowered, or in the corner of a bar or something like that. And I guess that's not uncommon for any issue in our communities of gay, lesbian, bi, trans and so on. It's not the case anymore. For example, we're right now discussing building a wonderful community center. I'm on another board, Queen City, that's working to create a community center that will be a fine, beautiful building.

Ruth: You wanted to talk about creating a place of safety I think, and before I move on if you want to say something about that.

Marsha: Yeah. In the 70s when I took over the Seattle Counseling Service group, the one that's become our Friday group that has gone on all these years, I thought that the way to our liberation was to own and control the services we needed, the medical services and the psychological services and the support services too, the support group. That was my model. I didn't go outside of that model. I'm not sure that I could have. But it's the one that I brought to the work at that time. It was the only one I was familiar with. So the plan became: create our space, keep these support groups going and increase them, find therapists who would be able to help our individuals, and to provide the paperwork which was being developed at that time through things like the Benjamin Association that would lead to hormones, and, obviously, find the physicians who would prescribe those hormones and treat our people – and not haphazardly.

Oh, that reminds me, gosh, I hadn't thought of this. When I was looking for hormones in those early years it was very difficult. I'd call up a doctor and they'd say, "You want *what*? No, I don't treat that; that's perverse," in some cases or just "No, I don't treat that." I learned that you – that I had to talk directly to the physician, whoever it was, rather than the desk because I'd never get beyond the desk if I stated my case. But, those would be the responses and in some cases they'd just put the receiver down. That would be the end of it. And finally when I *did* find someone, the first time, it turned out, now I understand, to be someone simply researching hormones, that had no concern at all for the transsexual or trans kinds of issues but was interested in what hormones did to bodies. The second one was a kind person, but again it was as if we were doing it – not illegally because it was all legal; I saw them and paid them and all the rest of it – but there was something slightly secret about it. And I was given DES, diethylstilbestrol, which is, as you may know, a drug that has a history of causing problems. And that's only because it was available and we did not research anything else. I didn't *know* to research anything else. But that was common – that if we did get help in those years, it was almost secret and it was not well researched, without much care about what happened to the bodies. And then it was also typical not to have constant care, in other words, something would happen. The doctor would suddenly decide not to treat any more or some other issue would happen. And you would be left looking for another source and that's what happened to me, and I remember as I was looking I found another doctor, an older man, actually very close to retirement, who apparently had decided he just didn't care anymore, he'd help people, and I was set up to meet with him to get my hormones and two days before the meeting, he died. That was sad but it was also later on the most ironic and just frustratingly black-humor-ish sort of event. And that happened again and again and so many people in those years had stories. Maybe it was because I had the courage or the background or – I don't know. But I didn't go to the street or go to Mexico but some people did, and in some cases it worked out all right but in other cases they got terrible things. They got the wrong dosages, they got pills with other chemicals in them. And there were stories like that.

Ruth: Can you remember any specific stories?

Marsha: Oh, sure. There were stories where someone came in and reported that they had blood clots. Other stories were that nothing happened or that they were sick all the time or they had terrible headaches, or any number of stories. And I think the most common would be that not much was happening. Or that things were happening but

nobody was following them and I often thought – maybe often is too strong a word – but I do every once in a while wonder, “What about those folks who were taking sometimes *handfuls* of pills that they’d gotten from who knows where?” And they were developing breasts or muscles. But what was happening to their bodies? Are they still alive? Have they had strokes? Coronaries? What’s happened to those folks?” Because it was also very common that people – even now it’s the same – would come and go. Nowadays we stay in touch much more commonly than in those days. In those days people would come, they’d be around awhile, then they’d disappear and never hear of them again. That was very common.

Back to my story. How to secure medical help and psychological help? And so my response to that was to find people to do it and to make connection with them and my style there is to see if I can make the personal relationship occur so that when the person commits to the work I feel it’s more than just a casual commitment. I would go off to the University of Washington to the psychology department and hang around in the halls and – (I don’t know if I can do that now. Thank goodness for naïveté.) That was long before I’d gotten back into school. But I would wait around until somebody came out of their office and I would talk to them in the hall, until finally I’d meet somebody who was interested. And many people would – most people were just kind of, “I’m busy, can’t talk” – this sort of thing – “Interesting, but no.” Until finally someone would – an interest would be sparked.

Ruth: What would you say to them?

Marsha: I’d say – introduce myself, “Hi, I’m dealing with issues of transsexualism” – was the word that I’d use – and try and explain that a little bit, explain that I represented a group and that we needed help, and in the beginning there I was really not quite clear on the difference between research and practice, clinical practice and teaching and all that. Sometimes they would explain that they taught this issue and they weren’t a clinician and – Anyway, every once in a while I’d meet somebody who really wanted to sit down for a few minutes, maybe over a cup of coffee and talk this over, or just sit in their study or their little cubicle and sometimes for the non-professor types it would be a tiny little closet [laughs], a stack of books as they’re trying to –

Okay, and that’s how I found the first people who were actually interested in treating, or in finding somebody who would treat that sort of thing, or in finding a student who might be interested in learning more about this. And I called on all friendships that I had. Anyone. And that was the way I found the first two people who were interested. One was already a therapist who I’d met through SCS, Seattle Counseling Service, Sandy Fosshage,¹ who’s *still* with us after *all* these years. And the other, Sandra [REDACTED] was an undergraduate at the University of Washington, and both became interested in these issues and both went on to do a little more study and a little more work. In the case of Sandra, she went on and through a complete Ph.D. doing her dissertation on transgender – transsexual, rather, at that time – issues. One of the early dissertations. So that when she became a clinical Ph.D., practicing clinician, she was one of the first on the team here at Ingersoll as a referral therapist, she and Sandy Fosshage. I met a person who came into Seattle to open up a practice, a person named Howard [REDACTED] who’s also still with us. He’s a Ph.D. He also became interested. This is after talking to literally dozens of people and I really do thank, as I say, my naïveté

and I guess my obsession that I kept going. And it was terribly exciting. I was growing and learning, my goodness, these folks were showing me a new world of education.

Anyway, they came on board and they were around in '84 when we formally turned this into a non-profit. And we created the plan that we have followed in one way or another over all these years of having trained referral therapists. Quickly we discovered that they could not make their entire practice with our clients, patients, as I had wished. I had a dream that we would have a building, that we would have therapists there, that we would even have physicians at some point. But quickly learned that we couldn't do that so it occurred to me that if we could get a part of their practice committed to us that would do the trick. And we all talked and we agreed that was what we would do, so each therapist would be able to set up their own private practice as they wanted to do but they would commit a few slots, or part of their practice, to seeing transsexual individuals. That way, we didn't have to pay salaries, we didn't have to create the organization that paid the salaries, because we could not afford to do that. And it seemed to be a fair relationship. We created a consultation group for the therapists to get together, and we created this arrangement that depended upon a contract that they would sign with Ingersoll, saying that they were trained and training really meant that they had come to many of the support groups, that they had studied the best available literature, that they were aware of the Benjamin standards of care, and that they knew about hormones and surgery as much as we knew.

That was how it happened and that's what we continued to do and now there are eight therapists here at Ingersoll contracted with us in this way, and that's the same tool I've used all these years in bringing our therapists on board, the same way. And it's worked extremely well. Things are changing now because more and more folks are receiving some education in their school experience around transgender, or gender identity more likely. And more and more M.A. level folks as well as Ph.D. and others are coming out of their practices with an interest in gender identity. Even now here at Ingersoll we're considering, how do we approach that when now for the first time we have a number of therapists calling us up, *asking* if they can be on our referral list or *asking* if they can take referrals from us? We have to figure out the response because this is something new.

Ruth: Yeah. How long has that been happening?

Marsha: Oh, only a couple of years has *that* been the case. Now it's a wonderful success that they are coming, just like that, and you know, with no question. "Of *course*, I'll take referrals for transsexual or transgender people. Of *course*, I want to make that part of my practice. Just send them along." Whereas the *battles* we had to fight in those early years. The therapists – the Ph.D. level folks – couldn't get any kind of insurance coverage. We still can't, by and large, for a transsexual and transgendered issue, we have to fight that battle separately. But also the issues they would face with their peers. Should they bring up that they're treating transsexual or transgender?

Ruth: What kind of things would happen for them when they did that?

Marsha: Usually just blank stares. Like, "Why do you want to deal with that crazy, perverse bunch of people?" Not that their peers would necessarily use those terms although some would. But they would say, "Why are you dealing with such a bizarre population, and aren't they just completely crazy?" Because until only fairly recently – five, eight years – there still was the *myth* that transsexual equated to, clinically – Well, they use to say schizophrenic or borderline or some sort of clinical condition. Now we know they're separate. I think I mentioned this before. If those *exist* in a person, they are separate from the gender identity question. Many of our folks come to us with *only* that one diagnosis, gender identity issues. But if someone comes with other issues, we know they're separate. Back in those early years they were lumped together and many people thought they were the *cause* of the gender identity condition.

Ruth: Do you also deal with referrals – I mean, if somebody is coming with other issues as well – as part of the referral and counseling and therapy that is sparked here – available to deal with those issues as well?

Marsha: Oh, thanks for asking, yes indeed, absolutely. These – the therapists – we're like anybody else and we like to see different things, and a couple of our therapists do other issues that they're interested in and if somebody comes forward with an issue that requires assistance that we – none of us –

[TAPE RUNS OUT]

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Marsha: Yes, one of the things that we've done is make sure that we ourselves have an excellent set of referrals, so although I have treated eating disorders because that's been an interest of mine, I really don't do it much anymore. And I'm not sure, if someone came in and had an eating disorder, whether I would want to take them on at this stage of the game. I might refer to one of the excellent clinics that's in town or some of the other clinicians I know who have been treating people all along and are up to speed on that. That's the sort of thing that we do, and we're very good in that respect, I think, because we do stay up on issues and we can make those contacts. So when our clients come in and patients, I think we're in a good – I know we're in a good position to refer them for whatever services they may need. And since we do have contacts like any other professional group we'll find help, whatever the issue is. Yeah.

