

Out of darkness into the light

Insight

Vol. 6 No.1 Spring 1990

A publication of the Montgomery Medical & Psychological Institute

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OF (I think it's really a man)

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This Edition:

- Are Transsexuals unreliable?
- Making more or less of breasts
- Insight into the law

Insight

Volume 6 Number 1 Spring 1990

Insight is dedicated to promoting an understanding of the transsexual phenomenon, primarily to those who are living with/through it. It is also dedicated to increasing the awareness of those professionals on whom they depend.

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Single copies of Insight will be provided free of charge to any non-profit organization. Insight expects, in exchange, to receive any available newsletter and permission to reprint any articles and information that is relevant to all.

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Intro

From the Director's Desk

We are grieved to report the deaths of Janice, a long-time member of the support group, and of Richard, the life-partner of Lauren, both ex-group members. Both Jan and Richard were wonderful people, and we are diminished by their passage.

Are transsexuals reliable? That is the theme of this issue of *Insight*. The question might as well be "Are relatives reliable?" or "Are politicians honest?" The answers, of course, are yes and no. We took a critical yet (we hope) kind look at our paraculture, and frankly, while we found much of which to be proud, there is room for improvement. We hope our readers will engage in a moment of honest self-examination and ask themselves if they are part of the solution or part of the problem.

The phone at the Montgomery house is an active puppy, ringing at all hours of the day and night, bearing tidings, good or bad, or bringing us a friend who wants to chat. Most people exhibit good telephone manners, and, considering that the phone is busier than that of many small businesses, such consideration makes life much easier. To those who are brave enough to talk to the answering machine, who leave messages and numbers so that I can return calls, who wait until mid-morning to call on Saturday or Sunday, and who don't call after midnight, I say "Thank you." To the rest of you, I suggest this: read this issue of *Insight* from cover to cover!

A word on protocol: my job is to manage the affairs of the Institute and to provide services for its clients. In this responsibility I am greatly aided by the experience and knowledge of Jerry and Lynn Montgomery, who after years of service have expressed a desire for a little rest. I consult with them daily, and already they have helped me to grow in this important job. They request that all correspondence and phone calls be directed to me. I will relay your messages to them, and I will defer to them when needed. By taking your difficulties directly to them without giving me a chance to help, you are compounding a problem. Please ask for me when you call. Chances are I can be of assistance. If not, I'll meet with Lynn and Jerry and get back to you.

To help in the transition of leadership (and to give Lynn and Jerry their phone back), we have two new phone lines. MM&PI has its own number, and I have had a personal line installed. Lynn and Jerry are asking that

group members no longer call them at their home, but to instead use the MM&PI line (when a personal response is not needed), or to phone me at my new number. Jerry and Lynn are friends of many group members, but in the interest of fairness are not making exceptions. Please help us alleviate the phone crunch. Everyone.

In looking over what I've just written, I'm afraid that it may seem excessively negative to the reader. I don't mean to be negative (although what must be said must be said). I'm very happy with our group, and with its members. Joining the group was the best thing I ever did, and being its director is one of the most challenging tasks I have ever undertaken. I can't begin to express how grateful I am to even *know* the group members. Before February 1989, I had never *met* a transsexual! And the problems we are having are growing pains—the best kind to have!

See you next issue.

-Dallas ☞

From the Desk of Leslie

Working with *Insight*, as well as working with the Institute, has been a joy to me. I love everyone and am so excited about writing the *On Passing* column. From what I've heard, everyone seems to like the new look of *Insight*. I love being a part of it, but the credit for the look goes to Margaux, who I want to thank for being so helpful in getting me settled into working with *Insight*. I also want to take this time to thank two very special people. These two people have been more than friends to me. They have been there for me when I was down and when I felt I had nowhere to turn. They have taught me that "passing" is 95% confidence and have made me feel 100% "ever so real." THANK YOU, LYNN AND JERRY!

Lastly, I would like to thank everyone who contributed to this issue. To those of you who thought about contributing and didn't—Shame, Shame, Shame!

We want to hear from you—we know you've got great ideas, and we are looking in our post office box for your contribution! Send us anything. I'm sure we'll print it! Thanks bunches.

-Leslie ☞

An Object Lesson in Reliability: From Margaux's Desktop

OR maybe a better title would be: why is *Insight* so late?! Or maybe even: how can I (Margaux) hold myself up as an example?! Well, actually I take no offense in the latter - in that what I am seeking to accomplish in this edition is to put forth an agenda that is no laughing matter (snicker), but may be the most urgent topic relevant to transsexuals as a community as well as how we are perceived - *Perception becomes reality!*

For starters, I will begin with a retrospective of the past year in my own life:

- I was ostracised by all but a small handful of people.
- My company cut my income by 25% (two months after I began electrolysis and hormones).
- I underwent unsuccessful surgery to reduce my Adam's apple. The SurgiCenter's fee did, however, reduce my bank balance drastically!
- My job status as a full time employee de-escalated to part-time contractor (while I was in midtransition-making it difficult to change jobs).
- While I was contracted to work doctor's hours (at substandard wages), I was never paid on time, which had a fatal effect on my cash flow, which made me delinquent on all my accounts, but all the while, I was too busy to look for another job (my reluctance to look for another job was also due to the fact that if I walked out on a major contract I would be blackballed, which would cripple my future job prospects).
- My mother was diagnosed with fatal cancer.
- I owe two years back taxes (it was either pay myself or Uncle Sam-who do you think won?)
- I am about to file for bankruptcy.
- Right when it looked like all my troubles were over - a prestigious job offer only a breath away, I found that the Personnel Department has learned of my TS status and has reservations "about the stability and reliability of this kind of person."

