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THE MEDICAL POLICING OF TRANSGENDER AND GENDER NONCONFORMING ADULTS

A THESIS
PRESENTED TO
THE FACULTY OF THE DEPARTMENT OF
SOCIOLOGY AND ANTHROPOLOGY & WOMEN'S, GENDER, AND SEXUALITY STUDIES

IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR
DEPARTMENTAL HONORS

BY: BRIE HAWKINS (SHE/THEY)

APRIL 2022

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TERMINOLOGY

Language holds immense power in forming the delivery of thoughts and perceptions of people. In research that centers on the LGBTQ+ community, chosen language and terminology are especially critical to demystifying harmful misconceptions and honoring the identities of others. In this research, terminology is selected purposively and within the bounds of contemporary social standards. Antiquated, discriminatory terms are excluded in favor of a more common, modern vocabulary. Additionally, participants' stated terminology for gender identity and pronouns have been dutifully respected (see: Participant Information).

However, it is critical to note that the "Queer dictionary" is constantly evolving. As certain terms are questioned, reclaimed, and/or altogether denounced, terminology used to refer to gender identity and sexual orientation is constantly developing. A perfectly acceptable term used today, in five years' time, may not be. Additionally, many terms' ethical standing remains under debate universally. Discussions concerning preferred terminology are critical to facilitating safe spaces when talking with or about someone in the LGBTQ+ community. Therefore, I urge you to take such into consideration when reading.

For more information about LGBTQ+ terminology, please reference the link below:

<https://pflag.org/glossary>

(PFLAG, 2022)

For clarification: The term "healthcare" is used when referencing a system/institution or professional and the term "health care" is used when referencing the act of providing or receiving services/procedures.

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Most importantly, thank you to the LGBTQ+ community. To the transcestors who paved the way, to those that bolstered this research, and to the captivating souls that selflessly participated – thank you endlessly. I am forever amazed by the vulnerability, strength, beauty, and command that people within the LGBTQ+ community exude. It has been a true honor to listen to and share your stories.

To everyone involved in this research, words cannot express the true extent of my gratitude.

ABSTRACT

This research aims to better understand the discriminatory health care experiences of transgender and gender nonconforming adults. Conducted through a non-positivist sociological methodology, a primary objective of this research is to uplift transgender and other gender nonconforming voices through a study of lived, personal health narratives. In open-forum, semi-structured interviews, eight participants were asked questions relating to their health narratives, including questions concerning health care experiences and any encounters with discriminatory behaviors/actions by medical professionals and/or other medical affiliated personnel (i.e., receptionists, community health advisors, pharmacists, etc.). Potential questions ranged in theme (but were not limited to): gender identity, gender expression, insurance, health care experiences, medical transition, medical providers, institutions, and social support. Results show five major findings among participants: Anticipated Incompetency/Discrimination, Healthcare Avoidance, Community Healing, Medicalizing Trans Identity, and Critical Care. The results of this study illuminate the reality of discrimination and transphobia experienced by transgender and gender nonconforming adults within the medical realm and encourages social movement towards amelioration of such injustice.

Note: This research has been approved by the University of Mary Washington (UMW) Institutional Review Board (IRB).

Please direct any inquiries regarding this research to ghawkins@mail.umw.edu.

INTRODUCTION

“We must lift up the stories of those most at risk...” (Laverne Cox)

General health (both physical and mental) remains a cornerstone to ensuring a life of wellbeing. For marginalized groups, such as the transgender and gender nonconforming community, the ability to attain a secure health status is obstructed by institutional and individual discrimination and transphobia. As such, transgender and gender nonconforming people face greater health disparities and worsened health outcomes in comparison to cisgender individuals, such as higher risks of substance abuse, mental health disorders, and suicide ideations/attempts (James et. al., 2015). While previous queer health literature has successfully revealed these stark health disparities, the field of medical sociology has largely failed to address and prioritize the perspective of the *patient*.

This study aims to better understand the discriminatory health care experiences of transgender and gender nonconforming adults. That is, this research looks beyond formidable statistics by giving precedence to data that is nuanced, complex, and striking; data that can only be found in the narratives, or subjective perspectives, of people. In providing a platform for the transgender and gender nonconforming community to speak their truth, this research aims to answer the following questions: What does it look like to navigate healthcare as a transgender or gender nonconforming individual? What barriers to health care do transgender and gender nonconforming adults face? How do these barriers affect how transgender or other gender nonconforming individuals engage with healthcare? How do we ensure a future healthcare system that is safe, effective, and affirming for the transgender and gender nonconforming community?

With recent political campaigns targeted against the freedoms of the transgender and gender nonconforming community (i.e., Florida’s House 1557 “Don’t Say Gay” bill and recent attempts/acts at excluding transgender athletes from participating in sports), the need for research and advocacy that attempts to liberate the trans community is all the more urgent. The importance of immediacy is ripe as the human rights of transgender and other gender nonconforming individuals are being challenged and/or entirely stripped away, including the right to health. Therefore, as the rights of transgender and gender nonconforming individuals are debated publicly, there has never been a better time to unite in support of the trans and gender nonconforming community. It is their right, as beautifully whole and deserving humans, to live a life defined by safety, acceptance, and health.

OBJECTIVES

1. To examine the discriminatory health care experiences of transgender and gender nonconforming adults through a non-positivist sociological methodological study of lived, personal health narratives.
2. To uplift and center transgender and other gender nonconforming voices in a field of study that often systematically ignores and actively oppresses such, leaving the population underrepresented.

3. To better understand how the intersections of identity (i.e., race, class, ability, etc.) influence the health care experiences of a gender diverse populace.
4. To extend the canon of queer health literature to include that of gender diversity, not solely sexual diversity.
5. To better culminate my skills as a qualitative sociologist under the mentorship of Dr. Tracy Citeroni.

