

Dr. Katie Spencer  
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

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1 Andrea Jenkins -AJ  
2 Dr. Katie Spencer -KS  
3  
4 AJ: So good morning.  
5  
6 KS: Good morning.  
7  
8 AJ: My name is Andrea Jenkins. I am the oral historian for The Transgender Oral History Project, uh,  
9 at the University of Minnesota. Today is February 29<sup>th</sup>, 2016. It's Leap Day.  
10  
11 KS: Yeah. It's Leap Day. Cool.  
12  
13 AJ: Yeah so this is sort of a unique day.  
14  
15 KS: [Laughs].  
16  
17 AJ: I am sitting here, uhm, having a discussion with, uhm, an esteemed, uh, academic here at the  
18 University of Minnesota Katherine, Dr. Katherine Spencer. And Dr. Spencer, uh, works at the  
19 Center for Sexual Health, Program in Human Sexuality at the University of Minnesota. And so,  
20 Dr. Spencer, this is uh, a departure from, uhm, most of the interviews that we have been doing  
21 at— up to this point in time but I think it's a good, uhm, a good departure. We've done fifty-two  
22 interviews to date...  
23  
24 KS: Wow.  
25  
26 AJ: ...with trans and gender non-conforming people. And so I felt like it's a really good time now to  
27 take a step outside of the lived experiences of, uh, trans and gender non-conforming people to  
28 talk to, uhm, a professional who has spent their, uhm, their academic career and their  
29 professional career thinking about working with talking to, uhm, transgender individuals. Uhm,  
30 and thinking about the issues that affect those communities. Uhm, and, and how the future of  
31 transgender health is progressing. So with that long introduction... [Laughs].  
32  
33 KS: [Laughs].  
34  
35 AJ: ... I'm gonna ask if you can introduce yourself, state your preferred gender pronouns, state your  
36 gender identity as it is today, and, in keeping with the questions that I ask all of my other, uh,  
37 participants to date, what was your gender assigned at birth?  
38  
39 KS: Okay. Uhm, my name is Katie Spencer, and I prefer she and her pronouns. Uhm, I identify as a  
40 cisgender woman and a femme. Uhm, female identified. And I was assigned female at birth. Is  
41 that everything or...  
42  
43 AJ: Uh, you were assigned female at birth?  
44  
45 KS: Right, I was assigned female at birth.  
46  
47 AJ: Yeah.

1  
2 KS: And I identify as a female and as a woman.  
3  
4 AJ: Awesome. [Laughs]. Uhm, one of the questions that I have found helpful to get us sort of in a  
5 reflective mood is can you tell me what is the earliest thing you remember in life?  
6  
7 KS: The earliest thing I remember in life? Just in general?  
8  
9 AJ: Yeah, earliest memory.  
10  
11 KS: Oh god. That's actually really hard. Uhhh, just to get reflective, early memories. Uhm, I don't  
12 remember like a time from when I was, like, really little but I guess I remember around the  
13 period of time when I was, like, four, five, like that comes to mind. I lived in Farmington,  
14 Missouri, which is like a small town [laughs]...  
15  
16 AJ: Uhuh.  
17  
18 KS: ... uhm, south of St. Louis, Missouri. Uh, and so I have a lot of memories of, like, living there in  
19 Farmington, and like, hanging out with my brothers and, you know, just like playing. I used to  
20 like catch frogs and [Laughs].  
21  
22 AJ: [Laughs].  
23  
24 KS: I really love frogs.  
25  
26 AJ: Wow.  
27  
28 KS: And like ride my bike and hang out with my dad and like play house with my brother and like  
29 [laughs] stuff like that.  
30  
31 AJ: Wow.  
32  
33 KS: Yeah.  
34  
35 AJ: Cool. Uhm, so, uhm, pretty typical middle America upbringing you would say?  
36  
37 KS: Uhm, I guess. Yeah. Yes. I, you know, lived in, in the Midwest. I moved around a lot when I was a  
38 kid. So I remember when my parents got divorced when I was like nine or ten and so there was  
39 some... I mean, I guess, that's typical for like half of people, right? [Laughs].  
40  
41 AJ: Okay, yeah. It is.  
42  
43 KS: Yeah and moving around a lot. I feel like I know a lot of people who stay, like grew up in one  
44 place. Uhm, and I don't know. Like, moving around a lot like, you know, like, for a period of time  
45 I moved like every like eighteen months.  
46  
47 AJ: Wow.

1  
2 KS: You know? And so I think having moved a lot and like been in different places, all in the  
3 Midwest, uhm, so like shaped by that.  
4  
5 AJ: Mhm.  
6  
7 KS: But, uhm, and shaped by sort of like, midwestern white suburban culture. You know, that was  
8 like part of my experience but, uhm, that moving around like I had to like sort of figure out how  
9 to like be, uh, an observer of like different social groups and how to like get into that. [Laughs].  
10 So I don't know that's something that has served me well.  
11  
12 AJ: Oh cool. Cool. So, you know, I, I mentioned that, uhm, this is a bit of departure and just to be  
13 real clear, you, you don't identify as a transgender person? True?  
14  
15 KS: No, yes, I do not.  
16  
17 AJ: But, you know, one of the things that we, we sort of laughed about prior to rolling our cameras  
18 is that everyone has a gender identity.  
19  
20 KS: Mhm.  
21  
22 AJ: So when did you recognize your— when did you first recognize your gender identity?  
23  
24 KS: Oh, I love that I get to talk about this. It's fun. Uhm, uh, well, I mean, I was always aware. I talk  
25 about this all the time cause when I do education and training and teaching I always talk about  
26 how everybody has a gender identity, and it's one of the things, like, here being part of the  
27 medical school when I talk medical students and teacher providers that I really want them to be  
28 aware of that we all have a gender identity, that we all have a sexual identity. Cause I think cis  
29 people and heterosexual people don't think of that, they just sort of take it for granted.  
30  
31 AJ: ... take it for granted.  
32  
33 KS: Right. And I think around, like, gender identity, you know, in particular, you know, like...  
34  
35 AJ: Sure.  
36  
37 KS: ... sometimes people will be like, "Oh," they recognized different sexual orientations but don't  
38 recognize their own cis-ness.  
39  
40 AJ: Yes.  
41  
42 KS: So for me when I was a little girl I was super feminine and, like, female identified. So like I  
43 refused to wear anything but dresses.  
44  
45 AJ: Wow.  
46

1 KS: I would get into my, uhm, great grandmother's, like, makeup shit, like white powder and red  
2 lipstick. [Laughs].  
3  
4 AJ: [Laughs].  
5  
6 KS: And my future self—  
7  
8 AJ: That's so great though.  
9  
10 KS: I knew what I wanted, uhm, and so, like, there's this story in my family that, like, on the first day  
11 of kindergarten I, like, showed up and I, like, put my grandmother's makeup on. Uhm, and I was  
12 like...  
13  
14 AJ: Is that right? [Laughs].  
15  
16 KS: ... I'm ready for school. Yeah. It may or may not be true, but it makes for a really good story.  
17  
18 AJ: Okay.  
19  
20 KS: Uhm, and I remember, yeah, I just remember, like, really being, like I identified with girls and  
21 like having all other girlfriends. You know, I had like a lot of guy friends like in high school but  
22 that was like a different thing. Like just always, you know... Uhm, and I talk about this a lot with  
23 friends too that like I think my gender identity, like being very like femme or— I didn't have  
24 language for like femme at the time...  
25  
26 AJ: Mhm. Mhm.  
27  
28 KS: ... or conceptualization of my queerness like in high school around puberty. Uhm, but I knew  
29 that I felt very woman and female identified and that my body felt like congruent for me. But I  
30 was fat. I was like a chubby kid.  
31  
32 AJ: Mhm.  
33  
34 KS: And so like the intersection of sort of like fat phobia and like that femininity ideals of being like  
35 thin...  
36  
37 AJ: Ahh.  
38  
39 KS: ... especially growing up in like primarily, primarily like white middle class, middle, you know,  
40 midwestern America.  
41  
42 AJ: Uhuh.  
43  
44 KS: You know, so like being really thin, and this was like the nineties.  
45  
46 AJ: Right.  
47

