

## Prioritizing Equity video series: Celebrating & reflecting during Pride Month

This Pride Month, Kameryn Lee, MD, joins Aletha Maybank, MD, for a special Prioritizing Equity discussion on what physicians can do to best support and center the voices of LGBTQ patients while continuing to advance health equity.

### Panel

- **Kameryn Lee, MD, MSPH, FACOG**—Vice president of medical affairs and health equity at FOLX Health, Inc.
- **Aletha Maybank, MD, MPH**—Chief health equity officer, senior vice president, Center for Health Equity, American Medical Association

### Transcript

June 14, 2021

**Dr. Maybank:** Hello, everyone. Welcome back to Prioritizing Equity. This is Dr. Aletha Maybank, chief health equity officer at the American Medical Association and good to be with you. Today and this month, is Pride Month, a month of tremendous celebration here in New York City. Many times, I have engaged with the parade. It's not going to happen this year because of COVID again, but we did lots of efforts to ensure and make sure that we were centering to prioritize recognizing resilience and celebrating the diversity and the brilliance and genius of the LGBT community and now is no different than that.

And as with everyone, we've had a really rough year. Global pandemic, escalating attacks, especially on transgender youth. Through much state and legislation policy as of late, activists have really had to battle health inequities on multiple fronts. With 33 states now having introduced anti-trans bills into their legislators, Arkansas becoming the first state to actually outlaw gender affirming treatment for minors. And at the same time, despite this dialogue around racial justice over the past year, activism in LGBT communities still continues, oftentimes, and this has been an ongoing challenge, to center whiteness and sometimes ignore again the plight and the realities of people of color. And it's really

important that we don't do that and we work to center everyone to bring everyone into the margins, as well as those at the intersection of being disabled as well.

And so today we reflect on, again, the celebration, the pride of LGBT community, as well as the continued efforts for equity and justice and joy at this time and also, moving forward even beyond COVID. And so I have the honor to speak with Dr. Kameryn Lee, who is vice president of medical affairs and health equity at FOLX Health. Welcome, Dr. Lee.

**Dr. Lee:** Thank you so much. Thank you.

**Dr. Maybank:** It's really great to be in conversation with you.

**Dr. Lee:** Same here. Same here.

**Dr. Maybank:** And so, where are you right now, as I ask everyone, and how are you feeling?

**Dr. Lee:** Thank you for asking, thank you for having me, Dr. Maybank. Currently I sit in Ocean City, Maryland. A good time to be here. The beach is busy. Right now I am, as you said, the vice president of medical affairs and health equity at FOLX Health, which is a telehealth startup that was designed to treat the queer and trans communities via telehealth in order to reach people who may not be able to have competent and affirming services otherwise.

**Dr. Maybank:** How's it been for you for the year? Now we're past, I guess the year mark for sure of COVID, we're moving into the summertime. How are you feeling otherwise?

**Dr. Lee:** I have mixed feelings, to be honest with you, Dr. Maybank. I am glad that things are moving along in terms of the pandemic. Things are getting better. Cases are down, deaths are down, the number of people getting vaccinated going up. That is wonderful news that's has been in the media. At the same time, there are other things that relate directly to me and people who look like me in my community—Black, trans, queer—things that are disconcerting, even as it relates to the pandemic, as it seems, to get vaccines and comorbidities that have worsened our outcomes. It's a mixed bag. I've got joy and gladness on one side, but some fear and trepidation and some disappointment on the other.

**Dr. Maybank:** Yeah, I understand and hear that. Thank you for that. In light of that, you're still seeing patients at this point in time, from my understanding.

**Dr. Lee:** That's right.

**Dr. Maybank:** How are your patients doing? And you're an OB-GYN. I don't think we shared your specialty. How are your patients doing?

**Dr. Lee:** My patients are doing fine. Prior to starting with FOLX in January, I spent 12 years in a

hospital setting as a minimally invasive GYN surgeon. I took a hiatus of sorts from that to focus on the queer and trans communities exclusively. And so right now, I'm not in a hospital setting. Prior to January, in that hospital setting, patients were doing okay, fighting like all of us were through the pandemic. Patients now who I see via telehealth with FOLX, mainly trans patients are doing well because they're able to receive the affirming care that they were unable to receive otherwise for various reasons. Maybe it's geography, maybe it's not being able to find an affirming provider for a variety of different reasons. And so those patients are doing very well because now they're in a space where they can get what they need under care that is very welcoming.