LITERATURE REVIEW

Despite concrete evidence that transgender and gender nonconforming people endure increased health disparities in comparison to cisgender people, current literature, albeit minimal, fails to properly review the true scope of such oppression. This literature review will illuminate such analytic downfalls and subsequently provide suggestions for expansion by briefly analyzing four thematic, recurring topics within the academic field: The Exclusion of ‘T’ in LGBTQ+ Health Research, Quantitative Focus, Healthcare Providers, and Recent Advocacy. This literature review does not include research conducted on minors. Resources used were found primarily through EBSCO Social Sciences Full Text, though more informal resources, such as informational websites and YouTube videos, were analyzed as well (see: Reference List).

While discrimination against LGB (lesbian, gay, and bisexual) individuals remains largely indisputable within the field of medical sociology, a more gender diverse populace (i.e., transgender/gender nonconforming people) often remains overlooked. Although an extremely limited canon of trans-specific medical literature has erected within the past few years (Schilt and Lajos, 2017), most research that centers on LGBTQ+ health disparities favors analysis of sexual minorities, while giving gender minorities little to no focus (Parameshwaran et. al., 2017). Despite claims to address gender in official titles and abstracts, many articles abuse the all-encompassing term ‘LGBTQ+’ by neglecting to legitimately address the transgender and gender nonconforming population in their analyses in meaningful ways (Romanelli and Hudson, 2017). If these articles do address transgender or other gender nonconforming people/identities, it is often a brief mention phrased in a way that insinuates tokenism and not a genuine concern.

However, the minimal research that *does* focus specifically on the health disparities of transgender and other gender nonconforming individuals are commonly quantitatively focused, analyzing statistics rather than voices (Gonzales and Henning-Smith, 2017). Though statistical data remains a critical component of sociological research, the broader field of queer health neglects to address and center the direct voices, experiences, and narratives of transgender and gender nonconforming individuals. The hard truths that narratives of discrimination deliver are overlooked in favor of numbers, graphs, and other excessive visuals (Bradford et. al., 2013). These quantitatively focused articles certainly bring long-deserved attention to a critical topic and display the staggering reality of trans-related health disparities/outcomes (Miller and Grollman, 2015). However, the systematically silenced voices of transgender and gender nonconforming people remain so. Ironically, it is the voices of others that take precedence.

Existing qualitatively focused queer health literature examines the experiences of *providers* instead of *patients*. While researchers Eliason et. al. (2018) direct their attention to

LGBTQ+ identifying providers and subsequent workplace stressors, research by Nowaskie and Sowinski (2019) analyzes primary care providers' cultural competency (i.e., attitude, practices, and knowledge) regarding LGBTQ+ care. The latter, among others (Parameshwaran et. al., 2017), although bringing attention to LGBTQ+ care knowledge deficits, carry within their analysis a focus on providers' "comfortability" treating and/or caring for transgender and other gender nonconforming patients. In doing so, they exacerbate harmful stigma, health disparities, and health outcomes for the community. Similar to other research, despite providing important and informative data on queer health, such research misses the mark in attempts to conjure meaningful discussion concerning the discriminatory experiences of transgender and gender nonconforming individuals within healthcare environments. Fortunately, more recent advocacy provides hope for a more effective and inclusive future healthcare system.

Within the past few years, as trans consciousness has evolved more broadly, new advocacy for trans rights has sprouted. Transgender and other gender nonconforming individuals are speaking out against healthcare-related discrimination (TEDx Talk, 2019; The Oregonian, 2016), while medical professionals and other advocates attempt to educate the general public (TEDx Talk, 2017; Center for American Progress, 2021). Websites such as MAP: Movement Advancement Project (2021) have incorporated interactive "Equality Maps" that display inclusivity rankings based on gender-specific exclusionary policies and laws by state. Additionally, in their "Healthy People 2030" initiative, the U.S. Department of Health and Human Services (2020) included an "LGBT" section that directly addresses the unique health needs of transgender and gender nonconforming individuals. Other resources take a more policy-forward approach. Walch et. al. (2021) and Thomas et. al. (2017) both analyze, critique, and suggest policy reformation(s) relating to transgender and gender nonconforming healthcare. Furthermore, Janssen and Voss (2021) and Health Affairs (2021) evaluate and provide updates, respectively, on specific policies, such as the nondiscrimination provision of the Affordable Care Act (ACA): Section 1557.

Nevertheless, while previous literature on queer health certainly addresses critical issues, it predominantly fails to take a serious (and necessary) look at the lived experiences of transgender and gender nonconforming people. Whether it be the exclusion of gender minorities in "LGBTQ+" research/reports, an overwhelming focus on quantitative research, or misguided analysis, a critical component of the canon remains absent – an extensive and committed analysis of health narratives told by transgender and gender nonconforming individuals. This research intends to expand upon current advocacy and fill this academic gap. Conducted through a non-positivist sociological methodology, this research centers the voices of transgender and gender nonconforming people and their brave re-telling of lived experiences. In doing so, the canon of queer health literature is elevated with life, meaning, and analytic substance.

METHODOLOGY

As stated previously, the purpose of this research is to better understand the discriminatory health care experiences of transgender and gender nonconforming adults while simultaneously uplifting the voices of such oppressed peoples. Conducted through a non-positivist sociological methodology, data is retrieved through open-forum, semi-structured

interviews in which participants are asked questions about their health narrative, including questions concerning health care experiences and any encounters with discriminatory behaviors/actions by medical professionals and/or other medical affiliated personnel (i.e., receptionists, community health advisors, pharmacists, etc.). Data analysis then occurs through inductive coding, allowing reoccurring themes to emerge as interviews are transcribed and thus drawing conclusions from such. The purpose of this section is to review the methodology of this research by considering the following: Participants, Interviews, Data Analysis, and Difficulties/Limitations.

Participants

Prior to recruitment, I collaborated with Nathan Wolfman, a nonbinary/transmasculine community member, in creating a graphic logo displaying the title of the research (i.e., *The Medical Policing of Transgender and Gender Nonconforming Adults*) (see: Appendix). Utilizing convenience, voluntary response, and snowball sampling methods, the logo was posted to Instagram with an adjoining description of the research/recruitment intent. The requirements for participation included the following: (1) Identify as non-cisgender (i.e., transgender, gender nonconforming, nonbinary, genderqueer, genderfluid, agender, etc.) and (2) Be 18+ years of age. Those eligible for participation were encouraged to reach out via direct message with a brief note of interest. Those ineligible or unable to participate were encouraged to share the post on their pages. Additionally, followers and potential participants were encouraged to share the post/information with others (i.e., those without social media).

