

## Episode 3: Final Transcript

**Dr. Dustin Nowaskie** 00:07

You're listening to the Pride 365+ podcast from Optum, where we explore how to create equitable, affirming and supportive spaces for LGBTQ+ individuals and communities. During this series, we invite you to do three things: be an active listener, be flexible to change, and be vulnerable. I'm Dr. Dustin Nowaskie, queer non-binary psychiatrist, and my pronouns are he/him, they/them. I'm also the founder of OutCare Health, the nation's comprehensive resource for LGBTQ+ health care. Today we'll be talking about gender diversity. I'm joined by two guests. Dr. Jenny Siegel is Medical Director for the Transgender Health Program at Massachusetts General Hospital in Boston. Dr. Morissa Ladinsky is an Associate Professor of Pediatrics at the University of Alabama, and a pediatrician who specializes in providing an affirming care to LGBTQ+ identified youth and their families in the deep South. Welcome, Dr. Siegel.

**Dr. Jenny Siegel** 01:06

Thank you for having me. I'm really excited to be here today with all of you.

**Dr. Dustin Nowaskie** 01:09

Welcome Dr. Ladinsky.

**Dr. Morissa Ladinsky** 01:11

Well, it's a true pleasure to be here and quite an honor.

**Dr. Dustin Nowaskie** 01:13

Awesome. Thanks for joining us today. Today, we're going to be talking about gender diversity. When many people hear this term, they probably think of people who identify as transgender and/or non-binary. In reality, there's a wide spectrum of gender, and everyone has their own personal identities and paths. What does gender identity mean? And how does the gender spectrum look today? Dr. Siegel, would you like to comment?

**Dr. Jenny Siegel** 01:38

We all have something that's called our assigned sex or some people say designated sex at birth, which is usually based on how our genitals look when we emerge into the world. Gender is really something we know internally about ourselves. It's how we identify across the gender spectrum. And we all do whether we identify as cisgender, transgender something else, something that we maybe haven't given a word to, and to recognize that we all have our own internal sensation of who we are from a gender perspective. And that might be a stable thing in life, or that might be an evolving thing in life. And then we only have a gender expression, which usually refers to how we present ourselves to the outside world, whether that's in terms of the clothing we wear, or our hair cut, or how we talk. And, you know, whenever I say that, I always have to say, you know, how how I talk and look in Massachusetts might be perceived very differently, culturally, then how Dr. Ladinsky is in Alabama, or how I was as somebody who grew up in North Dakota. And these are just within the U.S. states, you

know, then when you start to think, internationally, you know, our notions about gender, and what's normative and gender is culturally based.

**Dr. Morissa Ladinsky 02:40**

I fully agree. And remember, I provide care on this spectrum to youth who are as small as four or five, all the way up to teenagers. And indeed, that gender identity is from within. It's how we, as a person, feel ourselves to be relative to gender. I've had youth tell me, in my heart, and in my bones, I know, I'm a girl. But it evolves. And the important thing is that our gender identity really isn't something we choose. It's something that we feel, and it evolves. I think the analogy that I best use when I work with audiences here where there isn't a lot of visibility for gender diverse young people, is, it's somewhat like waking up each day and looking at which hand we write with. It's just a component of who we are.

**Dr. Dustin Nowaskie 03:34**

There are a couple of terms that I find can often be confusing if people are new to some of those terminology and so I do like to break it down. When we're talking about gender, gender identity, and the spectrum of both of those attributes, there are a couple of terms. So we've talked about sex assigned at birth. Essentially, that is, typically people are assigned male, female, sometimes both, sometimes not assigned to sex at birth. Unfortunately, what we see is that these are categories right? And then what we're also referring to is gender identity, kind of that internal feeling of oneself. Now sometimes, the sex assigned at birth does match the gender identity. Sometimes we call that that they are alike, there's other words such as that they are congruent, other times they are not. Dr. Siegel or Dr. Ladinsky, can we talk about whenever a sex assigned at birth does not match the current gender identity? What does that look like? What is the journey for particular patients or clients?

**Dr. Morissa Ladinsky 04:33**

When we think about sex assigned at birth, our mind is going to automatically jump to the binary. To two boxes. We're male or female. Now as people grow, they may realize over time, that who they know themselves to be inside does not align with society, or culture, or regional culture, even, expectations that go with that sex assigned at birth. And that's where that journey starts. But it's different for every single person, no two people are ever alike.

**Dr. Dustin Nowaskie 05:07**

You know, something that I like to let people know is that gender identity can be very early. Dr. Ladinsky, when do we typically see gender identity being talked about being solidified for particular people in the community?

