

Joel Fort Interview

July 23, 1997
Berkeley, California

by Susan Stryker

in cooperation with
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and the
Gay and Lesbian Historical Society of Northern California

Introduction

Dr. Joel Fort was the founder, in 1965, of the Center for Special Problems, a unit of the San Francisco Department of Public Health. In this capacity, he was one of the first public servants in San Francisco to begin providing social services to transgendered individuals.

SS: So, if you could, could you give me some brief biographical background? Where were you from originally, what was your training, when did you come to San Francisco?

JF: OK. I grew up in a small town in Ohio, which I left when I was 15 to go to Ohio State University where I majored in Philosophy and English, following which I won an academic fellowship to the University of Chicago, where I completed the work for a Ph. D. in clinical psychology, the course work and the language exams, but never did the dissertation, because I then was admitted to medical school, and I returned to Ohio State for medical school, for two reasons--the fees were half what they would have been at Chicago, and I would have had to wait another year to get admitted to the medical school there at Chicago. In medical school I met and married my wife after my freshman year, so I had the benefits of companionship and support, emotional support, and we both worked to help us out financially. Through the arduous years, as you know, you have about 8 hours a day of course work, much of it rote memorization, also classes on Saturday. Following that--well, I'll interject that I was an early reader, and had spent my adolescence, from my early teens at least, always knowing that I wanted to live in San Francisco. Mark Twain, Jack London, there were others, but those two come to mind. Also, I was a gifted child, and an early questioner of what was assumed to be correct in life, the way things are versus the way they should be. Lots of interest in theater, and the arts in general, which I think is significant. My independence and my questioning, along with my ability to appreciate the arts, I think from an early age that made me open to a much wider diversity of people than I might otherwise have met or felt comfortable with. But for whatever reason, I at least felt no discomfort with people of different lifestyles, including different sexual orientations, and at times developed friendships with, friendly acquaintances with [members of minority groups] as much as with more conventional people, so to speak. More accepted people. And that includes racial minorities as well as sexual minorities. After medical school I took an internship with the United States Public Health Service in Seattle.

SS: Can you put any years to these things?

JF: Yes. I finished medical school--well, I finished high school at 15 and went to college in 1945. I graduated, got my bachelor's in 1948. I was at the University of Chicago for two years. Then medical school from 1950 to 1954.

SS: Then into the US Public Health Service.

JF: Yes, an internship in Seattle. Then I--I was not--I did not have a specific career path planned, as many people do. For example, in medical school--I should mention a couple of interesting things about medical school that illustrate my values. I was one of about 10 people in probably a class of over a hundred that did not join a fraternity, which even then I felt were very elitist and segregationist. A way of fragmenting people. My best friend and partner, my laboratory partner throughout medical school, was a black man who remains a good friend of mine to this very day. We're still in contact. He and his wife, until she died, were both friends of ours, of my wife and me. During the internship I had some interest in psychiatry, which I saw as an extension of philosophy, of my long-standing interest in philosophy--who we are, why we are. Ethics, aesthetics, and logic were the three particular areas of philosophy that interested me, and still do. I learned about a residency, nominally in psychiatry, that existed in the US Public Health Service, that existed in the Federal Narcotics Hospital in Lexington, Kentucky, which was the pioneer institution in treating heroin addiction and other narcotics addictions. To me it seemed particularly interesting. Of, course, I'd had some exposure to drug abuse in literature, and to criminology, and even then to a somewhat diverse--due to the reading that I did--well, it seemed like a challenge, an area where I could learn a lot about subjects that interested me and at the same time get the required training in psychiatry. I would not be, and was not, attracted by conventional psychiatric training. Already in medical school, where I had had some training in psychiatry, some courses, as all medical students do, I was already a skeptic about Freud, about Freudian theory, about what I thought was a pseudo-science. Well, I don't need to go into that any further. So here, I thought, and I was proved correct, I could get a much more eclectic, a much more varied kind of training. So to summarize that period, I spent two years there. I learned an extraordinary amount. In the Public Health Service you are given a greater responsibility, and can work a lot more independently, than in an academic hospital kind of training environment. I had extensive exposure to criminal behavior, to many what were as inmates--they took both volunteers and prisoners, took both men and women. Learned a great deal about prostitution, a great deal about homosexuality, because there were significant numbers of both of those groups there. Learned a lot about bureaucracy, as a sort of a sideline. I began to define bureaucracy as a social problem, very early on. Later I came to integrate some of my ideas about bureaucracy with my experience and commitment to doing something about important social problems, which I will get to at the end of this summary. I also perceived at that time the reality--some of the realities--about marijuana, as opposed to some of the claims that were being made about it. Of course, a lot of the realities of heroin, as compared to the images of the dope fiend, I perceived from my personal responsibility for treating hundreds of prisoners and volunteers there, and limited responsibility for thousands more--that is, where you are on night duty, or officer of the day. Following that, it became uppermost in my mind to finally come to San Francisco. Well, to

