

# OREGON HEALTH & SCIENCE UNIVERSITY ORAL HISTORY PROGRAM

a project of OHSU's Historical Collections & Archives

an interview with:

**Blair Peters, M.D.**

interview conducted on: January 21, 2022

by: Geolani Dy, M.D.



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Interviewee: Blair Peters  
Interviewer: Geolani Dy  
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Transcribed by: Teresa Bergen

Dy: My name's Geolani Dy, and I'm interviewing Dr. Blair Peters for the OHSU Oral History Program. It is January 21, 2022. And we're in the BICC building at OHSU. So, let's start at the beginning. What or who inspired you to pursue a career in gender-affirming medical practice?

Peters: Yeah, that's an interesting, it's an interesting question. Because I think about this all the time myself. And it's not like I have one particular figure that I could just sort of attribute all of that too. I think it comes down to the whole idea of if you can see it, you can be it. And I never saw it. I don't think most of us did in medical training. So, for me, it was a very sort of slow process. And I think I honestly just started out loving plastic surgery. That was kind of how I entered the realm of getting on the trajectory of being a gender-affirming surgeon. And once I was sort of in that world of reconstruction, that was a time in my life where I was going through a lot of my own sort of self-discovery with my own identity, and sort of really embracing my own queerness and getting to know the community. And really starting to see okay, this is like a specialty that I'm training in. But somehow I don't know anything about the surgical needs of this community, which there was a huge disconnect. So, that really started me in my own education pathway of what are the surgical needs of the transgender and gender diverse community? And how could I help out with that? And how does one even get training in these procedures? So, I think it eventually became a combination of sort of passion, personal connection, a love for the work and just the right thing to do. And that kind of is how I got started.

Dy: Blair, can you share some of your post-graduate work experiences at OHSU? And in particular, what made you decide to come to Oregon from Canada?

Peters: Yeah. So, I was very fortunate to be the first, well, one of two of the first fellows in gender-affirming surgery at OHSU. So, there's myself and then Dr. Christi Butler, who is now a surgeon at UCSF in San Francisco. And we both came down basically to be part of this inaugural fellowship class. Which was a very amazing, somewhat uncertain experience when you're sort of the first to do anything. But it was really incredible. It was this really unique opportunity to work both with plastic surgery and then get cross training in another specialty from both yourself (laughs) as well as Daniel Dugi. So, it was really a unique completely new thing, I think, in sort of a surgical field. And exceeded all of my expectations. And certainly that played into a huge decision piece for me to not go back to Canada and to stay on at OHSU. Beyond loving the people that I work with and the amazing team, I just really back the vision of the transgender health program here. And I really believe that we are centering the transgender and gender diverse community, and truly letting community voices steer the ship of where we're headed. And really getting past a lot of the binary bias that exists in medicine, and truly doing the right thing for the community while just having a great time with each other. So.

Dy: Yeah. I'd absolutely agree. So, Blair, could you describe the OHSU Transgender Health Program? And if someone were to research the program fifty years from now, what would you like them to know about the work that's being done here, and the care being given in the 2020s.

Peters: Yeah. Well, I'm kind of one of the newer additions to the program. So, I'm still learning, I think, a lot about the history and the origin story of the Transgender Health Program. But in its current state, we have kind of four full-time gender-affirming surgeons, multiple social workers, mental health providers, physicians across multiple specialties, such as endocrinology, pediatrics, family practice. But I feel like our Transgender Health Program is more than just the providers. We really have a large advisory board with community input and representation. And I feel like we truly kind of coexist within the institution of OHSU, but also in the community at large. And I think that more than anything is what really sets us apart from a lot of sort of gender-affirming programs in other academic institutions is we kind of are almost larger than OHSU as a whole. And I think that's what needs to happen. Because in a lot of ways, I think a lot of this care that has been administered has sort of been in like an ivory tower type of model, where people have to come to your institution and sort of speak your language to access the care that they need. Which just never really made sense to me. Where I feel like we are kind of reframing things and actually being part of the community, and having shared space to make this care accessible. So, I think more than anything, that's the legacy I'd like to see people recognize and talk about is that model that we're kind of in many ways at the edge of.

Dy: Hmm. Absolutely. And so where you have unique fellowship training in that you've done two different fellowships, there is a lot of actual overlap as well. Can you discuss your work in applying peripheral nerve surgical procedures to gender-affirming care?

