

Thomas Kando, Ph.D.

Narrator

Eli Vituli

Interviewer

**ACADEMIC HEALTH CENTER
ORAL HISTORY PROJECT**

UNIVERSITY OF MINNESOTA

ACADEMIC HEALTH CENTER ORAL HISTORY PROJECT

In 1970, the University of Minnesota's previously autonomous College of Pharmacy and School of Dentistry were reorganized, together with the Schools of Nursing, Medicine, and Public Health, and the University Hospitals, into a centrally organized and administered Academic Health Center (AHC). The university's College of Veterinary Medicine was also closely aligned with the AHC at this time, becoming formally incorporated into the AHC in 1985.

The development of the AHC made possible the coordination and integration of the education and training of the health care professions and was part of a national trend which saw academic health centers emerge as the dominant institution in American health care in the last third of the 20th century. AHCs became not only the primary sites of health care education, but also critical sites of health sciences research and health care delivery.

The University of Minnesota's Academic Health Center Oral History Project preserves the personal stories of key individuals who were involved with the formation of the university's Academic Health Center, served in leadership roles, or have specific insights into the institution's history. By bringing together a representative group of figures in the history of the University of Minnesota's AHC, this project provides compelling documentation of recent developments in the history of American health care education, practice, and policy.

Biographical Sketch

Thomas Kando received his Ph.D. in Sociology from the University of Minnesota in 1969. He wrote his dissertation on the transsexual women who went through the UMN transsexual surgery program in the late 1960s. He has taught at California State University, Sacramento; University of California, Riverside; Penn State University; and other institutions. He recently retired as Professor of Sociology at California State University, Sacramento.

Interview Abstract

Thomas Kando discusses his education, why he chose transsexuals as his dissertation topic, his dissertation research, scholarly and medical work on transsexuality during the late 1960s and 1970s, and the transsexual surgery project at the UMN. He also discusses some of the transsexual women who went through this program, his work on transsexuality after receiving his doctorate, responses in academia to his doing work on transsexuality, Robert Stoller, the UCLA gender clinic, and the concept of passing.

Interview with Doctor Thomas Kando

Interviewed by Eli Vitulli

**Interviewed for the Academic Health Center, University of Minnesota
Oral History Project**

**Interviewed at the Home of Thomas Kando
Gold River, California**

Interviewed on July 15, 2011

Thomas Kando - TK
Eli Vitulli - EV

EV: This is Eli Vitulli here with Tom Kando at his home in Gold River, California.

Thank you, again, for agreeing to meet with me.

TK: Maybe you should say Thomas.

EV: Oh, yes, Doctor Thomas Kando. We'll have the information on your biographical information and stuff like this.

Could you start with discussing your background a little, your educational background, those kinds of things?

TK: I came to the United States to go to grad school at the University of Minnesota in 1965. I got an M.A. and Ph.D. there in 1967 and in 1969. When I was looking for a dissertation topic to write my doctoral dissertation on, I just came across an article in the... What's that called again, the University newspaper? I forget.

EV: The *Minnesota Daily*.

TK: ...*the Minnesota Daily* in which I published quite a few articles over the years, by the way, as a student there. It announced the beginning of this program at the University of Minnesota Hospital in conjunction with the Department of Psychiatry with, who was head at that time, Donald Hastings. They were about to embark on the surgical feminization of several dozen transsexuals, as they were called in those days. Nowadays, the term is different. What is it? Transvariance, transgender? New terms for this, right? Is using the word transsexual outdated now?

EV: It depends who you ask.

TK: Okay.

So that's what it was called then, you know, in the classical literature on this, like Harry Benjamin, who was a famous German endocrinologist, for example. His famous book was called *The Transsexual Phenomenon*.

Anyway, to make a long story short, I want to emphasize how serendipitously I came upon this topic of research. I just thought what on earth am I going to write a dissertation on? This is always a problem. Most dissertations are relatively boring and esoteric and specialized. They just get written and then collect dust on library shelves for eternity after that. They don't get published in any form or fashion. They don't excite the wider public and so forth. So I was a little bit opportunistic, but also interested and I thought, well, this will be interesting. Okay? Unlike a lot of other stuff that doctoral students write about, very technical, very professional, and special, this would be interesting. It certainly is a sensational topic. It's something very new. Everybody had read about Christine Jorgenson, the first one to do this in Denmark. In fact, I'm old enough to have met her. She lived in Los Angeles, as I did, back in the early 1970s, and I did go to a party of hers once.

EV: [chuckles]

TK: I thought I'd give Donald Hastings a phone call and tell him I'm an ABD [All But Dissertation], near graduating doctoral candidate and I need to write a doctoral thesis. What if I did it on this project as a sociologist, looking at the social aspects of the transition from male to female? I think all of the cases at that time were going in that direction. He said, "Fine. No problem." He accepted me on the team and I got access to all the files and the patients and the people. I got to interview a couple dozen of those, mostly postoperatively, as well as often some of their relatives, their spouses, their family, and even some of their colleagues. Some of the people were flamboyant. One was... Oh, I remember her. She was a very attractive looking flamboyant stripper in downtown Hennepin Avenue [Minneapolis]. [chuckles] Shalimar, her name was. I don't know if you ever... [chuckles] So went down to that nightclub and I said, "Shalimar, I'm a graduate student at the U of M doing a project. Can I interview you?" It was a very colorful experience, very interesting to delve into not only these people's biographies but also their subculture. What can I say?

