Dr. Eli Coleman
Narrator

Andrea Jenkins
Interviewer

The Transgender Oral History Project
Tretter Collection in GLBT Studies
University of Minnesota

February 29, 2016

The Transgender Oral History Project of the Upper Midwest will empower individuals to tell their story, while providing students, historians, and the public with a more rich foundation of primary source material about the transgender community. The project is part of the Tretter Collection at the University of Minnesota. The archive provides a record of GLBT thought, knowledge and culture for current and future generations and is available to students, researchers and members of the public.

The Transgender Oral History Project will collect up to 400 hours of oral histories involving 200 to 300 individuals over the next three years. Major efforts will be the recruitment of individuals of all ages and experiences, and documenting the work of The Program in Human Sexuality. This project will be led by Andrea Jenkins, poet, writer, and trans-activist. Andrea brings years of experience working in government, non-profits and LGBT organizations. If you are interested in being involved in this exciting project, please contact Andrea.

Andrea Jenkins
jenki120@umn.edu
(612) 625-4379

Andrea Jenkins -AJ
Dr. Eli Coleman -EC

AJ: My name is Andrea Jenkins and I am the oral historian for the Transgender Oral History Project at the University of Minnesota. Today is February 29th – it's a leap year, 2016. And I am here today at the University of Minnesota's Center for Sexual Health, Program in Human Sexuality, talking with the esteemed Dr. Eli Coleman. Dr. Coleman, I'm going to ask you to introduce yourself, state your gender identity, what are your preferred pronouns, and just because every other participant in this project has had to say this, tell me what was your gender assigned at birth.

EC: So I'm Eli Coleman and I am a professor and director of the Program in Human Sexuality at the University of Minnesota Medical School. The Center for Sexual Health is our clinical enterprise under the umbrella of the Program in Human Sexuality. I'm also the first endowed chair in sexual health here at the University.

AJ: Wow.

EC: I was assigned male at birth and my gender identity is male and preferred pronouns are he and him.

AJ: Wow, thank you. You mentioned in your introduction you're the first endowed chair in sexual health at the University of Minnesota. What does that mean, just in historical terms at the University of Minnesota? And also, are there many other endowed chairs in sexual health around the country or around the world that you're familiar with?

EC: At present we have the only two endowed chairs in sexual health, both here at the Program in Human Sexuality. So the first chair was really established to support the director and provide infrastructure support for the program and to ensure the continuity of the program in perpetuity. And, so that chair was established in 2007 and then we embarked on endowing a second chair in sexual health education and that was named after the former US Surgeon General, Jocelyn Elders, and that chair was established in . . . well it was finished in 2012 and then we started the recruitment for that holder and in 2015, we had the inauguration of that chair and Michael Ross was the appointed chair holder.

AJ: So you hold the first chair and it's named the Eli . . .

EC: No, it's not named. Mostly chairs are named after people, right? Usually after the benefactor but the first chair was really supported by 300 different donors from all over the place and so we just call it an academic chair in sexual health and it has no name.

AJ: You're going to have to change that one of these days. I think it should be called the Eli Coleman Chair in Sexual Health. We'll have to get to work on that. How long have you been a part of the program here at the University of Minnesota?

EC: I started in an internship while I was working on my doctorate here at the University of Minnesota and I did an internship here in 1977. I did my dissertation here and then they hired me immediately and so I came on faculty in 1978. So I've been here since 1978.

AJ: Wow, that's quite some time. That's close to 38 years or so.

EC: It's been a while.

AJ: I think I know this to be true is that the Program in Human Sexuality was one of the first programs to deal with transgender health and gender identity issues and concerns in the country. How do you think that came about? Or do you have any knowledge of how that particular focus came about for the Center for Sexual Health here at the University?