**Dr. Morissa Ladinsky 05:22**

So if we look from a more scientific perspective at child development, by about the age of three, children have the vocabulary to say, I'm a boy, I'm a girl, but they're generally reflecting what they've been told by society and by their family. Now, some youth by four, five and six know deep within themselves. We call them sistance kids, they're insistent, persistent and consistent that they are a boy, when they may have been assigned girl at birth. Interestingly, these are not the majority of youth who present to our gender teen spaces. The majority of them, ironically, are youth who are approaching puberty and their body is getting ready to change. And that may be a clarifying message within them,

that my body is setting out to do things that don't align with who I know myself to be. And we can talk more about what can result from that.

**Dr. Jenny Siegel 06:28**

I will just add that the whole cultural piece matters a lot. And so there's no one story, I think, sometimes we have this sense of, you know, I was a child of x age, and I liked to play with these types of dolls. And so therefore, I've known my gender identity since then. That is a story that's deeply compelling and meaningful for some people, but for others, that's just not their life experience. And as we heard, maybe at puberty, or maybe in young adulthood, or maybe in late adulthood, you start to reflect on your gender. And sometimes that makes one reflect on topics from decades ago in life. And sometimes there wasn't a cultural context from one's childhood to reflect on gender. And so I think that's something important for us to think about. I see people who are very clear on their gender from a very young age, and I see people who are really putting a lot of thought into it in their 60s, you know, and having to work through six decades of cultural context that has not always, historically or currently been particularly supportive of exploration around gender.

**Dr. Dustin Nowaskie 07:30**

I'm glad that you made those points, because sometimes I hear that there is some bias against gender fluidity, and we always have to remind people that both sexual orientation and gender identity are very fluid. And so it's not that people are just randomly picking identities. I think there's a lot of competing factors and a lot of things that need worked out before someone decides this is the term, this is the label that I want to use, and this is how I really find myself to be. We talked a little bit about this. For LGBTQ+ people, especially gender diverse people, the journey and the path to gender affirmation varies so widely. Now, there are all types of gender affirmation. There's definitely medical affirmation, referring to gender affirming hormones and gender affirming surgeries, but we know that there are also many other types of affirmation. Like social affirmations, right? Name Changes, gender marker changes, clothing, dressing. I'd love to hear both of your perspectives on different types of affirmation and how that can vary widely from individual to individual.

**Dr. Morissa Ladinsky 08:39**

So as Dustin mentioned, with youth, that journey can be quite unique, quite individual, and also quite fluid. Younger kids in elementary school, even preschool, they don't yet have loads and loads of imprinting for what society and culture have told them. But over time, we in pediatrics unequivocally realize that for elementary aged kids, gender diversity, to think about, to try on behaviors, clothing, words, names, that may not be completely in keeping with society's traditional expectations and the gender binary, is actually a very normal part of child development. As youth close in on puberty, though, those who have a gender diverse identity, they may not identify in a binary. They may they see their identity and feel it as just somewhere in between a non binary, a gender fluid, a gender queer identity. We see more and more and more of our late elementary, early middle school aged youth. But what parents see and we hope to help them to see in that space is the contentment on their youth's face when they're allowed to try these on.

**Dr. Jenny Siegel 10:03**

I'm a health care provider, I spend excessive amounts of times in clinic and hospitals. But for most of us, thankfully, we don't spend most of our lives within the healthcare system. And so thinking about social affirmation and feeling affirmed and well as a whole human being in all of those non clinic spaces is probably more important and a lot of ways. Both trying on and existing as yourself in different places where you spend your time, you know, at home, in the context of a relationship, in a workplace. And with the caveat being that sometimes you're going to explore in a slightly different way, or exist in a slightly different way, or feel affirmed in a different way, in different spaces. So that's a big part of my practice is asking people. What does affirmation look like for you? What does it look like to feel whole as yourself in different spaces in your life? And recognizing that those may not all be the same.

**Dr. Dustin Nowaskie 10:49**

Right now, I think a lot of people can agree that gender affirmation has become a very political issue in many states and the country as a whole, especially related to transgender kids and adolescents. I do want to spend some time on a lot of things so that we can dispel and also break down some of the complexity. I do want to start with hormones and surgeries because I hear often that there is this expectation that if a gender diverse child, gender diverse adolescent or gender diverse young adult, comes into a gender health program, that they will get hormones, day one, or that they will get scheduled for surgery that day. And we know this as providers that that is absolutely not true. But I want to spend some time and invite people into this world that there is an extensive evaluation process before hormones are written, before surgeries are scheduled. And I also want to spend some time on the barriers that come with trying to access hormones and surgeries. So let's start with the evaluation process.