the metropolitan area--I consider where we are now to be--it's kind of like Los Angeles--we're all part of San Francisco. I've always been a believer in region identities--well, more accurately, human identities in a broad sense, rather than narrow provincialism. In any case, I finished my residency and took my third year in Berkeley, at Herrick Memorial Hospital, where I got extensive experience treating alcoholism. So I supplemented my knowledge of that, which I had begun to articulate as a drug, along with tobacco, as one of the two most dangerous drugs in our society. I began to define what I later made much clearer in court testimony, books, lectures, and in the programs I created, that these were our two hardest drugs. That they could only be understood and properly addressed in terms of drug use and abuse. I got further training in conventional psychiatry--depression, schizophrenia, severe neuroses. I was exposed to electroshock treatment, and lobotomy, at Herrick Hospital. But I then began to evolve the independent career that has extended up to now. I soon became--well, I'll back-track a moment. I then began to have a multi-faceted career. I did part-time university teaching, which began in 1962, at the department of criminology at UC Berkeley. In a different sense it began when I got my first job at UC extension in 1959. I've continued to teach most years since then. Both regular faculty at different university and in extension courses. So part-time teaching at the university level, clinical work in public programs. I had established a commitment to public practice rather than commercialization in private practice. Part time work as a social activist and reformer. Part-time work lecturing. Part-time writing. part-time consulting. With varying emphases throughout the years, these have continued to be the aspects of my career. Concurrently, I extended through various jobs, consulting, clinical positions, et cetera, extended my knowledge of the problem areas that I was later to blend together and develop new approaches to. My career was sidetracked--that's a good word, or perhaps suffered a severe glancing blow--when I became involved in a court case involving the rights of public employees to participate in politics on their own time. When I was directing a state-funded alcohol treatment program in Alameda County from 1960 to 1964, I was also active in the presidential campaign of John Kennedy, and later in the gubernatorial campaign of Edmund G. Brown against Richard Nixon. It was brought to my attention in 1960 and then again in '62 that throughout California that banned any for of political activity or participation by public employees, other than privately expressing an opinion and voting. It specifically barred running for office, speaking out in public on political issues, contributing to campaigns, having bumper stickers or posters. Somebody had reported to the people in charge that they had seen in the paper that I was active in these campaigns I had mentioned. I was called in and told about the law that I have just summarized for you, of which I was at first not aware, and I stipulated from the beginning that I had never mixed politics with work, but that this was for me an issue about what you did with your own time away from work, and I was told to stop all that or be fired. I decided that it was both my right and my responsibility to participate in politics, and I said I would not stop doing it. The issue became moot when the election ended in 1960, but was revived again in 1962. They threatened to fire me. I restated my position. They set out to fire me. I took it to court. To every one's astonishment--the experts, the authorities, friends--I won it. I won it at the superior court level. An independent judge who had been a conservative Republican before his appointment, agreed with me that this was an unconstitutional restriction on basic American rights. Therefore the firing never took place. I was to continue my work, though with considerable hassling and unpleasantness. Some time passed,

and when the District Attorney appealed, I was able to continue, with the assistance of the former director of the ACLU, and we managed to by-pass the court of appeals, and take it directly to the California State Supreme Court. Then in 1964 I won a unanimous decision, 7-0, that freed all California public employees to participate in politics. So this was one of my great achievements. I was very favorably treated by the media, in contrast to when I was dealing with sex, drugs, and so forth. But the harassment and punishment of my program continued. Positions were not allowed to be filled, people were not allowed to travel to meetings, that sort of thing. And it became increasingly obvious that it would be destructive to the program for me to continue. I was sometime--I think it was February of 1964--I received a letter from the World Health Organization section on narcotic drugs inviting me to be an official WHO consultant to study drug abuse in Asia. I had already done some national and international speaking on the subject, and had written some things that had received a degree of attention. Well, somehow they had heard of my expertise in that field. So in the spring, I resigned--no, sorry, I'm getting ahead of myself. That all happened in 1963, while the court case was still pending. That's when I did this assignment in Asia. Then in 1964, to jump ahead, I was offered a position as a cultural affairs officer with the United Nations itself, separate from the WHO. That's when I resigned [from the job with Alameda County]. And with my wife and children we lived in Geneva, Switzerland for 13 months, as sort of a scientific advisor to the division of narcotic drugs. Now we're coming to the end to the answer to your question. When I returned in 1965, one of the positions offered me was director of a then-existing but moribund alcoholism clinic that was part of the San Francisco Public Health Department. I, as the judges would say, took it under advisement, reflected on it, and came to see it as a challenge and an opportunity, if I could do what I then wrote up. I wrote up a detailed plan as to what I thought needed to be done to react to problems that I thought needed a fresh approach, that shared the fact that they were all very extensive and being inadequately, often destructively dealt with. I sketched out the drug problem area--including alcohol and tobacco, as well as the more conventionally named drugs, street drugs as well as pharmaceuticals. The sexual problem area--including heterosexual problems, homosexual problems, transsexual problems. Problems of crime and violence, suicide, a couple of other things. I outlined how I would approach those problems, what I thought would need to be done. They hired me, and I had then one of the most exciting creative opportunities that anybody could hope to have. And I came to think of it, maybe ten years later, as social artistry. It should be ranked--not just when I do it, but when hundreds of other people do it, when they create new kinds of organizations, new approaches that serve important social needs, and that this is where they get great recognition as money-making entrepreneurs, but in the more altruistic world of non-profits, it's not even thought of as significant. Even though 90%--this statistic is around, though I don't know how accurate it is--that 90% of all new programs usually die within the first year. This parallels the business world, where new businesses have a very high death rate. So in my creation of this whole new organization, which I called the Center for Special Problems, I had the task of rebuilding it, of revitalizing it, of training the staff in problem areas that they previously had not been interested in or knew nothing about, and fortunately also had the opportunity to hire some new staff. I was able to bring in a lot of fresh blood, with a lot more diversity than they had previously been exposed to, of age, of race, of lifestyle. Including hiring the first acknowledged homosexual in city government.

SS: Who was that?

JF: Ron Lee, MSW. And parenthetically, that is of historical interest in two ways. First, it helped bring about one of my ideals, that the MID does not have the magic answers to all leadership. And that people with other sorts of backgrounds should lead. Years later, he became director of the Center for Special Problems.

SS: Well. I wanted to ask--

JF: Oh yes, feel free to interrupt at any time.

SS: I do. I was just finding all this information fascinating, especially what you were just saying about social artistry. I guess I say that because it's similar to ideas that I've had.

JF: Well, perhaps you and I should talk about that at a later date. I'd be interested.

SS: Great. I'm impressed with all your accomplishments, but what I'm specifically interested in is--well, when you designed the Center for Special Problems, when you laid it out on paper, what was it that inspired you to include transsexuality as a problem area in need of attention? What had happened in your personal or professional life that alerted you to it as a need to be met--especially since it was too well known at that time?