1 KS: So it was like, you know, Kate Moss kind of business.  
2  
3 AJ: Yes. [Laughs].  
4  
5 KS: Uhm, but that, so that femininity was sort of like off limits for like fat girls. Like that that  
6 somehow made you not feminine or like if you were to appear feminine. Like that that  
7 intersected also with like sexuality like sort of like a brazenness around sexuality.  
8  
9 AJ: Mhm.  
10  
11 KS: So I think all of those things were like percolating for me and really about when I was eighteen  
12 and I discovered feminism and I was like, "Oh yay! That makes sense to me! Yay!"  
13  
14 AJ: Okay. Right. [Laughs].  
15  
16 KS: Uhm, and then like figuring out like, you know, body positivity, fat positivity. And then like in  
17 college like getting into like gender studies and being a huge feminist and an activist and like  
18 coming out as queer.  
19  
20 AJ: Oh wow.  
21  
22 KS: All of that stuff intersected so I think, uhm, this is like... I graduated from college in '99.  
23  
24 AJ: Huh.  
25  
26 KS: And I remember in my psych of women class, uhm, so when I was like twenty. So it was like '97.  
27 It was 1997.  
28  
29 AJ: Mhm.  
30  
31 KS: Uhm, my teacher brought in her friend who was part of the Transsexual Menace.  
32  
33 AJ: Oh wow.  
34  
35 KS: And she had a Transsexual Menace t-shirt on, and she was like fierce as fuck. She was amazing.  
36  
37 AJ: Okay. It wasn't Riki Wilchins?  
38  
39 KS: No, it wasn't Riki. This was in Madison, Wisconsin.  
40  
41 AJ: Okay, uhuh.  
42  
43 KS: So it wasn't Riki Wilchins.  
44  
45 AJ: Who was the, sort of...  
46  
47 KS: Right, right.

1  
2 AJ: ... identified founder of, or self-identified founder of Transsexual Menace.  
3  
4 KS: Yeah, yeah.  
5  
6 AJ: Yeah.  
7  
8 KS: Yeah, but I remember meeting her and her like coming to talk to my entire class and just being  
9 like woah. Like she was so great and the way that she talked about like gender and sexuality and  
10 like trans issues, that was really I think a point, one of the first points where I feel like I was  
11 moving more towards that. And I didn't like know as many... I don't think I knew trans identified  
12 people at that time at least to my knowledge but I think coming out as queer and then  
13 expanding that, like then I had more friends who were like genderfluid, genderqueer, uhm, sort  
14 of more, like, my family, my chosen family sort of expanded to include that. So I think me being  
15 aware of my own gender identity and like, uhm, you know, identifying as femme and getting  
16 involved in femme organizing and like queer organizing. That's like— I think my language  
17 evolved over that time. But it's, I think I was always aware of being very like femme identified  
18 from when I was like little.  
19  
20 AJ: [Laughs]. Oh wow.  
21  
22 KS: And that was pointed out, you know, just in my family. You know, cause my mother— I have  
23 brothers and I have two brothers and my mother was like kind of not into feminism and not into  
24 like girly girl feminist stuff.  
25  
26 AJ: Right. Yeah.  
27  
28 KS: So it was always like different in some ways. I got push back about that.  
29  
30 AJ: So you felt a little at odds with your sort of fam— familial structure?  
31  
32 KS: Yeah, yeah.  
33  
34 AJ: How many siblings?  
35  
36 KS: Well I have two brothers.  
37  
38 AJ: Uhuh.  
39  
40 KS: Uhm, an older brother and a younger brother so I'm in the middle. And then I have, uhm, step-  
41 siblings too so. But I'm not as close with them. I didn't grow up as much with them.  
42  
43 AJ: Sure. Are any of your siblings queer identified or otherwise?  
44  
45 KS: No, they like super straight white cis men who work in like, you know, capitalist infrastructure.  
46 [Laughs].  
47



1 AJ: Okay.  
2  
3 KS: But they're very nice. They try very hard.  
4  
5 AJ: Uhuh. [Laughs].  
6  
7 KS: [Laughs]. They work in like, uh, IT in like computer stuff. They live in St. Louis, Missouri.  
8  
9 AJ: Okay. So your family is still in Missouri?  
10  
11 KS: Yeah, most of my— my dad and my mom, even though they don't live together. My dad lives in  
12 Cape Girardeau, Missouri which is like south. It's—  
13  
14 AJ: Cape?  
15  
16 KS: Cape Girardeau.  
17  
18 AJ: Girardeau.  
19  
20 KS: Yeah.  
21  
22 AJ: You might need to spell that for my, uh, transcriptionist.  
23  
24 KS: [Laughs]. Oh, no. It's Cape. C.A.P.E. Girardeau. G.I.R.A.R.D.E.A.U.  
25  
26 AJ: Okay.  
27  
28 KS: Cape Girardeau. It's French. It's on the river.  
29  
30 AJ: [Laughs].  
31  
32 KS: Anyway, yeah, they all live in Missouri.  
33  
34 AJ: Cool. Uhm, so, uhm, where did you go to college?  
35  
36 KS: Uhm, I started at going to Southeast Missouri State...  
37  
38 AJ: Okay.  
39  
40 KS: ... which is like a very— it's in Cape Girardeau cause my parents were divorced and I lived with  
41 my mom in Wisconsin at the time.  
42  
43 AJ: Mhm.  
44  
45 KS: And my dad wanted me to live down south with him so I lived there for two years. That was  
46 really hard. I didn't have any friends. [Laughs].  
47

1 AJ: Awe.  
2  
3 KS: Felt like a weirdo.  
4  
5 AJ: Awe.  
6  
7 KS: It was a very small town and like very conservative.  
8  
9 AJ: Uhuh. Wow.  
10  
11 KS: And then I went to Madison. So I transferred to the University of Wisconsin in Madison and  
12 finished up my time there. Uhm, and then I did my PhD in Counseling Psychology at the  
13 University of Missouri, Columbia...  
14  
15 AJ: Hm.  
16  
17 KS: ... which is like a, it's like a town, it's in the middle of Missouri. It's like the state— it's like the  
18 University of Minnesota of the Twin Cities.  
19  
20 AJ: The big...  
21  
22 KS: The flag ship school or whatever.  
23  
24 AJ: Okay, uhuh.  
25  
26 KS: Yeah.  
27  
28 AJ: Uhm, when did you realize you wanted to understand and work with the transgender  
29 community?  
30  
31 KS: I think it started, I mean, I tell this story whenever we interview postdocs here that, you know, I  
32 forget what year it was. Like second or third year of grad school. So I started grad school when I  
33 was like twenty-two so I was like twenty-five...  
34  
35 AJ: Mhm.  
36  
37 KS: ... I don't know what year though. I'd have to do the math. Whatever. 2002, 2003.  
38  
39 AJ: [Laughs].  
40  
41 KS: Uhm, uh, I sent Eli Colman an email...  
42  
43 AJ: Uhuh.  
44  
45 KS: ... and I said, "What do I need to do to get a job there?" Like, you know.  
46  
47 AJ: Okay.