No! No! No! This is not groundwork for a pity party - it does, however, illustrate (however profusely - like a Woody Allen movie!) that adverse circumstances which we as transsexuals face gives us the excuse to feel like victims. But in putting forth that image we ultimately

exacerbate the problem by thinking that it is okay to fail, cancel, stand people up, and in general be "unreliable" because we are "put upon victims" - well - guess what?! **We are victims: Self-made victims!** While I have lost many of you by now (I hope not - for our sake!), it is my most sincere hope that you look hard at my gripe list and see the continuity (what goes round comes around). While I have had considerable adversity this past year, most of the consequences were of my own doing. We are the product of our own thoughts, decisions and actions and ultimately while what we do may not directly affect ourselves as individuals - it does eventually hurt somebody, which is just the same as hurting one's self.

Closing, I am hopeful that you will reflect on these issues and read this edition of *Insight* cover to cover. See you next time on time!
- Margaux ☺

Editor's postscript: In the grand tradition of editorial privilege ("40% hype, 60% B.S.") we have chosen not to include all material previewed last issue (such as "The Voice" and "Resumes"). It has been decided that we will adopt a thematic editorial format in which a major issue of interest will be explored in detail - but don't worry! We will continue our regular columns such as "On Passing" and "Dear Beverly". We are also pleased to announce the inclusion of a legal workshop (authored, of course, by an attorney who is a group member). I am also hopeful that by next issue we will have an "Ask the Doctors" column, a personal bio/retrospective piece contributed by members and non-members discussing surgery and/or coming out - and maybe even a regular vocal training column for MTFs and FTMs.

As you read through this issue of Insight you will begin to see this new theme-oriented approach take shape - I hope that by the next edition ("Transsexuals in Transition" is the present working theme) we will have all the bugs worked out. It also may be of interest for you to know that to better serve our readers the Program Director and myself have been discussing the prospect of making Insight a quarterly publication - this would facilitate better material, as well as provide an editorial schedule that will make life easier for the staff/contributors and provide you, the reader, with a better publication.
-Margaux



New Phone Protocol! EVERYONE PLEASE NOTE!

Paul Mauger has been good enough to provide us with a line at ACPS in Jonesboro. The number there is (404) 603-9426. This line will be answered by a machine; its purpose is to provide the Institute with a number that can be published nationally. Group members can leave messages at this number when they do not require an immediate response, and I will call them back. I check the line twice daily. Using the Jonesboro line will cut down on the traffic on my phone. Please use it when you can.

I have had a personal line installed. The number is 325-7055. ALL group members must use this number (unless calling the Jonesboro line). Please do not call Jerry and Lynn's number for any reason! They're serious about regaining their phone line.

Help us to continue to improve services. Use the new lines. ☺

Some of you may remember Lauren and her partner Richard, who were members of the group until they moved away a couple of years ago.

It is with much regret that we must inform you that Richard passed away in December of cancer.

We wish to extend to Lauren our love and condolences. As for Richard, we have truly lost a personal friend!

We have also learned of the death of another friend, a current member of the group. Most of you know Jan, who died of pneumonia in January. She will surely be missed by all of us.

We would like to dedicate the following poem to Richard and Jan:

THERE IS NO DEATH

*There is no death! The stars go down
To rise upon some other shore
And bright in Heaven's jeweled crown
They shine forevermore.*

*There is no death! Although we grieve
When beautiful, familiar forms
That we have learned to love are torn
From our embracing arms.*

*They are not dead! They have but passed
Beyond the mists that bind us here
Into the new and larger life
Of that serener sphere.*

*They have but dropped their robe of clay
To put their shining raiment on;
They have not wandered far away
They are not "lost nor gone."*

*And ever near us, though unseen,
The dear, immortal spirits tread.
For all the boundless universe
Is life— there is no dead.*

— J.L. McCreery

The following is a portion of an article from the newsletter of the *Phoenix Transgender Support Group*. It says, more eloquently than could we, how we feel about losing Janice.

Dear Jan,

Dallas called me this morning with the sad news of your passing from this world. I knew you were very ill, but this came so suddenly.

I already miss our long afternoon chats. Since meeting you 8 months ago in Atlanta, when you'd just started living (female) full-time, you had finally begun to live your dream. You had a lot against you: social stigma, your family (including 3 children), your livelihood, your weakened health... but you triumphed, "kiddo." You finally became yourself, and you were beautiful!

You cared; you had many reasons to despair and yet you never gave up. I know how much that means. I know you came very close, but my last words from you were hopeful and alive, so I can only be glad that you were still soaring when this physical world dropped out from under you...

Dear Beverly,

Dear Beverly,

I know I am a transsexual, and I feel like I am ready to begin the process that will lead to my genital surgery. I don't have a lot of money, and I want to start hormones. I know someone at a night club who says that he can get me female hormones. I don't know what kind they are, or how many to take, but I do trust him. Do you think I should take them?

Sincerely,
Ready in North Carolina

Dear Ready,

Certainly not! The only sensible thing to do is to see an endocrinologist who has had experience in working with transsexuals. Hormones have health risks of which you should be aware, and which your doctor will tell you about. Street hormones could be deadly— even provided that they are what they are supposed to be. Be a good consumer. Play it safe. See a doctor. If you are unsure of who to see, join a support group—they'll put you on the right track. They'll tell you about the Standards of Care, and send you to a therapist, if you haven't seen one already.

It will cost more money to do it the right way, but you'll be better off in the long run.

Dear Beverly,

I am a female-to-male transsexual, and I can't seem to find any information pertaining only to FTM transsexuals. Everything I find is for the

We of *Phoenix*, who knew you, thank you for sharing your life with us, for suggesting that we meet more often, for bringing your home-baked treats, for the uplifting and rare honesty of your presence. We will strive to honor you by living our lives to the fullest. Our "energy of bliss" is the same as yours, even now. May you finally rest in the bosom of peace and joy, with love... your sister, Holly

Janice surprised me by bringing a home-baked cake to the *Phoenix* meeting which coincided with my birthday. I'm grateful that I was able to reciprocate on Jan's last birthday— Dallas

MTF transsexual. Do you have an information source hidden in your files for me?