05:54

Peters: Yeah. That's been a, I'm not sure that was a conscious decision up front, but has been definitely super fruitful in terms of just a lot of interesting, innovative things that I think are coming out of that. So, my first fellowship was at Washington University in Saint Louis in peripheral nerve surgery, with sort of a legend of plastic surgery. Her name is Susan Mackinnon. She's kind of a huge inspiration and mentor to me. One of the first female chairs ever in plastic surgery, one of the first surgeons ever, first female surgeon ever to win an innovator award from the American College of Surgeons. And I think really taught me a lot about being bold and brave in your ideas and thinking outside of the box and challenging dogma at every step of the way. And I've seen what that mentality has done for her in terms of revolutionizing an entire field.

So, I kind of took, I think, that spirit and that energy from her, along with sort of the just practical training that she gave me onto the next step, which was doing the gender surgery fellowship here. And once I actually got in that space, I very quickly realized how little nerves or sensation is ever really talked about. And when you think about, a lot of it is that what we're actually doing, especially when we think about genital surgery, things like sexual health and erogenous sensation and outcomes are so important to quality of life. and I think medicine in general has just shied away from like sex. People just don't want to talk about it, especially in like a clinical setting.

And I was finding that a lot of patients that I was seeing, like years after surgery, were oftentimes doing great from an aesthetic standpoint and urologic standpoint, and all these other

functional metrics. But then sensation was this thing that was still a huge challenge. And it was never talked about. Like preoperatively, postoperatively, it was always overlooked. So, I think that really motivated me to sort of take that nerve skillset I had and to try to find ways to start making things better. And I think the first point was just talking to patients about it and, you know, where are we? How are we actually doing with these things? What do you need? And that sort of informed a lot of kind of technical adjustments and introducing different nerves to coapt and coming up with different strategies to sort of improve sensory experience. So, I think it's sort of reflective of why you need diversity in a field. Different perspectives are only going to push things forward. And I think that's something that I've been happy to kind of be able to offer upfront.

Dy: Yeah. And you know, you've already touched upon this a bit. But pertaining to applying peripheral nerve surgery to gender-affirming care, can you describe what it's like to be part of these emerging efforts to transform the medical field?

08:52

Peters: Yeah. I mean, emerging efforts might be generous. I just gave a talk at the American Society of Nerve Surgery a couple of weeks ago. And it was a bit of a, kind of a call to action, I guess you could call it. I went and just sort of made the point that hey, there's this huge need for, I think I called it innovation and innervation in gender-affirming surgery. Because no one talks about it. It's just never really mentioned. And there's just this huge field and this huge group of people that would really benefit from innovative peripheral nerve strategies. So, step one was, I think, just being like hey, this is not only a problem, but also an opportunity for people to make a really big difference. So, it's been exciting. It's also been interesting being early in practice and kind of having to sort of put that out there on like a bigger landscape. But it's been a really neat way for me to take surgical things and steps and procedures that I'm particularly passionate about, and tying in even advocacy within academic settings. So, it's been a really, I think, fulfilling thing. I think I'm nowhere near having all the answers. But I'm certainly asking, I think, the right questions. And slowly working on solutions.

So, it's been cool to see a lot of people invite me to speak about those things, or get emails from across the country asking questions. And there's definitely, I think, interest and energy behind that. And it's been really kind of a unique experience to kind of be positioned as someone that's sort of steering that ship a little bit.

Dy: Thank you for that, Blair. So, let's come back to your advocacy work. Has your own identity shaped your medical practice and your advocacy efforts? And if so, how?

Peters: Yeah, I mean, for sure. It's been an interesting experience as someone that was out and openly queer going through medical training and sort of trying to navigate all of that and what that really means. And I'm at this point now where I'm at a great institution, at OHSU, that I think if anything amplifies my voice and gives me a safe stage to talk about a lot of these things. And I find that I am often given a lot of credit for being like outspoken about these things and speaking truth to power and that type of thing. But, so I think I'm often asked by a lot of medical students or queer residents, or a lot of other people that are from the community trying to sort of get to that stage about well, how do you do that? And I think the first thing is acknowledging that

I'm a lot safer to do that now than I was even a few years ago. So, I think we all have to find our own comfort level and acknowledge that the whole system of medicine is in many ways like very oppressive. And it's still in a lot of ways run by sort of a medical patriarchy. And we're not always safe to sort of speak out when we want to. So, I think that's been an interesting sort of, I guess, acceptance and really acknowledgment for me, even within the landscape of the queer community, how much privilege I myself hold as a white person, as someone who's cisgender passing. Really realizing that I'm always going to try to have to do my best to walk that line of amplifying the right voices and not centering myself in a lot of these broader discussions.

