

# A History of Trans Health Care at OHSU

Curator Talk with Steve Duckworth

June 29, 2021 at 12:00 p.m.



Well, thank you for that introduction, and thank you all for being here today. I want to start with a quick warning about language. As much as possible, I will employ respectful language in this talk, but as I am speaking of and highlighting historical documents, be aware that there will be words used that are currently offensive to many people. I don't mean to offend anyone, but rather to depict resources accurately and within the context of their times. Additionally, there is mention of both sexual abuse and suicide in this talk.

As we do not have live captioning available to us, I've made these slides and the text of this talk available online. You can find that at the link in the chat.

And lastly, let me add to Kris's lovely intro that my pronouns are he/him.



So, the exhibit, [Queering OHSU](#), was put up on campus in 2019 and was kind of my own little passion project. Being a gay man myself, I'm often drawn to the queer history of a place. And from early on in my career at OHSU, I kept running across little snippets of LGBTQ history and thinking that it needed to be highlighted more.

When I started on the exhibit idea though, I found I didn't really have enough for a full exhibit, and that got me doing some more research and collection development. So, it's a fun example for archivists of how our own interests, a focus on highlighting the history of underrepresented communities, and the need to more-fully document the history of an institution outside of just its official records, can really come together. I don't at all believe this is the full story, but it is fuller than the story we were telling in 2018, so it's at least progress.

## A History (not THE history)

- records we have
- oral history interviews
- additional resources from:
  - Oregon Historical Society
  - Multnomah County Library

Today I'm going to focus on just the history of transgender care at OHSU via the records we have, our oral history interviews, and additional resources from neighboring institutions. I very specifically want to note that this is A history, not THE history. This is what I know from available records I have found. There is, I imagine, much more story to be told beyond these few examples.

## Alan Hart

- UOMS, class of 1917



Author photo from Brian Booth, *The Life and Career of Alberta Lucille/Dr. Alan L. Hart*

This story starts for us way back in 1917 with a recent graduate of the University of Oregon Medical School, Alan Hart. Throughout this presentation I will refer to Alan as Alan and use male pronouns, though he was assigned the female sex at birth and changed his name to Alan after graduating from UOMS. Alan was born in Kansas in 1890 and moved to Oregon after the death of his father in 1892 to reside on his maternal grandparents' farm. He attended Albany College, which is now Lewis & Clark College, and later came to the UO Medical School, which is now OHSU, as a member of the class of 1917.

## Alan Hart

- Psychiatric services from J. Allen Gilbert
  - "Homo-Sexuality and its Treatment", Journal of Nervous and Mental Disease, 1920
- Started treatment due to phobia of loud sounds
- Leads to realization of gender dysphoria
  - "Even our short investigation up to this point seems to indicate that the whole trouble is connected in some way with sex."
  - However, Hart was viewed as a lesbian at the time

Hart began seeing psychiatrist J. Allen Gilbert around 1917 (though one source I found cites 1918); Gilbert was also at UOMS and [published an article](#) in 1920 recounting his treatment of Hart. Hart first came to Gilbert for treatment of a phobia of gun-like sounds, which developed from his step-father teasing him with a pop gun when he was young, but Gilbert quickly surmised that Hart suffered from other issues and believed they were in some way based in sex; he implies there may have been sexual abuse at the hands of Hart's step-father, but is not specific.

Gilbert's article recounts Hart's youth in great detail. There is a profound focus on his early life and liking boys clothing and masculine roles; and how Hart would imagine himself in the "male role" in romantic fantasies. Gilbert also mentions Hart's suicidal thoughts and his attempted suicide in 1912. If you know anything about suicide rates among trans people today, you can see that this has long been a problem.

Throughout the article, Gilbert focuses on sexual acts and attraction. You can tell from his use of feminine pronouns, his reference to Hart's "abnormal" condition, and even the title of this article, that he regarded Hart as a lesbian rather than a trans man. It should be noted that Hart was widely regarded as a lesbian well into the 1990s. There was an annual fundraising dinner for

LGBTQ+ causes in Portland named after Hart, but using his deadname. It was changed to “Right to Pride” in 1995.