1  
2 KS: Like I've looked, I wanted to work in like gender and sexuality studies so I was like getting, I  
3 mean, I was queer identified. I was in queer community. I wanted to work with like LGBT  
4 community in some way.  
5  
6 AJ: Mhm.  
7  
8 KS: And I was really into like sexuality...  
9  
10 AJ: And you... Uhuh.  
11  
12 KS: ... sex education. What were you going to say?  
13  
14 AJ: No, I was just going to interrupt you and say, "And you were a smarty-pants and you knew you  
15 wanted to pursue a doctoral."  
16  
17 KS: [Laughs]. I knew what I wanted, yeah. I think, well I started with the master's program and then I  
18 did, as part of my master's program I worked with my advisor, Roger Worthington, who is  
19 awesome. He's at, uh, he just moved. I think he's in Massachusetts now. Anyway, uhm, so oh,  
20 Maryland. Uh, anyway, but so I did this climate study. This was back when— Sue Rankin who  
21 actually did, was part of the first like trans discrimination survey.  
22  
23 AJ: Uhuh.  
24  
25 KS: You know, she, and I think she's on the second one too that they just finished. She's like a  
26 researcher.  
27  
28 AJ: Yes, I just did a panel with Sue.  
29  
30 KS: Oh wow. Cool. Well she did— this was back in like the early 2000s. She was doing like LGB, like  
31 climate studies at like different universities. And so we did that at the University of Missouri,  
32 and that's what I did my master's thesis on was like about like sort of coming out and  
33 experiences around coming out and campus climate. And so as part of that my advisor was like,  
34 "Have you ever thought about getting a PhD? You should do that." And so I was like, "Okay."  
35 And so then I applied. So yeah, but that's how I ended up doing that. And I realized that I  
36 wanted to do my PhD or my dissertation on gender. Like I was always just like fascinated by  
37 gender. Part of it was about like my own gender process but then also just having like, uhm,  
38 gender non-conforming and genderqueer trans people in my life, you know? Just like friends  
39 and, uhm, partners and people I was close to so— and this was, you know, I think there was a  
40 lot of like activism around that at the time like critiques of the DSM...  
41  
42 AJ: Mhm.  
43  
44 KS: ... the Diagnostic and Statistical Manual which has the diagnosis at the time. It was called Gender  
45 Identity Disorder.  
46  
47 AJ: Right. And what was the critique around that?

1  
2 KS: Uh, the critique was just that it, you know, placed, uh, transgender people as a disorder you  
3 know. Uhm, and so the new term is Gender Dysphoria. So it was like naming sort of the  
4 incongruence and the distress around physical body and internal gender identity but in the past,  
5 like, and the way that it was written in the DSM was just like pathologizing and didn't have the  
6 input of any trans people like when they made up the diagnosis.

7  
8 AJ: Sure.

9  
10 KS: And like all the treatment at the time... I mean this was, in the early 2000s it's still really was like  
11 more dominated by a like medical model pathologizing like, uhm, hierarchical. You know there  
12 wasn't like— there were activists like getting organized to push back on some of those things  
13 but not a lot of it had gone through completely.

14  
15 AJ: Mhm. So, at, so in the early 2000s, uhm, some of the more common things that people know  
16 about gender transitioning, uh, were still in effect like the life tests...

17  
18 KS: Oh yeah. Gosh yeah, I would have to even like, which— so the Har— it was still the Harry  
19 Benjamin Society, I think, at that time.

20  
21 AJ: Mhm. Yeah.

22  
23 KS: Uhm, and the standards of care, uh, yeah, I don't even know which version— I would have to go  
24 back and look. See this will be good because it will be but, uhm.

25  
26 AJ: Yeah, right, exactly.

27  
28 KS: Uhm, I mean just as a graduate student, me being involved in like activism and challenging that,  
29 I wasn't as fluent in that conversation, but yes it was like a real-life test. Like you had to live for a  
30 year or two years to like get hormones or get surgery. Like there were all these sort of like  
31 gatekeeping like barriers and not a lot of analysis or critique of like how that placed a burden on  
32 trans people to have to navigate these systems and like yeah.

33  
34 AJ: Mhm. And I know a lot of people think, you know, a lot of trans identified people, uhm, felt like,  
35 uhm, they were compelled to, uh, conform to a certain sexual identity as well as a gender  
36 identity. Can you, can you talk a little bit about that. Like—

37  
38 KS: Yeah, well, there was, I mean, I think, my, what I've heard cause I'm like, I love history of things  
39 and I know this, that is part of the history of this place. There was like a panel, like you had to go  
40 in front of a panel of providers...

41  
42 AJ: Right.

43  
44 KS: ... and just even meeting with like a therapist, they felt like you had to present yourself to  
45 conform to sort of the norms of like normal femininity or normal masculinity...

46  
47 AJ: Right.

1  
2 KS: ... and what's mapped onto that is heteronormativity so like people were like you had to, you  
3 were expected to sort of be heterosexual.

4  
5 AJ: Yes.

6  
7 KS: And it's reflected in the research a lot too which is like people were just like fascinated with  
8 trans people's sexual— who they were having sex with. Like in the DSM like you had to like the  
9 diagnosis you had to, uhm, signify if you were a transsexual attracted to men or to women or to  
10 both.

11  
12 AJ: Uhuh.

13  
14 KS: Why was that part of like the diagnosis?

15  
16 AJ: Right. Exactly. [Laughs].

17  
18 KS: Anyway, so yes, there was lots of like pushback against all that stuff. And, I'll just add, I mean, I  
19 think it's a big part of, you know, what we're trying to do now of like this gender affirmative or  
20 trans affirmative developmental models so it's about across the lifespan and a component of  
21 that like one of the major like foundational structure of like that model that we have here is  
22 about pleasure based sexuality that, you know, trans people deserve to have or have an  
23 inherent right to have like pleasurable sexuality, full expression of sexuality.

24  
25 AJ: Mhm.

26  
27 KS: So I think there's been an obsession with like sexual orientation identity and then there's been  
28 like a focus on like, uhm, STI stuff, like sexual transmitted infections and HIV stuff.

29  
30 AJ: Uhuh.

31  
32 KS: And there hasn't been as much work, I'm thinking about like how do people, how do trans  
33 people experience their bodies and negotiate sex and have pleasurable, great sex with people.  
34 [Laughs].

35  
36 AJ: Mhm. Right.

37  
38 KS: So that's one of the things we're trying to do now is like—

39  
40 AJ: So that's what this trans affirmative or gender affirmative model—

41  
42 KS: That's one of the components, yeah.

43  
44 AJ: Uhuh.

45  
46 KS: Yeah, there's four components. That's just one of them.

- 1 AJ: Yeah, so what are some of the other ones?  
2
- 3 KS: Uh, the other, there's the beyond the binaries so that we see gender as a spectrum, as a full  
4 spectrum and there's, you know, people are everywhere on there and so, uhm, and that, that's  
5 great and lovely and part of the natural like full expression of gender identity. Uhm, and then,  
6 you know, your gender identity can be different than your gender expression and it's usually like  
7 a mix of things and that's cool.  
8
- 9 AJ: Right.  
10
- 11 KS: We're cool with that. That's great.  
12
- 13 AJ: Yes.  
14
- 15 KS: [Laughs]. We want to support that.  
16
- 17 AJ: Uhuh.  
18
- 19 KS: The other part is gender literacy. So in that like lifespan model too that we believe that gender  
20 is— becoming literate or having a critical consciousness about like gender norms and like how  
21 gender functions in society and what our gender identities, and that everyone has one.  
22
- 23 AJ: Uhuh.  
24
- 25 KS: And that like how society is shaped around gender like gaining a critical consciousness and skills  
26 to be able to name that...  
27
- 28 AJ: Sure.  
29
- 30 KS: ... is a powerful tool for trans people and cis people.  
31
- 32 AJ: Uhuh.  
33
- 34 KS: Uhm, and so that is something that we practice here is like, you know, talking to people about  
35 those things. Uhm, and that that can, uh, foster resiliency to stigma. So if you could name like  
36 certain oppressions like sexism and trans misogyny and like all of this stuff. If you can name it  
37 and see it and, you know, then that will help you be more resilient to it.  
38
- 39 AJ: Uhuh.  
40
- 41 KS: You know, because you're like, "Okay, like that's something that's happening. It's not me."  
42
- 43 AJ: Right.  
44
- 45 KS: "It's not my fault."  
46
- 47 AJ: This is, this is the world.