EC: Well first of all it didn't start with the Program in Human Sexuality. It did start at the University of Minnesota but it started out of the Department of Psychiatry. Don Hastings was the impetus for establishing that program and I don't know the complete history of the early history. But he began his early work in the 1960s and so he led that effort through the 1970s and then he died and really left a vacuum of leadership for that program in the Department of Psychiatry. This was just about the same time that I really kind of came onboard to the Program in Human Sexuality so I remember being a part of some of the discussions of what the Department of Psychiatry was going to do with that program. We were invited to consult with them and it was also at a pivotal time because Johns Hopkins was also . . . that was really the first center to do sex reassignment surgery and the impetus there was John Money. And then in 1979, a man named John Meyer wrote a follow-up study that was published in a prestigious psychiatry journal and sort of declared the experiment as a failed one. This sent shock waves throughout the country in terms of . . . because there were other programs at that time, like the University of Galveston . . . or the University of Texas at Galveston. There was a program in Virginia . . . there were a number of . . . and at Stanford. There were a number of programs around the country . . . academic health centers doing sex reassignment. It really gave pause to was this something that was really helping people. So, that gave the Department of Psychiatry some pause too. Fortunately, Dr. Sharon Satterfield had just been hired as director in 1979 here. She came from the University of Maryland but had worked with John Money at Hopkins and had a fair amount of experience working with trans individuals. And, there was no question on her part that sex reassignment was a valid approach and essentially what happened is that the Department of Psychiatry, without a real leader and people who felt rather ambiguous about the program, Sharon offered to take the program over from Psychiatry and bring it over to the Program in Human Sexuality. So the program was transferred over here and has remained at the Program in Human Sexuality ever since.

AJ: Wow. What has been, in your mind – over time, the support for this kind of work within the university system and the medical school?

EC: It was always very supported.

AJ: Very much supported.

EC: I don't remember . . . any controversy was really more internal in that department. I don't know that there was really much until that John Meyer report came out. But as I say that, when we

took it over . . . and again, I don't remember really controversy, but there was certainly people that still wondered is this the right thing to do. Certainly we didn't have a lot of research evidence to really support it and it was really still considered experimental, although it was not under any kind of research protocol. And I certainly remember educating the medical students and them just sort of horrified that we would be doing sex reassignment surgery and really viewing . . . really not understanding at all gender dysphoria or transgender people at all. So, we were kind of viewed with some suspicion or doubt, but I don't remember . . . I'm reacting to the word controversy.

AJ: Yeah. That's wonderful to hear. I think partly what prompts the question is that transgender people and identities have been certainly marginalized within the broader society and so just thinking what was the academic and the medical industry sort of feelings around that topic, particularly in its earlier stages. And so, you mentioned that there was some skepticism about the approach, how has that changed over time in your perception or as you've seen it sort of change over time?

EC: I've seen it dramatically change. First of all I can think of what was the year that there was the court ruling to have medical assistance pay for sex reassignment. That had to have been in the 1980s.

AJ: Yes.

EC: The exact year . . . I'm blocking on it right now.

AJ: I just had a conversation with one of your other colleagues, Dr. Katie Spencer, and she . . . I think she said 1988.

EC: That sounds about right, and certainly Dr. Satterfield was really key to getting that really approved. It was a court ruling and so that was a big shift – that there was a recognition that this was a health care benefit. And then we really started challenging a lot of the other health plans to really start covering reassignment as part of the health plan.

AJ: As a medical necessity?

EC: Yes. And I think that we were . . . we were really very successful and then we were the first state to have an antidiscrimination law around transgender which was . . . that was huge. I think that that was a result of this whole climate here where this was a recognized center for sex reassignment. People came here from all over the place, not only for the services but there was a community that was being built here and so trans people could really come and live in the Twin Cities and really feel safe.

AJ: And supported.

EC: I have to tell you one story, because when I was an undergrad in Milwaukee, at Marquette University, I worked at the state mental hospital my senior year. So this is 1969 and I knew nothing about the University of Minnesota, I knew nothing about the program here – anything. I was just an aide there, more of a job to help me pay through college. There was this one patient who identified as transsexual. I was really struck by meeting this individual because most people on the ward were completely psychotic and didn't know where they were.

AJ: Non-communicative.

EC: Well they were communicative but didn't know where they were or what was going on. This person was very sane and I sort of remember saying, "Well, why are you here?" And him saying . . . I say him because he was appearing as a male, and he said, "All I need to do is get to the University of Minnesota to get a sex change operation, that is my problem." That was my first exposure to anything like that or hearing about the University and its program. And years later, ironically I end up here. But that was a very poignant moment of meeting that individual.

AJ: Do you have any sense that that person ever made it here?

EC: I don't know.

AJ: Wow. That is an interesting story. What all happens here at the Program in Human Sexuality? We've talked a little bit about the transgender services, but what other types of . . .?

EC: Before you go on to that, I want to finish . . . this change in attitude.

AJ: Yes, thank you.

EC: I think one critical thing that the program did was, we have a required course for all medical students in human sexuality, and we were one of the first programs – first medical schools in the country to have such a course. And, from the very beginning we were teaching around transgender issues – from the beginning.