The culmination of Hart’s work with Gilbert came in August of 1917 when Hart underwent a hysterectomy. He saw this as the best solution to his problems. Gilbert and Hart attempted to treat the “difficulty” with hypnosis and other “suggestive therapeutics,” to no avail. Hart then began to worry that a cure might remove him of his “masculine ambitions and tastes” and this is when he began to look at other options.

## Alan Hart

- Psychiatric services from J. Allen Gilbert
  - “Homo-Sexuality and its Treatment”, Journal of Nervous and Mental Disease, 1920

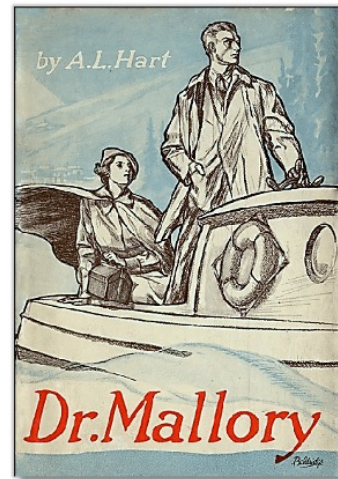
Hysterectomy was performed, her hair was cut, a complete male outfit was secured and having previously identified herself with the red cross, she made her exit as a female and started as a male with a new hold on life and ambitions worthy of her high degree of intellectuality.

Sometime later, Hart decided on the course, and, as Gilbert writes, “Hysterectomy was performed, [his] hair was cut, a complete male outfit was secured and having previously identified [himself] with the red cross, [he] made [his] exit as a female and started as a male with a new hold on life and ambitions worthy of [his] high degree of intellectuality.”

Shortly after this, Hart married his first wife, Inez Stark. The legalities of this marriage are unclear, as they are for Hart’s second marriage. He interned for a short time in San Francisco, but after being outed by a former classmate, Hart left the city and soon began practicing medicine in Gardiner, OR. In his career, Hart worked as a radiologist and made some breakthroughs in the world of tuberculosis, specifically around using X-rays for detection and diagnosis, rather than simply for treatment.

## Alan Hart

- Author



He also became a best-selling author, and his works frequently exhibited autobiographical content. The title character of the book [Doctor Mallory](#) is a country doctor who fights against ignorance and prejudice, and makes an argument for socialized medicine. In [The Undaunted](#), Hart hits even closer to home with gay physician Sandy Farquhar who pursues a career in radiology "because he thought it wouldn't matter so much in a laboratory what a man's personality was."

## Alan Hart

Having an "M.D." degree she applied for and was appointed to a position in a hospital where she "made good" in every way until she was recognized by a former associate under the operation of that fanciful law of chance which threw one of her former intimate associates across her track. Then the hounding process began, which our modern social organization can carry on to such perfection and refinement against her own members.