JF: Actually, your question is very--is unusually prescient. Because it alerts me to the fact that I misremembered something. Transsexuality--excuse me, transsexualism--was not listed as one of the original problems. It had--I had some minimal knowledge of it from reading about the Christine Jorgensen case, from some encounters with transsexuals at the federal hospital at Lexington, Kentucky, but I did not have the in-depth familiarity with it, the expertise with it, that I had with these other problems. So under the rubric of sexual problems, as I think I now correctly remember it, I had listed homosexual and heterosexual, and I think rape, and maybe one or two other things. I can dig out the original prospectus, so to speak, and check up on that. I'm not quite sure. But very soon after beginning the program, in the very early months, perhaps even sooner, I became aware of transsexuals, a significant number of transsexuals living in San Francisco, who badly needed services. Under the rubric I had already established, I immediately made that a high-lighted problem area that we dealt with. I'm sure you can sense, that when I listed it as a problem area, along with homosexual and heterosexual, that I was not seeking to communicate a pathological frame of reference. I was seeking to communicate a desire to give equal attention to the special needs that each of these groups have--including heterosexuals. That was to cause me a great deal of controversy later on, when I found myself in debates with the AMA, and the American Psychiatric Association, and with traditional psychiatry more generally, with their pathological orientation towards everything. But I soon built in under that rubric, and had the independence to do pretty much whatever I wanted at that point, to deal with the problem areas that I had laid out. It was extremely exciting on many fronts. I brought in every kind of service I could think of to work with people, including many gay and lesbian staff members,

volunteers. At that point they were not allowed to be called staff. One of my innovations later with my non-governmental, non-profit program Fort Help was to blend with equal status paid people and unpaid people and get rid of that distinction. But I was able to bring in volunteers--one in particular, Martin Stow, I don't know if you know or have come across his name--he was one of the leaders of the gay and lesbian world here at that time. I mentioned Ron Lee, and there were several others. But anyway, as I said, I studied the problem [of transsexualism] thoroughly, since I didn't know as much about that as about the other things--

SS: Can I ask you about two things that you've mentioned?

JF: Certainly.

SS: First, what did you remember about Christine Jorgensen? What did you think when you heard about it, what was your impression of that story? And two, you said that you encountered transsexuals at the Federal Hospital in Lexington. What can you tell me about either of those things?

JF: Well, about Jorgensen, I remember most the unusual nature of the situation, as it seemed to me at that time. But unusual in the context I described to you earlier, of my interest in and awareness of and sensitivity towards people who were different. It's hard for us to remember, because we all have distortions or incompletions of memory, but--well, I might even have thought it was bizarre, I don't have any specific memory of it. But knowing my general attitude at the time, being very clear about such things even in my teens, I know I would not have been into ostracizing or excluding such a person from society. I remember the unusual nature of it. The interesting story aspect of it. The Denmark aspect of it. Possibly in part because I have a Danish friend who I have stayed in touch with, and my wife and I have visited Denmark. I met him in the early '60s. Also its relationship to sexuality, which I did have an interest in, personally and professionally.

SS: Ever meet her personally?

JF: No, though I did hear a great deal from Harry Benjamin, who knew her personally, and I believe had written letters for her, supporting her on various things, I can't quite remember the details. I do know that on occasion he would talk to me about her.

SS: Remember any particular anecdotes?

JF: I remember he liked her and was glad to be of help to her. He put her in contact with various other people, but I don't remember any names.

SS: What sorts of people? Like, medical people, other transsexual people?

JF: Yes, other medical people. He may even have had something to do with her going to

Denmark for her surgery. I have a vague memory that he did, but I'm not sure.

SS: Well, so in Lexington?

JF: The best way to describe it would be to say that I encountered it as a phenomenon, but was not exposed to it in-depth, or presented with an opportunity to acquire specific or detailed knowledge of it at that time. So when I learned about the need and the diversity and the extent of it, the number of people who had gender identity problems, or had already gotten past that point and just wanted to make the change and didn't feel like they had any problem any more, I set about building that into the service. That's when, in my studies, I learned about Harry Benjamin, sought him out. We became friends. He came and did seminars with the staff, training, provided references for the staff, brought in other speakers. We began a combination of treatments. Hormones, which we administered right there at the center so they didn't have to go elsewhere. Liaison with Stanford and other places. I guess what you could call arrangements for beautification training. Training in feminization or, in many instances, masculinization.

SS: I was going to ask if you dealt equally with MTFs and FTMs.

JF: Not equally, no. I think there were--well, I don't remember any exact numbers, but I would say that over a period of months, dozens were coming. I don't remember exactly how many. Certainly less than a hundred. Maybe less than 50. I assigned certain staff members particular responsibilities. The internist on the staff was the one that administered the hormones. And there were some social workers who were sympathetic, they did counseling and referral. I met with many of them myself, did initial interviews, screening interviews. I instituted a policy where a certain amount of time had to pass for them to be sure they were doing the right thing. I think it was two years, though, I'm not sure of that exactly. During which time these other things would be taking place. Certainly, counseling to try to prevent associated problems--promiscuity, venereal disease. I established a regular liaison [for transsexuals] with the VD clinic. I thought this was important to overcome the fragmentation of services, as well as the fragmentation of people, and the fragmentation of problems. This was part of my work there, as well as later at Fort Help. Not to ghettoize a particular problem in term of race or ethnicity, or of the problem itself. But people with a diversity of problems being able to come to a single place to get a smorgasbord of treatments. This has been my treatment philosophy since the 1960s--making available the widest assortment of traditional and innovative techniques of help, using two three or more in combination, recognizing that no one treatment helps everybody or is acceptable to everybody, and giving some freedom of choice to them. That's why I use the smorgasbord metaphor--making known to them in understandable language what these various treatments are. And there was some amazing things that happened in terms of services. I was able to get Synanon in the first and only time in its history to send Synanon people in to lead Synanon groups at my facility. I had AA going there, poetry therapy, massage, a great diversity of things. And over a period of an exciting year and a half, the case-load tripled with the same budget. I got the landlord to give us more space with no extra charge to the city. I became a--and I don't think it exaggerates things to say so--a major public spokesman for enlightened and human attitudes

toward what sociologists called victimless criminals and victimless crime. Private consenting adult sexual behavior, drug taking. I evolved a public health approach to these problems. Education, prevention, treatment when there is an objective problem to be treated, and decriminalization. I'm very discouraged at times that while there has been significant progress in some areas, the general public still does not understand the preventive approach rather than the punitive and rejecting approach to people who are different than they are. I remain an idealist and a crusader despite the infirmities of physical disability and aging. How's our time here, Susan? Let me look.