That's terribly exciting because now we see so many hundreds and hundreds and hundreds of people every year, that out of those hundreds and hundreds there's definitely going to be some other issues. A lot of issues around family are brought to us now. And there are a couple of our folks who do see families. But sometimes it's more important to bring in a professional whose work is specifically around families. Also there's the issue of working with youth, both adolescent and younger, especially young children. Most of our folks are not skilled in dealing with very young children. That's just not what any of us trained for, so in those cases we go to some of our friends who *do* see youth or we go out the University of Washington. We have excellent relationships with the adolescent medicine clinic there at the University. And as I mentioned I'm on the board of Lambert House which works with youth 14 to 22.

And, in other words, we've *made* those connections, so when a family comes in – they have a very young child or there's an adolescent – we can find services. That's an area where we need to do a lot more work and we're even now trying to figure out the best possible response, for example, to adolescent needs.

There are folks – and this I must admit sounds almost amazing to me – but there are folks who are supporting their teenage children in making gender transitions within school systems here in the area. And I've been doing a *lot* of work with school systems to deal with that. Now of course those sorts of things are not done lightly. A lot goes on before the child makes such a change, or I would hope a lot has gone on, and in some cases we see the family because the child has just gone and *done* something at school and it's raised a great big discussion and, "Oh, my goodness, what do we do now?" But hopefully in most cases the families have contacted us. There's been therapy. There's been work and a process leading *up* to a transition. But this is something new in the world. In all of the 80s, most of the early 90s and certainly back in the 70s and 60s, there may have been *someone somewhere* who made a transition, but it was absolutely not the case that this was dealt with by the administrations.

Ruth: At what age would a person be before you would feel comfortable *assuming* that they might need your services, as opposed to the services of some other type of therapist?

Marsha: For example, if a family calls us up and says we've got a five or six year old here and the child likes to dress up. Sometimes it's just a bit of conversation. A little education. A few books, that sort of thing, to clear up a concern, because the child may have done it once or twice and the family is just *overly* concerned. What if the child continually says something like, "I *am* a girl" or "I *am* a boy" – just *adamantly* believes that this is what they should be, this is who they are and they say this over and over. And so the family comes in and reports, "My child, my little girl says she's a boy and just always says it and won't –" and on and on. That sounds like a more profound gender question of some kind, in which case, depending on the age of the child, we might call up some of our folks at the adolescent clinic or some of our folks who work with very young children, some of the professionals we know, and make an arrangement, so that the family can go in and see them and we'll go from there. And then we work as a support around gender identity. We bring the gender identity component to whatever initial work is being done around caring for that child and that family. Hopefully we're client-centered, all the time. In other words, what is really going to help that child and that family? And if it does have to do with the gender component then we can provide information, but let's focus on the best for that child and family first. I think that's a good way to go about it and that's the way we do it.

What is lacking at this point is a *formal* connection. For example, there is no clinic in this town that specifically deals with transgender or gender identity youth. That's what I want to see and that's what we're trying to create in the same way – at least, I think we're trying to create. And I must admit that this is – again, obviously this interview is spoken through me – but what I would like to see happen, is the same sort of thing that we've done here with Ingersoll for adults. That there be a component, maybe within Lambert, or within one of the current services that's established to deal with youth and maybe, ideally, here eventually at Ingersoll, such that a family or a child or an adolescent can come into that space and *expect* that they will be able to get the therapy, or the counseling, and/or the

medical assistance they need, specifically around gender. Not as something that's sort of added on top, but specifically. In other words, that eventually they'll be able to go to Lambert and know that they can find support, referral, medical intervention when appropriate. Just like people can come here right now and find all those things.

Ruth: When would medical intervention – what age would that be appropriate?

Marsha: Here in the United States the best answer is, in most cases – things like hormones and surgery in particular are not done below the age of 18 or 19. However, there are some cases where properly evaluated individuals have begun, for example, hormones, much, much earlier and that's only because there has been enough research to be able to confidently make a diagnosis of gender identity in a very young person so that administering hormones becomes really appropriate and really helpful. That is done in teams. That's never done on the word of one clinician or one physician. That's done in teams and it's usually done after a great deal of therapy, counseling, exploration, and concern. If there's a family present then the family must absolutely be part of that process. Again, it's not formal yet. This is what I would hope for in the future. There's not a formal program. There's some success in Canada, some success in Europe, where clinics do exist within hospital situations – or university hospitals usually – where there's a small clinic for gender identity issues, where there's a team that can evaluate and treat very young children. We don't really have that yet. We don't have that here. But we're getting closer all the time. I've been working with the University of Washington at the medical school for years now, and I think that we *will* have such a clinic in place before too much longer. But right now we don't.

Oh, if I may, I wanted to say also about the physicians. I described how I would find the therapists and bring them on board. I used the same technique with the physicians. And for that I would go to the hospitals and bother people [laughing]. Or I'd hear a name and I'd call them up, and maybe one out of eight or ten or so would be willing to see me. And by then, with the help of some of the therapists that were on board, I would find younger physicians, usually though not always, and sometimes physicians who were treating gay and lesbian issues, who would be more willing – not always and not absolutely, but in many cases, more willing – to discuss. And eventually I was able to sit down over coffee or lunch or just somewhere and plead my case with a physician or two, and that's how the first physicians came on board. Tim and Tom [redacted] are physicians here in this town – brothers, how interesting – who were some of the early physicians to work with transgendered people, transsexual people. Jeffrey [redacted] is another that came on later.

And what we would do there is – After I described the issue I would invite them to come and visit our Friday group, and I still think this is the key to learning. Not everyone agrees with this anymore and I need to re-think it, but I have always insisted that our professionals come to our Friday group for at least four sessions and hopefully longer, to get a sense of the community, because on Friday we see everybody. We see cross-dressers, transsexuals, transgendered, I-don't-knows, parents, friends, everybody. But they would do it. It was wonderful. They did it. And sometimes they would do that and they'd say, "I'm not sure I want to treat this group." But in a couple of cases, the ones I mentioned in particular, they said yes, they do. And they would say, "All right, I will see folks if you can send them to me with some sort of evaluation." In other words, the doctors recognized that in most cases they were not ready to – even if

they were equipped – they were not ready to do psychological evaluations, and they wanted to be able to do the medical side of it and they wanted to treat people who could handle the medical side of it. So they asked for evaluations. Now the Benjamin standards of care were coming into use and –

Ruth: And when was that?

Marsha: I began contacting the doctors in the late 70s – not much success there. It was into the early 80s, and by then the Benjamin standards which we really got – Now, I wasn't there in the early stages of those in the late 70s, but I was in the early 80s, and I was going to the meetings in the early 80s and I was aware of them and I was able to present the standards to each physician that I would talk to.

Oh, yes, thank you for asking that, because actually that was a good tool because it allowed the physician to see that yes, there is a group of professionals, physicians they'd be able to talk to, and that there was some thinking about how best to treat. But we were developing a process, and the process was that there should be a period of psychotherapy using the medical model, Western medical model, psychotherapy before any kind of hormone treatment. And that's what we started out with. The physicians would ask, did that occur? Our therapists agreed. Our therapists – because we were all a small group back then, we would often get together, all of us, and talk about how best to create this. I sort of miss that. But it's like any system that grows up.

Ruth: I'm imagining a certain type of energy that happens when someone like you and, you know, a university-based therapist or psychologist and a physician, are sort of off sitting together around coffee or something. What kind of interaction, exchanges happened?

Marsha: Oh yeah. I don't want to put too grand a face on it, but it was terribly exciting and really, it was quite positive. There was a sense that here was something new and interesting and in some cases quite exciting and challenging. And I was lucky enough to find people who wanted the challenge, who were scientists, who were pioneers and discoverers and people who were not, as that one individual was that I went to, simply in it to get some sort of research done or – without caring for the people that they were treating. There was a tremendous sense of excitement. There was also from – none of those early people were directly associated with the University except one, a Dr. Hunt, who was on my first board of directors. He's still out there, he's head of one of the big departments. He's an excellent physician and trainer. He was the only one within the academic situation but he'd done some research on transgender before – I mean, transsexual. Although he couldn't go too far in establishing something within the University, he was willing to help us create something in the world out here. But the others, being independent practitioners, were able to just let their excitement go. And we really worked with that. So when we did sit down, it was, "All right. How are we going to serve these folks? What kind of intakes are we going to do? What do I want before you send me a patient? Where can I find some more information about hormones?" It was quite exciting. It really was. And people talked directly to each other, often face to face as opposed to calling up right now, we'd make it a quick call about "I've got a patient." Oh, it was wonderful fun. I really enjoyed that period. I loved the creation of and the pioneering of things, you know. Anyway. So, gosh.

But what would happen is, we'd make some mistakes, and sometimes someone would come to a group and there'd be discussion, they'd hear a name. And naturally, they'd run down to the doctor. And it wasn't clear that they were not seeing one of the therapists. And I remember one call, who was that? It wasn't any of the people that I mentioned. It was an intern that I'd found, called up and said, "I'm not going to see any more of those patients," because the person had come in and just acted incredibly bizarrely – what was the name of the clinic? – in their waiting room or – was it even in the clinic? I don't even remember. But they'd come into the waiting area and they'd just acted extremely bizarrely. They were dressed fairly – I hesitate to say bizarre – but you know, just a little too outrageously, and they were yelling about being a woman or something or other. And it just scared the other patients who were in the room and so the doctor called up – or the intern called up and said, "I really can't see any more."