I am tired of finding makeup tips everywhere I look. Disgusted in Alabama

Dear Disgusted,

We have several FTM members in our group. You might talk with them. You might also read the "On Passing" article in this issue of *Insight*. There you will find an address for a newsletter that is written strictly by and about FTM transsexuals.

Dear Beverly,

I am looking for a good psychiatrist or family psychologist, who I can bring my family to with me. I can't seem to find anyone willing to deal with me as a transsexual and my family's problems in dealing with my transsexuality. Do you have any suggestions?

Looking in Marietta

Dear Looking,

Again, I will refer you to your support group— and if you aren't a member of a support group, then you probably should be. Finding a good therapist in the yellow pages is like finding a \$200 apartment in Atlanta.

continued on page 9

by Lynn and Jerry

1989 was a year of growth and change for the Montgomery Medical and Psychological Institute. Our motto has always been "We deal in solutions, not problems," and once again we managed to turn a negative situation into a positive one by securing office space and putting the organization on a more professional basis. This was accomplished by "joining hands" with Affiliated Counseling Services and having a psychologist from Tennessee do initial interviews and case management. This took most of the work load off of the Montgomerys, while at the same time we were able to continue to offer referrals and quality services to our people. By making this move, we hope also to be able to obtain certain professional discounts from many of our specialists. Our support group continues to grow and thrive while we enjoy the comfort and beauty of our new surroundings.

One area in which we continue to need your help, however, is with our professionals. All of our professionals are specialists in their field. We have worked long and hard to provide you with experienced persons who have worked with transsexuals in the past, and will not only offer you quality care, but give you the respect you deserve. When we interview professionals, we always ask the question, "What about your office staff?" We attempt to cover all bases for you. It has taken us years of work to establish our referral system for professionals because we wanted only the best for you. We have been fortunate enough to have accomplished this. "Then what's the problem?" you ask. The problem is our credibility. In the past three years we have lost an excellent plastic surgeon (one experienced in doing SRS), an excellent endocrinologist, and two urologists who were part of SRS teams.

Why is this happening? Because group members call, make appointments, then don't show, often not even bothering to cancel the appointments. Then too, there has been a big problem with the professionals not getting paid. Because of this, some professionals are choosing not to work with transsexuals.

The unfortunate part of this is that most transsexuals are not unreliable! Most of them do pay their bills and keep their appointments. But try to tell this to a doctor whose first two or three transsexual patients did not show up for their appointments, after he had set aside 45 minutes of his time for a workup. This cost him money!—money that he could have made

seeing someone else. Then, when several people don't pay their bills, we begin to lose good professionals.

How can we turn this around? How can we make people understand that a few bad apples don't spoil the basket? Most transsexuals are intelligent, hard working, well-educated individuals who resent being placed in a category with those who are unstable and unreliable.

We must all do more than our share to overcome this stereotype that transsexuals themselves are placing on the TS community, and we must do it before we lose the quality of treatment we have come to expect.

○

"In the past three years we have lost an excellent plastic surgeon (one experienced in doing SRS), an excellent endocrinologist, and two urologists who were part of SRS teams."

○

We can do this by not making appointments until we can afford the visit. When an appointment is made, nothing less than a real emergency should keep us from it. If it does become vitally necessary to break an appointment, we should call at least 24 hours in advance to cancel. We can make use of peer pressure during group meetings to discourage this type of behavior. This may be our most effective tool. Otherwise, it may become necessary to readjust our screening process, or to withhold further referrals to those individuals who constantly make it harder for others. I really do not want to do this but if everyone else is going to be "branded," for the behavior of a few, it may become a necessity. This is a topic that we might discuss in a future group meeting.

We have found workable solutions to many, many problems. I have no doubt we will master this one too. Let's put our heads together in 1990 and come up with some good suggestions before things start getting bad... After all, aren't most of us intelligent, hard-working, well-educated individuals?

-Lynn & Jerry Montgomery

A Message From Lynn

FOR many years I have been dedicated to expanding services in the transsexual community. It has been a long, hard road, but we finally are recognizing the fruits of our labors. We will continue to provide the best services possible for transsexuals in this area, as we believe that "If a business is not growing, it is dying." Therefore, we intend to continue to grow, streamline services, and hopefully, become involved in research into the "whys, hows, and wherefores" of transsexuality.

However, due to poor health, I personally am being forced to step down and take a back seat, so to speak, to those who still have the health and energy to carry on.

It has become increasingly difficult for me to continue to fight the everyday challenges that are a part of running this organization. I am, however, leaving this task in very capable hands. Dallas has the ability and expertise along with the background in psychology to meet all such challenges. She has 24-hour access to Jerry and myself, if she should have any questions. We will continue to work closely with Dallas from behind the scenes. Jerry will remain active with the group and I will continue to come to the meetings when I am able. Therefore, I am asking that you direct all inquiries to Dallas from this point on.

From now on, all phone calls connected with the group must be placed either to MM&PI (404) 603-9426 or to Dallas' personal number (404) 325-7055. All group members should phone this number. Our home numbers should be dialed only in the event of emergency.

Thanks for your cooperation in this matter. ☺

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Are Transsexuals as Reliable as Other People?

by Dallas

Author's note: The literature suggests that female-to-male transsexuals are in general more stable than male-to-female transsexuals. I have therefore geared the following discussion for the male-to-females (who would seem to need it.)

Martha was worried. Her electrolysis practice was not flourishing. The rent on her apartment was overdue, and she faced the prospect of an unpleasant confrontation with her landlord, for she was seventy-five dollars short of the full amount. Fortunately, she had appointments scheduled for one, two, three, and four o'clock, and if they all showed, she would have enough money to pay the rent and fill the refrigerator with groceries.

At one-thirty, her three o'clock phoned and cancelled. Her one o'clock had not shown or called. When her two o'clock didn't come, she shook her head in exasperation and wondered why she hadn't gone into real estate like her mother had wanted. At four-fifteen, her four o'clock appeared and went immediately to the restroom, (where she spent five minutes), then asked for an aspirin, claiming she had a headache, and refused to start treatment until the aspirin took effect. After the session, she wrote a check which later bounced.