**Dr. Morissa Ladinsky 11:59**

There is a significant amount of research, of experience, of evidence based guideline driven care, so that all can know that the care that's given relative to gender affirmation for youth of different ages, in all 50-55 of our interdisciplinary team clinics around the nation is inordinately evidence based guideline driven. And we were very, very fortunate in our recent federal district court lawsuit that the judge saw and heard, learned about and agreed with that. Because remember, what guides the medical care is something we know is gender dysphoria, right? The internal, just pain and angst, that comes with a developing body that doesn't at all align with who someone knows themselves to be. And it's that dysphoria, a medical and mental health formal diagnosis, that drives the medical care that may be given. So our team, with mental health providers, as well as those that care for us in their communities, play a huge role in this. Youth before puberty, there is no medical care for which they're eligible. It's about what we talked about earlier, a social transition, is that a good thing for this youth in this family? But as puberty closes in, then we work a little harder when dysphoria is present. Anxiety, withdrawing, academic decline, suicidal thoughts, cutting. And these are all very, very real. With families, around some of the medical options that are available for alleviating dysphoria and for affirmation. It's a long process.

**Dr. Jenny Siegel 13:54**

Some of the same principles that we talk about for youth are still there for adult medicine as well though the, you know, developmental arc has changed a little bit and sometimes that can adjust the timeframe. But I really value what was said about just mentioning how much this is grounded in an evidence base.

And then we have a number of wonderful interdisciplinary, both regionally diverse and internationally diverse professional associations, where clinicians of all kinds can come together and make sure that we are up to date with the evidence. That we know best practice, just as we do, as part of our continuing medical education for any other aspect of medical or healthcare that we might be providing. And so same thing, will still say, of course, that there's much research we want to do. But what we do know is that we have an armamentarium of tools that we can work with, with individual patients to find the right combination of, whether those are social tools or whether those are medical therapies and things like hormones and surgery, depending on an individual patient's set of goals, because that's going to vary a lot across people, you know. And then we work individually just as we would with any other healthcare issue to kind of come up with the correct treatment plan grounded in that evidence based medicine that we have. So just to say that there's very little that spontaneous in the field of transgender health.

**Dr. Dustin Nowaskie 15:06**

Right, I'm glad that we've hit on all of these touch points because I think that when people do not work in health care or they're not an LGBTQ+ person, they haven't been through this journey, right, of affirmation. There's a lot of misinformation. There's a lot of expectations and assumptions of what goes in to a gender health program. Affirmation is very individualized, but we haven't really touched on this point that not every gender diverse person takes gender affirming hormones, and absolutely not every gender diverse person goes through gender affirming surgeries.

**Dr. Jenny Siegel 15:39**

Right, for some people, that's very much accurate, but it is absolutely not a one size fits all journey. I actually often get called, especially as an adult provider, people will say could I speak with one of your patients, you know, who's had the surgery as if there's sort of the or a surgery. And that's always an opportunity to open the conversation and step back and say, let's talk about what gender affirmation really means. And that again, just like with other aspects of health care, that we have multiple tools at our disposal. We also have nutrition and fitness and, you know, taking good care of one's body which are also part of that armamentarium of tools as well.

**Dr. Morissa Ladinsky 15:59**

And we, in our space, we lead most importantly, that use dysphoria as our guide. But just like both of you have said, each person's dysphoria, or lack thereof or desire for medical or surgical affirmation is different for each. We do have a developmental and age appropriate guide for us that's a little bit different for our adult colleagues because we have the armamentarium that involve really reversible puberty blocking medications, to simply hit a pause button and lift up that dysphoria for a while, while everybody's working together to better explore and understand identity.

**Dr. Dustin Nowaskie 16:56**

Absolutely. Yeah. We've talked about the individual process and affirmation and what that looks like, but what about the other end of things? And I know Dr. Ladinsky, you probably have a lot of comments about this, but unfortunately, there are a lot of anti gender affirming care laws that have been proposed and some that have been pushed further than others. And I can only imagine that it is going to increase

over the next couple of years, unfortunately. What are potential consequences and disparities that come from anti gender affirming care laws?