And there were some things like that that occurred and that's why in those early years we really did try and stick with the [formal? former?] method of, first, you see the therapist, get a diagnosis of some sort. The DSM hadn't really settled on a diagnosis. But get something such that we could create an evaluation, a mini evaluation. In those early letters we used to go on and on and on and do practically a full evaluation. Now, we can usually do it in a page or two and send those evaluations to the doctor. And then the person would make their appointment and go in. Now that's largely the way we still do it. That was the idea that we finally settled on. We did that by having these problems, then getting back together and discussing them, and negotiating and figuring out what served the people best, looking at the standards, seeing how we could incorporate those from the beginning. Since we created a system that was really, really in touch with the patients and the clients, vitally in touch, not just a doctor somewhere who would like to see a person now and then, but somebody who was vitally interested, who actually came here to these support groups, these peer support groups, somebody who *cared* about the community and cared about – Because of that we were able to say the Benjamin standards are guidelines, and everything we're doing are guidelines, and they won't be absolute in each case. Nowadays in the community – I probably mentioned this – there's much, much, much controversy and discussion about whether there should be any guidelines at all, whether the Benjamin standards are any good or not. There's even protests within the transgender community against the Benjamin standards because they set up any kind of barriers to getting services.

Ruth: What would the argument be for not having standards?

Marsha: "I know who I am, I don't need to go to some therapist to tell me who I am. Why are you withholding hormones from me? Why won't you let me do what I need to do? Why won't you give me services?" That sort of thing. For some individuals we do know that that's possible. It is – believe it or not – it is possible to be a healthy person and understand yourself without seeing a therapist [laughing]. Of course, there always have been human beings like that in all of human history. The problems come when there are other issues. When there's a chaotic home or current life. When there are other diagnoses – depression would be an excellent example. Or what if there's something – let's say there is a borderline issue there. Now, none of that rules out the transsexual or transgender condition but it makes it a whole lot harder. Someone might come forward absolutely completely convinced, and maybe correct, that they need hormones and some sort of transition process, but what we might discover in therapy

that even though it would be appropriate at some point, now is not the appropriate time. Let's deal with the fact that your partner is just going crazy, can't deal with this, and your home life is a mess, and you're about to be fired at work, or this or that. Let's deal with some of these first. Settle things down so that we can get some psychological breathing room before we start taking *hormones* into our body.

Okay. Those are the kinds of things we face now. In those early years it was also predicated on the fact that no one really knew much about this condition. That we – and I have to include myself – were worried that there was something we were missing and that we had to check this out pretty carefully. Also, I know what it's like personally to feel like saying, "Just get out of my way. Just give me these things I need," and all that. I know, from what I described to you about finding the doctor and getting the diethylstilbestrol, that it is possible to do all that in the world without going through some process. It's also possible to get crummy help, poor medical treatment, and bad drugs. When a person comes in now we – all of us in therapy work – will start out by saying, "This is just a tool. You don't have to follow this." Around here in Seattle we always begin that way and when folks say, "You just follow the Benjamin standards, you don't give us any leeway," I have to differ. Not that I have actually heard anybody say that around here, come to think of it [laughing] but, in any event, if someone were to say that, I'd say, "Here's the deal. We use them as guidelines. What we're concerned about is you. How are you going to live a healthy life? How are you going to live the best possible life, discover yourself and bring yourself into the world in some safe and healthy way? Let's sit down and talk about that." That's why we ask that a person begin with some counseling or therapy. I don't know how long it'll last. It's between the therapist and the client or patient nowadays to decide those things. But we always say, "If you don't want to do it that way, it's okay. There's no blame, there's no denial of services. You still come to the support groups. If you don't want to do it, if you want to go off and find someone else to help you, if you want to go and try and find a physician who will prescribe without going to an evaluation, that's okay." We put no judgment on it. But we do say, "Be very careful and please come back and let us know what you found and we'll let you know if it sounds right or not." In other words, that's the kind of climate we're in now. Back then, we were saying pretty strongly that we wanted individuals to go through this evaluation process. I certainly agreed with it because what I saw was people finally, for the first time getting real, quality help. I think that gets forgotten now. The Benjamin standards came about to serve people, to help them. Like any laws or standards, they can later on be looked at as tools of power and oppression, ways of keeping certain people away from services. They can be looked at that way. But with a little diligence and a little proper application and continually keeping your eye on such things, you can prevent them from becoming tools of oppression.

Similarly, when we started out around here saying we really want you to go through therapy before doing hormones, my original thought was that's the only way I could be sure that somebody coming in here is not going to be given something that's going to give them a heart attack. Now, as I mentioned just a minute ago, we will say – we'll tell the person all these things, these are why we're making the decision, why we suggest you begin the therapy, although if you don't want to you don't have to – just be very careful.

Ruth: Without naming names can you think of any specific people who have come through who went through various changes that – whose story particularly moved you or struck you as particularly [hard to hear]?

Marsha: I need to say that for most people who come here and deal seriously with gender identity, the story is the same. It's why I keep visiting our support groups after all these years. It is the profound question about who I am and what am I going to do about it? And then the secondary question is how does that self of mine relate to other people? That moves me. And people here ask it in all kinds of ways. They ask it very simplistically, those folks who don't do – don't need to do, just don't do the kind of self-probing that some do. They do it simply by bringing themselves into it, by acting out.

Ruth: How do they act out?

Marsha: By saying, "I need to make this transition. I need help." And not going on to analyze, well, what is identity? What is self? What is sex? What is – They don't ask all those questions. They just say, "This is who I am and I need help," and then they go through some work and we discover there's gender identity issues and we make the referrals, they get their hormones, and they deal with telling their partners or friends or family, they deal with work, and they get on with it. Then there are other clients and folks that come in who say, "I'll do all those things," but at each step of the line they are agonizing sometimes over the *meaning* of identity, the *meaning* of culture at this time and how it relates to creating an identity, and how culturally based and culturally created and how even *commodified* my concept of identity is, and probing it in all kinds of ways. Others might come in and say, "What is the scientific and biologic base? What is the anthropological history of identity?" Others come in – So there's all levels from just experiential to almost mind-numbing analysis. In some respects I much prefer someone a little more between those poles because either one of those can be trouble. The person who is purely experiential can sometimes make some rash moves, move too quickly, transition too quickly at work for example, or among their peers. They don't give people a chance to discover this new presentation that's appearing in the world. People who are too much in the Hamlet analytic may not move. They may take three years to consider the ramifications of taking hormones, when it seems appropriate but they ought to begin even earlier. It's a long answer to your question, but for me it's very hard to pick out any particular individual. I know I mentioned the individual who hitchhiked to us from Appalachia. But she was only representative of the number of people in those early years who were coming to us from all over the globe. Sometimes folks would come here who didn't speak English so they brought their interpreters.

Ruth: What countries did people come from?

Marsha: A number of Asian countries, I remember in particular. And we would spend the evening discussing through the interpreter. Another couple of cases – and this has happened more than once, I'd say about six times – someone either blind or deaf or both would be here experiencing gender identity issues and yet how do you transmit that? I remember a very alert therapist friend of mine found *that* was the issue with a client they were seeing for other reasons. And so they came here. And of course then the issue becomes, how do we communicate?

Ruth: How do you think gender awareness comes to a person who doesn't experience a culture through sight or hearing?

Marsha: Oh, *fascinating!* I've had two clients that fit that bill and I'm not sure I can say. It would be a terrific, terrific source of study for someone. Because it's there. In one case the person –

Ruth: But how'd this person *express* what they knew about that, and what did they *know* about it?

[SIDE 7 ENDS]

SIDE 8 of 8 — 10/16/98:

Marsha: Yes, I'm thinking – a couple of folks who – blind – one from birth, one from shortly after birth – profoundly transsexual in both cases. And because they didn't see the other individuals, we had a different take on the development of gender identity and presentation because we were immediately divested, if you will [laughing] – interesting word to use at this point – of appearance stuff, of clothing and body movements, so that we could talk about them analytically. Like one was a female-to-male individual, born in a female body. Well, what do men do with their bodies? How do they present their bodies in culture? And it was very clear the artificiality of some male poses, but how we would use those male poses to convey *maleness*. And so we discussed those issues entirely differently. How it came to be? It was described in exactly the same way that any of the other transsexual people would describe it – that "I have always known, I've always felt this body isn't right," and so on, words to that effect. So as to the actual causes I suppose it's an argument for some sort of biologically based concept of identity, although I don't think –

Ruth: I'm just wondering what this person had learned about gender, at an early age, that clued them into the fact that they weren't in the body of the gender that they were? Because most of us get that information maybe from what we see or hear, but if they didn't have that information, how did it come up through the – how did that knowledge come up through the –

Marsha: True. So many of folks – you know, if we could answer that right now, I think we should turn off the tape and go and become famous. But most of our folks here will report that it begins with feeling. In other words, "I felt this body wasn't right," or "I felt something was wrong," and that's the same thing that these clients reported. It wasn't that they were slowly discovering that boys did something different or were different, or that girls were different or did something different. It's that they had this feeling in place before. And then they were aware, like everyone else becomes aware, that there were roles and expectations, cultural issues around *boyiness* and *girliness*. And being without sight, being blind, didn't really play into that too much. It was the same reported stuff. The expectations in the school yard of who played where or what kind of games, or roughness versus non-roughness – you know, what dad expected. Let's see, both of them had fathers present – so what dad expected, what mom expected, what you were supposed to do. The same stories as everyone else. While at the beginning I thought it would make a profound difference, it turned out that it didn't affect, that the folks were blind.

Another one I remember, an individual caught again by a very alert therapist, this person confined to a wheelchair. How should I put that? That's not proper. Anyway, using a wheelchair. Unable to speak. Unable to communicate, except later on through a device that was attached to the chair. There have been two such folks through here, who struggled with the question of gender identity until, in the one case, the very alert therapist found it, and in another case a friend who had seen a show – I believe one of my shows – They were watching it together and the person became very excited, very excited, and that's how they discovered. But in both cases, gender had come up and somehow had been transmitted to either the therapist or the friend that there was an issue here. That's how the contact was made. So here were two individuals who had not had the use of their *bodies*, and had not had *communication*, and still reported the *very same* pattern. Isn't that something? Yeah. And of course when the folks visited us here, it makes for quite an evening because it's very, very slow to communicate with those electronic devices. But it is possible.