SS: We have about another 15 minutes.

JF: Is that OK? I can go maybe another 20.

SS: Sure, that's fine. But I would like to meet with you again, and get a little deeper into some of the things that most concern me. This has been pretty preliminary.

JF: Certainly, and I'd like to meet again with you, on an occasion where I can hear you talk more about some of the things you've been involved with.

SS: So, do you remember what happened, specifically, after you'd established the center, that called your attention to the needs of transgendered people? Did transgendered people approach you? Did you just look out the window one day and see--?

JF: Yes. That was it. They approached me. One or more people, I don't exactly remember. But they approached me after having learned of the built-in--one of the mandates, I suppose, would be the correct term--the built-in attention to sexual problems. I at that time had not included the word gender. It was two, I think, or at least two, that came together, both male-to-female, at least one who was firm in the female identity but one who was still in the male. And we talked at length, and that's where I began to get the picture, that there were significant numbers, and no services. I think either at that time, or soon after, learned about Elliot Blackstone's efforts to help. I think he was already doing things at that point, wasn't he? This was in 1965.

SS: No, he started actually in 1966, 67.

JF: Ah!. Well, I'm misremembering that, too, then. All I can say then is that I learned what was and wasn't going on, and it was mostly a dearth of services, understanding, and facilities.

SS: And this was 1965? You're sure? Because it wasn't until 1966 that the Central City Anti-Poverty Program was established, and Elliot Blackstone became the SFPD liaison to them, and Louise Ergestrasse approached Blackstone about doing more for transpeople.

JF: Interesting. Interesting.

SS: Yeah, Ergestrasse had apparently had a group prior to that though, something at Glide Memorial with an acronym I can never remember. I get the feeling that there wasn't much to the group, but that there was at least some level of transgender community organizing prior to 1967. So what you're saying is that you're sure that somebody contacted you prior to then, in 1965?

JF: Yes, that's correct.

SS: You were there when, when something was going on with trans--?

JF: I was there, created it and directed it from 1965 until the spring of 1967, when I was fired on a charge of being too independent. That is not my rephrasing of the charge to make it sound nicer. That was the actual official charge. And the subcharge to that was that I had improperly expanded the program, that I had gotten a million dollar grant for a poverty health center in the Mission District--not that I was to directly benefit from the grant, but that I had exerted influence in the giving of the grant to people in the Mission to develop that health center. There were some other things, but as you might guess from the charge of "too independent," they especially didn't like the public utterances, and if you go through a newspaper morgue, you'll find a lot of utterances, like the one I gave you [from the SF Chronicle by Beverly Koch about Laura Cummings at Fort Help]. A number on prostitution, a number on homosexuality.

[End of Side]

JF: --marijuana, amphetamines, LSD, heroin. All of these things were highly controversial issues. The same kinds of people, if not the very same people [in the San Francisco city administration], that now fall over backwards to curry favor with what is euphemistically called the gay and lesbian "community," or perhaps the drug-using "community"--I think the word community is somewhat over-used, and insulting to people, to lump everyone together as if they were all the same. Anyway, these people, there was then great hostility towards, and rejection of, users of illegal drugs, homosexuals, transsexuals, inmates of the jails--I forgot to mention this in my hurry to cover things concisely, that I also set up two important branches of the Center for Special Problems, one was one of the first jail rehabilitation projects in the country, where I developed a form to be passed out, and any inmate who wanted services, could fill this out and indicate what kind of services they needed for these problems. And I sent staff members out there to deal with it two or three times a week. And the other branch was the acute alcohol and drug abuse treatment unit at San Francisco General. I helped train the staffs, and supervised both of these programs. In part, I won't go through the long history of all the efforts to get me to resign--the usual kinds of bribery, the rewards I was to be given, including a very strong letter of recommendation, six weeks of paid vacation, all the pretexts under which they sought to get me to resign. But it was clear they wanted to close down the program. It was considered much too controversial. They were people, and problems--and hippies, too, I haven't mentioned the hippies, but so far this was the only city program that worked with the population that the media was calling the hippies, the city was declaring war on the hippies at this point. I don't know if you knew that part, that they talked literally about waging war to get them out of the city.

SS: And who was the mayor at this time?

JF: The mayor was Shelley, John Shelley. He wasn't nearly as active though as--San Francisco has a bizarre double government, well, it's been reformed recently, but the chief city administrative officer, who had a lifetime appointment, came out of a rich business community and really ran the city, including the public health department, which came under him and not the mayor. So he and the health director and the mental health director all three were people who were involved in my firing after I refused to resign. They wanted to get rid of all the controversies. They wanted to get rid of all these unacceptable people. And they wanted to close down the Program. It was really a terrible tragedy for me. It was so creative, and so innovative, and so exciting for me. It's difficult to deal with these sorts of things, probably especially so when you've already sacrificed a lot of income and your family has suffered through your other crusades, and there is little recognition for the things you've done. I've never had an agent or a PR person. Usually not even a secretary. Had to deal with it alone. And of course the media even then was so intrusive, and so sensationalistic. And I will have to say that throughout my career, although individual reporters have been very friendly, when they all get together and become part of their organization, and go through the editorial process, and their stories undergo all that scrutiny and process, the story is different than perhaps they might have wanted it to be. Now you asked that question, it came up in the context of your asking when Elliot Blackstone came into it all. Now, he definitely came into it when I was still there. So it must have been early in 1967. I remember meeting him, and discussing this with him, and working collaboratively with him.