I did the dissertation and reproduced my data mostly anecdotally. Dissertations have to be quantitative. That's the mantra of social science. So I do statistical tables. I did, Kruskal-Wallis's statistical procedure that compares and tries to measure whether there's statistical significance in the differences between one group and another. So I compared my nineteen respondents, my nineteen transsexual respondents with groups of—what do you call them without being offensive or politically incorrect?—to, quote, regular non-transsexual males and females with no history of transsexualism, transvestism,

homosexuality, or anything. I made these statistical comparisons, because that's the way the game is played.

But, more interestingly, I was following the model of Erving Goffman. I don't know if you know who he was. Erving Goffman, one of the great sociologists of the twentieth century, was singlehandedly responsible for the entire anecdotal tradition, the ethnographic tradition in sociology, which reproduces interviews and does things more anthropologically, more ethnographically, more journalistically, if you will, and more interestingly quite simply, in my view. I've always been a qualitative sociologist more than a quantitative sociologist.

The book [*The Social Consequences of Gender Identity among Feminized Transsexuals*] that came out, finally, in 1973, which was based on my doctoral dissertation, is that way. It's just stories, personal biographies about nineteen transsexuals, their postoperative, adjustment, coping, and so forth. I ended up with a typology of four types. I tried to put it into some kind of a framework of how are they doing? Some had already been operated as far back as two years before I interviewed them, and some just weeks before and still bedridden in the hospital. So there was a whole range.

EV: Did you interview them in 1968 or 1969?

TK: Nineteen sixty-nine. Yes, absolutely in 1969. Yes.

EV: Sort of as a side note out of curiosity, I was able to read your book and it's interesting. I remember you said something about you sort of *found* a couple of people. Was everyone that you interviewed through the program, or was there a few other people that you met outside of that?

TK: Well, how did I? It's been forty years.

EV: If you can remember, right.

TK: I do remember that one of the things I did to make it kind of more interesting in the book... The beginning story, I think, is when I picked up this hitchhiker in Minneapolis who looked like a girl but, apparently, was at least not a natural born girl. I don't know whether she had undergone an operation or whether she was just cross-dressing at the time, whatever phase or status she was in. That also maybe gave me the idea of dealing with this issue as a doctoral dissertation. I don't think she was part of the sample. I don't think I included her in the sample.

Now, Shalimar, the one I just told you about, the strip teaser downtown... Well, maybe I did include her. Maybe she was not part of the contingent that was operated upon at the University. I forget about that. All the other ones, or just about, were, indeed, part of the project.

Maybe I should tell you this later when you ask me more questions, but, I followed this up for a number of years in the early 1970s. I went to Stanford and UCLA and other places where there were other transsexuals being operated upon and whom I interviewed and talked to.

EV: Yes, I definitely want to ask you about that.

How did your Department of Sociology respond to your decision to do this?

TK: At Minnesota?

EV: Yes, Minnesota.

TK: You know, Minnesota...I was already finished with everything and I was only dealing with my advisor, who was Don Martindale. Don Martindale was one of the more prominent members of that department over the years. He thought about it. "Sure. Go for it. What the hell. It's interesting." It doesn't matter what topic you choose as long as you do a passable job. I admit that this was not Nobel Prize caliber work. Like I said, it was passable. There was no reason for them to deny me a Ph.D. on the basis of this thesis. What I did with the data, you're supposed to do. A better sociologist might have done better work. I don't even know what that would mean...better work. It could be more professional, more specialized, more scientific, or it could be more interesting and sensational with more feeling about the subject's plight. But, I did what I did and it was passable. [chuckles]

EV: Do you know of any other sociologists who were doing work on transsexuality at that time?

TK: I reviewed the literature at the time. There's a great deal of sociology of sexuality and gender. John Gagnon and millions of others have studied gender. Well, gender studies is so big now anyway. I think sociology is essentially women are maybe more important than men within the discipline. Feminism has been so important in sociology that it's overwhelming. But that also means gay studies and all forms of sexuality and sexual identity and sexual issues. I realize the difference between sex and gender and biological and psychological aspects, but all of that, the whole bowl of wax is so huge within sociology. At that time? I don't know. I was maybe one of the first within sociology. The medical literature...of course, Robert Stoller is a famous man. I mentioned Benjamin. I also consulted the popular literature. There was a funny novel by Gore Vidal called *Myra Breckinridge*. [chuckles] I looked at all that stuff, you know.

Within sociology...no, wait a minute. That's another thing...very important. Harold Garfinkel's story of Agnes. He was actually ahead of me on that, because he did his thing in 1967. He is the founder of a school called Ethnomethodology in Sociology. Ethnomethodology is a fun field, too. It's very qualitative, very non-quantitative. Harold Garfinkel at UCLA, that was, still to this day, one of the most famous studies, because Agnes was his subject. It was just one person.

EV: Yes.

TK: He is the first who actually started to talk about how Agnes constructs her reality, basically. Ethnomethodology is the study of methods people use to construct their reality. So that's what he did, very funny. Why should I say funny? [chuckles] I think it is. People are not supposed to say that about Harold Garfinkel's work but I think fun and funny. It was very convoluted....