Two of the clients were male-to-female transsexuals, and two were genetic women.

On Saturday, a caller identified herself as a transsexual. Martha referred her to another electrologist.

Transsexuals are a minority, and the general public has a perception of them, just as it has a perception of other minorities. That image is shaped by many things: by the general moral climate of the nation, by television talk shows, by articles in tabloid papers, by the media focus on "celebrity" transsexuals like Renée Richards, and by innumerable other factors. But transsexuals themselves, in appearance and behavior, do much to shape this image, and it is the purpose of this article to examine how transsexuals contribute to their public image.

The average American has never encountered a "real, live" transsexual, so when he or she does meet one, he or she is apt to attribute characteristics of the individual to the entire group. Such generalization is an all-too-common human failing, and one we won't be rid of anytime soon. But we can try to ensure that generalizations are positive, rather than negative. Obviously, people will be favorably affected by reasonable, polite behavior and unfavorably affected by eccentric, bizarre, or tasteless behavior. This makes each and every transsexual an ambassador for the entire class, for the people she meets are likely to use her as a standard by which to judge other transsexuals. Unfortunately, there is as much variability in transsexuals as in any other group of people, and while the majority are reasonable, reliable people, some are not. There are people out there who have been burned, in one way or another, by transsexuals, and it will not be easy to change their unfavorable opinions.

○

Transsexuals should be particularly considerate of their loved ones. Friends, employers, siblings, and especially parents, children, and spouses can have a hard time dealing with the transsexuality of their loved one, without the transsexual making matters worse by her erratic or untrustworthy behavior.

○

Nurse Johnson stuck her head through the doorway and made a clucking sound. When Dr. Madison looked up she said, "I've pulled all the tardies and have them in the mail to go to the collection agency." Her head disappeared.

A moment later it reappeared. "I was right. You know that patient that I asked you about? The one that I told you was a man? The one that made me so nervous? I told you you would never see any money from him. I don't know why you see those people."

The successful transsexual is invisible - so successfully integrated into society that her transsexualism goes unnoticed and unremarked - and any unusual behavior she may exhibit will not be attributed to transsexualism, but to other factors. It is the "clockable" transsexual and the transsexual who chooses to reveal herself who shape opinion. And to Everyman, one genetic male in a dress is the same as any other. Many who crossdress are not (or are only marginally) transsexual. Heterosexual crossdressers (once called transvestites) are well-behaved, but their dress is sometimes fetishistic and most make no serious attempt to feminize their bodies (making them, as a group, easy to "clock"). There are also, of course, drag queens and cross-dressed prostitutes in profusion. A drive down Peachtree Street in the wee hours on any Saturday morning, or a visit to a show bar will make this painfully apparent. The behavior of such individuals is generally unlike that of genetic females, being at best colorful and at worst highly obscene. Their dress is also unorthodox, being worn mainly for the purpose of attracting sexual attention. The high visibility and obvious maleness of this segment of the population cannot but negatively impact the opinions of those who see them. And unfortunately, many true transsexuals more-or-less pattern themselves, in dress and behavior, after such "rude, crude, and lewd" people.

... While this individual is sometimes charming and overtly friendly, he tends to be impulsive, flighty, manipulative, and undependable. He is likely to make promises he doesn't keep, and will often disappoint those who rely on him the most.

—Note from file of a transsexual client of Dr. Amos Franklin

The very nature of transsexualism can make it difficult to behave in an ordinary manner, especially if the individual has not come to terms with herself. The transsexual is a poor psychic fit to her social role - she has a body she detests, and the demands made on her are keyed to that body and not the body and social role she feels she should have. Functioning daily in the wrong body is highly stressful, and can lead to depression, lassitude, and general lack of productivity, with the individual nor really caring about herself, and perhaps sabotaging herself in subtle (or not-so-subtle) ways. Her actual wants and needs differ from those of the non-transsexual male.

Her values are different. It is not surprising, then, that others may characterize her as deviant, that her behavior may to them seem strange or unfitting. How so? Well, she may pay little attention to her personal appearance and grooming, show little ambition or drive, be resentful or jealous of genetic females, or have difficulty in interpersonal relationships. She may engage in bouts of hypermasculine behavior in attempts to "prove" her maleness. She may mutilate her body or genitals. She may allow herself to become obese or painfully thin. Her behavior may vacillate as she moves in and out of the closet, with relatively "good" (i.e. normal) behavior at times when she is striving to function as a man, and aberrant behavior when she is at her most conflicted. Feelings of guilt may be so strong as to impact her functioning. Guilt and vacillation can lead to on-again, off-again behavior—resulting in appointments that are not kept, promises broken, deadlines not met.

Transsexuals can find themselves with conflicting role expectations: their lives as women may be in direct or indirect opposition to their lives as men. Any feminization of appearance will of necessity lead to a less masculine appearance. Arched brows and waxed arms, feminine hairstyles, and estrogen-related somatic changes may result in problems in the masculine role—yet not making these changes is a denial of the individual's inner self and will compromise effectiveness of the feminine presentation. Changing social roles is emotionally jarring, and requires privacy and a certain amount of time for physical and psychic preparation. A transsexual may find herself with plenty of time to keep an appointment, yet insufficient time or place to dress—and even if it is possible for her to show up as a man, she may be unwilling to show herself as such in that situation.

There are also logistical problems. Ordinary avenues of access can be denied. If the individual cannot receive incoming calls at home or at work because of hostile or uninformed spouses, supervisors, or co-workers, she can be reached only by mail. And even written correspondence may be difficult, as the individual may not have a mail drop and may for reasons of privacy be unwilling to give out her address.