SS: So there was obviously some overlap. What interests me here is that there were--well, from what I know, that it was through Elliot Blackstone that transsexuals here were first able to access services, but that you remember people being at the Center for Special Problems before '67.

JF: Yes, before 1967. No doubt about it. If I was at the center, it had to be between October 1965 and spring of 1967. And I assure you that a significant number were coming there while I was leading it. I was the one that set up the [transsexual] program there. I worked to overcome the reluctance of the staff, particularly the reluctance of this internist to treat them with hormones, and I developed the liaisons with the VD Clinic and with Stanford, and I brought in Harry Benjamin. So there is no chance that my memory is wrong on that.

SS: Right. So it's obvious that there is some activity among transsexuals in San Francisco [in the period before 1967] that is still below the radar screen. I don't know who's active at that point. I start to see glimmers of things by 1967, but there's obviously something else going on prior.

JF: That may very well be. And I'm not saying anything about when Elliot Blackstone became involved. I have no specific knowledge of that. It may be possible that he was doing things before 1967, or--

SS: No, because--

JF: No? well then that surprises me because--

SS: No, because that was when the Central City Anti-Poverty Program was established and--

JF: Oh, now I know that program well, because I went on to another creative project there with Don [Lucas] and his predecessor Calvin Colt, a mobile health unit that I took into poverty areas. So I know that well.

SS: Yeah, and that was late 1966 and--

JF: It was 1968 that I did the mobile health unit. I was still recuperating from this tragedy in 1967, taking it to court, trying to fight it. What I did accomplish was to save the program. And people who ran my branch program, the drug program, they took that and it became the Haight-Ashbury Free Clinic. And the jail branch was closed down.

SS: Yeah, I knew the Center for Special Problems still existed.

JF: It still exists, but in a very modified form. I believe it now functions as a branch of the forensics, or criminal branch, and has not dealt for some years with this broad range of problems that I established it to deal with. And the city tried to some extent to rewrite history, so when there was some talk a few years ago of cutting its budget, its history was described by the city officials as an alcohol treatment unit. And if you remember, that's what it started out as, but the Center for Special Problems had alcohol as only one small area of the things that it dealt with. I included drunk driving in that as well, which was another innovation. I wrote my first article on drunk driving in 1962. I built that into my program as one of the two major abuses of alcohol. And I had alcohol at the top of my list, and drug abuse second.

SS: Well, we should probably start wrapping this up, since you need to leave.

[End of taping.]

Joel Fort
Second Interview
August 1, 1997
Berkeley, California

SS: So let's take up where we left off a week and a half ago. You were telling me about founding the Center for Special Problems, and some of the work that was going on there. I did have one question, something that I meant to ask you about. Did you know anything about a riot in the Tenderloin in 1966 at the Compton's Cafeteria, at the corner of Turk and Taylor Streets?

JF: I don't remember. I don't. No. And I can't say that I was aware of it at all or would remember it.

SS: It's just that in combining some of these oral history interviews--

JF: What corner was it on?

SS: Turk and Taylor.

JF: I can certainly place that in my mind. Seems as if Hospitality House was around in there.

SS: Yeah, same neck of the woods. You see--

JF: So I was familiar with that area, but don't remember this cafeteria. What sort of riot was it?

SS: That's exactly what I'm trying to figure out. The only descriptions that I've seen are from several years after the fact. But it seems to have been a really important event. What happened was, there were routine police sweeps through the area, and this was an all night coffee house. A lot of young people hung out there, folks from Vanguard--Jean Paul Marat. There were lots of hustlers and queens.

JF: So there was a group called Jean Paul Marat?

SS: No--Jean Paul Marat had a group called Vanguard.

JF: Oh. So not related to the French Marat?

SS: No just by name I think.

JF: Of course I know of the French Marat, but not this one in the 60s. Interesting.

SS: Anyway, it was this place where younger, poorer, more gender-transgressive queers hung out. There were drag bars all down Turk Street--

JF: Yes, I certainly remember that.

SS: So it was kind of a younger drag queen scene there at Compton's. And one night in August, 1966, for a variety of reasons, all the young queens, when the police came through, said we're not going to jail tonight. And a riot broke out. [A bit more description]

JF: Have you looked any of this up in the newspapers?

SS: I haven't found anything in any of the homophile press. Guy Straight wasn't writing about it, Vector, none of those were. But I haven't gone down to look in the Chronicle or the Examiner yet. That's my next project--probably actually when I leave here today.

JF: Yeah, good. I remember vaguely now, Susan, people telling me about this, afterward, but I don't remember, I don't have any sense of it at the time it occurred.

SS: What seems significant to me is that it happened in August 1966, about the time that Ten Days in August was going on, and the second NACHO meeting. And it preceded by only a few months the time when transgender people in the Tenderloin started organizing. The Central City Anti-Poverty Program opened its doors right after that, and there they were, Louise Ergestrasse and crew telling Elliot Blackstone "You've got to do something for my people. " You said you remembered people, transgender people, coming to the Center for Special Problems while you were still there--

JF: Oh yes.

SS: And you said you were only there until early 1967.

JF: Yes, April, 1967.

SS: So, sometime between August 1966 and April 1967 there's some kind of activism going on among transgender people, where they're getting together and demanding access to services.

JF: As far as you've been able to ascertain so far, there weren't any services at the center for special problems before the summer of 1966? As I told you, I have a very clear memory of being made aware of the number of people needing help. I'd already built a context for dealing with any kind of sex or gender problem, I was already open to it, and as soon as I learned about it, indeed, in a matter of hours or days I got something going on it. And I certainly have a clear memory of orienting the staff on this, bringing in people, having them talk to them, bringing in Harry Benjamin, having the internist get training and doing book research on hormonal administration, and within a very few months evolving a comprehensive program involving liaisons with Stanford and with the VD Clinic. I think we've talked about that. So there is no doubt in my mind that I got the Center for Special Problems to work on this, but I don't remember the exact date that I started all this. I would have thought that it was before August, but it well may have been then.