Then there've just been some remarkably good people, people that I would classify as excellent examples of what a human being can be, of heroes and heroines and of folks who reported years, in some cases, of confusion and struggle, who lost everything or in some cases whose families did support them but went through a tremendous struggle of understanding, who would sit very quietly in the room and you wouldn't know anything about their background but there they would have been through all of this stuff. The full transitions.

I remember another person who every couple of years would appear and go through an intense period of cross living. And then it became too much. They just – they got too close to the flame, if you will – they just could not – they knew this was true for them, and yet it was too frightening. This was a male-to-female person. It was just too much. A highly educated, high level engineer, person who had a tremendous career. And then they'd disappear. I wouldn't hear from them for a couple more years. And that went on one, two, three, four times and now I have not heard from them for six, seven years. I don't know what's happened. I hope they're okay out there somewhere. But this was almost the Hamlet type, that end of the spectrum, the person who – very intense, very intelligent, very powerful intellect, but –

Ruth: How does a person handle the transitions if they were working at the same place – or maybe they weren't working at the same place [all those years]??

Marsha: That's another matter and actually fairly easy. Might as well talk about it. Your question has now got me thinking. At first I thought no, I wouldn't be able to remember any individuals. Now I'm thinking of all *kinds* of individuals.

Ruth: I don't want to stop you, distract you –

Marsha: In the early years and throughout the 80s – and I still once a while go with the individuals to their place of surgery if they've chosen surgery – and those were powerful experiences, especially going down to Trinidad, Colorado where Dr. Biber, Stanley Biber, still works.² He has done over 4,000 surgeries. I've done research with

him for years, presented my findings on 452 post-operative people of male-to-female of his. Out of those 4,000 we're doing long term research, follow-up five years, so on and so on. But the point is, for many years, he was the premier, sometimes the only, surgeon operating that we could really depend on. Now, there are many surgeons that we use and a younger generation of surgeons coming along who are offering all kinds of opportunity and hope for our folks. But he was just about the only choice for many years. I know him quite well. He's a remarkable man. A very interesting personality. He was a M.A.S.H. surgeon, you know, in Korea, and came out of the Army at Denver. There was a need for a doctor for the coal miners in Trinidad, Colorado, which was a coal town. Now it's not so much anymore because those have been played out. Anyway, he went down there and practiced until one day in the 60s a woman who had been working in the town as a social worker came in and, as he puts it, she asked him if he could do her surgery. And, of course, being a brash, younger surgeon and he said, "Sure, I can do your surgery. What is it?" And she told him she was a transsexual and he'd never heard of that, but he agreed to find out and he wrote to Benjamin in New York and got some *hand drawings* of the surgery technique they were trying to develop at the time. And he and a select group of folks performed their first surgeries in the basement of the hospital there in Trinidad, Colorado in the mid-60s.

Ruth: When you say "the basement," it sort of implies that this was sort of happening without authorization. Was that the case?

Marsha: Oh, they had to be very quiet about it. They did, because – well, for example, what *did* happen is when Dr. Biber decided that he wanted to help transsexual people – I mean, he's an *incredibly* compassionate man, one of those strange folks in the world that combines both incredible scientific ability and compassion, odd combination, deep compassion, the kind of compassion that would lead to – When he began to see people, immediately, there was outrage in this little town. The ministers came forward, everyone – he would spend whatever time it took to go around and speak to these ministers and speak to the town, work with everyone to help them understand what this issue was all about. And those were hard times.

Ruth: This was approximately – ?

Marsha: Those were in the 60s, mid-60s. Yeah, mid to late 60s. Nowadays, everyone knows that the surgeries cost a lot of money and so they immediately think the doctors make a ton of money and yes, they do make money. But back then, he was charging very little and it wasn't money – it was – He was one of those folks who became interested as the physicians here do about caring for people. Because it was different. It was a *tremendous* physical challenge to develop the surgery, which he absolutely enjoyed and – how did he put it? And a couple of the nurses in the various hospitals have always said this. They say they like to see the transsexual people because they *want* to be in the hospital, as opposed to all the other people.

What I'm trying to get at is I met him in the early 80s and got to know him. He did my surgery. And I was again obsessed with knowing everything I could about all of this. So I would go back and do the same thing I did with the people here, only I had to go to Colorado to do it. I would hang out in the hospital and wait and catch him in the

halfway and talk to him. I had to do that for three years before we really got to know each other a little bit more. And then it was still very formal. In fact, we still have a fairly formal, although very collegial, very friendly relationship. I love him dearly.

Then some – a couple years later – he granted me permission to view a surgery, of course with the patient's permission. And I've now seen over a hundred surgeries. Male-to-female, female-to-male, in various places including those with Dr. Biber. But the point is, I take my – later – my clients and earlier, just people who were here and were going for surgery, go with them down there and that's what I've been trying to get at. The *power* of that experience. Remembering those people. Remembering how we would leave Seattle and take this almost *mythical* journey, in one way or another, usually by plane, certainly by plane in the later years, to Denver and then rent a car and drive through the Colorado world, that flat, wonderful, magnificent, Big Sky country, to this little town in southeastern Colorado, this little tiny town, meet with him in this old building that had been a hospital – not a hospital but a doctor's office – for over a hundred years. And check into the local hospital, meet the local folks, who were small town people, being on the nursing staff, and so on – go through this incredible procedure, physical procedure, and then go through recovery and return. It had all the elements of a mythological quest, with the application of modern science. These were experiences I'll treasure forever. The discussions that occurred in the hospital rooms as the people were recovering. The discussions on the night before the surgery.

Ruth: Do you remember what kinds of things you'd talk about?

Marsha: Oh, yeah, I have many video tapes now that I made, later on – the night before, the morning of, just after. But yeah, we would discuss everything from their whole lives to the meaning of life. The concept of identity and gender. How it played into the world.

[visitor arrives, break in interview]

Marsha: There you have a perfect example of what this work's all about. Somebody wanders in, in this case – Now this is the new world. This is somebody who works in a professional setting and had been discussing sexual minority issues and mentioned Ingersoll, somehow it just came up, and someone in the audience came forward and asked for help and so they came over. The person is terrified, they don't know how to deal with it. We're trying to make, now, arrangements, the best possible arrangements, to help this individual. And it probably means a private meeting and then inviting the individual to join us in one of our support groups. But it's the *work*, it's the *work*!

Where were we?

Ruth: In the time we have left I wondered if you might want to talk a little bit about what do we know about what happened, like, say in the last century, in the 1800s – people who did or tried to pass as the opposite gender and what was available to them, what we know about these people?

Marsha: There's a growing body of literature, thankfully, about just this sort of thing. It tells the stories of people who lived fully as male and fully as female in the past. There are some fascinating stories. There was a person associated with Custer's – the famous Custer and all of that – he was regiment or I don't know what you call it – it was a person who was a support staff, a woman, but when she died it was discovered that she had male genitals. That sort of thing. Stories like this all over the place. In other words, the common response to the profound gender identity issue in the past was to live fully and wholly as the other gender. The same thing basically that we do now in a more formalized process, through either the standards or simply just bringing it into the world, on an individual's own. That sort of response, of course, was conditioned largely by the culture the person found themselves in. Since the *medical* world, such as it was, hadn't approached sexuality and gender, there were none of the categories available. And in some cases, I'm told by the researchers, that actually made it possible for more cross living to occur, in some cultures, than could occur in our own right now without censure, because people didn't have the *labels* available to them, the medical labels which thankfully are fading, but labels of – sort of – pathology or disease. At the same time there were more cultures that were condemning, and of course the more fundamentalist of any of the religions, really, the culture, the more unlikely it was that someone could "transgress," as they put it, gender norms.

The simple answer is that apparently we – transgender/transsexual folks – have been around as long as any other type of human being experiencing human life. And cultures have dealt with it differently. Of course, most folks nowadays are aware that not only did the things I just described exist, but some cultures went so far as to have specific places *within* their culture that offered opportunities for what we'd call transgendered people. And the most famous of those, at least in the west perhaps, are the few North American Indian tribes that had positions that some people might call medicine or teaching or spiritual leaders or – There was a French word called *berdache* that applied to some. These were people who crossed gender roles, in some cases lived what we would call transgendered or transsexual lives, but were allowed to do so within their culture. Sometimes there was even a process that they followed to move into that role. And in some cases they were even revered or seen as teachers. Now, it wasn't ever easy it seems, from what I understand of these issues, but there were places in the culture. And I'm tempted to say that maybe *our* culture nowadays is finding the equivalent of that. It's finding its place and way for transsexual and transgender people to be. Those were the options – either the culture had a place, or the culture didn't have a place or had very few ways of dealing with it, and folks simply cross-lived, usually by hiding it completely. And some rare cases in history – people have been known to be cross-dressers but usually they had to be protected by high aristocratic standing or some other system that protected them from censure and harm.

As far as recognizing what I see as the transgender or transsexual condition – that's been later in history. That's been something that the last hundred years has really offered. For us to call it a human condition, specifically, and treated, first medically and now more and more not only medically but in the way we've been talking today – considering the culture, considering relationship, considering questions of roles. But these last hundred years *have* offered that opportunity and of course they've offered the medical side of it. Apparently there have been attempts at surgeries

throughout history. There's a famous story about one Roman emperor saying that he would offer half his empire for a surgeon who could change his sex, change his gender.

Ruth: From male to female?

Marsha: Yes, yes. I can't remember the fellow's name, dog-gone-it! Where's the person around here who always remembers that name? But in any event, a true character in history. Often Dr. Biber and some of the other surgeons joked that they wish they'd been around and they'd have half an empire. But the point is, there have certainly been desires for physical transformation and of course, humans being what they are, there have been many attempts. Some of them probably resulted in instant death, self-castration and worse. Although if those sorts of procedures are carried on in certain ways, people live, and there are even cults and cultures and groups within different cultures where that's a practice – castration, or amputation of breasts, that sort of thing.