So, I think my identity has helped me in a lot of ways really deliver better care to patients. Because I see them as people. Like I think the first step is you just like realize there's a human being in front of you. And I think creating that dynamic, people are honest with me in a clinic setting. And I've seen other situations when there's maybe a cisgender provider, or someone that's not very knowledgeable about the community, and the same type of conversation doesn't happen. So, it's helped me a lot, I think, in terms of looking after my patients. But it's also kind of checked me in some ways, too, to make sure that I'm using that as a good thing, and not tapping into maybe the privilege it gives me as well.

Dy: Some really good points. Blair, I'd just like to make note that you've got bright pink hair. And this was, I think you dyed your hair once you accepted your faculty position here.

13:33

Peters: Correct.

Dy: Can you tell me a little bit about what your pink hair means, and what that's meant for interacting with patients and being part of the broader community.

Peters: Yeah. Yeah, so that is exactly what happened. It's also usually much brighter than this, but it's faded right now. But yeah, that's okay. You can still see the pink, right? (laughs) Yeah, so I literally dyed it, I think, maybe two weeks after accepting my faculty position. And again, it was like I was talking about before about when do you feel safe. And for me, that was kind of when I crossed that threshold. It's something I'd been thinking about for years. But I was interviewing and talking to much more conservative institutions than OHSU. And as much as I want to be seen as my authentic self, only so much of that is up to me. Because it depends how, you know, someone sees you, not how I want them to see me. And it's been my experience oftentimes, being someone that is very sort of out and present who often centers their identity in their work, sometimes people will only see me for my queer identity. And I kind of use the term "queer-sighted" when I speak to a lot of sort of trainees about that. Oftentimes, people never really see much past that. And it's like yes, I'm a queer person. But I'm so many other things. So, I think that was my hesitancy upfront when I was interviewing for a lot of these positions. I didn't want to just be seen as oh, this like super queer person with pink hair that wants to do gender surgery. Because there's a lot more to me than that.

But once I sort of found the right place, I kind of felt more in a position where I didn't need to really care what people thought of me, because I'm doing this for me. And I think that was a lot about me stepping into my own power in its fullest form.

And as far as impact with like just care in general, and just connecting with people, I mean, half of my patients have colored hair. So, we spend half of like our appointments just comparing hair colors and talking about what dye companies we go to and all these different things, which is awesome. But even just that simple act just breaks down so many barriers. And you can see the relief flood on people's face when they're like oh my God, I can actually talk to this person about these things.

It's also been interesting being in academic settings with pink hair. Because for the first while, it was all virtual. So, I didn't really get to see people's sort of reaction to it. And the first time I was actually at an in-person meeting was a couple of weeks ago. And that was like a unique experience to be, everyone is just brown hair. Maybe blonde. I'm the only person with colored, let alone like hot pink hair going up on a podium. And there was a lot of looks. And a lot of people are like, what's this person's deal? A couple of comments. So, it was just interesting to see something as simple as like an act of self-expression, how that goes against what we're told to do within academia.

So, I think it's here to stay for a long time.

Dy: Wow. I love it, so that makes me happy. You know, on that note, you've given some talks on professionalism and what this means for future healthcare providers, and you know, the future of medicine. Can you tell me a little bit more about the kinds of conversations you've had and where this discussion is leading.

17:03

Peters: Yeah. Thanks so much for asking that question. That was a journey I think I went through kind of last summer with professionalism in medicine and what does that mean. And I was just feeling some kind of way about it. Because I think I had had some discussions with a few people about how I was going to dye my hair and do a lot of these things. And that was constantly the word that would come up. "Well, you know, it's not professional in an academic setting. And you need to dress and present yourself for your patients." And there was this whole idea that you had to just either hide or lose your identity in order to like be in this space. And for a field that is literally about humanizing and centering people, it was quite bizarre to me that as a practitioner of that field, you're supposed to like decenter and dehumanize yourself.