EV: [chuckles]

TK: ...very convoluted. The language is unbelievable. But, he did that, so I suppose that was a bit of an inspiration to me. You asked, "Is there any other sociologists?" Well, he is the one: Harold Garfinkel.

EV: Okay.

TK: He only did one transsexual; I did twenty.

EV: Yes. [laughter]

The program at the U, what was it actually officially called?

TK: I have no idea.

EV: It's referred to by multiple things, so I was curious.

TK: I have no idea what it was called. All I remember is that Donald Hastings was so helpful, because he was a big man there.

EV: Yes. Who else was centrally involved?

TK: In that project?

EV: Yes, when you were working on that.

TK: I don't remember if Starke Hathaway was still around. Starke Hathaway, of course, is the father of the MMPI [Minnesota Multiphasic Personality Inventory]. Right?

EV: Yes.

TK: That's a big thing. The MMPI... I just don't know if Starke Hathaway was involved in it or not, but I did have contact with Starke Hathaway. Again, I'm very fuzzy on how and when and for what purpose. He was a great psychiatrist at Minnesota...the MMPI.

EV: Yes.

TK: I don't know if he had anything to do with this project.

EV: Do you know how the project was started?

TK: No, except I just remember some vague parts of these articles, again, in the *Daily*... What was it, again?

EV: The *Minnesota Daily*.

TK: ...the *Minnesota Daily* saying how the patients—can I call them that? Yes, they are patients; anytime you do surgery, they are patients—were going to be selected. It said regionally, they were going to limit themselves to Minnesota, and the Dakotas maybe. They weren't going to get people out of New York or... There were some limitations on that. I don't remember any other... I remember that the patients I talked to ranged very much all the way from in their early twenties to the fifties. So it wasn't limited to a small age bracket either.

You were asking...?

EV: How it was started.

TK: I don't know. I just know that back then there were three universities on the map for this kind of thing: Johns Hopkins, Stanford, and Minnesota. They were the three, right?

EV: Right.

TK: That's all I remember. I had contact with John Money and some other people at Johns Hopkins and Robert Stoller at UCLA. There was a fellow by the name of Green. I forget his first name.

EV: Was it Robert Green?

TK: Maybe Robert Green. He also was an expert on this.

Now, that's an interesting thing to which people might object a great deal now, because Green came as a guest speaker to one of my classes when I taught at the University of California-Riverside, as a psychiatrist or psychologist. I forget which of the two. He was very old-fashioned in his etiology, if you want to call it that. He was convinced that the identification with the opposite sex was implanted in early childhood. I don't know if you could call it Freudian, but this whole idea that this was caused by the fact, let's say, that the parents wanted a little girl and, instead, she gave birth to a little boy. No matter, we'll just treat this baby as a little girl and start dressing him in pink clothes and give him dolls to play with. Pretty soon, his self-concept is that of a female rather than a male. So

this would be the origin of the condition. That's what he was saying. I'm sure that the transgender community today would vehemently dislike this kind of... They would say that's incorrect. Don't you think, maybe?

EV: I think it depends on who you ask.

TK: Yes. I don't know, but back then, Green said it.

EV: Did the people that worked on the project have any conversations about where transsexuality came from?

TK: The patients themselves?

EV: The doctors who were working, if you remember.

TK: See, the ones at Minnesota, I can't tell you. Like I say, I just don't remember having much contact with them. I just remember doing my own thing, interviewing everybody, and then quickly writing up my facts, my findings, and then presenting it to Don Martindale, the Sociology professor, who was my advisor and, then, getting my doctorate and coming out to California to teach, my first teaching job. The only professionals with whom I discussed transsexualism professionally to some extent would be, later, with people like Green and Stoller and John Money. I just gave you an example of a professor who was still pretty Freudian in his interpretation and said, "It's due to childhood socialization early on," which is, I'm sure, nowadays rejected by most people as the cause of why someone is a transsexual. Anyway, that's one example, the only example I can give you. There's all these other...obviously, hormonal, other explanations.

EV: Right. There's certainly no consensus nowadays.

TK: No, there's still not.

EV: I was just curious if you ended up being a part of the conversations.

TK: I had very little professional conversation with, especially, the people on the medical, biomedical, or psychiatric side. If anything, I just informally talked to some sociologists. That was more after the fact when I was just looking at how they were adjusting. There were examples of people going back. There were a couple I think who did the feminization process surgically and, then, they didn't like that, so they wanted to go back to being a man.

EV: Hmm. Some of the women that went through the surgery program decided that was a mistake?

TK: Correct.

EV: Some of the people you talked to?

TK: Yes.

EV: Did you talk to them after they decided to transition back?

TK: I don't think I followed up on what happened after they went back. After you remove your male genitals, going back can only be done partially, but you can still assume male roles.

EV: Right.

TK: You can go back and try to be male in all respects except for sexual performance. All I know is there were a couple who said, "Oh, wait a minute. This isn't the thing for me, so I'll go back." That happened. That was an interesting part of it.

EV: You sort of began to talk about this and this may be something else you're not aware of, that you don't know that much about, but do you know what the selection criteria were or how, I guess, the one that you talked to explained that to you?

