



"We've got to do it today."  
Pediatrician  
Dr. Angela Kade  
Goepferd

# Transphobia Is Hazardous to Your Health

IN APRIL, CHILDREN'S MINNESOTA OPENED A SPECIAL PROGRAM TO PROVIDE BETTER CARE FOR GENDER-DIVERSE KIDS. THE RESPONSE? ALMOST TWICE AS MANY PATIENTS AS THEY'D EXPECTED.

BY SHEILA MULROONEY ELDRED

When her child was 7, Pam decided to have a conversation with the family's pediatrician. Her daughter, Andrea, who loves softball, dance, *Pokémon GO*, and hanging out with friends, had just started

seeing a therapist as a first step in transitioning genders. (She'd been assigned male at birth.)

"I knew that my child would benefit from seeing a doctor who had experience

working with gender health," Pam says.

The doctor was supportive, but—like many pediatricians—she admitted she didn't have the experience or knowledge to best serve Pam's child. So Pam prepared herself to become Andrea's health advocate. From online forums, she knew the task would likely involve piecing together care from health providers such as a pediatric gynecologist and a pediatric endocrinologist. And, of course, she'd need to find them all within her insurance network.

Instead, the suburban Minneapolis family lucked out. The original pediatrician referred Andrea to the very person intent on correcting the health challenges that transgender and gender-diverse kids face. Dr. Angela Kade Goepferd's schedule is always full with current patients; she also serves as director of medical education and vice chief of staff for the hospital.

So when Pam managed to book an appointment, "It was a relief," she says.

About three years ago, Dr. Goepferd was getting so many similar requests that she started conferring with Dr. Christopher Dunne, a colleague and pediatric endocrinologist at Children's Minnesota. In 2018, they brought the idea of a hospital program focused on transgender health to the leadership. The result is the Gender Health program, a pioneering health initiative that opened in April.

In its first two months, the program drew 50 new patients, ranging in age from 3 to 18. The program had anticipated serving 90 kids—over the course of an entire year. The phone line has been averaging 70–80 calls per month.

That traffic likely reflects a greater cultural awareness of gender diversity—and a rethink of the demographics. A 2016 Minnesota Student Survey—a long-running inventory from the state's Department of Education—shows that 2.5 percent of high school students identify as transgender or gender diverse. That's three times more kids than identified in previous estimates.

Transgender and gender-diverse kids face unique health issues, including the possible need for pubertal suppression, hormone treatment, and fertility preservation. Yet doctors who specialize

in those areas are in such demand that patients often struggle to get an appointment. Transgender youth are more likely to miss regular health checkups, too, according to a 2018 study in *Pediatrics* (which used the Minnesota Student Survey data).

Dr. Emily Chapman, chief medical officer at Children's Minnesota, recalls hearing Dr. Goepferd's argument for creating a standalone program: "This is already happening. We already have all of these patients in our system, and they're having a lousy experience, and we're underserving them," she says.

Dr. Goepferd wasn't willing to wait. "I can't do it tomorrow," she told Dr. Chapman. "We've got to do it today."

The new program at Children's Minnesota joins perhaps a dozen similar hospital efforts across the country. The day it opened, four residents and med students emailed to ask if they could train there.

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Dr. Goepferd is a 41-year-old mother of three who favors brightly colored bow ties (she owns perhaps 50). By her own account, her life story matches the shift in how medicine—and society in general—thinks about LGBTQ issues.

Growing up in Iowa City in the '80s, Goepferd went to a pediatrician who was what you might expect: a nice, white, male doctor who never asked about her sexual orientation. If he had, she wouldn't have known how to respond. In her high school of 1,200 kids, only one identified openly as gay—and it wasn't her.

She possessed a clearer sense for her career choice. When adults would ask about her future (as they inevitably do), she'd answer, "I want to be a pediatrician."

At 19, Goepferd gathered her courage to come out as gay at a conservative Lutheran college. Her parents expressed support; her grandparents sent her anti-gay religious pamphlets before coming around.