But the formal designed physical transformation, that is, creating the vagina, creating the phallus, doing the mastectomies or doing the implants, that of course has been more recent. But it hasn't been just the past few years, it's been something that a hundred years have discussed, and in fact have been continuing to do so.

Ruth: There are references to all that in gay and lesbian literature, and I think because we [gays and lesbians] have been fascinated by that because it offered the person the ability, the cultural permission, to have a relationship with a member of the same biological sex, so that's why for us – we've been fascinated with that because that seems to have a gay or lesbian aspect to it. I know that maybe there's some controversy *now* between who owns this history. Do you want to say anything about that?

Marsha: Oh, sure, sure. Yeah, I am quite excited by the way the discussion's going now. As a matter of fact, I'm proud to be part of a project right now here in Seattle to expand the language in – I may have mentioned this before – in the law that protects folks in public accommodation issues within the city to include the concept of gender identity, so as to protect more of our folks. We had made it possible to cover transvestite and transsexual back in '86, but now we know that there always has been – and now we know more clearly – that there's a wider group of folks that need protection.

But the point is, we now know that there *is* a difference between orientation, that is, who you go to bed with, who or what you go to bed with, anybody or anything at all. The object of desire, the sexuality aspect, and the *identity* aspect. For the transsexual person, and many of transgendered folks, it's not about orientation or sexuality. It's about identity. But once identity is settled, then the transsexual or transgendered person can approach the question of orientation like anybody else. Hence, there are gay, lesbian, bi, trans – No, no! Gay, lesbian, bi transsexual people, just like there are gay, lesbian and bi, heterosexual people or anybody else.

I'm trying to make myself clear. Let me try again: That once there is a secure sense of self and identity, then that self and identity can explore orientation and sexuality. And that's something that we've had to learn over the last 25 years. So that in those early years when, for example, a gay man might think that they needed to do an operation in

order to go forward with their *orientation* issues, they would discover that that was a terrible mistake. Because they would literally be destroying the very organs of their deepest sense of self, because they were *not* transsexual, they were *not* transgendered; they were, in that case, male gendered. Their *orientation* was towards other males, their orientation. So to destroy the sexual organs did them no good whatsoever *and* partners would say, "I don't want anything to do with you. I'm not interested in a person who's been castrated or done an operation. That's not what I want." So those early years, the few people that did find surgeons who would operate on them and do that – I can only think of one person that I interviewed where this was the case – this is not something that happened a lot. It never was, *never* was. But afterwards, this was a very unhappy individual. Because it had not solved the issue.

Now we know clearly that these things are separate so that people *don't* make physical transitions if it's an orientation issue. Some years ago I think we were beginning to have some problems in that were we going to get into a battle between gay and lesbian and transgender/transsexual people, saying that our issues are different, the same, better, worse? I'm really proud to say that at least here in Seattle, in the Northwest through the efforts – quite frankly, our efforts here – and the good hearts and efforts of the gay and lesbian community primarily, we have had those discussions, and I think by and large transcended that problem. Because we have discovered this fact, that orientation and identity are different. And yet, are we not all of us together in the great question of, who am I and how am I going to bring it into the world? One set of people are saying that about their orientation. Another set is saying it about who I am as far as a *gender* goes. But *both* groups, or *all* groups I see, are absolutely united in that great question. And that's what keeps us together and that I think is what we can build our *united* political struggle upon, and why now, at least in this town, as I go around and join boards and work with folks, it doesn't matter. It's *so* satisfying. Sometimes I do encounter gay and lesbian folks who need to just come up to speed because it's something they hadn't encountered before, but as soon as they hear these things and learn about it, any fear or concern melts away.

It really is a profound discovery, and it's so satisfying to work together, and now we have *another* tool. For example, I mentioned this language change to include gender identity. The only legal language we've had to cover us all has been sexual orientation. And while that can work, it still focuses on the orientation – who or what you go to bed with – side. But by saying gender identity along with, or even stand alone, I think we can cover, legally, all the groups. Ideally we can have them together, sexual orientation, gender identity. Those sets of words would cover everyone and allow us to work on the legal front, that is, in the courts, to the benefit of everyone. Yeah.

And so I don't see the confusions or animosities. That existed to some extent a few years ago. And wherever they do exist it's probably just a matter of a little education because we have so *much* more in common. My goodness, our enemies – I'm speaking quite bluntly – our enemies, the radical right, *they* make no distinction. In all our political efforts together when you're licking stamps – you don't do that anymore – but when you're licking envelopes, it doesn't matter whether you're a transsexual or a gay or lesbian person or a bisexual person or a heterosexual person. It just matters whether you're doing the progressive work. And then finally, again just to say it, because I think it's

one that will really work – what are we all really dealing with? Profound questions of self and identity, orientation, gender identity – that really unites us. Nothing to fear there.

[TAPE RUNS OUT]

Notes:

1. Emerald City's activities and conferences in Port Angeles are also discussed vividly by Janice van Cleve in NWLGHMP's interview with Sandra Fosshage, Marsha Botzer, and Janice Van Cleve, September 1, 1999.
2. This may have been a common supposition, rather than a law. NWLGHMP was never able to find record of a Seattle ordinance to that effect. The interviewees who mentioned it did so in the context of gay bar environments and police raids of the 1950s and 60s, an earlier time period than that being addressed in this interview.
3. See also the following NWLGHMP interviews: with Sandra Fosshage, et al, as cited above (focusing specifically on Seattle Counseling Service for Sexual Minorities); and with Sandra Fosshage, January 21, 2004.
4. Dr. Stanley H. Biber died January 16, 2006.

STORY
MENTIONED
IN INTERVIEW

THE PHONE CALL

"I've gotta do it. I've gotta make this call. I can't go on like this. O God, won't somebody please help me? But what will they think? And just who are they, anyway? What do I care, they can't hurt me. . . O yes they can. They can tell me I'm crazy; or they can laugh at me; or they can give me that prying bureaucratese shit.

"I know, I'll come up with a line. I'll mention the ad in the paper. Careful, now. Hello? Oh, hi. Yes. Um-m. . . I saw this ad in the paper about a. . . a TV/TS Support Group. It meets every Friday? (She sounds friendly. Didn't ask why I wanted to know.) Okay, I've got the address. (She's telling me all about the entrance. She must know I'm scared.) People come there dressed !? (She really seems to know my fears and questions, almost before I ask them.) Thank you, thank you very much. Good bye!

"She said 'we hope to see you here'! She sounded like I'd really be welcome--almost missed if I didn't come. And she knows. . . I mean really knows about this. It's like I revealed my secret and she acted like it was normal everyday stuff. She knows me; and still reached out a helping hand to me. Of course, she doesn't really know me, but it feels sorta like that. And I did it! I made the call. I actually talked to a real, live human being about my crossdressing and I was not hurt. I'm still scared. I don't know if I'll go to the meeting. But I don't fear as much now. There is another human being right in this city I can talk to. All I have to do is make the phone call."

Janice Van Cleve
APRIL 1983

Action

318 Malden East

28102

Hello,

It's been so long since you got a newsletter you might have forgotten what they look like. Basically, I think that's cause I hate to write newsletters. So maybe some of you can help me by writing up things you think would interest people.

STATISTICS: The attached four pages represent considerable obsessive-compulsive work which hopefully still translate into some meaningful representation of what last year was like. January, February and March of this year will be ready in a short time and will be put on the Silver Clipboard.

HOWEY: Could the picture get worse? Probably. Nevertheless, we survived last year, because there were some real penny pinchers around (above, below, beside, everywhere). Like did you notice how cold it was the last time you dropped by? With no relief in sight will continue to pinch, so remember to recycle the coffee cups and aim used file folders and other exotic goodies this way. We got our last money from King Co. M.I. Board (\$1,500) which is our only butter, each month we go in the hole. At present, our only sources of income are client donations and speaking engagement fees. Each of us can help, in the former case by encouraging clients to donate any amount they can, and in the latter by volunteering to go on speaking engagements. In February we actually managed to break even for income and outgo. January wasn't so good (\$345 in the hole). But March is looking now like we may come out ahead. Who knows maybe some day we can even pay salaries again.

FUND RAISING IDEAS: Several people have suggested some good ideas for raising funds. The main problem is that we need someone to carry them out. The biggest problem is to find someone who has enough time to organize them. In some cases all that's needed is one or two people to help work out the details and do the leg and phone work to get it going. I'd be willing to work as a go-between to get idea people together with people who can make it a reality. ANY TAKERS?

A MAILING LIST? If you are one of the people who aren't in often enough to read things like this on the Silver Clipboard, or if you're currently inactive but want to stay in touch, or if you just want your own copy, we could make up a mailing list and send the stuff to you. All we need from you is to keep us current on your address and give us some bread to cover costs. Like send a dollar for now and we will let you know when we need more. To take advantage of this exciting offer, just send your name, address and one dollar (along with the dust jacket or facsimile from your favorite psychoanalytic book on homosexuality) to....

MEET NEW THINGS HAPPENING: The cross-dressers rap group has been going almost a month and shows signs of becoming a stable thing. It is the first step in a plan to develop better services for TV'S/RS'S/Dressers or any other people who don't fit societal notion of what a "man" or "woman" should be like. Two people are responsible for getting the group moving: Sandy Jordan and Peggy Krug.

The second next thing is just getting off the ground, it's a Gay Youth Rap which meets on Saturday afternoons. For people under 20.....IQ please.

One future plan which looks hopeful is a VD clinic. There is some possibility that some of the bar owners may be willing to give space to these people who have been hounded. Chuck [redacted] is spearheading the program, anyone having medical training (MD or RN) or knowing someone who may be interested in volunteering to help should contact Chuck.