TK: I know nothing about that. I assume that there was no serious mental illness, that they were screened for things like that. You couldn't just get into the program if you were really crazy...part of your life. I remember one of my interviewees was...well, several, of course—extremely masculine and had fathered children, had lived their lives for decades as, quote, regular, very masculine. I remember one interviewee, she was still lying in bed at the hospital. That's where I interviewed her. She had been a father to several children for a long life. It came as a surprise to her children and everybody else around her, because there was no forewarning. She wanted to go through this transition. The reason I mention that is because, apparently, that was not the reason not to accept somebody into the program.

EV: Right.

TK: The fact that this person had been [unclear]? Okay?

EV: Yes.

What was the process that the trans-women had to go through? Once they were accepted, did they have to do sort of psychological evaluation and hormone treatment, etcetera?

TK: Exactly. Again, the details, I can't come up with them anymore. It's been so long, but you're right, there was all this preparatory process that probably took a long time, probably a year or so, maybe, which included psychological preparation. You're right; feminization of secondary sex characteristics takes...so that the looks begin to change, as well as in their mind. Hmm? Yes, there was this long preparatory process of undergoing psychological treatment as well as physical feminization gradually.

EV: Yes.

TK: I'm not an expert on the biological aspects of the transition, reducing facial hair, and what have you.

EV: Did the women talk about what that was like for them and if there were... A lot of the time its talk about as the real life test. So trans-women have to start taking hormones and live as a woman...

TK: Yes.

EV: ...prior to being able to undergo surgery.

TK: Sure.

EV: Did they talk about that at all with you, what that was like for them?

TK: No, but you're right. That's a part that I forgot to mention. Obviously the cross dressing had to happen, to take place, become more or less a permanent role. The roles would become familiar to you. That, they did. You know, maybe several of them had already been doing that anyway, even before joining the program, assuming the role of a woman. Then as part of the program, they probably did that fully. I don't remember discussing that so much.

EV: Okay.

Were you aware if there was anyone who was accepted, who didn't make it through surgery?

TK: No, I don't remember that. All I can tell you, again, is that I remember at least one, maybe two, cases of people who were not happy with the transition and who, later on, wanted to go back.

EV: Were you aware of how the University sort of responded or managed the publicity around the program?

TK: No, absolutely not. Like I said, the only thing I can recall is these articles that occurred in the *Minnesota Daily* before the program began. Well, it couldn't have been before, because I interviewed some people who had already undergone surgery two years before I interviewed them. I interviewed them in 1969, towards late spring mostly. So they must have been operated upon in 1967...the first few.

EV: Right.

TK: I don't remember the exact sequence of events, but I came across the article in the *Minnesota Daily* saying they were about to embark on this project. I don't remember how that went. I thought I'd come across that article not so long before I decided to write about this.

Let's see, the question was whether...?

EV: How the University administration...

TK: Oh, yes, yes. What can I say? I can only speculate. Minnesota, to me—it's a stereotype—has always been very open-minded and much nicer sociological environment than many other states and many other parts of this country. They're reminiscent of Scandinavia and the Netherlands where they have an extremely tolerant attitude towards most things, so there would be, hopefully, less condemnation and criticism of this there than elsewhere, you know. That would be my hunch. I certainly didn't come across any kind of bigotry.

EV: Even outside the University or anything?

TK: I never talked about this with too many people. I don't know what public opinion has to say about gender variance, different forms of sexual preference, the whole gamut here. I mean, it's an ongoing problem, you know. Prop [Proposition] 8 just passed in California here just recently, so it continues. Of course, times have changed. This is a long time ago. Forty years ago, there might have been real outrage or resistance against this, right?

EV: Yes.

TK: But I didn't come across any of it or any derision that *I* would study this. In fact, I'll tell you one thing. Among the other people, graduate students in my own Department of Sociology and some of the faculty, thought it was all groovy and interesting. They were looking forward to seeing what I would publish about this. Then, later on here, when I was already teaching at Sac State [California State University-Sacramento], I published a lot of articles about this, a dozen or more, refereed, in good venues like the *Journal of Marriage and Family* and the *Journal of Sexuality*. I published a lot of *good* solid refereed articles, the kind of thing that the profession wants to see. I also had a minor write-up in the *Playboy Magazine* and...

EV: [chuckles]

TK: ...a major interview with the local *Sacramento Union*, which was the most important newspaper in town here. I gave a lot of speeches. I went to conferences, presented dozens of papers all over, New York, New Orleans, national meetings. I did a lot of presentations, publishing for a while. But within the profession, all there was was pure professional interest. Nothing else. Neither did I ever come across the public lay

people, rednecks, what have you...I never encountered anything negative, attitudes saying, "What the hell is this?" You know? [chuckles]

EV: That's pretty amazing, actually.

TK: I don't know, maybe behind my back. Maybe people think... Maybe there are some people who snicker or do something bad, but I haven't experienced it.

EV: Were you aware of how the program ended or project ended? Were you involved, like did you follow up with the project at all after you left?

TK: No.

EV: You did more conversations with like Stanford and...

TK: For a few years after that, I thought that I would milk this topic for my professional advancement. Okay? That's what I did, the only empirical research really that I've done in my life that amounted to something. I was like you in grad school; I interviewed for a marriage and family project. Reuben Hill was the most famous family sociologist in the country back then. I worked on summer projects for him. I did a lot of other stuff, but this was it for me back then.