SS: I haven't seen any indication in any of the archival research I've done of anything emerging before late 1966 or early 1967. And then there was this big--supposedly big--riot that took place amid all this homophile activism. And '66 is also the year Harry Benjamin's book The Transsexual Phenomena came out. So it seems like some kind of critical mass was reached then in 1966.

JF: I'm almost certain that I got all this started sometime in 1966. It had to be well before the beginning of '67. Because '67 is when they began their efforts to get me to resign, and concocted different reasons why I should. They expressed concern about the work with homosexuals, transsexuals, hippies, drug users, all things too controversial, things the city didn't want to be

associated with, at a time when they were conducting a war on the hippie and were very intolerant in general of any unconventional phenomena and people. So it had to be 1966 at the latest, not 1967. The program was deeply entrenched by the time they forced me to resign. I was able, I don't know if we got to that in our previous interview, by fighting the dismissal, and being able to resign instead, because the media, this was all front page news for some days as you will find if you go to look it up, I got them to preserve the program.

SS: Now Elliot Blackstone, in the interview I did with him, he claims that when Louise came to him, that the Center for Special Problems wasn't doing anything about transsexual problems, and that he was the person who persuaded CSP to do that. Now, maybe was that after you left? You said that you were gone in early 1967.

JF: Now the only explanation--I remember Elliot coming to the Center for Special Problems, that's where I first met him. I remember Louise. I couldn't identify her, but I remember her as a name and as a person who was concerned. But my involvement had to start in 1966. I got sidetracked there. I remember them, Blackstone and Ergestrasse, but I don't remember if they were the first people to come in for help. My recollection is that some other transsexuals had come in. Because I had already met Harry Benjamin in 1966, and had become friends with him, and had brought him to the center to give a training session, particularly to our medical people, to get them interested and involved. But I had the whole staff there, counselors and everybody. So Elliot is correct in saying that he came to the CSP, but he is not correct in saying that was after I was no longer there. But what I don't have a specific memory of is his connection in getting the program started. I remember his role as being very constructive, very positive, and that he was committed to getting something done, but the timing of it I don't remember. I'm almost certain I had something going in 1966. If he says it wasn't until 1967 I believe he's wrong on that.

SS: Well, he hasn't said--he doesn't remember dates really well. But in looking at documents from the time, he became the SFPD liaison to the homophile community in 1965. But the Central City Anti-Poverty didn't open until late 1966. Most of 1966 was agitating to have it established, then it opened late in the year, I think in October. So somewhere in there, prior to March, 1967, because I've seen a newspaper article from then about this group, COG, that is already plugged into what's going on at Glide, the Anti-Poverty Program, Elliot Blackstone. So no later than March, 1967, early March, it's already a well-established thing. So sometime between late 1966 and early 1967 is when all of this stuff happens.

JF: Well, I sometime in the mid 1960s started consulting with Glide, not in a formal way, but giving my time to various urban projects I thought were worthwhile--and that was before Cecil Williams came. There was a Don Kuhn and a Lou Durham who were ministers there. If that would help you pin down the dates--it was before Cecil came. Then after he came, I was working with the three of them. Then those two left for various reasons. I also had a connection with the Central City Program. In 1968 I helped create the Mobile Health and Social Welfare Unit. Calvin Colt, and later Don Lucas, were the individuals I worked with there. We took comprehensive services into different poverty neighborhoods, including the Tenderloin, regularly, once a week.

There was a scheduled stop. I don't need to describe the program to you, but it helps pin down the time. That was in 1968. Before that I had known and worked with Don Lucas and Calvin Colt. I think Elliot is certainly correct in ascribing to himself an important and influential role in developing services, and he may even have accelerated or helped expand services at the CSP, but those services existed long before 1967. The most likely explanation is that he came there and did some things, had some interactions with me, in 1966. I'll say it again, that I'm not sure if he's the one who brought in this Louise, or who ever it was who was seeking help. He wasn't if he says it wasn't until 1967.

SS: He claims that he didn't know what a transsexual was before he met Louise. He knew drag queens, and transvestites, but that he had no knowledge of transsexualism until he met Louise and she came in and laid down the law to him.

JF: That's probably true. Where's Louise now?

SS: She's--Elliot says she's still alive last he heard, and that she and her husband Jerry still live up in the Russian River area. But I haven't been able to track them down.

JF: Because even a telephone call, if she has her memory, could help pin down a date.

SS: Yeah, I've been trying. Elliot says he's been in touch with her time and again over the years, and that he probably has her number around somewhere. Maybe I should push him on that. I've tried directory assistance with no luck.

JF: I would say the only discrepancy between his recollections and mine are that we have to get him over to the Center for Special Problems before 1967, and that there can be no doubt that I was the one who built the [transsexual] services, because I remember ever detail, having to get the internist, having to get psychiatric social workers, to welcome them, and to provide services. I don't know if this is the appropriate term, but beautification. Feminization classes or masculinization classes as the need may be for the person making the transition. I remember contacting the Stanford people, attending some meetings there.

SS: Tell me a little bit about working with the Stanford program. You probably had something to do with Donald Laub?

JF: Yes, Donald Laub. In the beginning, they had done one or two, or were trying to do one or two, of the early operations in 1966. Or that could have been early 1967. Of course the main thing I worked on was first of all acceptance into the [CPS] program, which already had a general acceptance of people with unusual or less common behaviors and people. Specifically within that being designed to work with sexual problems as well. And then several other things that we've discussed. So the range, the full range of preliminary services were involved before, so that people would be sure of their identity, of their commitment, and would be sure of what they would have to go through, of transition, hormone therapy, counseling, and then making the initial

contact for surgery, if they then chose to do that. So at some point in 1966 or '67, I worked out a liaison with Stanford. That pretty much just involved a few phone calls, some visits, don't remember how many, I think I remember Dr. Laub coming to visit our program but that was long after I had Harry Benjamin there to help train the staff. I remember referring people to Stanford. But I had no actual involvement in what Stanford did, nor did I attend any of the surgeries or follow-up sessions. I do remember discussions with Dr. Laub and others at Stanford about particular people, dealing with the usual problems of continuity involving professional people, where you want to make sure that people receive the right services and confirming details of their history and things like that.