Ordinary avenues of help may be denied. Physicians and psychologists may be overtly hostile, and, unless they have special training,

are certain to be ignorant about issues of transsexualism. Friends and family may not know, or, if they do, may be angry or indifferent. Clergy are not likely to understand or sympathize. Insurance and work-related support may deny coverage, or the individual may be unwilling to risk discovery by accessing such services. The transsexual may have never met another transsexual; there may literally be nowhere to turn.

Despite all this, it is possible for a transsexual to behave in a responsible manner. It can require some things: an acceptance of self, a realistic appraisal of the demands on the male and female selves, and budgeting of extra time, when needed, to allow costume changes.

The transsexual should strive to behave in a civilized and considerate manner. She should show up on time for appointments (and call when it is necessary to cancel or reschedule), cancel only in absolute emergencies, follow through on promises (and not make any promises which are difficult to keep), show consideration for and politeness toward others, dress appropriately for the situation, return phone calls, leave messages on answering machines (and not just hang up), pay debts promptly (or make arrangements for a payment plan), and, in general, behave with decorum. All these are skills which any individual can acquire, and are easily transferrable from the masculine self to the feminine.

Some individuals, of course, do not have such skills (even in their male lives), and are not interested in acquiring them. That is a lifestyle choice, and an unfortunate one, as it makes life difficult for others, and ultimately makes life difficult for the individual. Others just can't seem to transfer those skills, and while being consummately dependable as a man, may be flightily, unpredictable, or erratic as a woman. If such differences persist across time, such persons should take a serious look at their notions of what men and women are like, and ask themselves if they are retreating into feminine behavior as an escape from their idea of what it is like to be a man.

Publications like *Insight*, *TV-TSTapestry*, and *Gender Expressions* can help by bringing to light such issues, forcing the gender community to take a critical look at itself. Outreach by gender centers and support groups such as ours can educate professionals and others, alerting them to the special problems trans-

sexuals have. But the burden is on the transsexual herself: only when she gets her act together will she become part of the solution and not part of the problem.

After six months of working with Alice, Margie discovered that Alice had not always been a woman. "I can't believe she's had a sex change," she told her husband that night. "She's just the nicest person! She's so ordinary! Just like anyone else! I really like her. I do. You know," she said, "she's made me realize that transsexuals are just like everyone else."

Editors Note: The examples in this article are fictitious, but are based on real life persons and circumstances. ☞☞

The Origin of an Idea

Recently, I visited a physician and requested of him a simple surgical procedure. I told him that because he had had so many bad experiences with transsexuals, he no longer provided the service I had requested. "It's just not worth it to me," he told me. "There were just too many problems. I have decided I'm not going to do it any more.

I didn't ask him exactly what the problems had been. I could guess: missed appointments, and unpaid bills, and perhaps unpleasant scenes in the waiting room. Whatever caused him to change his mind, he was unwavering; he would no longer provide the service. Neither would the second physician I contacted, and for much the same reasons.

Out of this experience was born the theme of this issue of Insight: whether transsexuals are reliable. It is a question that, so far as we know, has never been addressed. It is an important issue, and, considering that we lost several valuable professionals in 1989, a timely one.

Congratulations on Your Graduation!

An ex-group member sent us a letter, a portion of which we have reproduced. She asked us to share her joy in her new life with the group.

Life has finally reached a state that I never expected. I am happy and things are as they should be. My husband is all that I have ever hoped for; he is very good to me and for me. We have been married for a year and a half now and things just keep getting better (what a WONDERFUL change from those days I still remember far too well when it was just the opposite - (or so it seemed at the time).

It is nice to say that there are no crises, problems, or whatever. Life is just normal (wow, really!) - "normal" is really great!

I am currently in between jobs and just ENJOYING being a housewife. My husband and I get along wonderfully (yes, we do have our

times, but by far it is cake and roses). A bunch of us in the neighborhood are getting together to go caroling on Christmas Eve. Several of the women in the neighborhood and I go shopping or just sit around and gossip from time to time and go out and party together when our husbands have something they want to go to.

I am even the "Mrs. Fixit" of the neighborhood and even the guys bring stuff over if they can't figure it out or don't have the right tools. I have been teaching the women in the neighborhood how to do various household repairs and they do just fine, once they discover that they CAN do it. They just accept me as a very talented woman. As one put it, "You are truly a woman of the 90's." I love it!

It is interesting to note that where I am now is where I thought it so impossible to get. I am so very pleased that things have worked out so well.

I suppose that if you read between the lines, I

am trying to say "I made it and am happy with my life." You can share this with those that are just getting on the road but keep "me" out of it, please.

She also had some nice things to say about Jerry and Lynn.

I am very glad that there are people in this world like y'all. There is no way to thank you enough for all the support that you gave me at a time when I really needed it and where I would be if you hadn't been there I shudder to think about. I hope in some way this makes your efforts worthwhile. You are always in my prayers. You have not chosen an easy road, but you have made ALL the difference in some of our lives. Sometimes I am not as good with words as some. I hope you will understand what I am trying to say.

God Bless; Peace, Love, and Joy

See, it is possible! It can be done! ☺

Aesthetician and Electrologist Demonstrate Their Services at February Meeting

Deborah Banks, an aesthetician and the Southeastern Divisional Director of Glemby's Beauty Salons, did a makeover at the February meeting of MM&PI, making Heather, who had in-

terviewed just that day, even more ravishing than she is ordinarily.

Deborah is a long time friend and support professional of the Montgomery Institute, having started working with transsexuals in 1984. She is a licensed aesthetician and is in charge of all the "Glemby Beauty Salons" in the Southeast. Deborah is advertised in leading fashion magazines and newspapers as "The Glemby Girl" of the Glemby Salons in Macy's and Rich's Department Stores.

Deborah teaches makeup to the aestheticians who actually do the make-overs in the stores. We are honored to have her working with us.

Deborah does individual makeup instruction for group members in a private setting, teaching proper makeup techniques. Contact Dallas if you would like to set up an appointment.