Program on the Gay Community Symposium: Scheduled from 10a to 6pm on April 28 at the Gay Community Center. You can pick up a copy of the advanced program here (at GSCN). We need lots of volunteers for rap group leadership experience needed-there will be a training session. This should be an invaluable experience for anyone doing speaking engagements. Also needed-people, with some experience, to train rap group leaders. Check with Ace or Fern if you can offer any time at all. WE NEED YOU

NEW RECORD SYSTEM: We've made lots of changes in the filing and write up systems. If you have been around recently, you already know about it; if you don't, ask! The essence of the whole thing is that personal counselors maintain their client's file and only the phone and drop in contacts are written up on the counseling report forms. Another critical factor is that there is a record book in the appointment book to confirm that each appointment has been kept and to record how long it lasted.

FLASH FLASH: Just found out that the Erickson Foundation has given us \$250 per month for the next year. So perhaps we can select pay token salaries again.

Many thanks to all of you for your help, support and encouragement.

the motley crew

P.S. In case you wondered what the back of this paper have to do with anything, it does not, it is part of our agency program.

Remember steering committee is now the first Thursday of each month. We would welcome more staff attendance since it would be nice if everyone who worked here had a voice in how things were run. Check before you come since we do move it to another day if the schedule foul ups occur.

3/30/72

THE NEWSLETTER

SEATTLE COUNSELING SERVICE FOR SEXUAL MINORITIES
1720 - 16TH AVENUE
329-8737 329-8707
SEATTLE, WASHINGTON 98122

NEWSLETTER NO. 1

MAY, 1974

THIS IS THE FIRST SCSSM NEWSLETTER AND IS INTENDED TO BE USED AS A VEHICLE OF COMMUNICATION FOR THE PEOPLE INVOLVED IN THE COUNSELING SERVICE. IT HAS BEEN GENERATED BY A GROUP OF PEOPLE WHO ARE INTERESTED IN A MEANINGFUL EXCHANGE OF IDEAS AND BROADENING COMMUNICATION BETWEEN THE STAFF AND OTHER PEOPLE IN THE COMMUNITY.

IF YOU HAVE ANY INPUT IN THE FORM OF LETTERS, ARTICLES, PROBLEMS OR TECHNIQUES IN COUNSELING, WHAT'S HAPPENING AROUND TOWN, WITH YOU PERSONALLY, OR ANYTHING ELSE OF INTEREST, PLEASE DROP IT OFF AT SCS OR MAIL TO US C/O SCSSM NEWSLETTER.

PLEASE REMEMBER, THIS IS YOUR NEWSLETTER.

RR/PB

ONE OF THE RESPONSIBILITIES OF PEOPLE AT SCS AS STAFF MEMBERS IS TO ATTEND A CONSULTATION GROUP ONCE A MONTH. THIS RESPONSIBILITY HAS BEEN NEGLECTED BY ALMOST ALL STAFF MEMBERS.

WE AS STAFF MEMBERS SHOULD BEGIN TO TAKE A SERIOUS LOOK AT THE RESPONSIBILITY OF THE COMMITMENT THAT EACH OF US MAKES TO THE COUNSELING SERVICE. WE ARE INVOLVED WITH SERIOUS BUSINESS THAT REQUIRES A TIME COMMITMENT FROM ALL OF US.

JB/DS

----- ANNUAL RETREAT IS HERE

ON MAY 4 AND 5, SEATTLE COUNSELING SERVICE FOR SEXUAL MINORITIES WILL HAVE A WEEKEND RETREAT. STARTING TIME WILL BE 10:00 AM ON SATURDAY THE 4TH AND WILL RUN STRAIGHT THROUGH TO SUNDAY AT 5:00 PM, SO BRING A SLEEPING BAG AND \$4.00 TO COVER THE COST OF FOOD FOR THE TWO DAYS. PLEASE BRING THE FOUR DOLLARS TO THE COUNSELING SERVICE BEFORE THE 4TH SO THAT FOOD WILL BE READY FOR YOU.

PRIMARY OBJECTIVES OF THE RETREAT WILL BE TO DRAFT A SET OF OPERATIVE GUIDELINES FOR SCS, DISCUSS THE ROLE OF RADICAL THERAPY, TALK ABOUT THE FUTURE DIRECTIONS OF OUR ENERGY AS AN ORGANIZATION, AND DISCUSS METHODS OF BECOMING MORE SENSITIVE TO THE NEEDS OF THE SEXUAL MINORITY COMMUNITY AT LARGE.

WE NEED AS MANY PEOPLE, AS MUCH INPUT, SUGGESTIONS AND CRITICISMS, AS POSSIBLE. THIS RETREAT, MORE THAN ANYTHING ELSE, WILL DETERMINE THE DIRECTION OF SCS FOR THE NEXT YEAR. PLEASE CALL US AT SCS, 329-8737, IF YOU CAN MAKE IT.

WELCOME BACK, CHUCK [REDACTED]

DEADLINE FOR JUNE ARTICLES MAY 24 DEADLINE FOR JUNE ARTICLES MAY 24

TALK ABOUT RESPONSIBILITY

A PERSONAL NOTE FROM YOUR TRULY LOVING, ALMOST ALWAYS NEWSLETTER EDITOR:

YOU ASK: "WHAT WILL MAKE THIS THE BEST NEWSLETTER IN THE WORLD?" I DARE SAY THAT IT IS YOUR INPUT THAT WILL DO THE JOB. NEARLY EVERYTHING THAT I RECEIVE, SO LONG AS YOU'RE NOT TRASHING ME PERSONALLY, WILL BE PRINTED. YOU SEE, CONTRARY TO POPULAR BELIEF, I AM IN CHARGE!!!
GOOD-EVENING, JOE.

ROBERT RINEHART

STATISTICS CHARNA KLEIN

THE 1973 ANNUAL STATISTICAL REPORT FINALLY GOT OUT BUT THE WORK GOES ON. THE FIRST QUARTER OF 1974 HAS SEEN SOME CHANGES IN DATA COLLECTION AND SOME RESULTANT CONFUSION.

THE PRESENT SYSTEM INCLUDES THE IN-PERSON FILES PLUS THREE DATA COLLECTION SHEETS: THE PHONE SHEET; THE DAILY TALLY SHEET; AND THE APPOINTMENT AND GROUP SHEET IN THE BLUE NOTEBOOK. EACH ONE OF THESE MAKES SPECIFIC AND IMPORTANT CONTRIBUTIONS TO STATISTICAL REPORTS. CURRENT PROBLEMS IN THE USAGE OF THESE SHEETS INCLUDE UNDER-REPORTAGE, INACCURATE OR INCONSISTENT REPORTAGE, AND THE SUBSTITUTION OF THE DAILY TALLY SHEET FOR FILLING OUT PHONE SHEETS. PLEASE TAKE THE RESPONSIBILITY FOR DISCUSSING ANY PROBLEMS YOU ARE HAVING AT THE STAFF TRAINING SESSIONS. THE SYSTEM IS UNDERSTANDABLY CONFUSING AND CERTAINLY TOO DETAILED TO COVER IN THIS SHORT ARTICLE, ALTHOUGH SPECIFIC PROBLEM AREAS MAY BE COVERED IN SUBSEQUENT ISSUES OF THE NEWSLETTER.

THE LIBRARY CHARNA KLEIN

THE LIBRARY IS FINALLY SITUATED IN ITS NEW HOME ON THE PORCH OF THE SECOND FLOOR AND A NUMBER OF STAFF MEMBERS HAVE EXPRESSED INTEREST IN WORKING ON IT. ITS PRESENT STATUS IS MORE IN THE PLANNING AND TRANSITIONAL STAGES THAN MOST LIBRARIES. THERE IS AN ONGOING SHELF LIST AND THE BEGINNINGS OF A MORE SOPHISTICATED CATALOGUING SYSTEM FOR THE BOOKS.

THE BIBLIOGRAPHY OF THE AMERICAN LIBRARY ASSOCIATION'S TASK FORCE ON GAY LIBERATION HAS BEEN RECEIVED AND OTHER BIBLIOGRAPHIC MATERIALS ARE ON ORDER. BOOKS AND ARTICLES ARE BEING ORDERED AND SOME HAVE ALREADY ARRIVED. THESE NEW MATERIALS WILL BE FOCUSED ON COUNSELING AND SEXUAL MINORITIES. MANY OF THE MATERIALS ALREADY HELD ARE MORE GENERAL AND IT IS POSSIBLE THAT THESE WILL BE GIVEN TO THE LIBRARY PLANNED FOR THE GAY COMMUNITY CENTER.

A RUNNING ACCOUNT OF LIBRARY BUSINESS CAN BE FOUND IN A FOLDER TITLED "LIBRARY" IN A FILING DRAWER IN THE OFFICE. A LIST OF REQUESTED MATERIALS, TO WHICH ANYONE CAN ADD, CAN BE FOUND IN THE TELEPHONE ROOM POSTED ON THE WALL.