So, I wrote this piece called "Professionalism is a Trojan Horse." Because that was sort of a wakeup call for me, like looking back on a lot of experiences in medical school and residency, where I was told to not dress that way, or tone it down, or have to act this way or do this to sort of make it onto the next thing. And I realized how many times the word "professionalism" was weaponized against me to basically deliver something like a homophobic message. And that was sort of the center theme of this piece was professionalism is a Trojan horse, and it's sort of this vehicle used to deliver a sexist, misogynistic, racist like whatever type of message.

And I kind of put that out there. And it was super validating because it just resonated with a lot of people. And a group of us that are kind of in the medical advocacy community kind of got together and had a lot of conversations around that idea. And you know, pretty much anyone that wasn't white, cisgender and a man 100% resonated with the piece and, I think, got it. And had countless examples when they also felt that way. Yet, you'll still see almost every medical school across the country will have a Professionalism 101 workshop. And it's basically how to

fit into the sort of standard of professionalism. And I think what people have to realize is, professionalism is defined by those in power. And the people that are in power are most often white, cisgender, heterosexual men. So, it's kind of become almost an art of assimilation to be professional. And we shouldn't have to do that to sort of exist as people in medicine.

So, I like to say that professionalism is showing up to work as your authentic self, and taking pride in what you do. And that's sort of something I continue to talk about in a lot of those sort of lectures. I'm actually meeting with OHSU School of Medicine to talk about this in a few weeks, about how we're talking about professionalism. So, I hope to sort of see that kind of gain more steam and have that challenged.

Dy: Hmm. Such important work. Thank you, Blair.

Peters: You're welcome.

Dy: So, as part of a broader discussion, where do you think there are gaps in current medical education as it pertains to serving LGBTQIA+ [lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual] patients in our community?

20:29

Peters: Mm hmm. Yeah, I think from my experience going through medical school, which I guess was a while ago, but not that long ago. I graduated in 2014. So, eight or nine years ago. Eight years ago. And I think we maybe had two to three hours of sort of any sort of content about LGBTQ+ patients. And both at where I trained and a lot of medical schools across the country, you can still be like a conscientious objector is what they call it, where you're basically allowed to not attend that lecture or disengage from that material because you have some sort of fundamental religious sort of disagreement. But LGBTQ+ people are people. And medicine is about treating people.

And at the end of the day, there's been this narrative that like anything LGBTQ+ is somehow some like niche, you know, fellowship-level care. As if like a queer person would never have like a heart attack or any other thing happen to them. And 5 to 10% of people are LGBTQ+. And if you look at the younger generations, it's like 15 to 25% identify as a member of the community. So, that never has been, and certainly in the future, is no longer niche. LGBTQ+ care is just medicine. So, going forward, there needs to be an even greater emphasis from just integrating gender-affirming practices and LGBTQ+ competent care into medical school from day one. Because no matter what you are doing in medicine, you will see LGBTQ+ people. And you have to treat them with respect and dignity.

And I think that's kind of how it's been dealt with up to this point is just oh, let's have a couple of lectures and just sort of throw it out there. But it's not really been integrated in any meaningful way. So, even the slight inclusion efforts have, in the way they've been designed, been exclusionary. So, that's also something that I think a lot of us are kind of working on changing the narrative around.

Dy: Okay. Have you noticed any differences between Canada and the US when it comes to this sort of education? Or even just the provision of gender-affirming care?

Peters: I think as far as education goes, the issues are pretty similar. At least the training system in the United States and Canada certainly overlaps a lot, and has a lot of the same gaps, I think, both in cultural competence and just knowledge.

As far as gender-affirming care goes, I think there's a lot of issues across the board, both in the United States and Canada, but for very different reasons. So, in the Canadian system, everyone has access to care, regardless of really any, anything, really. Whereas in the United States, obviously not everyone has access to care. But, with that being said, a lot of this care, especially when we start talking about sort of the reconstructive and really kind of demanding nature of a lot of gender-affirming procedures, you need a really robust team. And that's a lot of resources and a lot of supports to really safely take care of people. So, with the United States, it's sort of in my experience that we have these sort of really experienced, specialized centers that do a really great job, and have the resources and take care of a lot of people. But it's kind of the most privileged amongst the community that can actually access those centers. And it's not lost on me that for every patient I see in clinic, there's far more that never make it that far. For a lot of reasons, whether it's socioeconomic barriers, or just frankly not having insurance.