1  
2 KS: Right, right.  
3  
4 AJ: It's not, it's less internalized I would say.  
5  
6 KS: Right, right. So beyond the binary gender literacy, uhm, pleasure based sexuality and, oh this is  
7 embarrassing I'm forgetting the fourth one. You'd have to like look in the article. [Laughs].  
8  
9 AJ: [Laughs]. Okay.  
10  
11 KS: Oh, what's the— I think, oh! It is, it is resilience, resiliency to stigma. So that's another thing, like  
12 just looking at like minority stress, so the impact of like, uhm, multiple oppressions so, you  
13 know, being a part of different— like how your identities are experienced within the world in a  
14 world that is white supremacist and heteronormative and, you know, classist and like all the  
15 different oppressions and how that effects people's experience of the world and like their health  
16 outcomes and like supporting people to be resilient to those things.  
17  
18 AJ: So it sounds like it's, uhm, intersectional approach...  
19  
20 KS: Mhm.  
21  
22 AJ: ... to understanding gender identity. Uhm, how, how prevalent is this model or is this theory—  
23  
24 KS: Or is it just making it appear. [Laughs].  
25  
26 AJ: [Laughs].  
27  
28 KS: Uhm, well that model—  
29  
30 AJ: ... in the boarder movement for transgender health?  
31  
32 KS: Uhm, I actually think it's like gaining traction. I, uhm, and more and more people are seeing it  
33 that way so it's not that, uhm, like everybody is, uh, but my hope is that's more and more how  
34 people are thinking. I think like the current like research themes or the current like, uhm,  
35 practice themes. So there's people who do research and there's people who do clinical practice  
36 and some people do both. [Laughs].  
37  
38 AJ: [Laughs].  
39  
40 KS: But, uhm...  
41  
42 AJ: You're one of those people who—  
43  
44 KS: Well supposedly I'm both but I'm way more of a therapist. I'm more of a clinician than I am a  
45 researcher. So we're trying to like, we're actually trying to do like this lifespan— We're trying to  
46 put all those things into practice here and then look at like what are the outcomes for people  
47 over the long-term for that. So we're doing more of that here. But so I think that the minority

1 stress model. Uhm, definitely is getting more traction. I think people are thinking more  
2 intersectionally. Uhm, and different facets, it depends on where you're coming from. Like I think  
3 that public health does like a good job. I think counseling, psychologists do a good job of talking  
4 about that. Like they're sort of based more on looking at that. So having a more biopsychosocial  
5 approach. Uhm, you know, that there's these different facets and different layers that effect  
6 individuals' experiences within the context.

7  
8 AJ: Hm.

9  
10 KS: Yeah.

11  
12 AJ: Wow. Uh, do you have plans to publish this theory?

13  
14 KS: That's what we're trying to do, yeah.

15  
16 AJ: Yeah.

17  
18 KS: Yes, definitely. Diane and I are, Diane Burg who runs the Child and Adolescent Program here,  
19 uhm, she and I have been working on it trying to write it up. Uhm, we're developing like new  
20 measures. So one of the things that like, uhm, there's some existing measures. Like there's this  
21 measure of gender dysphoria but typically it's been, uhm, binary. So there's like an FTM one and  
22 a MTF one.

23  
24 AJ: Right.

25  
26 KS: And so we've reformatted it and changed the language so that it's non-binary and that anybody  
27 can take it where there's like a body image scale but like you give one to female assigned at  
28 birth people and one to male assigned at birth people but we took all that out so that it's just  
29 like—

30  
31 AJ: Just one.

32  
33 KS: Right. Yeah.

34  
35 AJ: One sort of measure.

36  
37 KS: Right. A non-binary kind of approach to thinking about things and separating out bodies from  
38 gender identities.

39  
40 AJ: What's the current measure though? So how, how, how, currently, uhm, how do people sort of,  
41 uhm, figure out who they are based on this measure?

42  
43 KS: Oh, well I don't know if people figure out who they are based on that measurement. [Laughs].

44  
45 AJ: Okay.



1 KS: I mean there, there's certain measures, like so, if like, if I brought in like all the measures that we  
2 have right now, uhm, there are some that I give to people, like sort of when they come, after  
3 their first meeting.  
4  
5 AJ: Mhm.  
6  
7 KS: Uhm, which is really, I mean, gosh, I don't know. It would be interesting to ask other people who  
8 are doing it before how they do it because this is like my model that I've done like— So Walter  
9 Bockting was the director before me and so I changed everything after he left. So we like  
10 [laughs]...  
11  
12 AJ: [Laughs].  
13  
14 KS: ... which he knows [laughs].  
15  
16 AJ: So you're the new Walter Bockting.  
17  
18 KS: Yeah. [Laughs]. And I changed it and he was like, "I want you to change everything after I leave."  
19 And I was like, "Okay." So like I changed everything.  
20  
21 AJ: Uhuh.  
22  
23 KS: But so of those measures, uhm, you know, I think it helps people articulate like how they feel  
24 about their— like the gender dysphoria stuff is like— but uh how uh it like— people probably  
25 come in at different point about this, like an awareness of how uncomfortable is it to have  
26 certain pronouns used with— or like how uncomfortable you feel with like anatomic dysphoria...  
27  
28 AJ: Mhm.  
29  
30 KS: Like naming genital dysphoria or secondary sex characteristics like discomfort and like to what  
31 level that is. Uhm, you know, like, what it's like to be perceived as male or as female in the world  
32 because the world is pretty binary and so how that feels. And if you feel like you are on the  
33 binary like kind of naming that or if you feel like your gender is— like somewhere on the  
34 spectrum like how that all fills out.  
35  
36 AJ: Mhm.  
37  
38 KS: So I don't think those measures help people. [Laughs].  
39  
40 AJ: I mean, they don't help the person but it seemingly helps the helping profession...  
41  
42 KS: I mean it helps—  
43  
44 AJ: ... figure out something, right?  
45  
46 KS: Right.  
47

1 AJ: Like am I going to give this person hormones or we don't think you are...  
2  
3 KS: I mean, I think it's not, I don't, I think that's the old model is maybe like there would be like a  
4 cutoff.  
5  
6 AJ: Mhm.  
7  
8 KS: I have no idea.  
9  
10 AJ: Okay.  
11  
12 KS: That seems awful. I mean what happens now is people come in and they kind of have a sense of  
13 what they want or what they don't want.  
14  
15 AJ: Mhm.  
16  
17 KS: Or they're like, "I'm not exactly sure what I want, and I want to talk through what I want." And  
18 so that measure might be like, "Oh, wow. I didn't realize that I actually feel really upset about  
19 these things because I don't— I try not to think about my body. I feel pretty disassociated from  
20 it but when you made me think about this like I realized that I really want this."  
21  
22 AJ: Mhm.  
23  
24 KS: Or, you know, "I read the informed consent about like the side effects of hormones" but most  
25 people have already done copious internet research before coming in. [Laughs].  
26  
27 AJ: [Laughs].  
28  
29 KS: So it's not like I'm telling them anything they don't know.  
30  
31 AJ: Right. Yeah.  
32  
33 KS: Uhm, especially teens. Uhm, but, you know, so I think, if anything, like therapy now like the way  
34 we kind of see it here is like supporting someone like on their journey and figuring out like who  
35 they are and what they want. I'm not telling anybody who they are.  
36  
37 AJ: Yes, mhm.  
38  
39 KS: I really adamantly do not see my role that way.  
40  
41 AJ: Yeah, and that's perfectly, uhm, understandable. It, it does seem like that was the, the case  
42 when the Harry, Harry Benjamin standards of care...  
43  
44 KS: Yeah.  
45  
46 AJ: ... were, uhm, in place like—  
47