SOME NEEDS RIGHT NOW ARE:

- 1.) TO SHELVES THE BOOKS IN SUBJECT SECTIONS
- 2.) A FILING CABINET FOR ARTICLES, PAMPHLETS AND BROCHURES
- 3.) AN AGREED-UPON CHECK-OUT AND SECURITY SYSTEM
- 4.) DONATIONS OF MATERIAL, MONEY, AND PEOPLE-POWER

VII. Writing Composition

GRADE 5

WY 1014

- A. Ability to write stories with several paragraphs and concluding sentences

1. Writing titles

2. Writing conclusions

- B. Ability to choose words and phrases to convey ideas clearly to the reader

1. Use of significant details to expand the central thought

- C. Correct use of punctuation

1. Quotation marks

2. Commas

3. Apostrophes

- D. Letter writing

1. Friendly letters

2. Social notes

VIII. Spelling

- A. Note the meaning and learn to spell homonyms and forms of verbs

1. Learn to spell homonyms as:

a. Here, hear

b. Their, there

2. Learn to spell forms of verbs such as:

a. Has, were

b. Did, done

c. Saw, seen

- B. Ability to recognize vowel sounds correctly as they appear in the words

1. Long

2. Short

- C. Learn to pronounce such commonly mispronounced words as: Tuesday,

sandwiches, because, asked, library, February

- D. Ability to use abbreviations and to capitalize where necessary

- E. Ability to recognize root words, prefixes and suffixes

- F. Ability to alphabetize to the third letter of a word

- G. Ability to retain spelling which deviates from phonetic patterns

AND NOW...
THREE SHORTS FROM CHUCK HARBAUGH

THE UNITED CHURCH OF CHRIST HAS A NATIONAL BOARD WHICH IS CONSIDERING AN "OFFICE OF GAY AFFAIRS" WHICH SMACKS OF THE SAME OFFICE IN THE NATIONAL UNIVERSALISTS UNITARIANS ASSOCIATION IN BOSTON. MAYBE IF ENOUGH MINISTERS (UCC-UUA AND THE LIKE) GET ORGANIZED, SOME BIGGER BUCKS CAN BE SOUGHT FOR US.

* * *

I'M PULLING A FLOWER TRIP TOGETHER FOR THIS SPRING, SUMMER AND BEYOND. SO FAR I HAVE OVER THIRTY VARIETIES STARTED IN THE HOUSE. IF FOLKS WOULD LIKE A FEW STARTS OF "THIS OR THAT" OUTDOOR BLOOMS, I AM INTO SHARING...OR TRADING...AND LEARNING.

* * *

IF ANYONE IS INTERESTED IN TALKING ABOUT MARY CAROLINE RICHARDS' TWO WORKS (CENTERING: POTTERY, POETRY AND THE PERSON AND THE CROSSING POINT (SELECTED TALKS AND WRITINGS)) I WOULD LIKE TO SIT FOR AWHILE AND RAP THESE OUT.

FINANCIAL (IN)STABILITY

KRYS [REDACTED]

STATEMENT OF INCOME AND EXPENDITURES FOR APRIL, 1974

EXPENDITURES:

11	SALARIES AND WAGES	\$1,142.22	
12	EMPLOYEE BENEFITS	<u>186.82</u>	
10	TOTAL PERSONAL SERVICES		\$1,329.04
22	OPERATING SUPPLIES	<u>102.53</u>	
20	TOTAL SUPPLIES		102.53
31	CONSULTANT & OTHER PROF. SERV.	10.00	
32	TELEPHONE AND POSTAGE	79.66	
35	PRINTING	1.56	
36	UTILITIES	89.60	
39	BUILDING AND OTHER RENTAL	<u>175.00</u>	
30	TOTAL SERVICES AND OTHER CHARGES		355.82
60	TOTAL CAPITAL OUTLAY		<u>19.48</u>
	TOTAL EXPENDITURES		<u>\$1,806.87</u>

INCOME:

KING COUNTY M.H.-M.R.	\$1,565.16	
TOTAL INCOME		<u>\$1,565.16</u>

* * *

THE COUNSELING SERVICE NEEDS A NEW FILING CABINET. IF ANYONE WOULD LIKE TO DONATE ONE (OR SELL US ONE REEL CHEEP) WE SURE COULD USE IT. WE COULD ALSO USE MONEY OR OTHER THINGS THAT MAY BE OF USE OR VALUE. EVERYTHING DONATED IS TAX DEDUCTIBLE AT FAIR MARKET VALUE.

FOR FURTHER INFORMATION, CONTACT KRYS [REDACTED]

CALENDAR
MAY - 1974

WEEKLY MEETINGS/EVENTS

MONDAY	7:30 PM	MEN'S RAP GROUP
TUESDAY	11:00 AM	PROGRAM COMMITTEE MEETING
	11:00 AM	ADMINISTRATIVE COMMITTEE MEETING
	8:00 PM	BONDAGE AND DISCIPLINE RAP GROUP
WEDNESDAY	8:00 PM	WOMEN'S RAP GROUP
THURSDAY	4:30 PM	COLLECTIVE MEETING (EVERYONE WELCOME!)
	8:00 PM	CROSS-DRESSER'S RAP GROUP
FRIDAY	7:00 PM	MEN'S STAFF RAP GROUP
	8:00 PM	G.C.C. MOVIE NIGHT
SATURDAY	2:00 PM	YOUTH RAP GROUP (WILL NOT MEET MAY 4TH)

SPECIAL EVENTS/MEETINGS

SATURDAY	MAY 4	10:00 AM	SCS ANNUAL RETREAT
SUNDAY	MAY 5		SCS ANNUAL RETREAT
WEDNESDAY	MAY 8	8:00 PM	CONSULTATION GROUP - LEN SHAW (LEN SHAW'S LAST GROUP FOR THE SUMMER)
SATURDAY	MAY 11	12-4 PM	STAFF WORKSHOP WITH WOMEN'S COMMISSION
SUNDAY	MAY 12	12-4 PM	STAFF WORKSHOP WITH WOMEN'S COMMISSION
TUESDAY	MAY 14	8:00 PM	CONSULTATION GROUP - GINNY CROW
SATURDAY	MAY 18	10:00 AM	CRISIS CLINIC WORKSHOP
THURSDAY	MAY 23	8:00 PM	STAFF RAP GROUP
FRIDAY	MAY 24		DEADLINE FOR JUNE NEWSLETTER ARTICLES

THE NEWSLETTER

SEATTLE COUNSELING SERVICE FOR SEXUAL MINORITIES

329-8737

SEATTLE, WASHINGTON 98122

NEWSLETTER No. 2

NOVEMBER, 1974

SAM'S HEARING

The City of Seattle Hearing Examiner will conduct a hearing on Sam [redacted]'s suit against the 'Salvation Army' in the Public Works Conference Room, 3rd floor of the Municipal Building, on November 22nd at 9:00 AM.

In December of 1973, Sam was fired from the Salvation Army for being gay, and this will be the first case under the new ordinance protecting sexual minorities from discrimination in employment.

Susan [redacted] of the Office of Women's Rights (the agency that investigates discrimination in regard to sex and sexual orientation) said that two to three calls each month have come into their office since the ordinance took effect one year ago, but only four formal complaints have been filed against employers who are charged with discrimination on the basis of sexual orientation. Susan will be at the Seattle Counseling Service on Thursday, October 31st at 7:30 PM to discuss this law and the proper procedures to follow if you feel you have been discriminated against. It is important that information regarding this City Ordinance reaches the sexual minority community. Please come and bring a friend.

It is also important to attend Sam's hearing on November 22nd to show solidarity on this issue. Your appearance in a courtroom or in a hearing room does make a difference!

STAFF TRAINING

All staff persons and potential staff persons are strongly encouraged to attend all scheduled educational events. These educationals will provide valuable information about many of the problems and varieties of lifestyles you will encounter while working at the Seattle Counseling Service. As a paraprofessional or professional working in the area of mental health it is your responsibility to seek out as much information as is available and to keep yourself updated on the things you do have information about. This is the only way to provide good services to those people who use us as resources.

New Staff Orientation (required for all new staff) Tuesday 11/ 4 - 7-10 PM
Tuesday 11/18 - 7-10 PM

Alcoholism Thursday 11/14 - 7- 9 PM
Flora Ostrow, Veteran's Administration Alcoholism Treatment Unit

Religious conflicts relating to sexuality Tuesday 12/10 - 7-10 PM
Reverend Larry Baker, King County Mental Health and Mental Retardation Board

Other workshops to be scheduled include: gender identity, women in counseling, radical therapy, sexual dysfunctioning, etc.

SEATTLE COUNSELING SERVICE'S LOSS OF FUNDING

IN THE PAST KING COUNTY BOARD OF MENTAL HEALTH AND MENTAL RETARDATION HAS BEEN THE MAJOR SOURCE OF FUNDING FOR SEATTLE COUNSELING SERVICE AND INCREASED OUR FUNDING FOR THE YEAR 1974 TO ENABLE SCS TO MAINTAIN A PAID ADMINISTRATIVE STAFF OF EIGHT PEOPLE. THIS FUNDING BEGAN ON JANUARY 1, 1974 AND WAS SUBJECT TO REVIEW IN JUNE. AT THAT TIME DR. IRVING [REDACTED] JOHN [REDACTED], AND DON [REDACTED] OF KING COUNTY MH/MRB CAME TO SCS FOR A FORMAL REVIEW OF OUR PROGRAM. AT THE SAME TIME, WE HAD SUBMITTED A FIVE YEAR PROJECTED BUDGET. WHEN THE COUNTY REVIEW BOARD GOT TOGETHER AND EXAMINED ALL OF THE PROGRAMS AND BUDGETS FROM THE AGENCIES THEY FUND, SCS BEGAN TO HEAR RUMORS THAT WE HAD NOT BEEN FUNDED FOR THE UPCOMING YEAR, 1975. WE OF COURSE DIDN'T KNOW HOW TRUE THIS WAS SINCE WE HAD NO STATEMENT FROM THE BOARD ITSELF. THE NASTY RUMORS GOT THICK AND HEAVY ABOUT THE POOR REVIEW WRITTEN BY DR. IRVING BERLIN AND THE NEED FOR ACCURATE NON-GRAPEVINE INFORMATION BECAME OBVIOUS.

A STAFF PERSON THEN PLACED A CALL TO JOHN [REDACTED] (FIELD REPRESENTATIVE FOR KCMH/MRB). HE SAID THAT THE BOARD WENT OVER ALL OF THE BUDGETS AND REVIEWS IN THEIR MEETING AND IT WAS DETERMINED THAT SIX OF THE AGENCIES THEY FUND HAD TURNED IN BUDGETS THAT WERE VERY INFLATED AND SO FAR OUT OF REASON THAT THE BOARD HAD TO TURN THEM BACK SO THE BUDGETS COULD BE BROUGHT BACK IN LINE. SCS WAS NOT ONE OF THE SIX AGENCIES. THE RESULT WAS THAT THE BOARD HAD TO SAY NO TO SCS AT THAT TIME BUT THE SIX AGENCIES THAT WERE TOLD TO RE-DO THEIR BUDGETS HAD TO HAVE THEM BACK TO THE BOARD IN SEPTEMBER, AND THAT THE POSSIBILITIES FOR FUNDING FOR SCS WERE STILL THERE, AND THAT WE WOULD BE INCLUDED IN THE REVIEW SET FOR SEPTEMBER.