**Dr. Maybank:** Fantastic. Thank you. And you and I met because you reached out via LinkedIn as many people do. And I think it's a wonderful way. I reach out to people all the time in LinkedIn to kind of engage and meet with them and really reached out almost really as a common spirit, in the sense of looking for kind of that support from people who are engaging and leading this work of equity within an institution, being called upon to be in spaces and to provide information to people. And then in the context of as an individual and leader doing that, sometimes questioning, so why do people really want me? Am I being tokenized at this moment? Are they really valuing my voice and my expertise?

All questions that we tend to have. And I would love for you to, if you can just engage on some of your experience of identifying as a transgender Black woman in a position, in this space and some of the opportunity that it's presented for sure, but also some of the realities that really show up and cause us, as you said, to question, you and I talk about, that's for sure.

**Dr. Lee:** Yeah. That's a great point that you bring up and it's admittedly difficult. You ask what my experience has been as a transgender Black woman who's a physician. It's been lonely because I haven't identified anybody else who's like me. If you're out there and listening, find me, please. But I like data, I've crunched the numbers and based on the number of trans folks in the country, based on the number of Black physicians, what it boils down to is that there are probably just a handful of us scattered around. It's lonely in a sense. And so I really wanted to bring a new voice to the conversation, especially as it relates to the plight of trans folks, trans women and especially Black trans women.

You ask about my voice being heard, valued, affirmed. Does that always happen? No. And I think that's the experience of not just me as a Black trans woman, but that's the experience of many women, many Black women, many trans people, anybody who is pushed to the margins. I know I'm not unique in that sense, but I happen to live at a very unique intersection. And I know that there are people who are like me and look like me, who are hurting. I know that there are kids who look like me—young, Black, trans folks—who may not be able to see any light, to understand that their narrative isn't going to end up as murder on the news. And so I like to be able to sit in this space and to just be, I say that I like to sit in this space to be seen.

It's not my goal to be seen. It's actually what I like not to do, but I feel like it's my responsibility to do it.

And that very much comes from my upbringing and raising and my Black family in the South, in North Carolina, understanding that where you sit is not on your own effort, it's on the backs of those who came before. And so I very much feel the same way and have a responsibility to be able to help and be seen by those who may also be in the dark.

**Dr. Maybank:** Yeah. Thank you. And in terms of supports and you mentioned the family and the legacy and that providing support, what are other ways that you've been able to find support? But also for the physician community that's listening in, where are those supports? Because oftentimes as we all know, our education system as it relates to medical education, isn't teaching on equity, clearly, definitely not diversity and inclusion and very little specificity as it relates to transgender health. And so, what should physicians be thinking about and considering as they have patients and diverse patients and moving through this space, where should they get support from? And what's some greater just specificity around what they should be considering in their clinical visits?

**Dr. Lee:** That's another loaded question.

**Dr. Maybank:** I'm good for that.

**Dr. Lee:** Yeah. Even today, as we look at medical school education, the overwhelming majority of medical students get exposed to fewer than five transgender patients in their medical school training and in residency training, it's not much better. The expectation is that exposure to trans folks has to be sought on purpose. Those who want to seek that understanding of our community and our needs on purpose are probably already doing so, which we appreciate. For those of you who haven't done that, it's something that you should do because we are here and you are going to see us.

I had a patient the other day who saw me for a first visit, who was seeing me for hormone therapy. And she said that, "I hope that you received my labs. Are you going to get my labs?" I said, "Yes." I said, "Why are you asking?" She said, "Well, I don't want my other doctors to know that I'm seeing you for hormone therapy because they won't understand. They won't get it. I'm afraid to tell them." And I told her something from two perspectives. One, I told her from the physician's perspective, I said, "We like to know everything about your health and what you're doing so that we can treat you in a whole way. But on the other hand, I affirm your feeling and experience because I've been exactly where you are, and I know exactly how you feel and that is terrible. That's a terrible thing."

It takes physicians who want to try to learn about our community, to be able to help us move along. And right now, unfortunately, those people are few and far between. The U.S. Professional Association for Transgender Health can't do but so much. That is just one organization. The AMA is doing great work as time goes on in terms of LGBTQ+ folks in general, so that's good. I think that things are moving along and changing, but it still is the responsibility of each physician to learn. Even if our conversation sparks you to go look some stuff up, seek a few CMEs, then please do it. Our community needs it.

**Dr. Maybank:** And to that point, because as you said it, it's ... we're relying right now on a few physicians who want to, and some associations as you've mentioned, and none of us doing it really optimally I think at this point yet, in terms of providing the depth and breadth of education that's really needed from knowledge to skill building for physicians. What do you think potentially it could accelerate the movement to center the voices of those who identify as LGBTQ+ and transgender specifically in the work of not just education, but what's happening within the health care system overall, especially now with the kind of a new administration at the federal level. What possibilities do you see or openness do you see to really accelerate some of the work that centers folks?