SS: What can you tell me about Harry Benjamin's practice here in San Francisco? What was it like?

JF: He operated mainly out of a, I think it was a residential hotel. As I recall I think it was on Geary Street, but I'm not sure. I can't recall if he also maintained a private office or not, as he did in New York, where he maintained another office from time to time. He maintained a geriatric and transgender practice both here and in New York. I know he saw and treated individual people, including administering hormones, and providing counseling, but I don't know how many people that involved. I believe he continued to do that each summer that he was here. He would come regularly for two to three months in the summer, and then return to his home in New York, where he had his practice. I think his practice here was a limited part-time practice, more because of the part-time nature of his being here in San Francisco. Not because he was in any way limited by age, or physical disability. He just wasn't here most of the year.

SS: When was it that he started coming regularly to San Francisco? Because it seems that he had been coming here for quite some time.

JF: He had been coming here regularly since at least from the mid-1960s.

SS: I've heard that it might have been even as early as the 1930s.

JF: I wouldn't know, because I was just a child then. But it's possible given his age and his energy. I know he didn't die until he was a hundred and one and a half. His mind remained very good right up until the end. I would talk to him about once a week by phone from here. Would visit with him and his wife whenever I was in New York. He had slow but definite physical deterioration, a certain amount of suffering. He looked forward to dying towards the end. Eventually he was fortunate enough to die in his sleep. And then they had a formal memorial for him at the Princeton Club in New York, and I gave one of the eulogies for him. Have I given you a copy of that?

SS: No, you haven't.

JF: Well, I will.

SS: I'd like to see it. I've heard a story from Don Lucas, that I haven't seen in other sources--and I know Benjamin came to the States early, before World War I--but I've heard from Don Lucas that he'd been coming to San Francisco since at least the 30s--

JF: That's entirely possible.

SS: --and that two of his biggest clients were these two big brothels, doing VD work.

JF: He never told me about that.

SS: Don Lucas claims that he did a lot of other gynecological work, taking care of the female problems of lots of society ladies in San Francisco, as well as working with prostitutes. But that for a while he was a VD doctor.

JF: I do have a vague memory that he mentioned something about that in passing, but he never, that was not the nature of his clientele, when I knew him in the mid-1960s. but it could be that he started out doing that in the mid-1930s. I don't think that was any significant part of his practice later.

SS: I know he'd been trained as a gerontologist.

JF: Yes, that's right, and he'd written a book on that, and then he got interested in transsexualism, and became an expert on that for an extended period of time.

SS: Did he ever tell you anything about how he first got interested in that as a topic?

JF: He did tell me, but I don't remember the details, because we would talk of a number of things. Those conversations occurred in the '60s and '70s, and were among a number of other things that we talked about, into the 80s. I do remember him telling me about Christine Jorgensen. And I do remember that I got to meet Renee Richards, and he told me about his work with her. I should clarify that. I met her at a later time, at the memorial service, and I had an extensive conversation with her then. He had talked about Dr. Richards, and about Christine Jorgensen, as people who had been among his patients.

SS: I heard a rumor from another transsexual who transitioned back in the early 60s that Kim Novak, the actress, was transsexual. Did you ever hear that from Harry Benjamin?

JF: No, he never did. And I would say that in the nature of our relationship, and the kinds of things we did talk about, he certainly would have shared that with me had it come up by chance or had I asked about it. But maybe because among others, one of the areas of life that I question is our preoccupation with celebrities, I didn't ask about that. And his life had so many eventful occurrences, and he was of advancing age, so this would have receded into the background. So it just didn't come up.

SS: I was just curious.

JF: I could ask his wife, if it's of any importance to you.

SS: Well, I really don't want to pry too much. She was just such an icon of femininity in the 50s and 60s, that I'd be kind of tickled to have her in the group, that's all.

JF: I got to know Harry's wife quite well, Gretchen. She was a beauty queen in Germany, some decades younger than Harry, 20 or 30 years younger.

SS: So she's still living?

JF: Yes, in New York, down near Greenwich Village. I also met and visited with his brother, both in the United States and Berlin. And if you're interested, his brother told me, this is something that would be of general public interest. His brother told me of being at a reception in Berlin in the 20s, where Adolf Hitler was present, and he and Hitler were as close as you and I are doing this interview. And standing across from each other. And he told me how easy it would have been to kill him, had he had the foreknowledge of what was going to happen. Since he told me this while sitting in a cafe in Berlin I found this a particularly interesting thing.

SS: It is, it's a good story. Do you think that Gretchen Benjamin would do an interview.

JF: I don't know, 50-50. Gretchen is a very private person. Always stayed out of the limelight. I haven't talked to her now for about a year. But I could ask her.

SS: That would be great. Either me or someone else, I just think that it would be important.

JF: Yes, if she would talk she would certainly be worth it. And she has all kinds of memorabilia. You know, Harry gave me when I was out in Florida, a plaque that was awarded to him by a professional organization, honoring his work. You mentioned them just a few moments ago, they put out that nice journal. But it was a very nice brass plaque, and I think he wanted me to have it as a memento of him. I have it at home. But it's possible she would talk with you, assuming she was in sufficient physical and emotional health.

SS: It would certainly be worth an inquiry, though I would understand if she simply weren't interested.

JF: Of course. Well, I'll ask her, then.

SS: Great. And if she says yes, then we'll figure out who and when for the interview.

JF: Sure.

SS: OK--

JF: Now, after I left the Center for Special Problems, there's not much I could say, about when things occurred. Anything after April of 1967. I know they continued the services, I would check in periodically, to see what was going on. And while I think the enthusiasm palled, I know they continued to work with transsexuals, which naturally gratified me. Even though I suffered a tremendous personal loss, it was gratifying that the work of the center went on. Hundreds of gay and lesbian people, and thousands of others in all of the problems areas I laid out, continued to get help.