Then, for a while, when I was at UC-Riverside, which went to—I was upwardly mobile—Sac State doesn't even have a Ph.D. program, so I thought I want to go to a real university. I was hoping to become a professor at Minnesota at one time. At that time, 1971, 1972, 1973, those years, I'd go to conferences, go to Stanford, got to UCLA. In fact, every Saturday morning, we had a seminar and workshop at UCLA with Robert Stoller and other professors at the Department of Psychiatry there. We had transsexuals who would come and be interviewed by us. So I was involved in this process.

EV: What research you did on this afterward.

TK: I was just finishing writing up what I had done and, then, basically participating in conferences, but I was surrounded by physicians, surgeons, and people who did things I had no understanding of. You know, after a while, you can only do so much about one topic. I've always been a jack-of-all-trades. I just really wanted to move on to other topics. I just wrote textbooks in social psychology and recreation studies, you name it. I became a criminologist for the last twenty years of my life. I just really didn't want to spend my life on this. Okay? That's too much. That's just too much. I can't spend my whole life on one particular project.

EV: Yes, yes.

You said you were able to look at some of the patient records. Were you aware of, I guess, some of the demographics of the patients? There were twenty-five, right, who

actually went through the program? I'm curious specifically what the races in general were of the patients. Do you remember at all if there were any people of color in it?

TK: My recollection is every single one of my interviewees in it—it wasn't twenty-five; it was nineteen—was white. That's what I recall.

EV: Okay. They were all trans-women, male to female?

TK: All of them, yes.

EV: Do you have any knowledge why they decided just to do male to female?

TK: [chuckles] I have no idea, except that, to be tactful about this, it probably seemed easier surgically to do that than to do the opposite,; although, later on, that's interesting, too, because when I was at Stanford looking at the work—that was just out of, I don't know if you want to call it voyeurism or whatever, professional interest, too, maybe—I did see instances of the opposite, you know.

Again, Green, I remember, was one fellow who enlightened us about what happens when you go the other way, when he came and gave lectures in my classes at Riverside, that it was part of the abdominal skin somehow that gets used to form an artificial penis, the works in other words. I never got deeply into that...just as a spectator. I didn't want to write about it or opine about it. Actually, that's not my field. I don't have anything to say about that. But since I was part of the scholarly community that studied this phenomenon, I heard then from people like Doctor Green. That's how it goes when you're a woman going to become a man, I suppose, but, again, I know nothing about it. Always my common sense—maybe I'm wrong—and understanding was that it was a helluva a lot easier to be feminized than to go the other way, to remove something than to create something. That's just my understanding [unclear], but what do I know?

EV: That's actually generally how it's talked about, yes. [chuckles]

Can you talk a little more about...you're saying the scholarly community, at least out here with Green and Stoller...what was going on?

TK: Again, I just hope this comes out okay in the interview, because I don't want to seem to be a Neanderthal or someone who is stuck forty years ago. Since I haven't dealt with this topic for so long, all I know is what I remember from way back.

EV: Yes.

TK: Now, with all due respect to highly competent and properly motivated professionals, like Benjamin, the German endocrinologist, Stoller, one of the best know experts in this field in the country, back then anyway, and others like that, and the sociologist Garfinkel who studied Agnes for a totally different reason because he wanted to use her as the prototype of someone who constructs social reality, those are examples of good

professional people who do good work. At the same time, it seemed to me when I went to some of these meetings at Stanford and elsewhere, I saw people who saw this more as a lucrative business and who just saw this as a new market.

EV: Are you talking about doctors?

TK: Surgeons, yes, and institutions maybe. I mentioned to you maybe over the phone a few weeks ago how I remember—maybe, again I'm making too much of this; maybe I'm remembering selectively—two places, locations that came up as places where American transsexuals obtain operations if they're turned down by the highly qualified university programs in this country. If you can't get admitted to Minnesota or Stanford or Johns Hopkins or wherever where it's done properly and safely and as best as possible using state-of-the-art science, well, you know, for a \$5,000 package, you can get it done in Tijuana or Casablanca. I mean just the connotation of cities like that...I've been in both as a tourist. [chuckles] Years ago, when I was a kid, I hitchhiked down to Casablanca once.

EV: Wow.

TK: And everybody has gone across the border to Tijuana for a Mexican dinner years ago before it became drug infested. Still, those two cities don't evoke a connotation of... Maybe there are fine hospitals there, too. What do I know? But just the idea that those two names occurred that I recall... I thought wait a minute, wait a minute, that doesn't sound good.

EV: Did you have any conversations with people involved in the university programs about the surgeries happening in Casablanca or Tijuana?

TK: No, but I remember—I don't remember the names—lectures given by some of these surgeons. At Stanford, there was a fellow who stood in front of the audience. His presentation was about all his program offers, for how much money, and this, that, and the other. The total package deal was so many thousands of dollars, you know. Sign up here. That, to me, didn't seem entirely kosher.

EV: Yes.

TK: I don't know, maybe I'm wrong. [chuckles] Someone from Florida; I forget his name. Maybe the vast majority of the operations were bona fide. I don't remember where Christine Jorgenson, the first one, got operated on. In Denmark?

EV: Yes. Yes.

Were you aware of the attitudes of the people involved in, like, the university programs?

TK: Oh, the university programs, I'm sure they were perfectly fine.

EV: Yes.