AJ: From the very beginning.

EC: So this was a part of everyone's education. So, the medical profession . . . I told you about some of the skepticism, but through the course we were changing attitudes and perceptions by giving them solid knowledge about this. And so, over time, I think that that helped change the climate in the medical profession. And, over time, I saw the students evolving and becoming more open and understanding and accepting. One of the main methods that we used were panel discussions and so they were able to really meet trans people and talk to them directly rather than just talking about studies or just giving them a lecture. That was profoundly influential in terms of their attitudes. And over time, the questions that they would ask would evolve and the whole attitude of the class sort of would evolve to the point where they were kind of upset to hear that people were denied health care coverage or the kind of discrimination that they would receive in medical settings. And their questions became more about how can we be better at doing this and so that's been a real kind of shift. And now the medical students, they all want to learn as much as they can about trans medicine and trans health care. It's just an amazing transformation that I've seen over the years.

AJ: So full disclosure, I have to say that I'm proud to have been a part of some of those panel discussions and hopefully . . . well, as you said, they have shifted ideas over time. That's been a really high point for me as an out transgender person, but also as someone who considers myself an advocate and an educator as well. I'm glad to hear that sort of acknowledgement and the shift in attitudes over time given, in large part, to the education that you guys have been providing to medical school students and positions over time.

EC: Well your involvement, and other people's involvement, was really transformative – really transformative. It just . . . all their myths were demystified and they had to really . . . yeah, it was a real eye-opening experience for them and they couldn't think about it in the same way after they would hear your personal story.

AJ: So what else does happen here at the Program in Human Sexuality in terms of the services that are offered, the type of research that happens here at the Center?

EC: So the program, it provides education and that's how it was founded – to educate medical students and residents. It expanded to all health care professionals. In 1973 we started to . . . that was in 1970 the program started. In 1973, we started offering sexual health care services to, from the very beginning, a wide range of services to people with any kind of sexual, not just sexual dysfunction or people that were victims of sexual assault or perpetrators of sexual assault or people worrying about sexually transmitted infections or sexual orientation conflict or gender identity concerns. We dealt with all of those things since 1973. And then the research began too, and so the program is involved in a lot of research over the years, different topic areas depending upon different faculty member's interest. And I think meeting community health needs was a way that topics were decided upon. And then, really from the very beginning faculty were always involved in public policy advocacy so they would really try to bring the science to policy makers to really help them make better decisions. So those are the four arms of the program. I think in terms of the clinical services, again that started and that has really grown and we still address all sorts of sexual issues and gender issues, how we define sexuality encompasses gender – some people don't see it that way, they see it as separate issues and certainly there is a difference between sex and gender. But if you use a broad definition of sexuality or gender or gender identity or gender expression or sex roles are all encompassed under one's sexuality.

AJ: Wow. Say more about that. You just exploded this whole narrative that gender identity is over here and sexual identity is over here and everybody has got to understand that, and you're saying that it's a little more nuanced than that, that it's a little more conflated than that.

EC: Yeah. We've always used a very broad definition of sexuality and if you go back to the first definition of sexual health that was defined by the World Health Organization in 1975, it's very, very broad. And then it wasn't until 1987 that there was a WHO definition of sexuality and it further articulated how broad it really . . . I remember, again, the Program would always say that sex is only a part of sexuality.

AJ: Meaning the act of sex.

EC: The act of sex. Even if you look at one's physical identity, one's sex is just a part of sexuality and then a part of our sexuality is our desires for warmth, tenderness, contact for warmth. It includes our eroticism, it includes, again, our sexual identity which can be our natal sex, what we're born as, our gender identity, our gender expression, our sex role identity, and our sexual orientation. And those are all different components of sexual identity and you see, gender is subsumed under sexual identity. Yeah, it's interesting how this division between sexual identity and gender identity has sort of evolved and gender, the whole notion of gender, wasn't invented until the mid-1950s – a term that was coined by John Money, again one of the

pioneers in this whole field, and had to invent that term to understand. It started with his study of intersex conditions and seeing gender as a separate component of one's sexual identity. So, I still see gender as a part of sexuality but some people want to see it as something completely different.

AJ: How do you define intersex? You kind of threw that term in there and . . . you know, because a wide variety of people may be viewing this at some point in time, just so we know what you mean by the term intersex.