Participant recruitment via social media was well-received and proved successful. All those who contacted the researcher directly were selected, ultimately resulting in eight participants. Of those participants, demographics generally varied. Participants ranged in age from 19 – 30, with an average age of 24 years old. Additionally, participants geographical locations varied. While some participants were located locally in Virginia, others reside in California, New York, and even Canada. Participants' gender identity expanded a wide terrain as well, including people identifying as transgender, nonbinary, and transmasculine. Variation in race and ethnicity remained minimal with most participants identifying as White/Caucasian (see: Difficulties/Limitations).

Interviews

Before conducting formal interviews, I conducted a pilot interview with a key informant. Rae, a nonbinary/transgender community member aided in ensuring that all language used, including all documents interviewees came in contact with (directly or indirectly) were inclusive and created safe research spaces. Reviewed documents include the Demographic Questionnaire, Informed Consent Statement/Form, Debriefing Statement/Form, and Interview Guide (see: Appendix). During the interview, Rae made suggestions for revision and briefly shared a personal story concerning their own experience with health care/healthcare professionals. As documents were revised/updated, Rae continued to make suggestions for revision throughout the research process.

Prior to conducting full length interviews, preliminary interviews were conducted with participants, which served as a “meet and greet.” Such meetings/conversations allowed the researcher and participant to introduce themselves and get to know one another a bit before

diving into a full length interview. It also allowed space to explain the project in detail and answer any questions that participants may have had. The hope was that this constructed a foundation of comfortability, which would ultimately lead to richer data. These meetings were recorded, with the consent of the participant, using an audio-only recording device and lasted approximately 20 minutes on average.

Prior to the full length interview, participants were asked to complete a Demographic Questionnaire that asked about their gender identity, pronouns, sexual orientation, age, race/ethnicity, current geographic location (i.e., city, state), highest education level, and employment status. With the exception of gender identity and pronouns, participants were allowed to select 'prefer not to answer' for all other questions. However, all participants elected to complete the Demographic Questionnaire in its entirety. During open-forum, semi-structured interviews, participants were offered a safe space to retell their health narratives and the ways in which it related to their gender identity and/or gender journey. Potential questions ranged in theme (but were not limited to): gender identity, gender expression, insurance, health care experiences, medical transition, medical providers, institutions, and social support. Additionally, participants were read an Informed Consent Statement/Form preceding the interview and a Debriefing Statement/Form following the interview. Though an Interview Guide was utilized to ensure conversation centered on healthcare-specific topics, questions asked were particular to each participant (ex: participants who had not undergone medical transition were not asked questions relating to medical transition). Interviews were recorded, with consent from participants, using an audio-only recording device and ranged in length from 1:02:30 – 2:38:42, with an average length of 1:52:07.

Data Analysis

As stated previously, data analysis centered on inductive coding, allowing reoccurring themes to emerge as interviews were transcribed and thus drawing conclusions from such. The intent was to allow the transgender and gender nonconforming community to speak for themselves, thus drawing conclusions from a collective narrative. Once interviews commenced, each interviewee was assigned a pseudonym per the confidentiality agreements stated in the Informed Consent Statement/Form. Recorded interviews were then transcribed by hand with assistance from an Otter.ai Pro subscription. During the transcription process, detailed analytic memos were taken on both the interviewees' individual narratives and emerging codes/themes. As the transcription process progressed, so too did potential conclusions/results. With more data came more evidence of recurring discriminatory experiences. In conclusion, five major codes emerged: Anticipated Incompetency/Discrimination, Healthcare Avoidance, Community Healing, Medicalizing Trans Identity, and Critical Care (see: Results). The aim throughout data analysis was to allow the transgender and gender nonconforming community to speak their truth, draw their own conclusions, and feel a sense of empowerment in doing so.

Difficulties/Limitations

As with all research, difficulties and limitations are inevitable. Although results from this research speak directly to community-wide frustrations concerning healthcare discrimination, due to sampling methods and sample size, this study is not representative of the transgender and gender nonconforming adult population. Additionally, due to ongoing public health risk concerns

as a result of COVID-19, all interviews (with the exception of one preliminary interview) were conducted online using the video-chat platform, Zoom. Navigating internet conundrums and difficulties regarding uncomfortable/awkward pauses or interruptions during interviews posed a slight inconvenience to research that may have been eased by the natural flow of face-to-face conversation. Additionally, considering participant demographics, this research sample is not racially or ethnically diverse and therefore, not representative of the complex, intersectional experiences that POC transgender and gender nonconforming people encounter concerning healthcare. Nevertheless, *The Medical Policing of Transgender and Gender Nonconforming Adults* is critical research that will encourage further studies to go beyond its own bounds, thus continuing to create more fair, equitable, and inclusive healthcare systems that value and prioritize the health and lives of transgender and gender nonconforming adults.

RESULTS

I. Anticipated Incompetency/Discrimination

Featured most prominently in and throughout participants' narratives were ceaseless references to anticipatory incompetency/inadequate care and discrimination. Prior to entering a healthcare space, participants detailed feeling overcome by burdensome anxiety and fear of being invalidated, ostracized, and/or altogether dismissed due to providers' incompetencies or outright transphobia. Perhaps this phenomenon is best described by *Moe*, who artfully depicts his perspective in an analogy:

“It's definitely [a feeling of] anxiety [and] overall discomfort. I would almost compare it to the feeling of first entering a haunted house, where you're like, ‘I'm uncomfortable. Something's very wrong.’ You're preparing your body for these pop-out things... Sometimes you walk down a hallway [and] you think something's going to pop out, but nothing actually does, and you get to the end of the hallway, and you're like, ‘Okay. That wasn't that bad’ but you're always still on alert for the headless clown to pop out.”

