



# JOURNAL OF CRITICAL THOUGHT AND PRAXIS

IOWA STATE UNIVERSITY DIGITAL PRESS & SCHOOL OF EDUCATION

---

Volume 7

Issue 2 *Engaging in the Struggle: Health Justice*

Article 4

---

## Moments in Transgender Healthcare 2004- 2018: One Family Doctor's Perspective

Joe Freund MD, FAAFP

Follow this and additional works at: <http://lib.dr.iastate.edu/jctp/vol7/iss2/>



This article is distributed under a Creative Commons Attribution-NonCommercial 4.0 International License (CC-BY-NC). Users may reproduce, disseminate, display, or adapt this article for non-commercial purposes, provided the author is properly cited. See <https://creativecommons.org/licenses/by-nc/4.0/>.

The Journal of Critical Thought and Praxis is published by the Iowa State University School of Education and Iowa State University Digital Press. View the journal at <http://lib.dr.iastate.edu/jctp/>.

## **Moments in Transgender Healthcare 2004-2018: One Family Doctor's Perspective**

Joe Freund MD, FAAFP

*Transgender: one whose experience of their gender is  
different than the sex assigned to them at birth.*

### ***she cried...***

I thought I was ready. In over 20 years of practicing family medicine, I had only seen one trans patient (I knew of) in all of the many clinics I had worked in and that patient did not want to discuss it at all. After completing a 3-hour medical course on how to prescribe hormonal therapy for transgender patients, I asked the physician instructor how to start, where to get experience, and she asked me, "If you don't do it, who will?" This was in 2004, and I didn't know there were two other providers (and likely more) quietly and compassionately caring for trans patients in their offices in Des Moines, IA, all by word of mouth recommendations. Errantly thinking I was the only doctor for transgender patients I began my journey in caring for transgender patients.

She arrived one day and told me that even though she was born with a body that was male and was raised as a boy, she knew she was a girl, a female inside and she wanted to begin transitioning, using hormones to move her body to that of the woman she knew she was. She said that she had been to 5 other doctors and none of them knew how to help her, couldn't help her and didn't even know where to send her. She came to me because I was out as a gay physician and she thought I might understand and be able to help. When I told her that I would be willing, even though I didn't have experience, she began to cry...

### ***they drove...***

That first patient had driven an hour to see me, but as more trans patients began arriving, it was not unusual to have patients driving 3-4 hours, with one driving 5-6 hours, not because of my reputation, but because they could find no one else to provide them their needed medical care. The big city of Des Moines called to people from rural parts of the state, often because of privacy concerns: what would happen if anyone found out about their transition in their hometown? This fear was real, as many trans people lost their families, their jobs and even their lives because of their gender identity or status as a transgender person. And sadly, this continues to this day for many.

### ***they paid...***

They arrived, asking how much for the office visit, how much for lab tests, how often would they would need to come in and could we not do this test this time, because they had

a choice, tests or food? Most had healthcare insurance, but almost all specifically denied any payments if it had anything to do with, as it was termed then, “sex change treatments.” This not only excluded office visits, tests, medications, surgeries, but was even used to deny other medical services if it was deemed secondary to their hormone therapy, such as treatment for diabetes. With the full burden of the surgical cost, many had absolutely no hope to ever have surgery, others saved or borrowed money, charged it, or went to other countries to have procedures done at much lower rates. Many surgeries were denied on the grounds that it was simply “cosmetic and not necessary.”

***they became...***

Some able to transition, blended in and then were immersed into their new life. Some, unable to blend in, or those who spoke out on their transgender status, suffered harassment, mistreatment and discrimination (which is still to this day legal in over 50% of our states based on gender identity). Too many experienced death due to violence, simply based on who they were.

***she died...***

Courageous and kind, gentle and determined, she lived and died as she wanted. She taught me a lot about courage. Tall, thin and masculine when we met, she was determined to transition from the masculine to the feminine to become in all ways possible the woman she knew herself to be. She worked in a factory, in a small town and succeeded in transitioning while on the job, without a break, without special assistance and took every opportunity to experience life as who she was meant to be. But headaches got in the way, and the unrecognized brain tumor grew and grew, even after surgery, slowly incapacitating her. Eventually she needed residential nursing care, but no suitable facility in the state would accept this transgender woman, who patiently waited in the hospital for three months until a home care team and services could be assembled. She taught me a lot, to live in integrity.