J. Allen Gilbert, "Homo-Sexuality and its Treatment", *Journal of Nervous and Mental Disease*, 1920

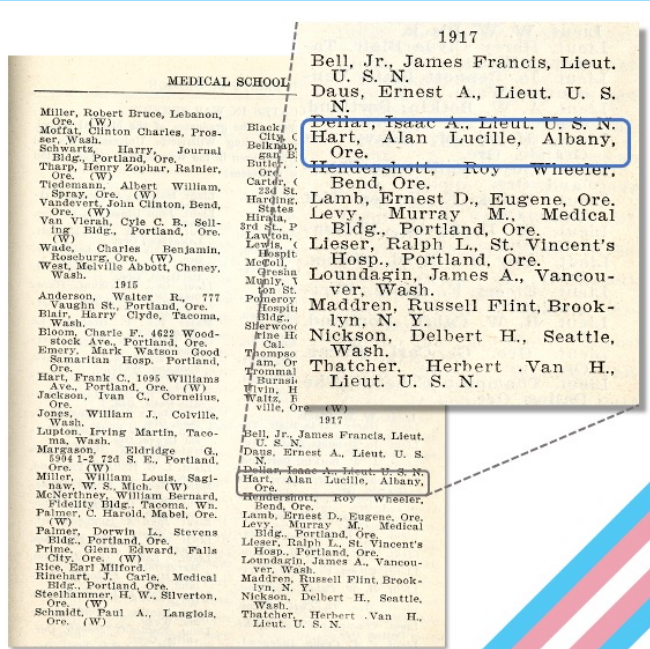
Throughout his career, Hart relocated many times, often due to people discovering he was trans and not being too happy about it. Gilbert even remarked on one such instance in his article. The stress of this lifestyle led Stark to divorce Hart in 1923. Hart married his second wife, Edna Ruddick in 1925 and they remained married until Hart's death in 1962.

# Alan Hart

- Professional reaction

**Remarkable Change of Sex.** The lay press has published the remarkable case of Dr. Allen A. Hart, of Albany, who thru his school days and until a few months ago was known as Lucille Hart. Supposed to be a girl he graduated in medicine as a lady physician. Last summer while in the east medical examination, confirmed by an operation, proved that he was a male instead of a female. Accordingly he assumed male attire and hereafter will practice medicine as a male physician.

*Northwest Medicine*, 17(5), 1918: 154



UOMS Thirty-First Annual Announcement, session of 1917-1918

Something that I found intriguing in researching Hart's case was that, contrary to the behavior of some that drove Hart to relocate, time and time again, the medical establishment seemed to regard Hart's transition as more of a mild curiosity. Notices in various medical journals remarked on Hart's transition without much fanfare.

Just one year after graduation, the University of Oregon Medical School bulletin was already using Alan Hart's chosen name in its list of Class of 1917 alumni.

# Alan Hart

She is now practicing her profession in a neighboring state in male garb, making good as a man and known only as a man. In fact, from a sociological and psychological standpoint she is a man.

If society will but let her alone, she will fill her niche in the world and leave it better for her bravery in meeting the issue on the merits of the case as best she knew. Instead of criticism and hounding, she needs and deserves the respect and sympathy of society, which is responsible for her existence as she is.

J. Allen Gilbert, "Homo-Sexuality and its Treatment", *Journal of Nervous and Mental Disease*, 1920

Gilbert closes his article with a call to "let [him] alone". Obviously, it's on the dismissive side, asking for both our respect and our sympathy, but for the time, it feels quite open-minded. Needless to say, there is this dichotomy here, which is somewhat similar to the present day.

47 4M THE OREGON JOURNAL, MONDAY, SEPTEMBER 25, 1972

## Portlander Asks Sex Change Surgery

Two Oregon men who want to become women are asking the State Welfare Department to pay for sex change operations.

The men — both described by doctors as "transsexuals" — contend that welfare would benefit in the long run by making them more employable.

"I have worked as a nurse's aide and I would like to go back to school," 22-year-old Stephani told The Journal.


"Right now, I am so nervous and upset by the uncertainty that I can't hold a job."

STEPHANI, a smart-dressing blonde who looks, walks and talks like a woman, asked The Journal to print her (or his) story in hopes of increasing public understanding of the problem of transsexualism.

"My mother began to realize something was wrong when I was 7 years old," Stephani related.

"She got a report from school that I was always hanging around with girls."

The result, said Stephani, was a series of medical exams including a brain-wave



sexual intercourse but not conception.

However, Stephani said she and John hope to adopt children. "I love children," she said. "I babysit my nephew every chance I get."

Another individual, in a situation much like Stephani's, also is undergoing evaluation for a possible gender identity change operation under welfare sponsorship.

BOTH DR. DURFEE and Dr. Pauly expressed concern about the "sensationalism" that has distracted public attention from what they describe as the serious medical aspects of sex identity problems.

