



Seeking Holistic Health Care

By **COLLEEN SHADDOX** Conn. Health I-Team Writer

Emerson Cheney has survived drug addiction, an abusive relationship, years of cutting and burning himself, and multiple suicide attempts.

Now a student at Tunxis Community College, Cheney, 22, recalls how he struggled as a teenager with rejection by friends, school administrators and even doctors, after he came out as transgender.

Advocates for LGBT youth say that Cheney's story is all too common—rejection often pushes young people to risky behaviors that result in health challenges.

For LGBT youth, finding health care professionals who can fully address their medical and psychological needs at a critical time in their psychosocial development can be difficult. Several recent studies have highlighted discrimination and mistreatment of sexual and gender minority individuals seeking health care.

In Connecticut, a 2008 study that surveyed pediatricians to examine health barriers among LGBT adolescents found that 31 percent of doctors expressed reservations about discussing sexual orientation or gender with patients. The study identified several areas of concern, including a lack of visual cues — posters, stickers, etc. — in most pediatric offices that would identify them as “safe zones” for patients to discuss sexual orientation or gender.

There has been progress since the 2008 study. For instance, a second clinic that serves the needs of transgender youth has opened in the state. But challenges remain.

“I've had a couple of endocrinologists and specialists who weren't really accepting, even though they deal with this type of thing more often,” Cheney said. One doctor refused to recognize him as transgender and said that he shouldn't waste his money on transitioning, he recalled.

“I know who I am,” Cheney said.

In college, Cheney volunteers with True Colors, a Hartford organization that works with schools and social service groups to meet the needs of minority LGBT youth. He has switched his major to human services because he wants to build a career helping youth.

“A lot of times, kids just need someone to talk to, someone to direct them,” Cheney said.

Parental support is critical in helping a child get good medical care, experts say. After Cheney came out, his mom, Judy Conrad, attended support group meetings to try to learn which doctors and insurance plans would support her son.

“Emerson had an experience with an endocrinologist who misgendered him. We thought he was in-the-know and would be respectful,” said Conrad, who signs her emails “Proud Mom Of Emerson.”

“If families are supportive, kids are able to get care differently,” said Robin McHaelen, executive director of True Colors.

Tony Ferraiolo, who runs groups for transgender youth in the New Haven area, agrees. “The kids walk with their heads up a little higher. You're setting the tone for your child to only be around people who accept and honor them.”

Training Doctors

Ferraiolo trains clinicians on ways to care for transgender youth, saying providers must acknowledge the “harsh reality of a transgender person going into a health center.”

“They may be trans-friendly, but they're not trans-educated,” said Ferraiolo, who is a transgender man.

He said that providers sometimes ask inappropriate “curiosity questions.” One doctor asked him how he had sex, he recalled, at a visit in which Ferraiolo was seeking care for an ailment that had nothing to do with sexual function.

Ferraiolo consults with the newly opened Yale Gender Clinic, the second clinic in the state to help young people transitioning. The first is at Connecticut Children's Medical Center.

Dr. Susan Boulware, a pediatric endocrinologist, affiliated with the Yale clinic, said that the facility opened in response to a need for more transition care. “The medical part is not difficult,” she said, but meeting the social and emotional needs of transgender youth is complicated. Many teens are uncomfortable having physical exams, for example, and that discomfort can be heightened for trans youth, Boulware said.

Names and pronouns are also important. At the Yale clinic, staff members have been trained to use a patient's preferred name and pronoun. Boulware is working to ensure that electronic health records note a patient's name and gender even before a legal name change.

At the Kids in Crisis youth shelter in Greenwich, LGBT and questioning teens often seek shelter because of family rejection or conflict, said Kimberly Wolfson-Lisack, clinical director.

Wolfson-Lisack recalled a 16-year-old who came to the shelter after she'd told her parents that she was in love with a girl. Her family disapproved of the relationship on religious grounds and didn't want their daughter moving in with a relative who was more accepting.

“You're going to lose your kid,” Wolfson-Lisack told the girl's parents, saying she believed the girl would commit suicide unless she had a safe, accepting environment.

Ultimately, the parents allowed their daughter to move in with the relative.

“I was moved to tears,” Wolfson-Lisack recalled. “They did the best that they could.”

This story was reported under a partnership with the Connecticut Health I-Team (www.c-hit.org)

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