EC: Well, intersex are individuals that are either born with or . . . well, first they may be born with ambiguous genitalia because of chromosomal abnormalities or hormonal abnormalities, or people feel variations that we're not all male and female, but in some cases that there is sort of . . . if something does not go as nature would plan it. And so people are born in ambiguous fashion, or later in development things don't turn on at the time that they should, like at puberty, and so some people . . . we don't even discover that they may be intersexed until they are at puberty or they try to conceive a child and something is not right.

AJ: So, I think probably the majority of people think that intersex identity, or intersex people, are born with sort of both sexual characteristics of this term we call gender. So female and male genitals.

EC: All it really means is that they have male or female . . . the body parts are mixed or different.

AJ: Ambiguous.

EC: It says nothing about their gender, it is their sex – in the technical sense. And then as everybody develops a gender identity, some of them may develop confusion about their gender identity because of what they see their body as and what may be in their mind. Again, gender identity is something that happens in the brain.

AJ: Does the Program work with individuals who identify or have been identified as intersex?

EC: Yes. And we get involved with the kids that are born with these conditions and their decisions that need to be made about how to manage and deal with their sex and their emerging gender.

AJ: I know you said earlier that Dr. Satterfield started seeing and treating transgender identified persons in 1973.

EC: No, she didn't come until 1979.

AJ: In 1979, I'm sorry.

EC: So there were other people who were working with trans people before that.

AJ: OK, but she came in 1979.

EC: Most of the gender . . . were over in psychiatry, they were being seen in psychiatry. They were coming here too, but if they were wanting sex reassignment, they were over in the Department of Psychiatry.

AJ: OK. Do you have a sense of how many people may have been able to access sexual reassignment surgery over the time that that surgery was being offered here at the University?

EC: Surgery was offered up until . . . I don't know the last date, whether it was in 1977 or 1978. We lost our surgeon so he moved away, as best as I know. So the University had someone who was doing most of the surgeries and left. It wasn't because we didn't want to do them or whatever, it was just . . .

AJ: The capacity, the person, was gone.

EC: But obviously people continued to be evaluated and they were given hormones if that was indicated and then they were referred to surgeons around the country.

AJ: Any sense of the numbers? I feel like I've heard 40 people or . . . I don't know the exact numbers though.

EC: It seems that it was more than that. It seems that there were . . . I mean, there were not hundreds of people but I would say that there was . . . maybe there was somewhere between 50 and 100 that were done by 1979.

AJ: Wow. Any idea of how many transgender or gender . . . people presenting with what was called gender dysphoria have come through the Program here at the University?

EC: Since . . .?

AJ: Since its inception?

EC: I have no idea. Boy, I'd have to . . . I really don't know. For a long while, of the whole clinic population it seems that about 15% of our patients have been in our transgender program. We see . . . of course it's grown over the years from 1979 until now, but now we see about 1200 patient visits a month and we probably see about 700-800 new patients a year. So we're talking about at least 100 new patients a year.

AJ: Wow. Of trans-identified . . .

EC: Yes.

AJ: Wow. That number seems . . . and I know this Program is no longer the only resource for . . .

EC: No, there's a lot of other resources so there are a lot more . . .

AJ: What do you attribute to that? Is it because society has changed and people feel more comfortable either expressing their gender identity or at least accessing information about it? Or are there just more transgender people than there ever has been in time?

EC: I think it's only a matter of people really coming out of the closet and accessing services that are available with the . . . every kind of media attention, it just increases the awareness and just since Caitlyn Jenner came out, we see the impact of that – more and more people willing to start dealing with it openly and seek help.

AJ: And it also, you know, seems like people are becoming aware and accessing services at a much earlier age as well.

EC: Yes.

AJ: Is the Center developing an approach or protocol around working with younger transgender-identified or gender-confused young people?

EC: And that's probably our most recent develop is developing our child and adolescent services. We mostly always dealt with adults and then finally had some faculty that were interested in working with kids and really supported that. We were only dealing with people that, after years of damage and suffering that were kind of . . .

AJ: Trauma.

EC: And to be able to work with people at a younger age that we may help them deal with it then was a very attractive idea. So we opened those services and we quickly became overwhelmed with the amount of people that were trying to come in. We couldn't accommodate everyone and so we started to . . . we decided to narrow the kind of children and adolescents that we would take in and we quickly narrowed to gender – kids with gender issues rather than other kind of sexual kinds of problems. And the problem is that we can't even keep up with that demand. It's very disturbing that we can't because there are kids and parents that are just . . . they just don't know what to do and we just don't have enough people to really, with the expertise of being able to work with kids and with the gender issues, it's just not something that any therapist can do.