1 KS: And people still come in kind of wanting that. Like people want an answer like, “Why am I  
2 trans?”  
3

4 AJ: Uhuh.  
5

6 KS: Or, “I want you to tell me if I am or not. Should I transition or not?”  
7

8 AJ: Sure.  
9

10 KS: And it’s like, you know, I can’t answer those questions. I can tell you about people’s experiences  
11 or like what I’ve seen, you know. But I can’t tell you like, you know, and my answer to like why is  
12 just that I, you know, I believe being trans is just part of the natural sort of gender spectrum of  
13 humanity, you know. There’s cis people, there’s trans people. Like, there’s people with blue eyes  
14 and brown eyes, you know.  
15

16 AJ: Mhm.  
17

18 KS: Like, that’s just, like it’s part of who we are.  
19

20 AJ: So you don’t, so in some instances or cases, uhm, is there like some medical, hormonal  
21 imbalances that effect, you know?  
22

23 KS: They’ve done some— so that’s not like my, yeah, they’ve done some research but it’s sort of,  
24 like looking at sort of brain stuff...  
25

26 AJ: Mhm.  
27

28 KS: ... and like exposure to different hormones and, uhm, it’s like there isn’t sort of any conclusive,  
29 like this is what it is. You know, like just like there, like the gay gene was a thing for a while. You  
30 know, yeah.  
31

32 AJ: Right, right.  
33

34 KS: So there’s no conclusive like evidence over time that, like, you know, shows oh it’s this like little  
35 part of the DNA that means that you’re gonna be whatever, you know. So, as far as I know there  
36 isn’t anything that sort of proves that in that way.  
37

38 AJ: Sure. Yeah. No, I, I, and I don’t think there is either. I just know that, you know, a lot— I’ve been  
39 out for twenty-five years as a transgender woman so I’ve talked to a lot of transgender people  
40 over time and some people rely on, “Yeah, I had low testosterone so constantly. I was...”  
41

42 KS: Oh yeah.  
43

44 AJ: And they use, sort of use that medical mode to explain their transness. Maybe it’s something  
45 that’s helpful for them as an individual or they feel like it makes them more, uhm, makes people  
46 more empathetic to their plight...  
47

1 KS: Right.  
2  
3 AJ: ... in, in public, uh, but, uhm, but I agree with you. I don't think there is any one particular  
4 explanation for why this occurs in nature.  
5  
6 KS: Mhm.  
7  
8 AJ: Uhm, but, uhm, you mentioned, you know, you're the, the new Walter Bockting, or at least I  
9 said that anyway.  
10  
11 KS: Right. [Laughs].  
12  
13 AJ: But you replaced, you replaced, uhm, Dr. Walter Bockting who, who had actually become pretty  
14 world renowned in terms of transgender health and particularly around HIV and AIDs research  
15 and prevention and care. Uhm, how does your work differ from, from that particular focus?  
16 Uhm, yeah, and then I got some other follow up questions  
17  
18 KS: Sure, yeah. Uhm, well I think, mh, I don't know, I would have to think about our trajectories. I  
19 mean, like when... so I started my postdoc here in like 2007 and Walter was the director.  
20  
21 AJ: Mhm.  
22  
23 KS: And, uhm, you know, when I came in I [laughs] I think Walter had so much patience for me.  
24 [Laughs].  
25  
26 AJ: [Laughs].  
27  
28 KS: Cause I was sort of, I was like an activist and I was like really critical of things.  
29  
30 AJ: Yeah, right. [Laughs].  
31  
32 KS: Uhm, and I think sometimes Walter is like kind of misunderstood in that. He's had like some  
33 pretty radical ideas or he's like made a lot of change like in like WPATH and just in trans health  
34 research and also just talking about like transgender identity as identity and not as, uh,  
35 pathology and like talking about minority stress and all these things. I think he's like kind of  
36 misunderstood in the Twin Cities.  
37  
38 AJ: Sure.  
39  
40 KS: And then like yeah, he's definitely the leading researcher like in the world on like trans health  
41 stuff. Uhm, that's, I hear that everywhere I go.  
42  
43 AJ: Mhm.  
44  
45 KS: So anyway...  
46

1 AJ: And, and I just, I, I know, I apologize because we're doing this on tape and I just, so you threw  
2 out the term WPATH and...  
3  
4 KS: Oh sorry. The world—  
5  
6 AJ: The world may not know what that is...  
7  
8 KS: The world...  
9  
10 AJ: ... so I'm just going to stop you. I gotta be the interviewer.  
11  
12 KS: Oh, no. It's okay.  
13  
14 AJ: [Laughs].  
15  
16 KS: The World Professional Association for Transgender Health. Yes.  
17  
18 AJ: Which sort of replaced the Harry Benjamin...  
19  
20 KS: Harry Benjamin.  
21  
22 AJ: ... Association.  
23  
24 KS: Yeah.  
25  
26 AJ: And Mr. Benjamin's standards of care.  
27  
28 KS: Right, so the WPATH, like the current version came out in 2011.  
29  
30 AJ: Mhm.  
31  
32 KS: It's version seven.  
33  
34 AJ: Version seven.  
35  
36 KS: Mhm.  
37  
38 AJ: And that is sort of the prescriptive process that a physician or a therapist should take in treating  
39 a transgender, uhm, or treating a person with, what's the current language?  
40  
41 KS: Gender dysphoria.  
42  
43 AJ: Gender dysphoria.  
44  
45 KS: Yeah. So, uhm, it, it has guidelines for practitioners so mental health practitioners, uhm,  
46 physicians, surgeons, uhm, there's guidelines for like voice therapy, uhm, all of that. And it also  
47 sets the standard for, I mean, it's across the whole world but in the U.S. it's a very useful

1 document for insurance access coverage because it says that, uhm, surgery and hormones and, I  
2 mean, uh, like electrolysis, even though that's not covered, but...  
3  
4 AJ: Mhm.  
5  
6 KS: ... that those things are medically necessary and so this whole movement that's been  
7 happening... [Alarms go off in building].  
8  
9 AJ: [Laughs].  
10  
11 KS: Is that us? [Alarms stop]. No okay. The, this whole movement that's been happening the last few  
12 years about like expanding insurance access and coverage, you know, has been really... The  
13 current WPATH standards of care have been really helpful.  
14  
15 AJ: Mhm.  
16  
17 KS: But anyway so Walter, the difference between us, I think, is that I came in more, uhm, you  
18 know, it's generational.  
19  
20 AJ: Sure.  
21  
22 KS: So I was like sort of shaped by like my community and like the value systems around that. Uhm,  
23 you know, and that I'm more of a psychotherapist and more of a clinician.  
24  
25 AJ: Mhm.  
26  
27 KS: So I've been like less interested in research and more interested in reshaping like our clinical  
28 program.  
29  
30 AJ: Sure.  
31  
32 KS: Uhm, but I think what I was talking about now about like sort of our model and the lifespan  
33 approach, uhm, is being shaped by the clinical work that we're doing here and the needs of the  
34 population. And so now I feel like we're trying to build a really strong like clinically based  
35 research program that's based on psychotherapy so.  
36  
37 AJ: Hm. Well, uhm, no that's really fascinating. So how, about on average, so what kind of  
38 programming in sexuality, uhm, this was I believe the second, uhm, center for transgender  
39 therapy in the nation.  
40  
41 KS: That's the word on the street...  
42  
43 AJ: [Laughs].  
44  
45 KS: ... that we were... that John Hopkins was the first.  
46  
47 AJ: Right. Uhuh.