"The Christine Jorgensen thing created a bad climate for transsexuals for a long period of time," Dr. Durfee said.

Durfee said transsexuals are not, in the usual sense, homosexuals. "They have the anatomy of one sex but they feel like another sex," he explained. "Usually they have crossed over before they are 3 or 6 years old."

"A homosexual is happy with his, or her, own sex. The transsexual is a person who is trapped, you might

land team, which includes about a half-dozen specialists, keeps a careful follow-up study on surgery recipients. Most, he said, get married — which they are allowed to do legally under an attorney general's opinion.

The divorce rate of such couples, he said, doesn't seem to be much different from that of the over-all population.

DR. PAULY said about one person in 100,000 is transsexual, and that he would estimate there are 25 in Oregon — plus another 25 "borderline" cases. He said 12 to 15 persons have undergone gender identity operations here since the team became active several years ago.

The Erickson Foundation in Baton Rouge, La., acts as clearing house for inquiries from transsexuals seeking medical help, Pauly added.

Stephani, who has been turned down for surgery funds by lower echelon welfare officials, will have a hearing Sept. 28 in Portland before the department's Fair Hearing Unit. She will appear with her attorney, State Rep. Marvin J. Hollingsworth, D-Troutdale.

"I want people to know that I'm not something strange — I'm just another person," Stephani told The Journal. "I don't want to be on welfare. I just wished I had been changed back when I was 7. I wouldn't have to go through all this."

## The only r

Oregon Journal (Portland, Oregon), September 25, 1972.

Alright, now we are going to fast forward to the 1970s and we're going to see some majorly mixed messages coming from this medical establishment.

In 1972, the *Oregon Journal* featured a trans woman named Stephani who was seeking welfare support for her gender affirmation surgery. Her reasoning behind this request was that she wasn't able to hold down a job due to her emotional state and the stress she was under. Additionally, the state of Oregon was already paying for medication costs that Stephani stated she wouldn't need after the surgery.

**Hi! I'm Parish**

**Portland Girl's Story Points Up Sex Identity Problem**

**A Boy Made Of 'Sugar And Spice...'**

**Editor's Note:** The author of these articles is one of three persons who received sex identity surgery by a team of Portland physicians which is attempting to deal with the often-ignored and often-neglected problem of transsexualism. Ten other individuals who have held the lifelong belief that they belong to the opposite sex, despite physical appearance, are enrolled in the Portland program. By publishing this first-person story, *The Journal* hopes to contribute to a better understanding of the human, as well as medical, aspects of a continuing controversy.

**By PARISH**  
I was born a "boy" in Southeast Portland. I attended Madison High School as a boy.

(amazingly enough), the medical profession. The first thing most people want to know is how I became a transsexual.

Was I born this way? Or did I become this way? The question is like asking a normal person how he acquired his own sexual identity.

For as long as I can remember, I have felt like a girl.

My mother was 19 when I was born. I was one of three children — the oldest being an older sister and a younger step-brother. Both are sexually normal, so my knowledge.

My father was a good bit older than my mother. I never knew him. He left her shortly before I was born. My mother's second husband, whom I vaguely re-

psychological tests, and having needles stuck into my head for an electroencephalogram (EEG).

But my brain waves were normal. And I remember the psychologist telling mother I had a very high IQ.

My parents put me back in school. I didn't change my "effeminate" ways, though. To me, such a change would have been unnatural. Just play-acting. And I couldn't have kept it up. Anyway, I was never good at sports, or anything physical.

It was not until I was in the 5th grade — when I was 11 or 12 years old — that I began to think seriously about the way I was.

I had begun to realize, at this point, that I belonged nowhere and with no one. I wasn't really accepted by the girls, except for the pret-

ful or odd in this, from my own viewpoint.

But I am also a realist. People then, as now, point their finger at one who cross-dresses and shout "pervert!"