AJ: What is your thoughts around the debate of medically treating younger people to either postpone or delay puberty and help that transition along? Or waiting until after puberty and then pursuing medical treatment if they are still interested in that? Do you have thoughts around that?

EC: Well certainly it's one of the most . . . it's one of the more significant recent developments of really having some research and experience of really treating kids before puberty – using puberty-blocking hormones. And this has really been a tremendous help to these kids who are very uncomfortable with their bodies and having a different gender identity. And with the use of puberty-blocking hormones is not a final treatment, but it buys time for these kids to sort out their gender identity, that it's not irreversible. It saves them from developing all the secondary sex characteristics in the case that they do want to go through sex reassignment, which would then have to reverse all of those changes that have already taken place. So, from a physical standpoint of the effectiveness of hormonal and surgical reassignment, it makes it much easier for them but it also gives them tremendous psychological relief at an earlier age. And so, the only thing that we are concerned about is that we don't completely know about the long-term effects of those puberty-blocking hormones – that they are impacting people's physical development. And this could have some long-range negative possibilities, but it's like probably any medical procedure, there is a cost benefit analysis that has to be made. But it is not necessarily a benign treatment and those kids need to be carefully evaluated before they go on – and they are.

AJ: Sure.

EC: But it has been, I think, rather life saving for many of them to get help earlier. We don't have a lot of follow-up study yet too to see in the long run has this really kind of helped. Certainly anecdotally or case report is that it's been very good.

AJ: Yeah, I mean you talk about the balancing – it's the emotional health versus what the impacts are to your physical health. And you know both can affect each other. One of the things that fascinates me about the Center for Sexual Health and the Program in Human Sexuality and the transgender services that are provided here is that prior to Dr. Spencer coming here, yourself and Dr. Walter Bockting had really sort of solidified yourselves as world thought leaders around transgender health, sexual health, and HIV prevention, which in turn put the Center in leadership roles in some of the international organizations that promote transgender health. I'm referring specifically to the Harry Benjamin Association and now what is known as WPATH. Tell me about the role that yourself and the program here in human sexuality played in the development of these bodies that sort of shape the international thought process around transgender health.

EC: Well, I think we had a tremendous impact. First we need to start and give credit to Dr. Satterfield, who was a very active member of the Harry Benjamin Association and so she was . . . she kept us very involved with the international scene from the very beginning. Again, when I came on board and in the first couple of years, I wasn't . . . Sharon was doing her thing and I was focusing on . . . my interest area was sexual orientation. And the transgender issue was something I really didn't know anything about really. So, I didn't really get involved right away with that part of the clinical services or the program. I started to become involved later on but . . .

AJ: You had a responsibility for running the entire Center, right?

EC: I was the coordinator of the clinical services and then I became associate director under Dr. Satterfield. But that was still her thing and I was focusing on some other issues. But what's really very critical is that we were able to recruit Walter Bockting from the Netherlands as a post-doctoral fellow in 1988. That was at a time that Dr. Satterfield had resigned as director. She was still in the department but moving into a different area. She was still doing work with trans but not with the program. And with her departure that was an enormous void of leadership and actually Michael Metz stepped in to manage the gender program on an interim basis, although, again, that was not his passion but he took it over. And then when Walter came, he really jumped in because that was his passion.

AJ: Sure.

EC: That really saved . . . I think that really . . . without someone like him to really continue the program, I'm not sure if it would have survived. But he really took it over and started to build on Dr. Satterfield's work but also take the whole program in some different directions. He became immediately involved with the Harry Benjamin Association and then I'm getting pulled into that organization at that time. Again, I am really kind of learning from those people. I really . . . this is all new to me really and I always felt that they were more expert at this than I was. But I was