Most participants considered these “nightmare” (*Cyrus*) feelings to be a direct result of two events: (1) providers' lack of trans-specific health care knowledge and implementation and/or (2) providers' personal discriminatory biases and/or institutional transphobia. When describing a health care encounter with a provider in which they felt entirely misunderstood, *Ember* recounts being unable to delineate between the two: “It really wasn't possible for me to tell if they knew what I meant and didn't want to accept it or if they're just incapable of understanding what I mean and are therefore defaulting to a skewed version of what I'm attempting to tell them because they can't grasp what I'm saying.” Echoing *Ember's* frustration when describing the compulsive cisgender/heterosexual assumption that many providers and practices hold, *Fern* asserts, “It's a medical space. There should not be an assumption, but not everybody gets the medical education that provides that background.” With a bit more fervor, *Tash* demands an answer:

“Why is there no trans baseline training? You should know how to talk to a trans person in your everyday life. Period. Whether you're a healthcare professional or not, that just is

basics [of] understanding that trans people exist and that you kind of have to respect them because they're here.”

While further discussing providers’ lack of trans health knowledge and institutional transphobia within the medical field, *Tash* laments, “That has nothing to do with me, but I’m the one who suffers.”

II. Healthcare Avoidance

The discrimination that occurs as a result of providers’ incompetency and/or institutional transphobia often compels transgender and gender nonconforming adults to avoid health care encounters altogether, even when doing so knowingly poses detrimental health risks. For many, the decision to engage with healthcare necessitates an evaluation and valuing of mental well-being over physical health:

“If I am uncomfortable in a public space, why would I go to a place where I know I’m going to be disrespected and I know that I’m going to be not seen? I’m already not seen everywhere [else] in my life... I believe that health care is important, and I think that people should be able to access health care without having to consider something like your gender standing in the way of the care that you’re getting.” (*Tash*)

Rather than providing safe, welcoming environments intended to provide patients with care, healthcare institutions have largely become spaces defined by hate, oppression, and maltreatment for transgender and gender nonconforming adults. As a result, participants disclosed instances of ignoring symptoms, entirely disregarding preventative care, delaying time-sensitive services and procedures, turning to alternative and potentially dangerous avenues of acquiring health information, among other avoidance tactics. For many, engaging with healthcare is seen as a last resort:

“If I’m not literally falling apart, I can probably soldier on.” (*Oliver*)

“I avoid it unless I have to go... Once something’s wrong, then I’ll go to the doctor.” (*Silas*)

“I would do anything to just avoid that experience, rather than actually get the help that I need.” (*Cyrus*)

For *Cyrus*, gender dysphoria also played a critical role in his recent refusal to make a gynecology appointment:

“At some point in my life... I need to go see a gynecologist because that’s something, as a person with a vagina, I need to do. But that whole experience, I don’t ever want to do that in my life because of how many stories I’ve heard. I’m afraid and *I wish that I could have a comfortable experience, but I don’t think that’s even possible for a person like me.*” (emphasis added)

The unfortunate truth is, for transgender and gender nonconforming adults, trusting a medical professional with their health is a “risk” (*Teegan*) and when confronted with the choice between health and mental stability, participants almost always chose the latter.

III. Community Healing

Left to navigate healthcare on their own, participants’ narratives were enmeshed with countless references to *community healing*. Born of necessity within recent years, all participants emphasized the importance of creating and engaging in an online trans community to obtain gender health information and generate social support across a wide and accessible plain. Participants detailed utilizing sites such as YouTube, Facebook, Transbucket, Reddit, Twitter, and Instagram (among others) for a multitude of reasons including (but not limited to): making trans-specific health inquiries, researching trans-specific services, requesting trans-competent providers/surgeons, venting frustrations, exploring the trans community, educating others, and advocating for equal representation and opportunity within the medical field.

The simple and unfortunate truth is that many transgender and gender nonconforming adults would “much rather reach out to somebody that has lived that experience than reach out to a healthcare provider” (*Oliver*). *Silas* states regarding his medical transition that they have “gotten more information on what's going to happen to [them] online via Instagram than anywhere else” and *Moe* highlights the importance of a shared narrative: “Most of my education comes from seeing other trans people live their life... It's through the sharing of those stories that we're able to find community.” Many participants also noted the importance of diversity and the representation of such that their online community allows: “I used/still use a Facebook group looking for top surgeons, which is so great because it's just a ton of different people posting about their surgeons [with] photos [and] people posting pictures of themselves pre-op and being like, ‘I've really struggled to find people with similar body types to me, who are also Asian, who are also people of color, who are XY and Z’ and then people getting to respond with pictures of themselves and information about their experience.” (*Teegan*)

For most, however, the focus of these narratives centered on the healing nature of sharing experiences and creating community bonds:

“That's the biggest disservice that we do to trans people and queer people in general, is we make them feel *alone* and that is so not the case. There are so many trans people everywhere!... You can find community kind of anywhere and being around people who affirm you is life changing... That community web of trans people helping other trans people is *everything*, especially when the system is against you because if you can't work within this system, you'll have to find ways to make it work outside the system. That's when having other people in your experience *really* helps because then you're not alone and there's other people that are going through what you're going through and there is solidarity in that. That is so important in accessing trans healthcare because trans healthcare is so corrupt.” (*Tash*)

“There's also something that's so validating about communicating with other queer people about things like health care, because it is so intimate, and it can be so frustrating. Then to have an opportunity to connect with someone who, at that level, has shared that experience... It's sort of meaningful and rare, almost.” (*Teegan*)

Left with nowhere to turn, they turned to each other.

IV. Medicalizing Trans Identity

Another barrier targeted against transgender and gender nonconforming adults within the medical field is the *medicalizing of trans identity*. As *Tash* reminds us quite simply, “medically, everything is very gendered” and this poses severe threats to those who do not fit “neatly” within the gender binary. Generally, this requires enduring superfluous and burdensome processes to gain access to essential care. In fact, in most cases, transgender and gender nonconforming adults seeking gender-affirming care must first be diagnosed with “gender dysphoria,” as documented in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). This conflating of social identity with mental disorder falsely insinuates that being trans is an illness and not an identity. As *Cyrus* describes:

“Identifying as trans has definitely caused extra steps in everything having to do with the doctor [and] it's so difficult because being trans isn't a medical issue. Right? It's hard because what do we deem as medically necessary? For me, taking testosterone is medically necessary because psychologically, I would not be okay without testosterone.”