Believe me, if I had had a choice, then or now, to act in the "normal" way expected by society, I would have done so, surely. It is impossible to describe the cruelties in store for those who violate the normal status of a society. I am not an especially heroic person; had it been within my power, I would have surrendered long ago and agreed to be a man in order to avoid these cruelties.

Only I could not be a man, then or now.

In the 14 years in which I actively sought my true sexual identity I was kept alive and sane only by the pro-

sex identity disorders and the proper role of medicine is in need of calm consideration by the public, not so reaction the medical community.

Beginning today, *The Journal* is publishing a four-part series of articles by a transsexual, Parish, who received the so-called "change" operation to be performed here. It is an absorbing, human story which puts its punches and which *The Journal* feels can contribute to an understanding of the problem. — Ed.

**NORTH WEST LIVING** *Journal*

4 M MONDAY, MARCH 18, 1974

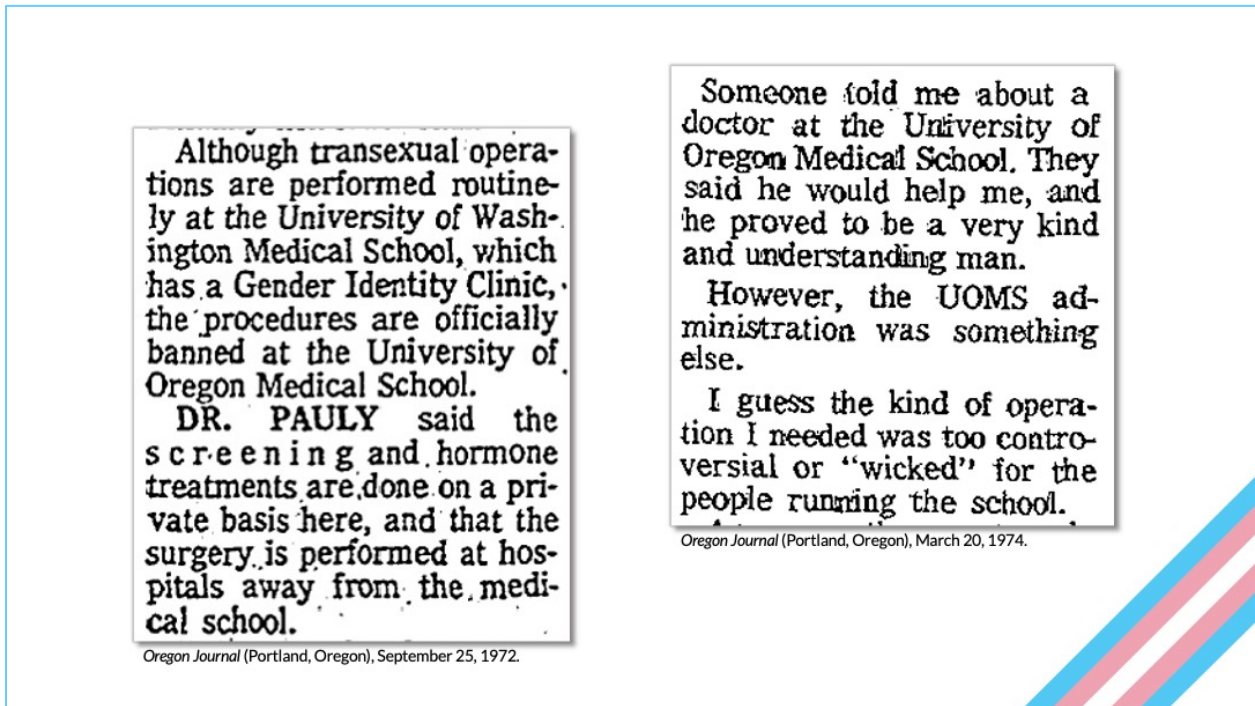
Oregon Journal (Portland, Oregon), March 18, 1974.