Scott Biddle is an electrologist who works with a number of group members. He brought his state-of-the-art machine to the February meeting and demonstrated all three types of electrolysis on Shannon, who displayed amaz-

ing courage, while the person who had originally agreed to be the guinea pig made herself as scarce as possible.

Scott offers special rates to group members. ☺



Deborah Banks of Glemby's

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My Son, My Daughter

by Jane McDowell

Editor's note: The following, by Jane McDowell is a reprint from Woman's Day, June, 1987 (Volume VI, Issue 4). To me this article was almost a fairy tale. However, it did give me hope... hope that in the future, my mother will be able to accept me for who I am on the inside and out. I hope this helps you the way it did me.

-Leslie

The first time I saw my forty-one-year-old daughter, Geraldine, she was being wheeled into a hospital room after major surgery. She was hooked up to intravenous tubes and was barely conscious. When her doctor assured me that she was going to be fine, I was very relieved. But in spite of this good news, it was a day of mixed emotions for me. You see, when my daughter, Geraldine, went into the operating room a few hours earlier, she had been Gerald, my son.

Geraldine is a transsexual, a person who believes he or she is the victim of a biological mistake and is trapped in a body that is incompatible with his or her real sexual identity. Because they are so unhappy, some transsexuals choose to undergo a sex-change operation, as my daughter did. I know this is hard to understand. However, I now accept what Geraldine did and why she did it. When I look at her today I see a content, self-assured woman. And when I compare her with the very troubled man she used to be, I believe she made the right decision.

As a male, Gerry had always been very unhappy. He was a difficult and even disruptive child, whose behavior often went to extremes. He was either so active that he couldn't sit still or so involved in what he was doing that he was oblivious to everything else. He also seemed confused about his life.

"Who am I?" he would ask me, clearly troubled.

"You're my son, Gerry," I'd reply

"But what else am I?" he'd continue to probe. "Who am I really?"

"Gerald, you are a very smart boy, and I'm proud of you," I'd tell him.

"Will I always be your son?"

"Of course you will."

No matter how much I tried to reassure Gerry how special he was and how much I loved him, I somehow knew that I wasn't getting through to him. But I was at a loss for what to say or do. And I was more or less on my own, since Gerry's father and I had separated when Gerry was four years old.

o

As Gerry grew older he began to experience frequent periods of severe depression. By this time I had remarried, and my husband spent a lot of time trying to help him sort out his feelings. But Gerry still couldn't put into words exactly what was bothering him.

o

Things started to look up for Gerry when, at age twenty, he was introduced by a mutual friend to Linda, who was nineteen. They hit it off right away, and a year later they were married.

However, they gradually grew apart, and after ten years, Gerry and Linda were divorced. They had no children, which made the divorce less complicated. On his own again, Gerry finally began to face his feelings. He had grown increasingly unhappy and had experimented with drugs. He told me that he'd even contemplated suicide, and I was very worried about him.

Then in May, 1983, when I was visiting Gerry in New York, where he worked as a free-lance photographer, he said that he had something very important to talk to me about. Nothing could have prepared me for his next words.

"Mom, I'm going to have a sex-change operation," Gerry said.

I was stunned. I wondered if my son had finally gone insane. All these years I knew he had been desperately unhappy, and I had feared more than once that he might have a breakdown. This is it, I thought.

I didn't know what to say. Fortunately Gerry continued talking. He told me that even as a child he had secretly wished to be female, but he had been ashamed of those "bad" thoughts. When he had asked me all those years ago who he was, he had actually been questioning his gender. Now Gerry finally knew that there were other people who felt the same as he did and that it was indeed possible for him to change his sex.

Then Gerry reassured me that a sex-change operation was not something he was entering into impulsively. He said he was in therapy and promised to continue to see his therapist. As we talked for hours, both of us were in tears. It was the closest I'd felt to my son in a long time. He was my child, and I loved him no matter what.

After I went back home, I couldn't stop thinking about Gerry. Every time I came up with a new argument against the operation, I would phone him. But he always explained patiently that he knew he was doing the right thing. He felt that his being born male was a birth defect, and that he had truly lived a nightmare for forty years.

This was the hardest thing I'd ever faced. Of course, I had heard of other transsexuals—Renée Richards, for instance—but I simply couldn't accept my son's becoming my daughter. I began having nightmares every night, after which I couldn't go back to sleep. Instead, I spent those long nights worrying about Gerry and wondering where I had gone wrong as a mother. I thought that what Gerry was going through now surely had to be my fault in some way, and I felt terribly guilty.

And of course, I was scared for my son. He was planning to undergo an irreversible operation. What if he wasn't happy with the results?

But since Gerry was determined to change his sex, I decided that it was important for me to learn everything I could about transsexuals. I read *Second Serve*, by Renée Richards, and all of the articles Gerry sent me. I found out that his condition was medically recognized and known as gender-identity disorder. I discussed my worries about the operation with my husband and my other son, Tim, Gerry's younger half-brother. Finally, I realized that Gerry desperately wanted my support and understanding, and little by little I began to reconcile myself to the operation. Certainly,

Continued on page 11

by Leslie

As transsexuals, because we were not raised in our chosen gender roles, we frequently tend to "overdo" ourselves. I'm not talking about cosmetics, necessarily, although cosmetics can be a problem. I'm talking about the clothes that we wear. I'll be the first to admit that I overdress sometimes— but it's never in general public. Regardless of our inclinations, we must begin to choose the "right" outfits for the "right" situation or else be at a high risk of being "clocked!" For example, don't wear pumps to the beach— don't wear miniskirts to church— don't wear a tuxedo to MacDonalds.

To some of us, these "don'ts" seem humorous— however, there are a few who are reading this and are thinking... why can't I wear pumps to the beach? The answer is quite simple— because it draws attention to you. I once knew a pre-op MTF who loved rhinestone jewelry - and wore it all the time. She tried to wear as much as possible every day. She looked like a chandelier - and got "clocked" a lot. I also once knew another pre-op MTF who was the exact opposite - she tried to understate everything about herself to the point of wearing male-styled sweaters and grubby jeans. This seemed to get her clocked a lot. Knowing how to apply one's cosmetics and dress for each daily situation can save you from being "clocked."