1  
2 KS: And we were the second. Yeah.  
3  
4 AJ: Uhm, you came in 2007.  
5  
6 KS: Yes. Mhm.  
7  
8 AJ: How, how many transgender or gender questioning, uhm, people do you think you guys see  
9 here on an average basis and, uhm, how has the field expanded, just locally, uhm, beyond the  
10 program in human sexuality? So are there other services similar to, uhm, PHS that are  
11 happening throughout the, the metropolitan area?  
12  
13 KS: Yeah, uhm, gosh, so we see, I mean, I don't know. We'd have to look at— we're the second  
14 largest program here so we have four different programs. So there's our General Relationship  
15 and Sex Therapy program.  
16  
17 AJ: Okay.  
18  
19 KS: And then the Trans Health program is the second largest one.  
20  
21 AJ: Oh wow.  
22  
23 KS: Uhm, we currently have, like, a six to nine-month waitlist to get in...  
24  
25 AJ: [Gasps]. Wow.  
26  
27 KS: ... in our adult program.  
28  
29 AJ: Uhuh.  
30  
31 KS: And then our Child and Adolescent program, which is, you know, as young as, I mean I think the  
32 youngest people that come here are like five, four or five. Uhm...  
33  
34 AJ: Really?  
35  
36 KS: Yeah... to eighteen. Uhm, that has a year plus waitlist. Especially, there's just a complete dearth  
37 of providers for people like kind of fifteen and under. Like people will work with fifteen, sixteen,  
38 seventeen-year olds but like twelve year olds there's only like, like maybe three providers in the  
39 cities that work with like younger than twelve.  
40  
41 AJ: Sure.  
42  
43 KS: Uhm, but so in, combine like, in the Child and Adolescent and Adult programs, I mean, I don't  
44 know, I mean like uh at least, I was like, how many people do I see a week?  
45  
46 AJ: [Laughs].  
47

- 1 KS: I see like close to thirty people a week. That's not even counting group so I mean how many  
2 people we have engaged in services at the time, probably like a hundred and fifty uh between  
3 you know.  
4
- 5 AJ: Really?  
6
- 7 KS: Oh my god, yeah. Totally.  
8
- 9 AJ: With a six to nine-month waiting list for adults.  
10
- 11 KS: Yeah, and we're not the only one. I mean like... Okay so yeah that's our whole Trans Health  
12 program so that's child, teens, adults...  
13
- 14 AJ: Mhm.  
15
- 16 KS: And that's people, it's not just people coming in and being like, "I want to transition." There's  
17 people who are exploring their gender.  
18
- 19 AJ: Sure.  
20
- 21 KS: There's people who are like maybe coming in that just need a secondary letter or like a letter for  
22 surgery. Like we do couple's therapy for people. We work with families and parents and  
23 partners so it's like the whole, all the stuff.  
24
- 25 AJ: The whole spectrum.  
26
- 27 KS: And then there's people who come just for hormone therapy with Dr. Feldman so she's our  
28 medical provider and she does hormone therapy.  
29
- 30 AJ: Right.  
31
- 32 KS: Uhm, so there's different prov— so there's like, in the Twin Cities we have a really broad  
33 network so there's people in private practice that have trans clients and therapists. Uhm, and  
34 then we have a few different places where people can get hormone therapy. So there's Deb  
35 Thorp and Park Nicollet. There's Smiley's Clinic which they're seeing a ton of people which is  
36 part of the Fairview system.  
37
- 38 AJ: Sure.  
39
- 40 KS: Uhm, and then there's Family Tree Clinic that's starting to see people.  
41
- 42 AJ: Uhuh.  
43
- 44 KS: And then there's a few others, sort of endocrinologists or primary care physicians that do some  
45 hormone therapy.  
46
- 47 AJ: Wow.



1  
2 KS: Yeah, and then there's a couple of surgeons that do like breast augmentation and chest surgery  
3 but we don't have anybody, the closest surgeon we have that does bottom surgery is in Chicago.  
4  
5 AJ: Okay. And bottom surgery means...  
6  
7 KS: [Laughs] genital surgery, gender confirmation surgery...  
8  
9 AJ: [Laughs].  
10  
11 KS: ... below the belt surgery, you know. [Laughs].  
12  
13 AJ: [Laughs]. No.  
14  
15 KS: People call it all sorts of things. Some people still call it SRS, Sex Reassignment Surgery.  
16  
17 AJ: Sexually Reassignment Surgery, yeah.  
18  
19 KS: But the current term is gender confirmation surgery.  
20  
21 AJ: Which we heard last night at the Oscars. I don't know if you watch...  
22  
23 KS: Oh, I didn't see that!  
24  
25 AJ: ... the Oscars but uh...  
26  
27 KS: No!  
28  
29 AJ: ... as they were introducing Eddie Redmayne, the, the star of the movie the Danish Girl,  
30 uhm, they introduced the film as uh the first person to undergo gender confirmation surgery.  
31  
32 KS: Wow.  
33  
34 AJ: Uh, so I thought that was kind of interesting...  
35  
36 KS: Yeah.  
37  
38 AJ: ... sort of politically uh relevant term to use on the big stage like the Oscars.  
39  
40 KS: Yeah.  
41  
42 AJ: Uhm, so and I'm just really curious, is the, what, do you think that this sort of, uhm, explosion  
43 [laughs] of transgender identified, transgender questioning, trans— or gender concerned  
44 people...  
45  
46 KS: Mhm.  
47

- 1 AJ: ... uhm, is a result that this is a new phenomenon that is happening or is it more this has been  
2 happening a long time and people are becoming more comfortable, uhm, or less afraid to  
3 express their transgender identity?  
4
- 5 KS: Yeah. Well it's interesting. I mean to go back to what you said a while ago too about, uhm, you  
6 know, people who see like kind of a biological basis for understanding like their trans identity...  
7
- 8 AJ: Mhm.  
9
- 10 KS: ... I mean, I think a really big mistake that people often make is that the trans community is like  
11 this holistic, unified like one identity, you know, everybody understands our identity in one way.  
12
- 13 AJ: Sure. Uhuh.  
14
- 15 KS: And I think, you know, there's a lot of generational differences. There, there's so many  
16 differences around like how people understand that.  
17
- 18 AJ: Uhuh.  
19
- 20 KS: Uhm, and so I've really seen that generationally like younger people like teens, uhm, yeah, they  
21 have a totally different context, you know, so like the, the fluency that a lot of teens have  
22 around naming their sexual identity, their romantic attraction from their emotional attraction to  
23 their sexual attraction to their gender identity to their expression. Like they just, you know, like  
24 people are talking about that and posting about that. There's like, part of that is about the  
25 internet...  
26
- 27 AJ: Uhuh.  
28
- 29 KS: ... and like how teens use that and how they connect with other people and can talk to people in  
30 Australia about like their gender stuff, you know?  
31
- 32 AJ: Right. Uhuh.  
33
- 34 KS: And that just wasn't available to people like from, in the eighties or the nineties or you know.  
35
- 36 AJ: Right. Yeah. Absolutely.  
37
- 38 KS: So that's a big thing. I mean I think our society has changed a lot and there's just a lot more  
39 information available to people and connectivity. I mean I think the internet has been like a  
40 huge thing and like connecting queer trans people to each other like across the world.  
41
- 42 AJ: Absolutely. Yeah.  
43
- 44 KS: So having that ability to have more connection and discourse about identity and build on each  
45 other's ideas of that and more expansiveness around gender and sexuality as a whole.  
46
- 47 AJ: Mhm.

1  
2 KS: So, no I don't think it's like something that didn't exist before and now does but I do think that  
3 the language available to us then also changes how we think about ourselves and then how we  
4 relate. You know so it's all, I don't know if you could pull apart like how that all happens within  
5 society but yeah...