**Dr. Morissa Ladinsky 17:30**

Imagine if the highest leaders of your state, the most powerful people in your state, are telling you and everybody else that you need to be erased. That's the message that you feel and that families feel. We here have been dealing with this since 2020 and became truly the nation's beta test for the passage of an anti transgender health care ban that would criminalize physicians. This happened simultaneously to Texas where executive order by a governor and attorney general weaponized their child protective services workforce, to you know, arrest kids take kids away from parents. For families, the stress of truly trying to wrap their arms around, do we need to move out of Alabama so that our youth can get the health care they've been receiving? That's rendered them whole? And really put our family back together. And if so, where do we move? And what do I tell my other kids who have to leave their school, their church, their sports, because of their sibling? That's guilt, that's stress, we have many families that were afraid that the Alabama Department of Human Resources was going to take their kids away. That's a level of stress that you can't just flip a switch on. I mean, parents called us, our kids are failing. What can we do? They're just pacing the house. They won't leave their room. They're scared of reprisal at school. And you know, that feeling that this will just sign seal and deliver the rejection, isolation ratchet up the bullying that can happen to me and is happening already. So it was a really, really tough legislative session this year. Families are still moving despite an injunction being granted and the health care law not going into effect because of everything we discussed. We just prayed it would be over soon, but it isn't.

**Dr. Jenny Siegel 19:49**

I want to add that both my heart goes out to Dr. Dr. Ladinsky and her patients, and the patients and other states affected by this. But also, I really want to reiterate this point of the power that we have within the health care system to make a difference. I hear from adults in a state that has had some legal issues, but not to the degree that we're talking about, I hear a level of stress. There's been some good studies done in the public health world, both looking at sexually diverse and gender diverse individuals, and the adverse mental health impact of simply living in a state where that type of messaging is going on whether or not it is actually going to imminently affect you or your own particular family/clinic situation. We think that's because the psychological burden of just carrying those negative messages about you, your community, your loved ones, is heavy. And so there's been good studies that show that people have more days with psychological stress, and even more worrisomely, more days with more serious psychological risk factors and even suicidality and risks for suicide attempts. So, I was, I just want to mention that, that they're not just concepts that we throw around, but there's a real risk in stigmatizing and discriminating against our diverse populations in the world.

**Dr. Dustin Nowaskie 21:09**

You know, there are many, many, many downstream effects of anti legislation for gender diverse care. I'm sure both of you can agree in medicine, we often focus on risk factors, and rarely protective factors. So I do want to spend a little bit of time on that. Currently, it can be a very scary time for families and friends of gender diverse people. Are there any positive things going on in the world across the nation or any great movements?

**Dr. Morissa Ladinsky 21:38**

Well, I can give you a few. We were successful in being granted an injunction on the anti trans health care bill here in Alabama, and by one of the most conservative judges on the federal bench in this extremely conservative state. That precedent, which was based on scientific consensus, his really hearing the testimony of our patient's parents, of us, of our faith, leader, plaintiff, this is critically important, because science wins, and health wins. Now remember, in the wake of that, 19 states led by LGBTQ state lawmakers have created laws and, they're referring to them as, they call it a rainbow wall that is getting beautifully more play in the national press than these conservative states that are trying to shepherd discriminatory and marginalizing laws. So for youth all over the country to know that they're now heard, and for our LGBTQ identified people to know that this did increase awareness and positive ways. You are seen, you are heard, you are loved, and people that matter are coming together around you.

**Dr. Jenny Siegel 23:06**

That's so huge and beautiful. And I really appreciate this conversation though, about resiliency and positivity, because I do think sometimes we can get into here's all the disparities and here's all the evil things happening in the world. But like, you know, our gender diverse community, our sexual minority community, we're beautiful communities. You know, we see that a little bit more now in June because it's Pride and I'm loving that and, and you're seeing just beautiful things. You're seeing art and creativity and openness and people expressing themselves and people being much more open than when I was a youth. And, you know, I think about being a youth growing up in a very conservative state as a burgeoning sexual minority child and like not being able to connect with anybody. And I look at the world now and it's so different, you know, and these are real big positivities that people can find each other, that we and, then we, as broad communities can stand up for each other in the ways that were already discussed by Dr. Ladinsky. So I think that that's a huge message. All is not unwell, lots is well.

**Dr. Dustin Nowaskie 24:06**

I would just like to thank both of you for an amazing conversation. I know we've talked about a lot of different things. So I do appreciate your time and your experience and your perspectives. Thank you again. I wish you both the best.

**Dr. Jenny Siegel 24:18**

I just want to say thank you for having me. It's been, it's such a joy to be part of this conversation with both of you here today. I want to commend the work that's happening through OutCare, and I want to commend anybody who's listening for taking the time to think about this really important topic as it might pertain to you, or your family members, or your community. That's incredibly valuable.

**Dr. Morissa Ladinsky 24:37**

And on the whole remember, really, the medical profession in this country really does have everybody's back when it comes to the LGBTQ community. It may not always feel like it, but we're always working harder. We're teaching harder, and we're listening harder.

**Dr. Dustin Nowaskie 24:58**

Beautifully said. Thank you for listening to the Pride 365+ podcast. Find more resources at [pride365plus.com](http://pride365plus.com) That's Pride-365-P-L-U-S-dot-com.