**Dr. Lee:** It's going to take loud voices. If the education isn't generally there, hasn't generally been provided in medical education, for example, it's going to take the voices of those of us who are already here to be able to scream from the mountain tops. Yesterday, Dr. Rachel Levine said, "I am with President Biden," said this to the youth, "and I've got your back." Hearing that. Hearing that helps, but we need more of that. We need more of people like Dr. Levine saying out loud to the youth, to the community, to Black trans women, I've got your back.

And so that's what it takes is people who are just willing to stand up. And we've seen that work. In some states with the many anti-trans bills that have passed through over the course of the year, in many states the advocates and people who are fighting daily have made a difference in places like Equality North Carolina. And they're making a dent because they're screaming from the mountaintop and it just needs to be more of that. And in terms of medicine, it takes more of us to do the same and right now, I don't hear it.

**Dr. Maybank:** And speaking of then going to kind of the legislation, as you just mentioned, and you're right, we all, we need more voices, bottom line. And I do hope, through folks watching this, that we inspire that, but we also beyond just inspiring it, to the point of, if people don't feel obligated, at least have the responsibility to make sure that they are as well-informed about the potential of their patients' lives, and who may show up in their offices that they may not have expected or may not even know about certain things that are happening in their patients' lives. To be able to show up for our patients, I think is absolutely critical. Go ahead.

**Dr. Lee:** No, yes. I agree.

**Dr. Maybank:** Yeah. And so, as I was about to mention about legislation and just thinking about protection in a sense, so legislation that actually protects. Hate crimes have existed, well, for hundreds of years against those who have identified as LGBTQ and especially at the intersection of being transgender and Black specifically. In terms of the environment, how do you educate physicians even for yourself? What are the things that you put in place to protect yourself from a potentially hostile environment that exists in our country towards those who identify especially as transgender at the intersection of being Black and a woman?

**Dr. Lee:** What are the things that we can put in place? I don't have an answer. I don't have an answer for myself. Black trans women are dying by the dozens every year. In 2020, the Human Rights Campaign counted I think about 44 deaths of trans folks and already this year in early June, we're up to 27, the overwhelming majority are Black trans women. And some of those crimes are associated with people who they knew and some, we have no idea. And so the question that you're asking is a question that I ask myself. Well, what do I do when I leave the safety of my own house? And I don't have an answer because I don't think that anybody in particular is looking out for me, but me and other Black trans folks, folks like Black Transmen Incorporated, the Black Trans Advocacy Coalition, people who are really trying to hold us up.

But I don't see a real effort to bring our plight to the attention of the country. All we hear is the narrative over and over and over. Organizations and companies and health care providers may use our likeness to market to queer and trans people. But they're silent in terms of saying something to help support people like me. I don't hear anything and that's hurtful. A voice would help. Some support would help, but I don't hear it. And so you asked what can be done? Somebody say something and stop just putting me on the news. I'm tired of seeing that. It's hard. And in May, it was seven trans folks, I think five are trans women. In April, it was six. It's just over and over and over. People could think that I'm immune only because I have educational privilege, but my educational privilege goes out the door when I go to Walmart. When I go pump gas, it doesn't mean anything. Somebody say something. Advocate, stand up for me and others like me.

**Dr. Maybank:** Yeah. During this time of Pride Month, when there's obviously and definitely going to be celebration from the community and the LGBTQ+ community and then to your point, many other folks are going to commercialize Pride Month as well. In a way that you just mentioned and not truly clear on kind of the authenticity of how they're really showing up. And we're seeing it being centered on what they're terming as a rainbow capitalism. And I just wanted to kind of talk about that a little bit. And your sense about that and the impacts of that on patients as well, ultimately too. But could you talk a little bit about rainbow capitalism in the sense along that?

**Dr. Lee:** Sure. Rainbow capitalism, some call it pink capitalism, they're kind of two arguments. Some say that that Pride Month and rainbow capitalism helps our general societal acceptance. When I say our, LGBTQ people in general. It helps us to be seen more. And that is an indication that society is moving along with us. There are those who say that, and there are others who say that it's not good because businesses, people who are out to make money, capitalize on our rainbow flag. And they understand that our population is large and that we carry big wallets and big purses too.

In June, you see rainbow flags everywhere. Everywhere. But in terms of general societal acceptance, last I checked, this year there were more anti-trans bills than ever. So, has rainbow capitalism helped trans folks in the past? I don't think so. Every year there are more Black trans women getting killed. Has rainbow capitalism helped me? No. Does it help LGB people? Does it help white LGB people?