SS: Yeah, I know that through all the period that Elliot ran the National transsexual counseling unit, that transsexual services were going on there at CPS. And still in the mid seventies, and I even know a few people who go there now.

JF: Well, I'm surprised and pleased to here that, because I was under the impression that it had been turned into a forensics unit, dealing only with criminal offenders.

SS: Hm. I had thought that Donald Tarver was working with people there as recently as a few years ago, and a therapist named Gianna Israel. And I know I had a transsexual woman friend who told me just a few months ago that her therapist was at the CSP.

JF: Yes, well, I'm happy to hear that for reasons of nostalgia, but I haven't been there for some time now. If one of the underlying questions here is how extensive a role Elliot Blackstone had, he clearly deserves a lot of credit, particularly since he was coming from the perspective of a police officer, and the institutional pressures there against innovation and reaching out to other groups are even greater than in the medical and psychiatric professions where I was coming from.

SS: Oh, clearly, he was an important player, and it's a given that everybody sees the world from their own particular perspective. It's just that I'm finding, the more people I talk to, how interconnected everything is, all these different areas of services, areas of activism. Like, Don Lucas's version of the role of the anti-poverty program is slightly different than Elliot Blackstone's version--so you talk to a lot of people, and you triangulate. The picture that emerges is not really any one person's point of view.

JF: There were so few people doing positive things that rather than competing for belated recognition, people should express appreciation as I now am doing towards those others who made important contributions. Elliot was certainly one of those.

SS: So tell me some about setting up Fort Help. How hard on the heels of your ouster from the Center for Special Problems was that?

JF: Well, why trying to fight against the dismissal, administratively and in the courts, which I was unsuccessful in doing, losing by a two-to-one vote, I don't know if we got to that in the last

interview--one vote would have reinstated me--all kinds of things would have been different in my life, and in the life of the city, but I lost by a two-to-one vote in the civil service commission, which under city-county law has the power to make the dismissal formally. Then I had an equally unpleasant experience when I challenged it in court. I'd had a number of important victories in civil rights, human rights battles in the courts, but I've also lost some, including this one--due in part to the gross incompetence of the lawyer who was representing me, who failed to show up for the hearing at the appellate court. Which was crucial, you have no more than half an hour to present your case, and when the lawyer failed to show, it just went against me. It was . . . it was just . . .

SS: Inexcusable.

JF: Yes, certainly. The odds were against me anyway, but certainly you don't want to lose by technicality--by malpractice, is what it amounted to. The lawyer was doing it for the union--I was a member of the public employees union. Unlike some people who worked for reduced or no fee, as I have done throughout my career, he and many others give short shrift to those that aren't paying full fee. That was part of it. His name was--I can't quite remember it. Van Borg, perhaps Victor Van Borg. It was a disappointing experience in any case.

SS: Maybe we should--

JF: Let me describe some of my energy. Whenever you suffer some great trauma, some psychological or social trauma, the terrible experience I had of being accused, and removed, from a program I was very committed to, had the excitement of this social artistry we talked about earlier, creating a kind of model for its time, of how you could develop innovative programs. That all took a certain amount of energy. Then in 1968, the next year, I continued to teach, and to do some consulting. I created two new programs, much more limited in nature. One was the idea for the national sex and drugs forums, which I enlisted Ted McIlvenna and Phyllis Lyon in. The three of us, Ted and I as directors and Phyllis as his assistant. Then we went on to develop the training and teaching program. Got doctors, lawyers, teachers, all sorts of people in for weekend training sessions, and developed a library of movies and audiotapes that we used in the training. So that was one new creative project for me. The other was this mobile unit that we've already talked of. That was my main association with Calvin Colt and Don Lucas. I actually wasn't aware--and I am still not aware--of the extent to which they were involved with transsexuals. Because that was not my connection with their program. [some material omitted] In 1969 I began to evolve the notion of a new center that would work on the same problems that I had set up the Center for Special Problems to work on, but additionally would extend the innovation to the whole phenomenon of bureaucracy, which I had defined as a social problem, as I think we discussed last time. It needed to be dealt with in a new way, just as these special problems needed to be dealt with in a new way. In fact, I thought of bureaucracy as the underlying problem of many of the other problems, because all these other problems were turned over to bureaucratic organizations. So what I did was develop a more extensive and even more creative vision of what needed to be done than I had at the Center for Special Problems, as I have

previously described. I began it in late 1969. I articulated my vision to a number of people I had come to know, people I thought would be interested, a very diverse group of people, including some hippies, some people I had met from a group called the Diggers, some people from the Haight-Ashbury Free Clinic. These were two of the most creative groups among the hippies. There were also some other people I had gotten to know, including some from the Center for Special Problems. I had a series of planning sessions, I began to look for space. We began to meet in this vast empty space we found on 10th Street, 199 10th. As I recall it was a former electronics--either plant or warehouse--of some kind. And we talked about building our own space, but--well, what I saw was that we needed a new kind of organization, and the internal architecture is important in creating the kind of space where people can feel comfortable, this was part of my concept of having, instead of sick patients, which is what is required by the city public health/mental health subdivision, I took the attitude that the administrative organization of it should be different. I thought we should have more of a living room atmosphere, where people would be welcome as guests. I sought to create a space with bright colors, and curved walls, and open spaces, and so forth, to create an air of informality, including serving coffee and donuts, having a ping-pong table. These are just representative details--more importantly, what later came to be called Fort Help drew together paid staff and unpaid staff into one staff without the usual hierarchies and separation of people who volunteered their time, as I myself did much of the time. So we would be one integrated staff. And the definition would be people who had relevant training and experience to do the kind of work we were doing, and those who didn't have it but had the commitment, and through a training program and an apprenticeship program would ultimately be able to become full staff members.

[End of Side. Note: side two is blank; apparently it did not record properly. I remember having another 15 minutes or so conversation with Dr. Fort, mostly continuing the discussion of Ft. Help, with particular reference to the involvement there of Laura Cummings, an mtf transsexual lay counselor, who was working towards a degree in psychology at San Francisco State University]