A secondary component to this phenomenon is the “false collapse” (*Ember*) of transness and medical transition:

“We've actually, in a way, done a lot of harm to people who do *not* want to medically transition because... there's actually a false collapse of medical transition and non-cisgender-ness, which is actually a really unhealthy thing that's come about through the entire attempts to make trans something that is willfully accepted.” (*Ember*)

As *Ember* describes, the assumption of medical transition has largely defined the trans community, despite it being a non-essential component of identifying as trans. This weaponizing of a medical understanding of trans identity, as *Tash* artfully explicates, is extremely harmful to the community and limits their ability to access effective and affirming health care:

“... we understand that there are trans people who *never* medically transition and *will not* medically transition in their lifetime. If we're saying that trans identity are these medicalized things and in order to create these other pieces of transition, you have to have these things, then we're medicalizing trans identity and it's not medical. People are weaponizing medicalized understandings of transness to then gatekeep trans people, when trans people just exist. It's an identity. It's just who you are. It's not medicalized because it's not about your body, even though it's so tied to your body. That's where it gets messy because as much as it is tied to your body, you are more than your body. It's

not ‘born in the wrong body’ [or] ‘change your body. Do this, do that.’ It’s an identity. It’s how you feel. It’s who you are and it has actually nothing to do with your body. In a perfect world... we wouldn’t feel this way about our bodies if gender roles didn’t exist. If there was no modern conception of gender, then a gender-less world and a gender-full world are the same thing. People are just existing to the varying levels of the gender they are and we already see that. You can take two women and their understanding of womanhood is different. It doesn’t make either one of them less or more woman. It’s just different. In the same way that trans people are different. Some trans people are not going to medically transition.”

Trivializing trans health care by implementing unnecessary and burdensome processes, conflating social identity with mental illness, and/or considering medical transition a prerequisite to trans identity further creates barriers to accessing health care for the trans community.

V. Critical Care

Although participants’ narratives largely centered on discriminatory experiences within the medical field, many participants also detailed the importance of receiving health care nonetheless, especially as it related to medical transition and/or gender-affirming care. Despite facing countless unjust and discriminatory barriers, participants revealed that receiving health care still was critical to their well-being and sense of self. At times, it was a matter of life or death:

“And my final argument to [my mom] was that I’d rather be at risk of cardiovascular disease [and] all these risks that come with being on hormones. I’d rather deal with these, and even some unknowns, than be borderline suicidal because of how other people perceive me and how I perceived myself at the time.” (*Cyrus*)

For *Moe*, beginning his medical transition brought him “peace” and subdued many of his mental health struggles: “I am so much more at peace with myself since starting my medical transition. I don’t have nearly as bad anxiety issues or depression or anything like that.” *Moe* later revealed that:

“I struggle a lot with letting people down and I’m still working through a bit of internalized transphobia about almost putting myself first choosing to transition, especially medically... I’m still working through the fact that it was okay for me to make these choices, even if it makes one hundred other people uncomfortable because I’m happy and I know that this was the right choice for me.”

As *Teegan* described his process of realizing their identity and eventually considering medical transition, they stated that “...it was a slow, gradual progression to feeling more like myself. Then I decided to use they/them pronouns and the feeling that it brought... the *home* feeling that it brought to my body was just unbelievable.”

For many transgender and gender nonconforming adults, receiving effective, affirming health care is essential to nurturing that “home” feeling that *Teegan* describes. Unfortunately, the myriad of barriers to health care that largely defines the medical field inhibits trans and other gender nonconforming adults from achieving a deserved state of “peace” (*Moe*) with their bodies and with themselves.

CONCLUSION

A secondary, yet critical, finding was how the intersections of identity affected the health care experiences of a gender diverse populace. Despite small sample size, participants detailed extensively how their various intersecting identities, identifiers, and/or social limitations had an impact on the way they engaged with healthcare. On top of battling stigma and bias associated with gender identity and sexual orientation, participants revealed that many other factors played a role in their health care experiences, including (but not limited to): socioeconomic status, neurodiversity, race/racism, age/ageism, body representation/fatphobia, and systemic inequality. Working within a system that is “in and of itself... unbelievably frustrating and inaccessible” (*Teegan*), transgender and gender nonconforming adults are confronted with multiple, compounding unjust barriers to health care.

Although the bulk of this research is dedicated to unveiling the reality of healthcare discrimination for transgender and gender nonconforming adults, analysis would be incomplete without acknowledging interviewees’ triumphs. Sprinkled throughout participants’ narratives were testimonials of *positive* experiences; a glimpse of justice in an arena that is shrouded by oppression. Participants detailed an array of such experiences: reclaiming autonomy and authority over one’s health/health care, discovering trans-specific telehealth providers (i.e., Plume, FOLX Health), establishing social support circles, and interacting with informed and affirming providers. When describing their first appointment with a new trans-identifying provider, *Teegan* revealed how comforting the space and interaction felt:

“Having the experience of not feeling super nervous to take my top off and having that sense of comfort [that] my body is going to be perceived as my body and as – I don't want to use the word normal – but normal for me. He wasn't going to be shocked to see parts of my body. That's a feeling I didn't really know would feel good, but it does, especially when you're trusting this person to care for this body that you only have one of.”

Though few and far between, these narratives of positivity sparked hope for a future medical system that holds transgender and gender nonconforming adults as valued patients worthy of effective and affirming care.

In fact, participants were well prepared when asked: “What are your hopes for the outcome of this research? What do you hope the main takeaway for readers will be?” and “What are your hopes for trans and gender nonconforming healthcare more broadly?” (see: Interview

Guide). Though participants' desires for the future of healthcare were rich, nearly all alluded to or directly addressed two aims: trans visibility and a call to action. *Ember's* narrative perfectly conveys this dual focus:

“What I want my people to get out of this, our community to get out of this, is to feel visible... What I want medical providers to get out of this is... This may or may not sound like a useless distinction but there is the declining sense of the world and then there is sort of an expanding sense of the world. I want them to have not a demoralizing discomfort, but I want them to have a motivating discomfort. I want this to be uncomfortable in a way that it motivates them. I don't want them to be uncomfortable in a way that it shuts them down. I really want this to be something that motivates them to make the changes that will make us safe and well. [That] is what I want out of it.”