TK: The university programs are just an area of specialization like anything else. I'm sure the university programs—again, I can only remember those three big ones that I've mentioned several times already—were entirely professionally done for the right reasons in the right way.

EV: Do you know if there was interaction between those programs?

TK: Well, no. Like I said, the only reason I was briefly in touch with John Money at Johns Hopkins... That's his name, right? John Money.

EV: Yes.

TK: I confuse him with [John] Moge, who was a family sociologist whom I worked with in Minnesota, who was from Boston University. But that's different ...Moge.

John Money. Now, I contacted him because I had trouble finding a publisher who wanted to publish my doctoral dissertation as a regular book, and he helped me. He just said, "Hey, look at Kando's stuff. It might be worth publishing." Because of his clout, it finally got published. So that helped me.

EV: Were you able to have any conversations about transsexuality with him?

TK: Not really. I just sent him my manuscript and I said, "Look this is what I did." He liked it. I didn't really talk about the ins and outs of transsexuals.

EV: Okay.

Once or twice you've mentioned Donald Hastings.

TK: Yes.

EV: Were you able to talk to him about his views on transsexuality?

TK: No. The only thing I remember is that he wrote a nice letter of introduction for me to admit me to the program as a student. He said, "Look, Kando here is a graduate student. He wants to study the *social* aspects of..." He emphasized that I was just going to be looking at the social aspects of this phenomenon, not the biological ones and not the psychological either. I wasn't interested in studying whether these patients had mental issues. Obviously, these issues back then were considered mental illnesses by many, you know. That's all I can do on that.

EV: Did you know Colin Markland at all or meet him?

TK: Who is that?

EV: I think he was the surgeon.

TK: Oh, really? Ah.

EV: It's a little hard to... I'm pretty sure that's right.

TK: I never even knew him.

EV: Or Lloyd [sounds like Sime], I think.

TK: I don't know any of those people.

EV: I'm not sure he was there when you were there.

TK: You can ask me how I got a hold of these patients themselves.

EV: Yes.

TK: Well, how did I do that? I got a list of them, I guess, from the hospital. I never moved beyond the clerk.

EV: Hmmm.

TK: I didn't really interact with professionals. I just got access to the people there, addresses, and phone numbers. Then, I just went ahead and contacted them.

EV: What were the patients' reactions to you?

TK: Well, I'll tell you...very positive. Now I might say something judgmental, which I might regret later on—again, maybe I'm wrong. There is a great deal of eagerness among these people to talk about themselves. Of course, it's probably because they're hurting. So anyone who comes at them as a professional saying, "I'd like to interview you..." They're the opposite of many other people who would just say, "Get lost. My privacy, I protect." No. They prefer to talk about themselves and their condition and their aspirations and their hurt and what they want. Usually, I could see if there was a bias in one direction. Rather than wanting to not talk to protect themselves, it's the opposite and they want to open themselves up. I don't know if they would react the same way to journalists, with the media. But certainly with me, it was easy to access them, because they were so eager to talk. I don't know if you can generalize and say that this is... In the case of the people I talked to, most of the time, that's how it was.

EV: What was their general attitude about the program?

TK: I'm sure it was positive. They probably saw it as a privilege, because, look, the cost alone, again, if you had to go to an alternative route of doing this privately either within

the U.S. or in those nefarious places overseas or not nefarious, wherever, it would be very costly and not as well done, maybe. I think they were extremely happy to be part of this.

EV: Do you know of any private doctors who were performing surgeries at that time, outside of the University clinics?

TK: I don't know any. I can't remember the names. I mentioned already a couple times this one person who was doing it in Tijuana. He was a Mexican fella. That's all I remember. I saw him at Stanford. So who knows? He may have been excellent and good and morally and ethically right. He was in private practice doing it.

EV: What were your impressions of Doctor Robert Stoller?

TK: Oh, outstanding. He was totally the expert, a professional. At that time, there were quite a few graduate students of mine at UC-Riverside and my colleagues who knew that I was studying this phenomenon. In fact, when I went for a job interview, my presentation—you had to make a presentation—was about this subject. So at some point, several months later—I'd been teaching there for a while—there was a person who either came to one of my classes or who came to my office who was a transsexual, but pre-op. He had not been operated upon yet. He wanted to meet me. I said, "Ah, let's go down to the UCLA gender clinic on Saturday together and I'll introduce you to Robert Stoller and the other group there." So we did. I took him. That was one of the weekends when we met every Saturday. Each Saturday, we would interview one or more transsexuals or potential applicants. So that time, I brought one with me; I brought this young man. He was a young man at the time. Then, we had this big interview, the whole group did. Stoller and I and others interviewed this young boy.

EV: What kinds of things were asked in that interview?

TK: I have no idea [unclear]. Probably the typical questions of why, and his background to ascertain whether it was frivolous or not. It seemed to be genuine. He seemed to be a genuine transsexual. I don't remember what happened, whether he was admitted or not to any program for feminization later. He wasn't a flake or a fake. He was [unclear]. Yes, the typical conversation would be to make sure, to find out why he wanted this, and how his life had proceeded up to that point.

EV: Was UCLA doing surgeries at that point? I'm not really clear about that.

TK: I'm not clear about it either. I only went to the Stanford Hospital, and at UCLA, I only had the experience of meeting with the members of the Department of Psychiatry and Stoller.