Maybe. But for trans folks specifically and Black trans folks especially, I don't see any evidence of that. Shame on big business who hang their pride flags in June but say nothing about our plight in the other 11 months. Shame on big medical practices and hospitals who hang rainbow flags in June, but have said nothing about the harmful health effects of anti-trans bills for youth. That's terrible. Shame on pharmaceutical companies and other health care companies who market lifesaving medications to queer and trans communities and don't acknowledge that over 60% of Black trans women have HIV. Shame on those who use my image as a Black trans woman to market whatever they're marketing and say nothing about seven of me getting killed every month.

And even shame on churches who take my offering and tithe every month and refuse my request for membership because of who I am. Shame. For me, rainbow capitalism, in my part under the LGBTQ umbrella has not been helpful. I'm a chemical engineer by training. I like numbers. I like data. When I look at the data, I don't see how it's helped. It may help somebody, but it's not helping me. Not yet.

**Dr. Maybank:** Yeah. Thank you one, for sharing in the way that you have and for your candor and for your directness and it's really for your truth. And I understand why wouldn't we tell, to the point that you mentioned when people are dying, when we're dying, we have that obligation to share the truth. Whether folks feel comfortable with it or not because too many people are uncomfortable, are harmed and are dying by us not being truthful. Of us, not acknowledging the humanity of all of us. And so I really just, I wanted to recognize you, and I know because you tell me, not because I know from a point of empathy. But you share with me the challenge of having to be that singular voice oftentimes and kind of constantly having to share in this kind of way and how burdensome that can be.

I want to just again, really recognize that and thank you for the time that you have provided to have this conversation with me in a more public way. And to know that I absolutely appreciate you and the times that you text me and I text back. It's all meaningful because we all need support beyond even just the solidarity. Just the idea that somebody is out there. And when you reach out, that's going to land on a heart that is ready to kind of just listen, maybe offer advice, but at least just listen is tremendously meaningful. I thank you for that.

And so, as we close out, and I share recently that I started music therapy, all kinds of things during this time and my music therapist, I grew up doing music a lot. This one is related to voice, but I was sharing kind of the work around equity and justice. And she stopped me in my tracks and said, "That's all great and dandy. Of course, you're fighting for freedom and liberation, but I want you to remember, your ancestors are also fighting for the ability for us to have joy." And it hit me in a particular way. And so I just wanted to kind of end on that note in the sense of, what brings you joy? And the challenges me to capture joy in many different ways on a daily basis. Because it's hard. How do you experience joy when you're in an oppressed environment and you're an oppressed people, fully? But, I think we still have the right to have those moments and identify in our pursuit of full and total joy. What brings you joy?

**Dr. Lee:** There are things that bring me joy, Dr. Maybank. I have joy daily when I see a patient's face light up because they have found a likeness in their physician in order for them to receive the medication that they need to be themselves. I get real joy in that moment. I get real joy in watching people like you stand in an organization that had to apologize to the National Medical Association over 10 years ago for wrongs being done. I get joy in watching you sit here and bring equity, a conversation about equity and justice to the front. A Black woman, a Black physician.

I get joy in watching young queer youth, and they're being very, very open and almost not caring about what the world really thinks about them. Their generation is different, and they are unabashed about who they are and it starts at a young age. I love to see it. I get joy in so many different ways. I'm able to find it in between the dark moments, but I have to purposely search for it. It doesn't come naturally in my world, in my setting. It's purposeful. And so I appreciate you. I appreciate the AMA for bringing the conversations along. All of that helps me on a day-to-day basis. I'm able to find it, and I thank you for it.

**Dr. Maybank:** Well, I thank you, Dr. Lee. And again, thank you for spending the time with me. I will say, happy Pride Month, but I will also say, happy pride year and life.

**Dr. Lee:** That's right.

**Dr. Maybank:** And so, and you and I will be interacting more, but I encourage folks to definitely follow up with us at the Center for Health Equity. If you have any more questions or information, we're building out more via our educational Ed Hub that will launch in July and we'll have some more opportunities and tools moving forward. But there's lots of expertise that does exist and there's no need for us to fully reinvent the wheel either. If folks have information and you would like for us to kind of find ways to share some tools that help support the health care community, especially, center the voices, experience and ideas and people who identify as LGBTQ+, please send it our way and we're happy to share, engage. I thank you again, Dr. Lee.

**Dr. Lee:** Thank you.

**Dr. Maybank:** For spending the time with us and I will see everyone at our next session. Take care.

---

**Disclaimer:** The viewpoints expressed in this video are those of the participants and/or do not necessarily reflect the views and policies of the AMA.