Participants were quick to detail the necessity of healthcare expansion, improved accessibility, ongoing required/extensive LGBTQ+ training for pre-clinical students and medical providers, increased focus on trans-specific literature/research, and a “radical acceptance” (*Silas*) of trans lives. These reformations are critical to ensuring that healthcare spaces are safe and affirming for all.

This research, the research that came before my own, and the research that will follow is dedicated to breaking down these unjust barriers to health care and supporting transgender and gender nonconforming adults in their identities, in their bodies, and in their health.

APPENDIX (I): PARTICIPANT INFORMATION

Cyrus

Pronouns: he/him

Gender Identity: Transgender Man

Age: 19

Race/Ethnicity: White/Hispanic

Highest Education Level: High School

Teegan

Pronouns: they/he

Gender Identity: Nonbinary, Transmasculine

Age: 24

Race/Ethnicity: White/Caucasian

Highest Education Level: Bachelor of Science in Computer and Digital Forensics

Tash

Pronouns: they/them

Gender Identity: Transgender, Nonbinary

Age: 24

Race/Ethnicity: Black

Highest Education Level: Master of Arts in Social Justice and Community Engagement

Silas

Pronouns: he/they

Gender Identity: Nonbinary, Transmasculine

Age: 30

Race/Ethnicity: White/Caucasian

Highest Education Level: Bachelor of Science in Visual Arts

Ember

Pronouns: she/they

Gender Identity: Not cisgender, Nonbinary

Age: 26

Race/Ethnicity: White/Ashkenazi Jewish

Highest Education Level: Juris Doctor Degree

Oliver

Pronouns: he/him

Gender Identity: Transgender Man

Age: 24

Race/Ethnicity: White/Caucasian

Highest Education Level: Master of Science in Sociology

Moe

Pronouns: he/him

Gender Identity: Transgender Man

Age: 23

Race/Ethnicity: White/Caucasian

Highest Education Level: Master of Arts in College Student Development and Administration

Fern

Pronouns: she/they

Gender Identity: Nonbinary

Age: 23

Race/Ethnicity: White/Caucasian

Highest Education Level: Bachelor of Arts in Theatre Arts

Rae (Key Informant)

Pronouns: they/he

Gender Identity: Transgender, Nonbinary

Age: 24

APPENDIX (II): INFORMED CONSENT STATEMENT/FORM

Brief Description

The purpose of this research is to investigate the discriminatory health care experiences of transgender and gender nonconforming adults. Additionally, a primary objective of this study is to uplift transgender and other gender nonconforming voices through a qualitative-focused study of lived, personal health narratives. Through qualitative, open-forum, semi-structured interviews, individuals who volunteer to participate in this study will be asked to answer questions about their health narrative, including questions concerning health care experiences and any encounters with discriminatory behaviors/actions by medical professionals and/or other medical affiliated personnel (i.e., receptionists, community health advisors, pharmacists, etc.). It will take approximately 2 hours of your time. The risks to participants in this study may include mild psychological discomfort, as participants are allowed to recall negative and/or traumatic experiences. If you agree to participate, you will engage in a study that will potentially aid in the reformation of a discriminatory system that affects both you and the transgender/gender nonconforming community directly. **Please listen carefully to the remainder of this form before deciding if you want to volunteer to be in this research study.**

My name is Brie Hawkins (she/they). I am an undergraduate student at the University of Mary Washington, and I am seeking your consent to participate in this research study. Involvement in the study is voluntary, so you may choose to participate or not. The information below explains the study in detail. Before volunteering, please ask any questions that you may have about the research; I will be happy to explain anything in greater detail.

Details of Participant Involvement

As stated previously, I am interested in learning more about the discriminatory health care experiences of transgender and gender nonconforming adults. An additional objective of this study is to uplift transgender and other gender nonconforming voices through a qualitative-focused study of lived, personal health narratives. If you agree to participate, you will be asked to answer questions about your health narrative, including questions concerning health care experiences and any encounters with discriminatory behaviors/actions by medical professionals and/or other medical affiliated personnel (i.e., receptionists, community health advisors, pharmacists, etc.). Every interview (initial and/or follow-up) will be recorded using an audio-only recording device. Video recording will *not* be used in this study.

Privacy and Confidentiality

All information about participants will be kept confidential. This means that I will assign a pseudonym to your data, and only I will have the key to indicate which data belongs to which participant. I will never reveal any information about you to anyone that would directly or indirectly enable you to be identified. When the research is complete following a final write-up, I will immediately destroy all participant data (including all identifying documents, analysis, and recordings) to protect your privacy and the confidentiality agreements laid out in this document.

Risks and Benefits of Participation

The risks to you for participating in this study may include mild psychological discomfort, as participants are allowed to recall negative and/or traumatic experiences. These risks will be minimized by (1) creating a safe and inclusive space for participants, (2) monitoring the comfortability of participants before, throughout, and directly after the interview, and (3) a debriefing statement proceeding the interview that includes helpful and relevant resources should the participant decide to need them. If you should experience any difficulties during the study, please tell me immediately so that I may take appropriate action. Additionally, should you need any breaks during the interview to get up, walk about, fidget, etc., please let me know. The results of this research will better inform activists/advocates, medical providers, politicians, and the general public on how to construct a more equitable, inclusive, and fair medical system that values and prioritizes the health and lives of the transgender and gender nonconforming population.