EV: Okay.

The interview that you're talking about, who was involved with that? It was for some sort of admittance to the program at UCLA, which may or may not have been surgery.

TK: That could be. Well, as I recall what we did on Saturday mornings there at UCLA, the Department of Psychiatry, with Stoller and others was to interview a whole bunch of... Every week, we'd interview a transsexual. I don't know...there was also a school back then, maybe more than now, that felt that psychiatric treatment was the way to go.

EV: Yes.

TK: So it could have been that. Like you, I don't remember whether UCLA was in the business of operating at that time or not. Stoller, of course, is a psychiatrist. He's not a surgeon.

EV: Yes.

I think that's actually all the questions I have. Is there anything that you can think of about either the Minnesota program or any of the other university programs that I didn't ask about and you think we could talk about?

TK: Well, I just don't know anything about the current status of this phenomenon. Are people being operated upon and what about the numbers? I have no idea. I was wondering back then. Are we talking about thousands of people who undergo surgery these days?

EV: Yes.

TK: In many different hospitals around the country?

EV: Yes.

TK: Really?

EV: Yes.

TK: So it's become a much larger phenomenon.

EV: Yes. The historical work that's been done on this really understands the University program as sort of the time period that made transsexual surgery sort of legitimate for a certain realm in U.S. medical circles. It was happening prior to the 1960s in Europe. So, now, it's a lot more dispersed. It's not centered at universities, at least as much. There's a lot of different schools of thought about how to treat people and sort of what programs...what the steps are to surgery and what counts as legitimate trans... [laughter]

TK: So then, we have many transsexuals who have undergone the transition and who function in all walks of life as feminized women or masculinized men, and that's it. They go on with their new gender status?

EV: Yes, and there's a lot of people who still strongly identify as trans, and live their life openly that way in various ways, which is definitely a big change from...

TK: And the law is okay with this in all fifty states?

EV: No.

TK: No?

EV: Well, I mean it's legal, the surgery.

TK: But changing your identity, your driver's license, and all that stuff?

EV: It's extremely complicated.

TK: It is?

EV: You can do it on most identity documents. It's different in every state for every identity document. It's even two different things in New York, because for a birth certificate in New York City, you have a different requirement than New York State. One of the things that I wrote my master's thesis on was court decisions about marriage and whether a marriage between a transsexual person and a non-transsexual person was legal. In almost all of those cases, except for the first one which was in 1978, they found that the legal sex of the trans person was what they were assigned at birth and not what they identified as or what they transitioned to. So the law is really very complicated.

TK: It would be like gay marriage, which is illegal in many jurisdictions, and this would be considered a gay marriage now if that person's birth sex is what matters, right?

EV: Yes.

TK: Oh! I was going to mention one interesting case that I recall, as well. One person was married to a man who didn't know that she was not a natural born female at birth. That, to me, seems very tricky because what if you got really pissed off after finding out. Would you annul the marriage immediately or what, arguing that his wife is a fraud? That could happen, right?

EV: Oh, yes. [chuckles]

TK: I remember that one of my people was in that situation.

Oh, and you know what one of the core concepts in my book was? The whole idea of passing. Sociologically, I think that's an interesting idea, like when light-skinned black folks pass for white. Historically in the past, this was much more desirable than now. Hopefully, racism has declined so much. That was something that I was hanging much of my work on, the concept of passing and how to manage that.

This case, then, would be the ultimate example of that, when the husband doesn't really know, right?

EV: Passing is a really common language talked about now within trans communities.

TK: Yes.

EV: Was that something that you encountered and, then, sort of thought about sociologically or is that something that you...?

TK: Well, no, because we learn about passing in college, you know. You're right. Now, everybody knows what it means. I think it comes out of sociology. A lot of things come out of sociology. Even the whole concept of self... I claim people like George Herbert Mead and others were the first to talk about... sociologists came up with the idea of self, self-esteem, self-concept, all these very interesting and very important words, and passing is one of them. Yes, I always thought about passing, concealing your previous identity, and trying to adopt a new identity, claiming that it is your true identity, and, then, of course, the problem is having others validate it. That's where the struggle comes, because others..."No, I don't buy it. You're not what you claim to be. You're what you used to be." [chuckles] All that stuff, I think that's the most interesting theoretical discussion about these things.

EV: Did the trans-women that you talked to use that language?

TK: Let me see if they ever did. Well, I always, even back then, wanted to be politically correct or morally correct and that is to not in any way argue that, "Hey, what you're born is what you are. Don't bullshit me. You're now a fraud." That's a terrible thing to say and to feel. So I would never at any moment have presumed to tell somebody, "You're passing" or "You're not a true woman no matter what you claim." I would never confront them with such a statement. I don't know whether they themselves know or are always totally convinced, because society's pressure is so powerful that you could still feel that, well, if I'm not accepted as a true woman, maybe I'm not. We probably talked about this phenomenon sometimes. I forget what kind of question...

I had a whole interview schedule—I should have looked it up before you came—about what questions I asked. I asked a long list of questions, but maybe it was more about... No, it couldn't have been less about where they came from and how they grew up, because that's a psychological question. "How did your parents raise you? Did they dress you up in pink clothes even though you were a boy? Maybe that's where the problem started. Your parents made you into a transsexual." That kind of stuff, right, to say that your parents made you gay. No, [I was not focusing on the past causes of the subjects' becoming transsexuals]. Since my work was about post operative...