In 1974, the same woman, having had the surgery and now known as Parish, the name I'll be using going forward in this talk, wrote a four-part series of first-person narratives for the *Journal* – giving a face and a personal story to the many struggles trans people go through to this day. The editors stated they wanted to “contribute to a better understanding of the human” and “medical aspects” of what we currently refer to as gender dysphoria, though they called it transsexualism.

In the articles, Parish talked about her youth, specifically calling out a time when her mother took her to Doernbecher Children's Hospital after her school sent home a note complaining that Parish wouldn't do “normal” boy things. She was given a number of psychological tests and even an EEG, but ultimately found to be “normal” with a high IQ. As a teen, Parish ran away multiple times but eventually landed in Dammasch State Hospital, which was a mental hospital and asylum in Wilsonville, OR.

At 16, Parish ran away to San Francisco, for the second time. After a while, she managed to save enough money to meet with a doctor, who, depending on which article you read, may or may not have been Dr. Harry Benjamin, author of *The Transsexual Phenomenon*. This doctor started Parish on hormone therapy. She later returned to Portland and learned of a doctor at the University of

Oregon Medical School who was working with a team focusing on transgender care and gender affirming surgery.



Dubbed the "Sex Identification Team" by the *Oregon Journal*, it consisted of roughly a half-dozen people, including psychiatrist Dr. Ira Pauly and gynecologist Dr. Raphael Durfee. They worked together to treat patients, however, gender affirming surgery was "officially banned" at UOMS even though similar institutions in the area (such as the University of Washington's Gender Identity Clinic) were routinely performing these operations. For Pauly and Durfee's patients, private hospitals and clinics had to be used for any actual surgery.

# Ira Pauly

## Male Psychosexual Inversion: Transsexualism

*A Review of 100 Cases*

IRA B. PAULY, MD, PORTLAND, ORE

Pauly, Ira B. "Male Psychosexual Inversion: Transsexualism: A Review of 100 Cases." *Archives of General Psychiatry*, vol. 13, no. 2, Aug. 1965, p. 172-80.  
doi:10.1001/archpsyc.1965.01730020074009.

Dr. Pauly, the psychiatrist from that transgender care team, wrote multiple papers focusing on transgender people. In his article titled "[Male Psychosexual Inversion: Transsexualism: A Review of 100 Cases](#)," published in the *Archives of General Psychiatry* in 1965, Pauly reviewed the cases of 100 "biologically male" trans patients from around the world with the goal to clarify both the biological and psychological data. This research is credited as the first global review of the published data on transgender patient outcomes.

Lindgren, Thomas W., and Ira B. Pauly. "A Body Image Scale for Evaluating Transsexuals." *Archives of Sexual Behavior*, vol. 4, no. 6, Nov. 1975, pp. 639-56.  
doi:10.1007/BF01544272.

	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Change?
nose	1	2	3	4	5	Yes N
shoulders	1	2	3	4	5	Y N
hips	1	2	3	4	5	Y N
chin	1	2	3	4	5	Y N
calves	1	2	3	4	5	Y N
breasts	1	2	3	4	5	Y N
hands	1	2	3	4	5	Y N
adam's apple	1	2	3	4	5	Y N
scrotum (vaginal)	1	2	3	4	5	Y N
height	1	2	3	4	5	Y N
thighs	1	2	3	4	5	Y N
arms	1	2	3	4	5	Y N
eyebrows	1	2	3	4	5	Y N
penis (clitoris)	1	2	3	4	5	Y N
waist	1	2	3	4	5	
muscles	1	2	3	4	5	
buttocks	1	2	3	4	5	
facial hair	1	2	3	4	5	
face	1	2	3	4	5	
weight	1	2	3	4	5	
biceps	1	2	3	4	5	
testicles (ovaries-uterus)	1	2	3	4	5	
hair	1	2	3	4	5	
voice	1	2	3	4	5	
feet	1	2	3	4	5	
figure	1	2	3	4	5	
body hair	1	2	3	4	5	
chest	1	2	3	4	5	
appearance	1	2	3	4	5	
stature	1	2	3	4	5	Y N

In another article, "[A Body Image Scale for Evaluating Transsexuals](#)," published in the *Journal of Sexual Behavior* in 1975, Pauly and a student, Thomas Lindgren, developed a body image scale for trans patients that helped quantify a patient's body and gender dysphoria. The scale was one part of a larger set of tools used to evaluate and track patients that were requesting or had already been accepted for treatment. Other aspects of Pauly's treatment included living for a year as the gender to which patients wished to transition, as well as maintaining psychological counseling.