SINCE THIS WAS THE ONLY INFORMATION THAT WE HAD RECEIVED DIRECTLY FROM A REPRESENTATIVE OF THE BOARD ITSELF, WE OF COURSE OPERATED ON THE ASSUMPTION THAT THIS INFORMATION WAS CORRECT, AND THAT THE GRAPEVINE INFORMATION WAS FALSE AND REACTIONARY.

THE COURSE OF OUR DIRECTION AT THAT TIME LED US TO BEGIN THE WORK THAT WE DETERMINED NECESSARY FOR THE REVIEW IN SEPTEMBER PLUS FORMING A GRANT WRITING COMMITTEE.

IN LATE AUGUST WE HAD STILL HEARD NOTHING MORE FROM KCMH/MRB AND ATTEMPTS WERE MADE AT PHONING DON [REDACTED] TO FIND OUT WHERE WE STOOD IN RELATION THE REVIEW IN SEPTEMBER. AFTER MANY CALLS TO MR. [REDACTED] AND MESSAGES LEFT FOR HIM TO BE IN CONTACT WITH US, WE FINALLY HEARD FROM HIM ON SEPTEMBER 23RD. WHEN THE MATTER OF A REVIEW WAS BROUGHT UP AND THE INFORMATION GIVEN HIM ABOUT THE ENTIRE SUBJECT, HE REPLIED BY SAYING THAT IT WAS CERTAINLY HIS IMPRESSION WE HAD BEEN INFORMED IN NO UNCERTAIN TERMS THAT SCS WOULD NOT BE FUNDED FOR 1975. IN FURTHER STATEMENT HE SAID HE WOULD CHECK WITH THE REVIEW BOARD CHAIRPERSON, DR. IRVING [REDACTED], ABOUT A REVIEW BUT AGAIN EXPRESSED HIS LACK OF OPTIMISM IN THE GRANTING OF ONE.

TO DATE, IT IS THE FEELING OF THE ADMINISTRATIVE STAFF AT SCS THAT AT BEST THE INFORMATION FROM KING COUNTY HAS BEEN VERY POORLY HANDLED. WE STILL HAVE NOT SEEN A COPY OF THE REVIEW SUBMITTED BY DR. [REDACTED] AND HAVE BEEN INFORMED THAT A SECOND REVIEW IS "NOT NECESSARY."

WE FEEL THAT KING COUNTY MENTAL HEALTH/ MENTAL RETARDATION BOARD SHOULD SEND US A COPY OF DR. [REDACTED]'S REVIEW AND THAT A SECOND REVIEW BE ARRANGED AS QUICKLY AS POSSIBLE.

GIVEN THE FACTS ABOUT THE LOSS OF FUNDING AND THE GREAT LACK OF COMMUNICATION ON THE PART OF KING COUNTY, WE ARE ASKING THAT MEMBERS OF THE COMMUNITY WRITE LETTERS TO KING COUNTY BOARD OF MENTAL HEALTH.

THERE IS NO OTHER ESTABLISHED AGENCY IN THE KING COUNTY AREA THAT HAS A MENTAL HEALTH PROGRAM FOR SEXUAL MINORITIES.

(OVER)

SCS delivers a unique service that must not end. If you have used our service or have a friend who has, it is very important that you write to King County and let them know that you want SCS to continue its service delivery program to the sexual minority people of King County.

You can send letters to : Felix Reisner (Chairperson)
King County Mental Health/Mental Retardation Board
[REDACTED]
Seattle, Washington 98109

Please Send a Copy to us: Funding Committee
Seattle Counseling Service for Sexual Minorities
[REDACTED]
Seattle, Washington 98122

In addition, we are planning on attending the next King County Mental Health Board meeting to let them know how we feel and to demand a second review, everybody should show up with us if they possibly can. The meeting is in room 400 of the King County Courthouse, 516 3rd Ave. at 2:30 PM. If you can possibly do it, come with us, we need as many people there supporting us as we can get.

VOLUNTEERS

VOLUNTEERS NEEDED : : : Particularly women and ethnic minorities. There are several volunteer positions open at Seattle Counseling Service. If you are interested, please call Rudy Cotton or Chuck [REDACTED] at 329-8737. The positions include:

- 7 In-person counselors during evening hours (6-10 PM)
- 11 Telephone counselors, hours vary
- Office worker, hours optional

If you are a student, you may do field placement from the University or a number of other educational institutions in the greater Seattle area.

MEN'S GROUP

A regular men's group will be meeting starting October 30th, and every Wednesday thereafter at 7:30 PM. It will be an ongoing group for men to relate openly and honestly with each other, to give each other support, to explore sexuality, and to deal with male/female roles. Further, a group project is planned that all participating members will decide and work on together. The goals of such a project will be to provide a service to the community and to use it as a basis to develop real trust and commitment.

If you are interested and willing to make a commitment of time and energy, call Chris Darling (329-8737) or come to a group meeting at the Seattle Counseling Service.

TRANSEXUAL SUPPORT GROUP

Beginning the week of November 11th, Seattle Counseling Service for Sexual Minorities is starting a supportive rap group for both female to male and male to female transsexuals which will be held at Seattle Counseling Wednesday Night at 7:30 PM, November 13th. Call Rudy or Gwyn (329-8737) for more information. We are also planning to begin a series of speaking engagements regarding different areas of transsexuality, having individual professionals dealing with their field such as surgery, endocrinology, electrology, hormones, etc.

TROUBLE AHEAD ?

People, with our loss of funding much more community support is desperately needed! There are many items that SCS needs. These include: any kind of office supplies - paper, pens, pencils, mimeo stencils, stamps, etc.; a good Gestetner mimeo machine - ours is getting old and dying fast; and of course, MONEY. Please, please help in any way you can. If you care to donate ANYTHING - drop it by SCS, or give us a call at 329-8737.

ADAM'S RIB

A group of people, partially made up of people who work at SCS, met all summer to organize a radical educational series for sexual minorities called Adam's Rib and Other Fibs. If attendance is any indication of success it is indeed a success. There were 30 people at the first class and over 40 at each following class.

The first two sessions discussed the foundations of radical thought and developed a radical analysis of the roots of sexual oppression. The third talked about the early matriarchal societies and their subsequent overthrow by patriarchal systems. The fourth class examined the oppression of sexual minorities under feudalism and early capitalism and talked about the early Judeo-Christian roots of sexual oppression, the ideas that were used by the Catholic Church as an excuse to slaughter gay women and men during the Middle Ages. The fifth and sixth sessions traced the history of the gay movement from the German movement beginning in 1864 to the current trends in the contemporary gay movement.

The classes are held at 7:00 PM on Friday evenings at the Capitol Hill Methodist Church, at 16th Avenue and East John Street.

The remaining classes are:

- NOV. 1: The Herstory and Current Issues of the Lesbian-Feminist Movement
 - NOV. 8: Race, Class and Sex, The Interconnection of Oppression
 - NOV. 15: Radical Roundtable - A Forum of Leftist Groups Present and discuss their positions on Sexual Minorities
 - NOV. 23 (Sat): What Is To Be Done? An all day class with a rousing evening party
- The cost is 50¢ per session and childcare is provided. For more information call the Gay Community Center at 322-2000, Seattle Counseling Service at 329-8737, or Patrick Haggerty at 324-3571.

TAKE NOTE

SEATTLE COUNSELING POTLUCK DINNER - November 3rd, Sunday at 2:00 Pm. Call Chuck [REDACTED] or Bud [REDACTED] for information. Everyone's invited - bring something good (to eat) and something to eat it with.

Seattle Counseling Service Benefit - Sunday, December 8, from Noon to Midnight \$1.00 Donation - at Shelly's Leg. Call 329-8737 for more information.

EVERGREEN EXPRESS

There is something new in Public Affairs on KING-TV. It's a weekly half-hour program in news format called Evergreen Express. Each show consists of five or six segments in an effort to make important events simple, acquainting different types of people with different types of people. Evergreen Express, by it's format, could be compared to "60 Minutes" - only Evergreen is much better. The show is more on a Regional focus, and quite contemporary. Frank Tenczar, producer, editor and host, has put much time, energy and feeling into Evergreen. His talent in using contemporary music with film is unmatched. All that can be said is WATCH IT - Saturdays, 1:00 PM, Channel 5 - and here's what you'll see:

NOV 2 Natural Childbirth Clinic at Country Doctor
Sand Point Debate
Snohomish County Jail - Suicides

NOV 9 Northwest Senior Citizen's Center
Behavior Modification
Offbeat Trip to the Public Market

TAKE NOTE NOV 16 Child Abuse - with Jan Alston
(More) Behavior Modification
Noise Pollution

Love... It's a tremendous force. People experience love in many different ways. How often do you meet someone that makes you go CLICK! The way they look or act, or just some vibration you pick up. Vibrations of many feelings are emanated from nearly everything on this planet. One thing you might not have observed, or might not have thought of as having feelings are... PLANTS. Plants are living, they eat, they breathe, they grow, they have FEELINGS. When was the last time you touched a plant? When was the last time you talked to a plant? Why not try it? There may be many plants looking for a warm friendly home. Maybe you, too, will experience the excitement of a plant jumping out at you, or screaming at you saying, "TAKE ME HOME." Why not visit your leafy friends. Visit Candy, Jeri, and Robert, too, at...

PLANTS

ON BROADWAY

[REDACTED]
325-6511
11 AM - 9 PM

they'll love you.