Oh, I know. Well, you read my book [*Sex Change: The Achievement of Gender Identity among Feminized Transsexuals*]. There's a lot of disagreement about it. I've been

criticized for this. Maybe rightly so. Maybe I would say different things now, but I found a certain degree of conservatism among the feminized transsexual. [Many of the feminized transsexuals I interviewed were the opposite of liberated feminist women.] Maybe it was true back then. Maybe it's no longer that way now. Maybe there's more militancy now. But back then, maybe the majority of gays preferred to stay in the closet. Similarly, transsexuals wanted to be super women, you know?

EV: Yes.

TK: And even not have a job, because a career woman was still revolutionary. A woman's place was in the home. We're talking about 1968, 1969. So I detected this kind of reactionary conservatism. But, like I said, people have been writing to me for years about how wrong I was about that. Well, I'm sorry but that's what I saw among the people I interviewed.

You asked me whether we talked about passing.

EV: Were there any groups outside of the University in Minnesota or Minneapolis that were working with transsexuals, any sort of community formation?

TK: I can't remember any. No. I don't remember any other groups that I was aware of.

EV: There probably weren't any. [chuckles]

Were any of the women that you know of involved with other women or was it they were heterosexual after transitioning?

TK: Well, there's always been that question about the differences in the relationship between sexual preference and transsexualism. That's the whole thing I was trying to say a minute ago. I think there were some that, not all of them but several, maybe many, who were pretty homophobic, which is almost silly, almost a paradox, refusing to say that what they had been prior to their transition was just gay...

EV: Right.

TK: ...because since they were, of course, never a man from birth on, but just trapped in the wrong body and all that, that made them non gay. Being attracted to another man, even though you were born with a penis, doesn't necessarily make you gay if the penis doesn't indicate that you're a man. You're actually trapped in the wrong body, so you're already a woman. Then, you're hetero. There was this kind of thinking.

EV: Did any of them identify as lesbians or anything like that after or at any time in their life?

TK: They undergo a sex change operation. They're now a woman and now they date women afterwards?

EV: Yes.

TK: I don't remember among my people, but that was also another combination that I know I've come across either somewhere else or maybe just reading about it. Yes, then that would have made them heterosexual males before the operation and after the operation, they continue to be attracted sexually to women, so they have changed from being a heterosexual man, biologically anyway, to becoming a lesbian.

EV: Yes.

TK: I don't recall any of my people dating other women after their operation. That I don't remember.

EV: Did you have any conversations in your experiences with other people doing this work about the possibility of people transitioning and, then, being gay or lesbian?

TK: I don't remember discussing that, but, like I said, the whole idea that you just brought up now rings a bell. Yes, I'm sure I talked about this at one time or another. It is a quite plausible scenario. That is quite a plausible scenario. It's so complicated, you know. If you're attracted to women as a male before you undergo feminization, then why would you want to undergo feminization?

EV: This is actually one of the bigger changes in some ways in the way that medicine approaches transsexuality, because during the time period in the, like, late 1960s, early 1970s, people who would be identified...who would end up being gay after they transitioned, that was like a prohibitive thing. That would cause them not to be able to access surgery, sometime. Now, that's generally, although not always, not the case. It's that people have gender identity that different from their sexual identity. Yes.

TK: Yes, I know my question sounds stupid. It would be a layman's question, but it was a rhetorical.

EV: Yes. Yes.

TK: I know exactly the answer that you mention. Okay, your gender identity is one thing. Then, so be it. You're a biological male from birth on and you're attracted to females, but you feel like you're a woman in your self. It can happen. So then you undergo surgery and, then, you become a lesbian. You're a de facto lesbian then.

EV: Yes.

TK: Yes, I can see that possibility. Initially, the authorities didn't buy that?

EV: No. They weren't very happy about making gay people. [chuckles]

TK: Right, making gay people. Who knows? What the hell. Yes, it's very complicated.

EV: Is there anything else then?

TK: No. I can't think of anything. I hope you got something out of this.

EV: Yes. It was very interesting.

TK: There's not so much I gave you about the institutional connections I had there. That's really not much.

EV: It's interestingly difficult to find information about it.

TK: Yes.

EV: Is there anyone that you can think of that might know about the program...more?

TK: At Minnesota?

EV: If they're still alive, yes. Unfortunately, Donald Hastings is not.

TK: Oh, they're all gone. Martindale is dead. I have very, very little contact with people at Minnesota anymore. In the department, even Gary Alan Fine is gone. He's at Northwestern...

EV: Who is he?

TK: Gary Alan Fine, F-i-n-e. He was at Minnesota for many years. But it's all sociology, you know.

EV: You say he might know something about the program potentially?

TK: I doubt it.

The woman who was there forever—again, she may be dead and certainly retired—Joan Aldous was a family sociologist...A-l-d-o-u-s.

EV: Okay.

TK: She was... She might steer you to somebody else if she's still around. I can't think of anybody else.

EV: Okay. Thank you.

TK: It was my pleasure. I hope you got something out of this and I also hope it's going to be relatively professional that I gave you and, you know, not negative.

EV: It's very interesting what you told me.

[End of the Interview]

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