Many of these tools became staples in the typical treatment of trans patients through the following decades, and the body image scale has gone on to be used by cis-gendered patients with body dysmorphia issues as well. In the 1980s, Pauly served as president of the Harry Benjamin International Gender Dysphoria Association, which is now known as the World Professional Association for Transgender Health. While not perfect by any means, at the time, his research and work revolutionized transgender health care.

## Toby Meltzer

"Well, I mean, the university, I don't think they quite understood, you know. These are big surgeries. I couldn't convince them to let me keep my patients in beyond two nights because beds were at a premium. And since everybody was having to pay out of pocket, the university did give them a break in fees quite a bit. But they saw that as a loss every time we did a case, I think, a lot of times."

"I came to that juncture where really I looked at it and said ... I couldn't keep up that sort of pace for forever. And I had to make that decision of who I was going to take care of and what I was going to do with my life. Because I had never, ever conceived of being a private practice plastic surgeon. That just wasn't what was on the radar. ... I just had to look at the writing on the wall and say ... I'd much rather be taking care of my trans patients. So, that's where we came to the impasse. I decided to make it all of my practice, effectively."

Toby Meltzer. *Interview*. OHSU Oral History Program, 2019 May 3. <https://doi.org/10.6083/2n49t241t>

Moving into the 90s, Toby Meltzer joined OHSU as a clinical professor of plastic surgery in 1990 and began working with transgender patients in 1993. He is known for developing a technique that allowed patients to retain more sensation post-surgery. At the time Meltzer was at OHSU, gender affirming surgery was being allowed at the hospital, but he found as time went on that OHSU discharged his patients before they had sufficiently recovered, leading Meltzer to find alternate places for them to recover more fully before being sent home, often utilizing local hotel rooms. In Meltzer's view, at the time, OHSU was more interested in money than with the health and support of the patients. The pace of trying to keep up with patients at OHSU and those still recovering in hotel rooms was what led Meltzer to leave the institution in 1996, ultimately moving to Arizona and starting his own clinic.

OHSU TRANSGENDER HEALTH PROGRAM

Gender-affirming Treatment  
Comprehensive care, resources, information and support for transgender and gender-diverse communities

# Transgender Health Program

Milano [in regards to circa 2008 OHSU]: “I don’t think that OHSU was in any way going out of its way to create an affirming environment in any intentional way. So, I think I had an awareness that there were not other providers whom I knew of who were prescribing hormone therapy. And I also did not have any awareness of anyone among my specialty partners who was providing anything in the context of gender-affirming care.”

Christina Milano and Daniel Dugi. *Interviews*. OHSU Oral History Program, 2018 November 28. <https://doi.org/10.6083/bg257f51k> and <http://doi.org/10.6083/4m90dw029>

Since that time, OHSU has made many positive advances in transgender care. It was around 2012 that an assortment of folks that were separately providing care to transgender patients began to come together in a more collaborative way. Drs. Christina Milano and Daniel Dugi were 2 of those people and we recorded oral history interviews with them in 2018.

In this quote, Dr. Milano speaks to OHSU, before 2012 or so, of having become more generally accepting of trans patients, but not specifically working to serve them in a respectful, supportive, and affirming environment.