going to the Benjamin Association meetings and I was learning a lot from others and then I was starting to see patients and so that was good. Walter and I both saw that the organization was really stuck in a very old paradigm and a very gender-binary paradigm, a very . . . you know, trying to diagnose the true transsexual and it was all about transsexuals and nothing about the whole diversity beyond binary. And really it was Walter that really started to really talk about management of gender dysphoria across the spectrum and really helping people identity what was helpful to them rather than following some sort of script of going from one box to another. So, I learned about that and I became . . . I was more senior than Walter at that time and so I was able to influence the organization in a way that I don't think Walter was able to do at that point. We really started kind of shifting it and then I became president of the Harry Benjamin Association and had more impact that way. I was very involved in the revision of the standards of care and that's where we really started changing the paradigm for the field. But I would say that it was so many of Walter's . . . he was the expert, I really was the messenger. We did some fascinating . . . I got more interested in trans issues from the angle of sexual orientation and looking at how people could identify as trans and then how they would identify in terms of their sexual orientation and if that would change with transition or not. An old paradigm was that a true transsexual should really become normal in the heterosexual sense. I was fascinated with all of these trans people who came out as trans and then came out as lesbian or bisexual or gay and essentially had to go through two coming out processes. That was my interest area and also at that time the idea of a female to male transsexual identifying as gay or being attracted to men . . . people didn't even believe that that existed and we were able to document some of the very early cases of people like that. We were concerned too because people were being denied sex reassignment because if they felt that they were going to be lesbian or gay after reassignment . . .

AJ: Then you're not a true . . .

EC: You weren't a true transsexual, you were probably gay or something like . . . so we were really trying to debunk a lot of that misunderstanding and helping people understand that sexual orientation and gender identity are two separate issues. Anyway so we really did have a . . . and then so were trans . . . I think we're having a big impact on how people are treated clinically but also we were starting to do more research and particularly at that time, the transgender population was deeply affected by the HIV epidemic and there were much higher rates of HIV infection and we were trying to understand what was that about and what we could do in terms of prevention and Walter developed . . . again got one of the very first grants. I think he really got the first grant on HIV and trans and that little grant from the amfAR Foundation ended up with support from the Minnesota Department of Health and developing prevention programs. And then ultimately with funding from the National Institute of Health . . . so that research has been very, very helpful in looking at not just at HIV factors but the understanding of the role of stigma and discrimination and how that impacts mental health as well as sexual health and high risk sexual behavior.

AJ: And resiliency and how people can overcome some of those challenges.

EC: Yes.

AJ: Is the Program still engaged in those organizations and in the leadership?

EC: I don't know if I can remember the whole sequence of events but . . . yeah, probably the first thing is that the organization was in trouble just organizationally and so we were willing to take on the executive offices. So we brought the organization here and sort of provide the secretariat for the organization.

AJ: The recordkeeping, the . . .

EC: Yeah, the membership, the running of the symposiums. So we really took that over and Bean Robinson, who is on faculty, became the executive director. We had . . . she just really transformed the whole . . . stabilized the organization and then we really grew it. But it was also not that we were great organizers but we were also . . . the field was growing so we went from, when we took it over there were probably only about 200 members of the organization and now there are over 1200. So it's amazing. And it was very helpful having the office here during my presidency. So it was sort of seamless, that was helpful. And then Walter Bockting became president after I did – not immediately after and that was helpful to him. We stayed on the board, we were still very involved. And we have stayed very much involved in the organization. Bean has just stepped down as executive director and we've kind of . . . again, it's grown beyond us so now . . . and we were a part of the whole change, part of the paradigm change. We said we need to change the name of the organization so we changed it from the Harry Benjamin International Gender Dysphoria Association to the World Professional Association for Transgender Health. So that really reflected, I think, movement from more of a disease focus to a health focus and broader than just sex reassignment for transsexuals.

AJ: Right, to treating a wide variety of gender identity disorders.

EC: Right. And then, as I said, we were very involved in standards of care and I still remain as the chair of the standards of care revision committee and the recent revision in 2013, version 7, was really revolutionary and now we're working on version 8. But version 7 really reflected, I think, the culmination of this whole paradigm shift and has been extremely well received and has had a tremendous impact on care and rights for trans people.

AJ: Wow. Am I mistaken in the fact that now the first transgender person . . . there's a transgender person that is president of WPATH?

EC: The first president was right after . . . was it right after me? I remember bringing on Stephen Whittle as chair of a new committee on legal issues and then Stephen went on to become the first president, trans identified, and a legal scholar.

AJ: Oh wow.

EC: Which was interesting. And then now there is a . . . the current president is also a legal scholar and is an identified trans man.

AJ: So Jamison Green, the person I was thinking of, is the actual second transgender-identified person to lead that organization – which, in its inception, I don't think people would have ever thought that a transgender person would be at the helm of the organization.