***he died...***

No one can know the final thoughts of one who dies by suicide, but too often I have heard the words, “I can’t take it anymore,” “There’s no hope,” “It’ll never get better,” “I am disgusted by this...” When the body betrays the person, when one can’t look at their own body, when it is not them and they are alone and feel isolated, and then be told “No you can’t have surgery, its only cosmetic”... what future is there to look forward to? Too many have been lost, our system has driven and pushed people to hopelessness, helplessness and told them, “You don’t matter! Health services denied!” Yes, I have lost patients because of this, too many. All of the major medical organizations agree that this is medically necessary care and should be provided. The frequency of suicides and attempts are staggering in the transgender population, improves when treatment is provided and people are in a supportive environment. Isn’t it time?

***she died...***

...but I don't know why. She had many issues with mental health, but seemed to be stable, and had few physical concerns. She had transitioned medically and socially, except she was never able to present as female with her family, but she never let this stop her advocacy and desire to help others. She helped staff an online crisis and support line, and served as a group moderator, helping many trans folk in need. The last I heard was a message left on my office phone from her mother simply stating she would not be in for her scheduled appointment, she died, and would I kindly respect her wishes and have no contact with her. I still don't know why...

***he thrived...***

Oh, I worried about him: severe depression, anxiety and panic, with its main cause the denial of care for his transgender status. Birth assigned female, but living as a male, I will always remember the tears, the abhorrence related to the large breasts which could never be hidden. He couldn't bring himself to touch them, to acknowledge them, they were truly the focus of his gender dysphoria, his own body hatred. All attempts at getting them removed were met with denial: "not covered" by insurance, "explicitly excluded by Medicare," "it's only cosmetic." He was able to survive long enough to see the day that insurance said yes and now he is flourishing and happy and living confidently, at home in his own skin.

***ACA arrived...***

The Affordable Care Act totally changed how trans patients were able to receive care. First, everyone had access to health insurance, as well as guaranteed coverage and no exclusions based on sex (which included gender identity) or prior conditions. This was the first time many people ever had health insurance. This was the first time that office visits were fully covered for their transgender status. This was the first time medications were covered. This was the first time that there was the promise, the possibility of receiving necessary surgeries. Fulfillment however took time and work and legal challenges, but slowly the promise of full insurance coverage started to become reality. Other changes began building: Medicare offered the possibility of surgical coverage, trans people could go into the bathroom consistent with their gender identity. It seemed that the golden age had arrived and finally the healthcare system was addressing the needs of the transgender patient and we were on the verge of full inclusion, but...

***winds change...***

...the pendulum swings, and administrations change, with new guidelines and rules, new interpretation of old rules and laws, and changes in enforcement. Trans patients are now told the bathroom they use can only be that of their birth gender. The government supports, now withdraws support. Transgender soldiers are a possibility, no they're not, yes they are. Moral objection clauses continue to be proposed and upheld, allowing anyone to deny services based on their moral objections. But little by little progress is taking hold.

Medicare now no longer refuses coverage for trans issues and surgeries, now offering an opportunity on a case by case basis, still not making it user friendly, but no longer an outright denial. In Iowa, the state law which prohibits any state funds from going toward any gender affirming surgeries, is found unconstitutional by the Supreme Court. But many are living in fear- that little by little the hard won rights, safety and medical coverage seem to be under attack and are disappearing. It still is easier to provide healthcare today for trans patients, for today we still have better healthcare insurance access, better day to day coverage for medical care, medications and tests, but we still are lacking in full coverage for needed surgical procedures.

***and tomorrow...***

I hope for all transgender people to be fully covered by nondiscrimination laws, for until then, they will continue to be excluded and denied equal care, treatment, and access to full care. Transgender healthcare *IS* medically necessary care, and it is highly individualized for each person, but access to medications, testing and surgeries is medically necessary and needs to be provided for all. I look forward to the day when all medical providers are fully trained in how to care for the transgender patient so that patients will never have to drive hours to obtain necessary care. I look forward to the time when we support and help nurture all transgender people as they find their truest self, and we stop injuring them by trying to force them into being someone they are not. I look forward to full equality, full inclusion and full coverage.