Participant Rights

You have the right to **ask any questions you have** before, during, or after participation, and I encourage you to do so. If you do not want to be in this study, there will be no penalties or loss of benefits that you are entitled to. If you volunteer to be in this study and later change your mind, you have the right to withdraw within two months of your initial interview date. You may withdraw by contacting me via cellphone or email with a request for data withdrawal. The data linked to you via pseudonym will be permanently deleted immediately preceding the request. Subsequently, none of the data will be used in data analysis or the final write-up. As a voluntary participant in this research, you have the right to refuse to perform any activities and/or answer any questions that I ask of you. This research has been approved by the University of Mary Washington Institutional Review Board, a committee responsible for ensuring that the safety and rights of research participants are protected. For information about your rights as a research participant, contact the UMW IRB chair, Dr. Rosalyn Cooperman (rcooperm@umw.edu).

Contact Information

For more information about this research before, during, or after your participation, please contact me (ghawkins@mail.umw.edu) or my university supervisor, Dr. Tracy Citeroni (tciteron@umw.edu). To report any unanticipated problems relating to the research that you experience during or following your participation, contact my university supervisor, Dr. Tracy Citeroni (tciteron@umw.edu).

Before giving your oral consent, please ask me any questions you have about participation in this study.

To be stated by the researcher:

I confirm that the participant has been given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered to the best of my knowledge and ability. A copy of this Informed Consent Statement/Form has been provided to the participant.

By giving your oral consent, you agree to the following statement:

I have been read all of the information on this form, and all of my questions and concerns about the research described above have been addressed. I choose, voluntarily, to participate in this research project. I certify that I am at least 18 years of age.

To give your oral consent, please repeat the following statement:

I, (insert name here), agree to the above-stated document and give my consent to participate in this study.

APPENDIX (III): DEBRIEFING STATEMENT/FORM

Participant Appreciation

Thank you for participating in this study on the medical policing of transgender and gender nonconforming adults. Your retelling of lived experiences provides invaluable data to this research and academic field. While your participation is not only inconceivably appreciated and valued, the data collected could also potentially aid in the restructuring of harmful, discriminatory healthcare systems into more fair, equitable, and inclusive healthcare systems that value and prioritize the health and lives of transgender and gender nonconforming adults.

Participant Rights and Withdrawal Procedures

As disclosed in the Informed Consent Statement/Form, you have the right to, at any point, **ask any questions you have**, and I encourage you to do so. If you no longer want to be in this study, there will be no penalties or loss of benefits that you are entitled to. If you later change your mind about your participation, you have the right to withdraw within two months of your initial interview date. You may withdraw by contacting me via cellphone or email with a request for data withdrawal. The data linked to you via pseudonym will be permanently deleted immediately preceding the request. Subsequently, none of the data will be used in data analysis or the final write-up.

Contact Information

Please keep a copy of this Debriefing Statement/Form for your records/future reference. If you have any questions or concerns about this study and/or the research procedures used, you may contact me, Brie Hawkins, at ghawkins@mail.umw.edu, or my UMW faculty supervisor, Dr. Tracy Citeroni at tciteron@umw.edu. If you would like to receive a copy of the final report of this study or a summary of the findings when it is complete, please feel free to contact me. If you have any questions regarding your rights as a research participant in this study, you may contact the Chair of the UMW Institutional Review Board, Dr. Rosalyn Cooperman at rcooperm@umw.edu. In case you experience any adverse effects that you feel result from being a participant in this study, please contact my faculty supervisor (listed above). I am also providing a list of counseling services where you may obtain help with any anxiety or discomfort you may have experienced during this study.

Relevant Resources

The following resources are available, should you choose to need them, for further education and/or counseling:

Education

2015 United States Transgender Survey: (<https://www.ustranssurvey.org/reports>)

The Trevor Project – Gender Identity:

(<https://www.thetrevorproject.org/resources/category/gender-identity/>)

Mental Health

The Trevor Project – Mental Health:

(<https://www.thetrevorproject.org/resources/category/mental-health/>)

Trans Lifeline: (877-565-8860)

The National Suicide Prevention Hotline: (800-273-8255)

APPENDIX (IV): INTERVIEW GUIDE

GENDER IDENTITY

When did you first become aware of the gender binary? When did you first question your relationship with the gender binary and how you do or do not identify with it?

Do you believe your gender identity has affected your reception of health care? If so, how? If medical transition is part of your journey, how did/does that affect your reception of health care?

In addition to your gender identity, do you have any other marginalizing identities? Do you believe your intersecting identities affect your reception of health care beyond that of gender identity?

Have you ever been refused care due to your gender identity?

GENDER EXPRESSION

How much, if at all, do you think about or modify your gender presentation whenever you are going to interface with medical providers or enter a healthcare space?

Do you have specific language you use to refer to your body? Is it important to you that your provider use this language? Has your provider ever asked you what language you use? What have your experiences been like in this area?

Have you ever not accessed care or not sought treatment for an issue due to gender dysphoria?

INSURANCE

Do you have health insurance?

If you are currently insured, what kind of gender-specific coverage do you have?

If you are not insured, do you attain health care services? If so, how often?

Does your gender identity affect how frequently you access health care services?

How do you access health insurance?

What is your process for finding healthcare providers?

HEALTH CARE EXPERIENCES

In which healthcare settings do you feel most comfortable? Least comfortable?

What has your best healthcare experience been?

Describe your ideal effective and/or affirming clinical encounter. If you so choose, you may format your answer as a story or narrative.

Tell me what it is like to make and attend medical appointments.

Has your reception of health care changed as your gender identity has changed? Do you find that your reception of health care changes depending on your age, location, or economic status? As trans awareness develops more largely, have you noticed a change in your reception of health care?

MEDICAL TRANSITION

Is medical transition part of your gender journey?

Have you had lapses or breaks in your transition care, or had to stop, due to loss of insurance coverage or funds? Have you ever had to choose between your transition health care and your other needs (such as housing, food, utilities, etc.)?

To what degree, if any, does access to transition related coverage and trans competent health care impact your decision to take a job or move?

If you have or have had transition related coverage in your health plan, what was accessing those benefits like? Have you ever been denied services for care the company claims to provide? How much time would you say you've spent on the phone with the insurance company?

How much of your transition related care has been covered by insurance? What percentage of your yearly income would you say you spend on transition related health care? Have you ever needed crowd funded support or have you ever had to ask friends/family for help paying for a transition related health procedure or service?