Although you can't rely on someone else every time you go somewhere, I might suggest phoning a friend or two for second and third opinions when you feel uncomfortable with a clothing situation. However, the best advice I can give you for help with dressing would be to watch genetic females or males in everyday life. The best place I've found to do this is in a shopping mall. Here you get a mix of every kind of dress you can imagine - and with these people's unsuspecting help, you develop your own style - a style right for you. Calvin Klein was once quoted as saying "Dress the way you feel... young or old, fashion is excitement"— well, babies, I'm sorry, but good 'ole Calvin wasn't thinking of "us" when he made that statement. Yes, fashion is exciting... but if I dressed the way I felt most of the time, I would look like a sequin factory fell on me!

When you feel confident about your look, ask the people in your support group to give you a quick, constructive anonymous critique such as the one in Anne Bolin's book *In Search of Eve*. This may help you with some minor detail you may have overlooked in creating your new look.

MAKING MORE AND LESS OF BREASTS

When padding breasts, it is important to remember that the "padding" that we use is not attached to us permanently and can shift to an awkward position if we aren't careful.

I could tell you many horror stories about breast padding shifting or falling out, but I'm sure you've heard them all. I'm going to give you several ideas for breast padding and let you choose the one that's best for you.

Of course, the best type of breast padding is the artificial silicone breast prosthesis - but we all know these can cost anywhere from \$150.00 to \$200.00 each. Personally, I can't afford them, so I've tried some of the following:

Sears department stores carry several types of breast padding. I like their oval - shaped breast pad. It has a natural feel and leaves no artificial lines - especially when used with a thin padded bra. They cost \$15.00 each and are very durable.

You can also buy foam rubber breast pads at any Frederick's of Hollywood for \$5 a set. But I would suggest that you cut off the rubber nipple part because it looks tacky under a sheer blouse.

The last idea I have is what a lot of people use. Take an old pair of knee-highs and fill them with dried oatmeal. Use as much oatmeal as you want - but don't overdo it. The benefit of this type of padding is that you get a natural look as well as movement. The bad part is that they feel artificial at the slightest touch. But you don't need people feeling your breast, anyway.

I would suggest you stay away from jello and water balloons for obvious reasons. If you have any ideas about breast padding, please let me know.

Now - just a few last minute quickies -

- A. Pale skin is in, ladies - cancel that tanning bed appointment.
- B. Barbie doll blue eye shadow is out, out, out - Read any beauty magazine! **THROW IT AWAY AND PRAY IT NEVER COMES BACK!**
- C. Never line the inside of your eyes. It can close your eye and make it look smaller than it

actually is.

- D. Colored hosiery is in, in, in!
- E. Gentlemen - bind down your "chest" with Sears new-style double elastic sports bra.
- F. FTM newsletter address (quality newsletter):

FTM
1827 Haight St. #164
San Francisco, CA 94117
(Sorry, no cost information.)

But let us never forget - our greatest means of passing is confidence. As long as we believe in ourselves everyone else will too. Be comfortable in your sexuality, and passing will be no problem. I love you all - please write me at MM&PI (Leslie, P.O. Box 33311, Decatur, GA 30033) ☺

.....

continued from page 3

Dear Beverly,

I am a pre-op male-to-female transsexual. I have been on hormone therapy for more than a year. I feel I am ready to go full-time. My problem is that I work for two gay men. They feel that I am making the right decision, but they don't feel that now is the right time for me to transition at work. I love my job, and I don't want to lose it. What can I tell these guys that will help me in my transition?

Frustrated in North Fulton

Dear Frustrated,

No matter how convincing you may be in your chosen gender role, it will be very difficult for those who have known you as a man to think of you as a woman. You could transition now and chance losing your job, but first ask yourself if you could wisely use the time to further feminize yourself. For example: have you completed electrolysis? If not, you'll find it very difficult to do when in real-life test. As the last vestiges of your maleness disappear, it will become increasingly difficult for new customers to see you as a male. Perhaps eventually, your two gay bosses will give in and let you be yourself.

You can write to Beverly at MM&PI (Dear Beverly, P.O. Box 33311, Decatur, GA 30033)

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Continued from page 8 Gerry wasn't happy the way he was. And having seen Gerry's distress for all these years, I didn't want his suffering to continue.

I was relieved to learn that to be eligible for the operation Gerry had to undergo extensive counseling and physical and psychiatric evaluation. All the professionals Gerry saw concurred that he was indeed a good candidate for surgery.

Gerry was also required to receive estrogen therapy and live for at least one year as a woman. He was undergoing electrolysis treatments and taking voice lessons to bring his voice up to a higher pitch. I accepted this as he explained it to me over the phone, but I knew it would be a totally different thing to see my son in the role of a woman.

A few months later, Gerry invited my husband and me to attend an open meeting of transsexuals at his psychiatrist's house. This was the moment of truth. When we arrived Gerry was wearing a black dress with a white linen jacket and black pumps. His hair was shoulder-length, and he wore gold earrings. An objective observer would have seen him as an attractive woman. But this was my son. Intellectually, I had begun to accept that my son was becoming my daughter. But in my heart, I still had grave reservations.

Having got past that initial visual shock, I began talking with other transsexuals at the

meeting (all of them women who had once been men). Doing so made me feel a lot more confident about what Gerry was proposing to do. Their stories were similar to Gerry's: They had been unhappy growing up and had felt early in life that something was wrong with them. But all of the women were happy with their new lives. Watching my son, I realized that he, too, seemed happy as a woman.

After that, I truly began to accept Gerry's sex change, and so did my husband and Tim. We even started to call Gerry Geraldine, the new name she had chosen. I also decided to go with Geraldine to Colorado, where the surgery would be performed, since I couldn't bear for her to be all alone.