Viewing life as a member of the LGBTQ community, Goepferd briefly questioned her career choice. "There were ways I associated the establishment of Western medicine and medical school with power, privilege, and authority," she says.

In medical school at the University of Minnesota, in 2000, Goepferd discovered one root cause of inequity: the med-

The new gender-health program at Children's Minnesota drew more than 50 patients in its first months.



ical-school curriculum. "There was an assumption of heteronormativity," she recalls. "As in, there was no discussion of LGBTQ patients. As if they simply did not exist."

She and a few classmates started hosting a lunchtime series, "Homophobia is a Health Hazard." It provoked interesting conversations with her colleagues. She quickly realized that not everyone who enrolled in medical school shared her values. One day, she opened her locker to discover a letter, presumably from a classmate, explaining that AIDS represented a message of condemnation from God.

It hurt, but it also mobilized her. In 2003, Dr. Goepferd helped launch the Minnesota Transgender Health Coalition, a space that offers free health services and support groups. She also started giving educational talks about LGBTQ health to her peers in the residency program.

By the time she became a practicing physician, she had already developed a reputation as the person that other doctors could call when they ran into a question about an LGBTQ health issue. Up until about 2014, she'd routinely get calls: "What do you do when a patient comes out to you as gay or lesbian?"

But in the last five years, she's noticed a shift. Though the medical-school curriculum hasn't changed much, society has.

"There's more of an openness about sexual identification and orientation; it's become more of an area of comfort," she says. "Now I'm getting the calls again, but

**THE HOSPITAL NEEDED A GENDER-HEALTH PROGRAM, DR. GOEPFERD SAYS: "WE ALREADY HAVE ALL OF THESE PATIENTS IN OUR SYSTEM, AND THEY'RE HAVING A LOUSY EXPERIENCE."**

they're almost exclusively about transgender and gender-diverse kids. 'How do I handle this? If I have a family who has a four-year-old boy who only wants to wear dresses and use *she* pronouns, what do I tell them?'"

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The new Gender Health program operates two days a month from temporary housing on the third floor of the Children's Specialty Clinic, in Minneapolis. During a typical first visit, families meet with a social worker and then a pediatrician. Early on, appointments may find patients and parents answering questions and connecting with mental-health support. As children enter puberty, they can receive more specialized care. The staff includes Dr. Goepferd, Dr. Dunne, Dr. Kylie Fowler (pediatric and adolescent gynecology), and Dr. Melinda Pierce (pediatric endocrinology).

"We're really just here to help families in their journey wherever they are," Dr. Goepferd says. "You can come in with a four-year-old who wants to wear a dress and talk through conversations about gender. We don't have an agenda."

Appointments with prepubescent kids and families run the gamut. They may help families navigate school systems—figuring out when it's time to change a child's name at school, for example, or how to ensure a child can use the appropriate bathroom.

At the start of puberty, families can consider the options of pausing or delaying sex development with pubertal suppression medications. For example, doctors can help pause periods if menstruation is causing dysphoria or distress. In later adolescence, doctors can help with gender-affirming hormone treatment: estrogen or testosterone. They also offer fertility-preservation consultation when patients are considering medications that may have implications on future parenthood. (Children's Minnesota does not perform sex-reassignment surgery, which usually occurs after the age of 18.)

It all makes parents like Pam feel grateful. Life is easier today for a transgender child in the Twin Cities than at most other times and places in history.

"It's not the desperation that most people before me felt," she says. "How can I find someone to help my child?"

The Gender Health program grapples with medical issues that demand real specialization. But its existence highlights basic failures in the medical system. Take the point of entry: the check-in desk. Often when a transgender child arrives at an appointment, they're called by the wrong name. Pam has only found one place that consistently gets it right: The family's dental office uses stickers with the child's preferred name in all caps. This makes it obvious to any provider who grabs the child's chart.

Indeed, Dr. Chapman says that starting a program with a committed team of doctors to specialize in transgender health may have been the easy part.

"The more challenging crusade," she says, "is to get the rest of the health system to where it's a positive environment." ■