If you are taking HRT, where you do get it? Are you happy with the care?

If you are taking HRT, and you have a primary care doctor, is your primary care doctor willing and able to manage your HRT care and prescribe your hormones?

MEDICAL PROVIDERS

How often are you asked by medical providers for your preferred name, pronouns, and gender identity? If you are not often asked, is this information you supply yourself to medical providers and office staff? How often do providers actually use the names and pronouns? Where do they document this information? Do they ever ask for updates?

How often do you come out to your healthcare providers? What determines this decision?

How often would you say you have to educate your providers on your health care and on trans-related issues/identities more broadly? Have you ever needed to switch doctors due to this issue?

When you ask questions about your health or transition related issues, how often is your provider able to give you an answer or address what you are experiencing?

Have you ever had a trans or GNC medical provider? Would you prefer to have a trans or GNC medical provider? Or does it not matter to you?

What do you want medical providers to know?

INSTITUTIONS

Have you ever experienced medical or legal gatekeeping related to your gender identity or trans status? If so, what is your experience with it?

Have you ever experienced medical gaslighting due to your gender identity?

Have your health care experiences intersected with other big institutional experiences, such as insurance agencies or the government? For example, name changes or gender-specific surgeries?

SOCIAL SUPPORT

Do you usually consult other trans/GNC people or forums for advice about which providers to see and which to avoid? How much time would you say you spend doing this?

How often do you seek out friends and internet forums for answers about trans health issues you are experiencing due to a lack of education or competency of your healthcare provider? Where, aside from your medical provider, do you get gender health information? Do you feel like you have access to enough resources in this area?

What habits and practices, or forms of self-care and social support, have you found and adopted to make your experiences in healthcare situations more comfortable? What support and care do you want/need in this context? Is there anything that you don't currently have access to that would make your experiences more comfortable and affirming in this context?

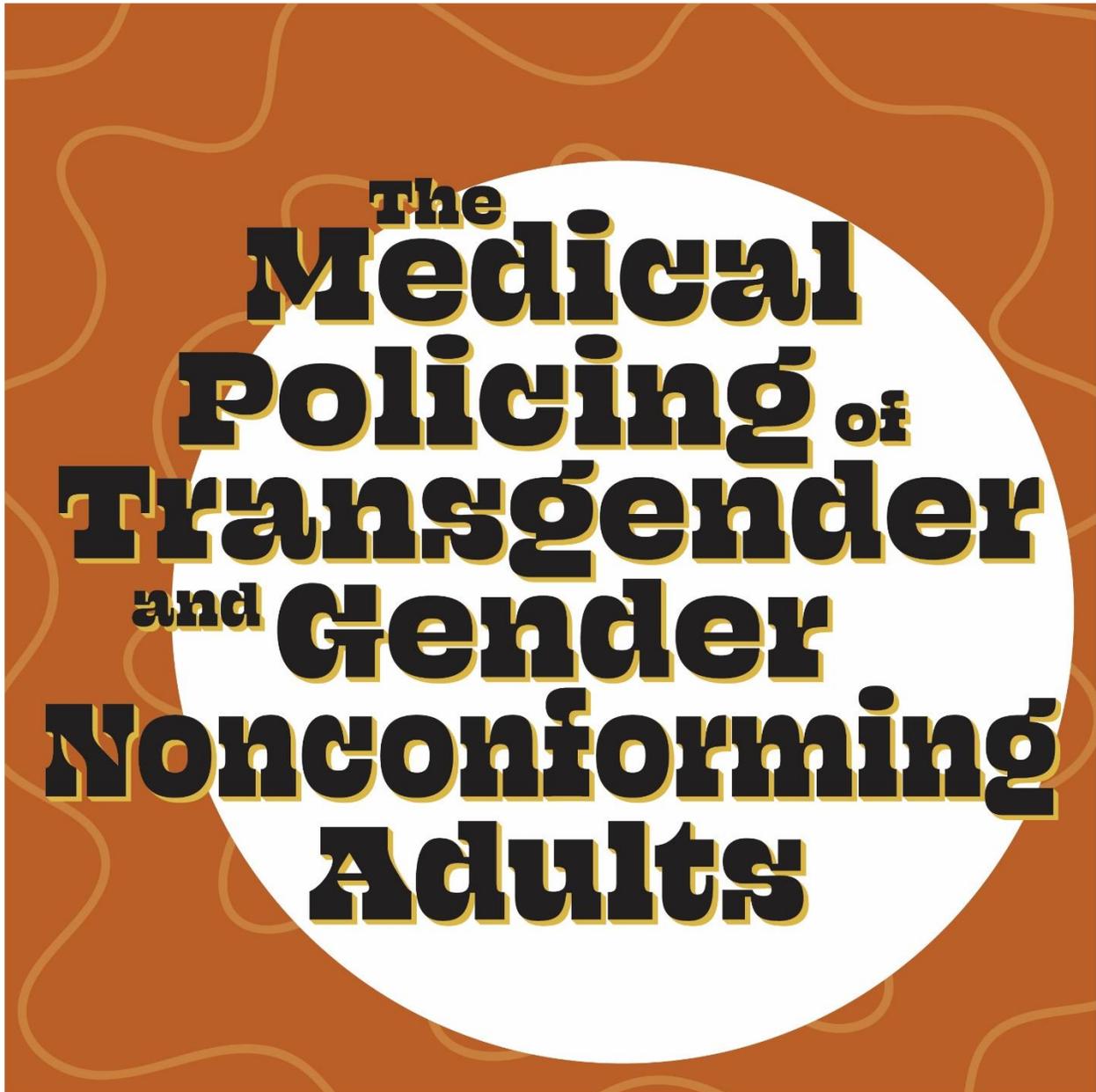
MISC.

What are your hopes for the outcome of this research? What do you hope the main takeaway for readers will be?

What are your hopes for trans and GNC healthcare more broadly?

Is there anything you would like to discuss that I have not directly or indirectly addressed?

APPENDIX (V): GRAPHIC



Artist: Nathan Wolfman

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