When the operation began I prayed that it would be a success. Afterward, Geraldine was pale and exhausted, but she started to regain her strength quickly. That night she was able to sit up in bed and eat dinner. Although Geraldine felt some pain, it was kept under control with medication. Eight days after the operation, she had recovered so well that her surgeon released her. I took her to my house to recuperate.

I could see an immediate change in Gerry. She was so happy, almost bouncy. She said that she finally felt "right." I was very glad that the operation had been a success. My son was gone, but now I had a happy and apparently well-adjusted daughter with a whole new life ahead of her.

Geraldine healed quickly from the operation I was amazed at how perfect her body was and how natural she looked. In fact, when I took her with me to run errands, no one ever gave her a second glance. The doctor had even told Gerry that she could have a normal relationship with a man if she so desired.

After nine days at home Geraldine went back to New York to resume her photography career. I began nervously to tell family members and friends about the operation. I had worried about how they would react, but I was pleasantly surprised. Almost everyone I told felt that if Gerry had had to change her sex in order to find happiness, then she had done the right thing.

A few months later Geraldine came back home for Thanksgiving. From the moment she walked into the house it was as if she had always been a woman. She looked wonderful, she walked gracefully, and she seemed totally at ease in her new body.

Since the operation, my relationship with Geraldine is much stronger. We're very close, and we talk and write often. She's become a gentle, sensitive, thoughtful woman, and she's truly pleased with her life. I no longer worry about Gerry as I used to. Instead, as I think any mother can understand, I'm thankful that she's finally happy. ☽

MM&PI SCHEDULE FOR SUPPORT GROUP MEETINGS

.....
14 April, 1990: Presentation
Carol Elrod, Cosmetologist and
Denise Szekely, Director of
Philadelphia TS Support Group

12 May, 1990: Endocrinology
and Transsexualism
Morris Brown, M.D.

9 June, 1990: Legal Aspects of
Transsexualism
Gil Robison, Attorney

Legal Workshop

Insight Into the Law

By Catherine

The editors of *Insight* believe that there is enough interest in the legal issues that affect us to justify a regular column. So I've agreed to do it.

I am relatively new to the community. For those of you who do not know me, I have practiced corporate and employment litigation and business law for many years. How does that qualify me to write this column? "Transsexuals and the Law" was not taught at my law school. Well, what I propose to do is share with you the results of my own research (I will be completing, hopefully in the next several months, my survey of the law on TS issues), as well as research done in response to your specific questions.

You may be surprised to learn that my computer search seeking all state and federal cases discussing either transsexualism or cross-dressing in roughly the last twenty years turned up 142 cases. However, many of these cases address the same issues, sometimes with conflicting results; and there are many issues that have yet to be addressed at all.

An introductory review of those cases reveals that most concern one of six general topics:

1 Are state laws or local ordinances that criminalize cross-dressing unconstitutional? In future articles we will discuss why, after reviewing those cases, I recommend that you *continued on next page*

carry a letter from your therapist that reads as follows:

[On stationary of therapist]

[Date]

To Whom It May Concern:

[Name], also known as [other name], who resides at [Street Address, not P.O. Box], is under my care for a neuroendocrinological condition known as transsexualism. The treatment requires [name] to adopt a [male/female] name and live and dress [exclusively] as a [male/female] in preparation for reassignment surgery, which is the only known treatment for this medical condition. The above described treatment is medically necessary for [name]. The sole reason for [name]'s wearing the clothes of the opposite sex is to comply with the requirements of this therapy; and [name] is not at all criminally inclined, nor attempting in any way to defraud or cause any other harm.

[Signed by therapist, with state license number, if issued in that state.]

2 What constitutional or other rights do transsexuals have to public medical assistance or private medical insurance coverage for transsexualism? For example, is reassignment surgery covered under state medical assistance programs? Is it "cosmetic" within the meaning of typical exclusions in group health insurance policies? Is it "medically necessary"?

3 What rights do transsexuals have, under federal and state anti-discrimination laws, to be protected from employment discrimination? To date, courts have construed the federal act as protecting you only if you were discriminated against because you are a woman (or man, as the case may be), but as offering no protection if you are, say, fired because you have undergone reassignment surgery, or plan to.

4 Identification issues. For example, are there laws that entitle you to be issued corrected birth certificates? [There is such a statute in Louisiana and two other states, providing for change of birth certificates for persons born in such state, upon completion of reassignment surgery.]

5 What rights do transsexuals have in domestic relations (or family matters)? For example, can a post-op MTF legally marry a genetic male in your state? Or, is transsexualism sufficient grounds for denying child custody or visitation rights?

6 What rights do transsexuals have in prison? Do they have a right to treatment? At what level? Do they have a right to surgery? Can an M-to-F for example compel authorities to transfer her to a women's prison? Information on prison issues may be little in demand. I'll only

write about it if your letters indicate that there is some interest.

A "caveat" or warning: You should not take action based on this or future columns until you have consulted your own attorney. The law in your area may be different, or the law may have changed. Or what you think is simple turns out not to be. [I assure you that is a real possibility in this area of the law!] On

the other hand, be a savvy and somewhat skeptical consumer of the services of your lawyer or any other professional. You have the right to completely competent service at a fair price. [This will definitely be a subject of a future article!]

I hope this column proves of value. Let us hear from you.

-Catherine ☸

The Lighter Side

Insight is proud to present Toni, a semi-autobiographical cartoon by Angel, a delightful young lady from Rhode Island. Angel writes that she is in the early stages of putting together a sort of "Our Bodies, Ourselves" for transsexuals. Two of her cartoons appeared in

the most recent issue of *Tapestry*, but remember: *Insight* had her first!

Editor's Note: Featured on this issue's back cover is a full-page edition of Toni. And once again you saw it in *Insight First!*

-Margaux ☸



TONI

'AT HER HIGH SCHOOL DANCE'

ANGEL