6  
7 AJ: Sure. Uh, wow, you said that you guys work with young people. As young as five.

8  
9 KS: Right.

10  
11 AJ: And I know you said earlier that you don't personally, uhm, work with that young of a, of, uhm,  
12 of a client but I'm wondering what do you see as the, the trends in, uhm, in transgender health?  
13 And, uhm, as people are coming out younger and younger what are the expectations for  
14 transgender identity as we know it today?

15  
16 KS: Woah.

17  
18 AJ: Does that make sense?

19  
20 KS: What are the expectations? Hmm. Yeah, I have, okay, well, hold on, let me start with the, the  
21 themes. So, I mean, the theme, I think a big theme is that there are more young people  
22 accessing services.

23  
24 AJ: Mhm.

25  
26 KS: And so when, when I talk about little kids, like, yeah, so I don't work with the little kids but I, I do  
27 know that the little kids work that we are doing here is usually parents who are coming in and  
28 being like, you know, so, "My kid is gender non-conforming in some way." Or, "My kid is like,  
29 you know, saying that they identify as a boy or they identify as a girl," and, you know, having  
30 questions about, so it's like working with the family.

31  
32 AJ: Right.

33  
34 KS: Uhm, and then I think that there is a couple different, there's some questions about that. So  
35 there's a movement to have early social transition. So having little kids like socially transition  
36 before puberty, uhm, and then you can start puberty suppression or puberty blocking  
37 hormones...

38  
39 AJ: Mhm.

40  
41 KS: ... uhm, that, you know, prevent sort of your pubertal development and then you can start, uhm,  
42 hormones, you know, around like fifteen or so.

43  
44 AJ: Mhm.

45  
46 KS: And then, so you don't have to go through the trauma of puberty in your birth assigned sex.

1 AJ: Mhm.  
2  
3 KS: Uh, so that's like one movement. And then there's another movement that says that well you  
4 should wait 'til puberty happens before socially transitioning because a lot of people maybe are  
5 gender non-conforming but they might not be trans identified like after puberty.  
6  
7 AJ: UHuh.  
8  
9 KS: So that's uh, that's a theme and a trend and people are discussing that everywhere.  
10  
11 AJ: Okay.  
12  
13 KS: Uhm, and then also just working with teens on puberty suppression and starting hormones and  
14 how that changes your experience. So for me...  
15  
16 AJ: Mhm.  
17  
18 KS: ... as a therapist like a lot of my teens are talking about like navigating like dating and they, you  
19 know, so nobody really knows they're trans cause they socially transitioned maybe around  
20 puberty.  
21  
22 AJ: Right.  
23  
24 KS: And so how do you navigate that with your body or talk about your gender history or, you know,  
25 just how you've experienced the world cause you've experienced the world really differently  
26 versus transitioning when you're thirty or forty, you know?  
27  
28 AJ: Which is part of my question I was trying to get at. What are the expectations, right?  
29  
30 KS: Oh, yeah.  
31  
32 AJ: Cause now, now you haven't had that sort of traumatic life changing experience of, you know,  
33 going through the world as one gender and, and now suddenly thirty-two years later or even  
34 eighteen years later.  
35  
36 KS: Right, right.  
37  
38 AJ: Making a—  
39  
40 KS: But just going through that whole adolescence, yeah. Mhm.  
41  
42 AJ: Right, as your sort of chosen or...  
43  
44 KS: Felt. Felt is the word that people use.  
45  
46 AJ: Felt! Okay.  
47

1 KS: [Laughs]. Felt. Felt gender. Your felt gender.  
2  
3 AJ: Felt gender, thank you for that term. [Laughs]. Cause it gets confusing to me as a, as a person,  
4 because the landscape is rapidly shifting and changing.  
5  
6 KS: Right.  
7  
8 AJ: Uhm, so that's fascinating that, uhm, these young people won't necessarily have to have those  
9 sort of traumatic experiences. They come through completely sort of socialized as their felt  
10 gender and able to navigate the world, uhm, for the most part as such and, and really the tricky  
11 issues has become more intimate with relationships is what I hear you saying.  
12  
13 KS: I think it really depends just like I think anybody any age like some people are more trans  
14 identified and some people are more like feel distant from that identity.  
15  
16 AJ: Uhuh.  
17  
18 KS: Uhm, and I do think like your context and your social experience interacts with that.  
19  
20 AJ: Mhm.  
21  
22 KS: Uhm, but yeah I, I it's different. There's different components of it but I think, you know, people  
23 still have to navigate like that part of themselves, you know. Not just intimate but, yeah, but also  
24 then they walk the world.  
25  
26 AJ: There's an internal piece, uhuh.  
27  
28 KS: Right, yeah. So it's like the internal and the external and that can look different for everybody  
29 like there's different combinations of that. And I think just also people's sense of like how they  
30 experience transphobia and trans negativity, trans misogyny, you know, like, uh, having a  
31 consciousness around all of those different parts. You know, like if you're aware of that, like if  
32 you feel like that you're identified with transness or if you're not identified with transness and  
33 how that interacts with the self.  
34  
35 AJ: Hm.  
36  
37 KS: Those are all themes that people are talking about.  
38  
39 AJ: Wow.  
40  
41 KS: Yeah. [Laughs].  
42  
43 AJ: So Katie, you know, this is, this is our last question, uhm, you have sort of, uhm, identified  
44 yourself as a, as an activist [laughs]. An activist therapist. Uhm.  
45  
46 KS: [Laughs].  
47

1 AJ: [Laughs]. Like an activist judge kind of...[Laughs].  
2  
3 KS: [Laughs].God yeah. I, I definitely have like a queer agenda. [Laughs].  
4  
5 AJ: Uhm, so that is my question. You know, uhm, what is the transgender agenda in your mind? Uh,  
6 and, uhm, where do you see the trans community in fifty years?  
7  
8 KS: [Laughs]. Oh. Oh, no. I'm gonna give you like, I mean [takes deep breath], you know, I think that  
9 this is, I'm gonna give an answer just partially for myself and I'm sorry I'm sort of thinking this  
10 out.  
11  
12 AJ: Mhm. That's fine. That's perfect. [Laughs].  
13  
14 KS: Uhm, well first of all like as, as a cis person I don't think it's like my job to [laughs] say what the  
15 trans agenda is but I will say as someone who is in an ally ship and like really passionate about  
16 that... I mean part of it is, I think that there's like a practical aspect of that and like navigating the  
17 world, like the world that we currently live in.  
18  
19 AJ: Mhm.  
20  
21 KS: Like insurance access is really important.  
22  
23 AJ: Right.  
24  
25 KS: You know, and, but I think that there's activists like questions around like what does that mean.  
26 So if there's like a medical model narrative around like trans bodies and trans identity...  
27  
28 AJ: Mhm.  
29  
30 KS: ... does that like, you know, sort of reinforce this binary idea.  
31  
32 AJ: Mhm.  
33  
34 KS: Uhm, but like that theory doesn't really translate to like people's practical experiences. Like  
35 people just need access to the things that they need.  
36  
37 AJ: Right.  
38  
39 KS: And different people need different things, you know, so, I think for me what is important to me  
40 is to affirm, you know, people's experiences of themselves and help them like get what they  
41 need in the world. So my vision would be, or I feel like, you know, in the next fifty years is that,  
42 you know, people could access what they need easily.  
43  
44 AJ: Uhuh.  
45  
46 KS: That like it would be less pathologizing, that, uhm, you know...  
47