OHSU TRANSGENDER HEALTH PROGRAM

Gender-affirming Treatment

Comprehensive care, resources, information and support for transgender and gender-diverse communities

# Transgender Health Program

Milano: "I think we have contributed to a greater intentionality around inclusivity. And that is, in my opinion ... OHSU's most significant change or development that I've witnessed since I've been here."

Dugi: "I will say that we offer a pretty comprehensive offering of gender-affirming surgeries. And I think that's pretty remarkable for a town our size. And it speaks to the strength of the transgender and gender-diverse community to support that and to help us as we try to offer those."

OHSU

Christina Milano and Daniel Dugi. *Interviews*. OHSU Oral History Program, 2018 November 28. <https://doi.org/10.6083/bg257f51k> and <http://doi.org/10.6083/4m90dw029>

The graphic features a blue header with the program name, a pink and blue bokeh pattern on the left, a black triangle with the OHSU logo at the bottom left, and a rainbow flag pattern at the bottom right.

With funding approved in 2014, a coordinator was hired and began working in 2015. And that's when the OHSU Transgender Health Program was founded. Today, that program "offers comprehensive, lifelong, gender-affirming care" through a team-based approach, echoing one aspect of the team-based approach employed in the 70s. The Transgender Health Program has become a leader in the field and members often consult with other medical and health science institutions to help them advance their own care for trans, non-binary, and gender-nonconforming patients. In their interviews, Drs. Milano and Dugi discuss the beginnings of the Program and the evolution of care they've seen in their time with that program.

## New information

- Archives constantly grow and change
- They're only as good as the records added to them
- Do you have something to add to our history?  
Email me! [duckwors@ohsu.edu](mailto:duckwors@ohsu.edu)

Since publicizing this talk, I've also been contacted by Dr. Matthew McCaskill, an Assistant Professor in Neurology with a special focus on Epilepsy, who has been cultivating a trans-focused neurology clinic ever since coming to OHSU as a fellow in 2014. He also serves as the Assistant Program Director of the Neurology Residency program and advocates for LGBTQ+ awareness and education among the residents.

This is yet another example of the care OHSU provides and also the need to highlight archives and historical preservation within our institution. Just like with some of the work I did in preparation for the 2019 exhibit, outreach is instrumental in archives. I often feel like a walking outreach flyer myself. Every time I see a medical provider, they seem to ask what I do here and then become fascinated with my job. I can't even have a blood test without teaching someone about historical preservation. Needless to say, our documentation is always growing and we're always learning. And I especially love growing our documentation on people and populations that have been historically under-documented in archival collections. So if anyone out there has more to add to this story – or any other story of OHSU history – please let me know.



*Queering OHSU* exhibit  
[tinyurl.com/queering-ohsu](https://tinyurl.com/queering-ohsu)

*Oregon Journal*  
available via the Multnomah County Library

*OHSU Oral History Program*  
via <https://digitalcollections.ohsu.edu>

care of the Oregon Historical Society  
and the *Oregonian*



So that brings us to the present moment in time and the end of my talk and this historical review of trans health care at OHSU. As you've seen, the institution hasn't always been, as we might say, on the right side of history, though it appears to have always had one foot on that side. However, when you look at the full history in context, I think the institution has always been moving in a positive direction and I hope will continue to do so.

I leave you with my favorite photo of Parish, making her morning coffee. If you are more interested in Parish's story, you can find links to the articles in our online exhibit. Access is provided through the Multnomah County Library, so you'll need to have an account there or possibly request it through an institutional inter-library loan. If you really can't get access, send me an email and we'll sort it out. You might also want to check out the oral history interviews found in the exhibit, which are available in our online [Digital Collections](#). We have interviews with Drs. [Ira Pauly](#), [Toby Meltzer](#), [Christina Milano](#), and [Daniel Dugi](#). There are other LGBTQ-related interviews there as well.



At this point, we have time for a few questions, but I do want to stress that I am not an expert in transgender health care, I am not a medical provider at all, and I have not lived the trans experience. So, if I can't answer your questions, I will do my best to direct you to someone who might be able to. Thank you.