EC: Well, from the beginning of the organization, it was founded in 1979, and there were trans-identified people on the board of directors from the beginning.

AJ: From the beginning – all right.

EC: So it's always been an organization that has been trans inclusive.

AJ: Sure, OK.

EC: And I remember that was impressive about the meetings is that . . . well in the beginning it was more trans individuals that were . . . they were allowed to attend meetings, the professional meetings. That was kind of unusual, but that's how inclusive, I think, the organization was from the beginning.

AJ: OK.

EC: And then, obviously, some of them were professionals in the field or became professionals in the field, but at the beginning there weren't a lot of trans-identified surgeons, psychologists, psychiatrists, that were out and open and so as that developed then the board of directors became more and more diverse in terms of gender identity and certainly culminating with people becoming . . . taking the role of president.

AJ: I've just got to say this history is fascinating. There are no trans-identified people that I have access to that could share this level of history of the movement. And so you asked me when we first walked in here, "Why me and why now?" I'm just pointing out that's why – because this history is invaluable and there's not a lot of places to really capture this. So I'm just saying thank you for the opportunity.

EC: You're welcome. It's been an amazing . . . to watch it over this amount of time is fascinating and to see this incredible shift, just even in the last five years of just the recognition of transgender rights and health care as a fundamental right and to the highest levels of public policy to recognize the importance of delivering the most optimal health care to trans individuals is really, really remarkable.

AJ: It is.

EC: We still have a lot of battles to fight and we're continuing to fight them. And then also when Walter Bockting, just when Walter Bockting left . . . I remember saying to him many times, "I fear that if you leave I don't know, without a champion, I don't know if . . ." The areas of focus of the program always have depended upon people who are passionate about that particular area. And so if Walter left, I told him, "I don't know that we would really continue . . ." And I wouldn't want to continue offering sub-standard care or that we're not doing cutting edge stuff. That's not what we're here to do at the university. So we either . . . "You've got to stay or we've got to find somebody to carry on." We were fortunate to attract Katie Spencer as a post-doctoral fellow and she became very passionate about this work and has now taken over that, but we also have other faculty – Jamie Feldman and Dianne Berg who are deeply passionate about this issue, but it's Katie's leadership of the overall program. But Dianne Berg in leading the child and adolescent program that really makes it very, very continuing to be a strong

element here at the Program and at the University. But it really . . . it can only keep going with people that have that degree of passion.

AJ: And continuing to do cutting edge research that is sort of changing and shifting the feel.

EC: Yes.

AJ: Where do you see the future of the transgender program within the Center of Sexual Health?

EC: Well, a couple of things. One is that we're really . . . and some of it is just that the other thing that has changed in the landscape is that . . . and I remember telling Walter when he first started, saying, "You've got to think about this in terms of your career. If you want to go into . . . there is no funding for transgender research and you are never going to get promoted without federal funding and . . . whatever." He just persisted and broke the glass ceiling and was able to get some of that early grant funding, but now it's really shifting where there is much more funding that is available. So, before also, the only funding was HIV-related but now that has really kind of shifted and so that creates an opportunity for us to really do more. And so we're going to have to . . . now we can really look at more treatment protocols that are not so much HIV-related because there is still not enough research to really back-up a lot of what we're doing and to lead us into ways of better doing this. So, we're really articulating our research agenda more based upon our patient population and the needs of our population and so I think that we will be developing research protocols that can examine different treatment methods. We're moving to, I think, just even more ways of helping people outside the gender binary, we're going to be working more with the kids and parents and families. We're working on dealing with the sexual part of trans people and their sexual lives in the sex act part.

AJ: You smile when you say that.

EC: Again it just goes back to this misunderstanding of what sexual is. But we're going to focus more on that. So, it's going to be . . . yeah, stay tuned.

AJ: Stay tuned. I cannot tell you how grateful I am for this opportunity to sit down with you, Dr. Coleman, and really understand more about the Center and the work that has been going on here for over 40 years now. But also the work that has been happening around transgender identity and transgender health and how the Center has had an international impact in really shaping how the medical community, the political realm, because you guys have been engaged in deep advocacy, and the leadership that the Center has shown around these issues. So thrilled to be able to capture this as a part of this transgender oral history project. I think it would not be a true oral history without that context of what has been shaping up here at the University of Minnesota. So I'm just grateful for the opportunity. Thank you so much.

EC: Well thank you, it was great.

AJ: Absolutely. Until we meet again.

EC: Yes.