Whereas in the Canadian system, the issue is there's not the resources that there is in the States in a lot of these sort of academic centers, where a lot of these programs are based. And that's sort of the other end of the issue. So, I think no one really has it right. I don't think anyone's totally near having it right. But there's certainly more than one way to have a problem.

Dy: I hear you. So, Blair, you have a very active presence on social media.

Peters: Mm hmm.

25:00

Dy: How has social media influenced your own gender-affirming practice and your broader advocacy efforts?

Peters: Yeah, social media is, what an interesting thing to be a part of while also being in academia. I don't know how it was for you in medical school, but we were very much told from day one like big no no. You do not go on social media. You don't talk on social media. You don't say anything. But at the same time, I think, at least in the gender-affirming space, there's just so much misinformation out there. And beyond misinformation, there's just like a lack of information. So, I think for me it started by just wanting to openly share knowledge and make sure that people that needed this care and needed surgery had somewhere to go where they actually had like reliable information from someone that does these things. And once I got in that space, I started seeing just how much the representation meant to people of oh, wow, there's like this surgeon actually talking about these things, who's talking about their own identity, and how much there was just a need for that. And I think that sort of grew my advocacy beyond specifically educating people about gender surgery to just speaking about things like re-defining professionalism, and queer representation in academia.

And it's only sort of shown me how starved people are for those voices, and how many institutions and much academia makes it really difficult for us to provide them. Because I've felt it at many different circumstances where I always feel like I'm a little bit going out on a limb

being the one to actually say something and call out things and speak truth to power and all those things. And I think in a lot of ways, that's me leveraging some privilege that I do have.

I've learned a lot from social media. I think as much as I'm on there to speak, I'm also on there to learn. And I've certainly made missteps. I've certainly said things that aren't 100% accurate. And like people are very quick to check me. And I think it's taught me to listen just as much as I speak up. And if anything, I think it's allowed me not only to advocate for people better, but to also care for people better. Because I've learned a ton just from people educating me as well. and I think making yourself accessible also makes you open to learning new things and evolving.

And I think that's mostly what I'm doing on there is I'm really trying to just build a bridge between sort of the ivory tower of academia and just people. And trying to sort of say that hey, like I'm a surgeon that's in these spaces. But I'm also a person, too. And like I get you and I hear you and we can actually coexist in a meaningful way. And it doesn't have to be this division that seems to currently exist. So, I think that's what social media's about to me.

I hope to see more people, especially like in professional organizations and academic institutions really start to speak up and sort of use their platforms to do more of the same type of thing. Because I've seen how hugely impactful it is, both on trainees, but also the people that we care for.

Dy: Such an important voice. How has the LGBTQIA+ community responded to the advocacy and the content that you've put out there? And how about the OHSU community?

28:40

Peters: Yeah, I mean, overwhelmingly, I would say. Yeah. I think that's been the biggest lesson for me was just how much people need this. And it was overwhelming at first trying to be everything to everyone in terms of answering everything that they needed answered. And I eventually reached a point where I would just never stop answering messages on my phone. (laughs) So, I think it just showed me how one person can't solve an entire system, but how much we need more voices in that space. So, it's been overwhelmingly positive.

Like I mentioned earlier, there has also been a lot of my own education. I think that's [unclear] in that space. I've sort of had a lot of conversations, with especially people from the Black trans community and some close friends, just about making sure that I'm not rising alone and lifting other people up and other boats with me, and making sure that I'm sort of setting the stage, but stepping back and passing the mic. And I think there's an art to that that I'm still learning as well.

OHSU has been abundantly supportive. They were super aware of my social media platforms kind of before exploring the idea of staying on here longer term. And they had me do a social media takeover for them. And you know, no one was vetting what I was saying or anything like that. So, I felt pretty liberal in that way. So, I think it's been overwhelmingly supportive. And I think people are honestly ready for change. That's kind of been my experience, anyway.

Dy: Yeah, I certainly feel that as well. So, Blair, what are the most important and exciting opportunities you've had, and you have coming up, as an educator in the Division of Plastic and Reconstructive Surgery?

Peters: I think what I'm most excited about, a couple of different things. I think, first and foremost, is continuing to grow what you all started before bringing me on. And just seeing what we can be, and sort of, I think, what our mission statement is. Because certainly being someone that is, I think, accessible on social media, I see how much everyone sort of is starting to emulate OHSU. And they're really starting to pay attention to wow, these people are doing like really amazing, impactful work. Which, you know, I don't want to take credit for that, because that was all, you know, you all that were here before I was. But I think just kind of continuing to build on that, and the fact that we have such a great roster of residents and fellows that we're getting to train.