1 AJ: Mhm. [Buzzer goes off]. Sorry.  
2  
3 KS: We'd have like more economic justice, more racial justice, more gender justice. You know, that  
4 all of those things would come true, but all of those systems are interlocking. I don't think we  
5 can just change one like trans people can't exist without like, well, everybody, you know, like  
6 there's trans people of color, there's white trans people, there's poor trans people, there's rich  
7 trans people, like...  
8  
9 AJ: Right.  
10  
11 KS: ... we can't just work on like something without like affecting all of those different systems  
12 interlocking.  
13  
14 AJ: Huh. Wow. [Laughs].  
15  
16 KS: [Laughs].  
17  
18 AJ: This is a great conversation. One, one last thing though that...  
19  
20 KS: [Laughs].  
21  
22 AJ: ... I know I said this was the last question but you talked about this, uhm, this work group that  
23 you worked with, uhm...  
24  
25 KS: Oh the Insurance Task Force.  
26  
27 AJ: The Insurance Task Force, and, and you guys had some pretty significant accomplishments.  
28 Uhm, who were they? What did you guys accomplish? And, and how is that going to impact the,  
29 the future of the community?  
30  
31 KS: Well, what happened, I mean, the way, so what happened is that I went to the UCSF, the  
32 University of California, San Francisco, uhm, Transgender Health Excellence Conference.  
33  
34 AJ: Okay.  
35  
36 KS: Uh, I guess a year ago. It was a year ago. Last April. It happens every two years.  
37  
38 AJ: Uhuh.  
39  
40 KS: Uhm, and there were several people from the National Center for Transgender Equality, uhm,  
41 Transgender Law Center. People were talking about how they had gotten insurance access at  
42 the state level in Oregon and California and so they were activists. They were talking about how  
43 they did it, how they worked within there.  
44  
45 AJ: Sure.  
46  
47 KS: So I was like, "We do that in Minnesota." [Laughs].

1  
2 AJ: Uhuh, okay.  
3  
4 KS: So I came back and I like called Phil Duran and like called Dylan Flunker at the Rainbow Health  
5 Initiative.  
6  
7 AJ: Right.  
8  
9 KS: And Phil works at OutFront Minnesota. And then we just set up a meeting and then we invited,  
10 uhm, there's like a listserv of providers in town. So like I contacted, I reached out to specific  
11 people like Janet Bicer at Reclaim.  
12  
13 AJ: Sure.  
14  
15 KS: And Xavier Schmitz at the Family Partnership. And Dep Thorp at Park Nicollet. Like people who  
16 have been doing work for a long time.  
17  
18 AJ: Sure.  
19  
20 KS: Uhm, and so we had a set of meetings over several months and then somebody, I think it was  
21 Rox, uh, Roxanne Anderson at, who works at OutFront and with the Transgender Health  
22 Coalition, had a connection with someone who works in Keith Ellison's office [coughs] and Nicky  
23 Leingang.  
24  
25 AJ: Mhm.  
26  
27 KS: And so Nicky started coming to meetings and was working at Ellison's office and then Ellison  
28 pushed on the Commerce Department to give us a meeting.  
29  
30 AJ: Right.  
31  
32 KS: Cause Dylan and Phil and I had already been working on them for a while but it helps to have  
33 like a politician...  
34  
35 AJ: Sure.  
36  
37 KS: ... use some of their influence.  
38  
39 AJ: Uhuh.  
40  
41 KS: Uhm, and so then we were able to put together sort of like a policy and kind of ask like, "This is  
42 what we need you to do."  
43  
44 AJ: Right.  
45



1 KS: Uhm, and then they agreed to do it. So they put it in front of the governor I guess and, you  
2 know, agreed to like change the Commerce Department. Like put out this, uhm, oh gosh, it's like  
3 an insurance bulletin.  
4  
5 AJ: Uhuh.  
6  
7 KS: So insurance like regulatory agencies like put out these bulletins that say like, "You have to  
8 cover these medications for this diagnosis."  
9  
10 AJ: Mhm. Sure.  
11  
12 KS: And so that's what they had to do to say that this is medically necessary.  
13  
14 AJ: Wow.  
15  
16 KS: So, yeah.  
17  
18 AJ: Congratulations.  
19  
20 KS: Yeah! It's so great and there's all these other things happening right now too. Like, you know,  
21 we're hoping to overturn the MA ban, like there's a lot of—  
22  
23 AJ: What's the MA ban?  
24  
25 KS: Uhm...  
26  
27 AJ: Medical Assistance or?  
28  
29 KS: So Medical Assistance has, since the, uh, well... So Minnesota was one of the first states to cover  
30 surgery.  
31  
32 AJ: Right.  
33  
34 KS: Gender confirmation surgery.  
35  
36 AJ: Uhuh.  
37  
38 KS: And then some person, like some legislature [laughs]...  
39  
40 AJ: [Laughs].  
41  
42 KS: Some legislature, uh, I guess in the '90s. I forget what year it was so this was before my time.  
43 Uhm, but, you know, they decided to like ban it so they wouldn't cover any surgeries.  
44  
45 AJ: Mhm.  
46

1 KS: And then there was like a grandfather clause so if you could prove that you had treatment  
2 before like 1997 or '95, I forget what year it was, then you could get surgery covered if you had  
3 Medical Assistance.  
4  
5 AJ: Mm. Mhm.  
6  
7 KS: Uhm, but then they cut off all of those in 2005. Anyways so they finally had been waiting for a  
8 good case and a good time to try to push it through. So they have a person who is suing the  
9 state of Minnesota. So it's OutFront, the ACLU, like different kind, or, uhm, putting together this,  
10 uhm, you know, challenge together.  
11  
12 AJ: Uhuh.  
13  
14 KS: And I'm serving as like an expert witness for it just to be like this is a medically necessary  
15 treatment.  
16  
17 AJ: Wow.  
18  
19 KS: Uhm, but I haven't had to do anything yet. I just know that I'm supposed to do that. [Laughs].  
20  
21 AJ: When it, when the time comes. [Laughs].  
22  
23 KS: So hopefully that will all happen and the Affordable Care Act so there's all this stuff around like  
24 insurance happening right now. Like, you know, federal agencies have to cover surgery and  
25 hormones and therapy now so it's all moving in that direction. Huge changes are happening.  
26  
27 AJ: Huge changes, positive changes.  
28  
29 KS: Yeah.  
30  
31 AJ: Uhm, and, and you representing, uhm, The Center for Sexual Health Program in Human  
32 Sexuality have been at the center of that.  
33  
34 KS: Sure. [Laughs]. Yeah.  
35  
36 AJ: Thank you, Katie, for this, uhm, great conversation and for sharing a little bit of your own  
37 personal, uhm, stories as well as more a broad story of what's going on...  
38  
39 KS: Both/and. [Laughs].  
40  
41 AJ: ... at PHS today. Uhm, I really appreciate it and, uhm, look forward to, to talking to you again.  
42 Before I leave your office, I'm just gonna [moves camera]...  
43  
44 KS: Oh, pan around.  
45  
46 AJ: Pan around.  
47

1 KS: [Laughs].  
2  
3 AJ: And take a few images of some of the artwork, uh, that we talked about, uhm, the gender  
4 octopus, uh, [laughs]...  
5  
6 KS: [Laughs].  
7  
8 AJ: ... and some of the other drawings that you said some of your young people have made.  
9  
10 KS: Wait, those are supposed to be coconuts up at the top. [Laughs].  
11  
12 AJ: Oh, really? Okay. [Laughs]. And they identify what?  
13  
14 KS: Uhm, I mean, you know, different teams, these were all done in group so like there's people  
15 who identify as like genderqueer, as like trans, as, you know, just...  
16  
17 AJ: Wow. So, uhm, the notion of what is gender is, is really, uh, expanding.  
18  
19 KS: Oh totally.  
20  
21 AJ: Uhm, and absolutely, uhm, changing the world as we know it.  
22  
23 KS: Mhm, yep.  
24  
25 AJ: Thank you, Katie.  
26  
27 KS: Yeah. My pleasure.  
28  
29 AJ: Alright.  
30  
31 KS: [Laughs].