And sort of, I think two or three times a week I'm having conversations with residents across the country that want to do fellowship training in gender-affirming surgery, and helping people find the path to do that, and accessible training ports. And just the fact that these are actually becoming tangible things, where someone can have that career goal, have a simple conversation and get trained. You know, I went through a two to three-year process to figure out where I could go, how to pay for it, how to support myself. Like multiple lawyers involved. It was crazy. But it's amazing to see how much has changed in even a short period of time.

So, I think I'm just excited to continue to build on that and really legitimize gender-affirming surgery like as a force in academic medicine. Like we deserve to be there. And I'm just excited to sort of have more and more people come and join me in that space, I think more than anything.

32:24

Dy: I'd agree. It's such a different landscape now than it was when I was initially seeking training and felt that the only choice was to go abroad. So, it is really exciting that we have so many more opportunities now. And that will only grow.

Peters: Mm hmm.

Dy: Blair, can you describe the role mentorship has played in your career? Both in terms of your personal mentors, and the mentorship you provide to others.

Peters: Yes. I've learned a lot about mentorship over the years. (laughs) I think the good and the bad. So, I think the first like true, true mentor, or the first time I really realized like what actual mentorship was, was when I spent a year with like Susan Mackinnon at Wash U. Because I think before that, I had people that were supportive of me and trained me surgically. You know, kind of didn't close the door, but didn't necessarily open it, either. I felt like up to that point, I was doing like a lot of just really trying to figure out how to do these things with very little guidance. And all of a sudden, I got in her orbit and it was like, oh, here's an amazing opportunity for you. Why don't you do that? Or, let me open this door for you, and all you have to do is walk through it. I never knew what I guess sponsorship could be like. And I'd only known the side of academics that was so exclusionary and just not open to inviting you in. So, that really taught me like how much grace you can have in a setting like academia, and how impactful that can be to trainees. So, I think that really informed a lot of the mentorship I provide now, which is mostly trying to just create opportunities for people. And I certainly will never do anything alone. And I

think that was a really important lesson for me about, I think your true legacy is in those that you touch. And Susan would always tell me you know, it doesn't matter if I figure out all these like nerve things and my patients do great. When I die, those techniques die. It's like they never happened. So, your true legacy is all the people that you trained. And actually disseminating that information in sort of the lives that you touch. So, I think that's what I try to do with mentorship more than anything. And sometimes that's just sharing space. Sometimes that's rolling down opportunities. Sometimes that's sharing opportunities. But I think realizing that it's very much a two-way street between the mentee and the mentor. Yeah. But I'm still learning about it, too.

Dy: Blair, would you like to share any memories of colleagues you've worked closely with at OHSU?

35:14

Peters: Mm hmm. I don't know if I have like particular stories about people, per se. But I asked you to interview me for a reason. I think, you know, it's a pretty cool and unique group of people that we have at OHSU. And in a lot of ways, we all come from very different backgrounds, but are obviously united in this particular mission. But I think as far as tying it back to mentorship, like I consider you a mentor in a lot of ways. Like I think you are someone that has always shown me what it means to just like stay true to like your why and what you're doing here, and being very, very intentional in everything that you do. And always centering the mission, the community, the project, and not yourself.

And I think in some ways it's like, it's really nice to see you starting to get your flowers, because you've deserved them for a long time. But just to see how that doesn't really play into it for you, I think has been like really impactful and kind of made me patient with just stick to your guns doing the right thing and things are going to work out. So, I've learned a lot just sort of being around you. So, yeah, that's what I want to say.

Dy: Thank you, Blair, I appreciate that.

Peters: You're welcome.

Dy: Last question. What do you envision for the future of gender-affirming medical care?

Peters: That's an interesting one. I feel like there's multiple iterations to that. I think the first thing, front and foremost, is truly accessibility. I think a lot of people feel like gender-affirming surgery is this like new specialty. And there's all this like excitement and passion and energy behind it. That's not true. And it's a pretty false narrative. I think ultimately gender-affirming surgery has been happening for many, many decades, with very many different iterations of a lot of these procedures. And the reality is that like a lot of the academic societies and a lot of specialties like urology and plastic surgery were just starting to actually acknowledge the need that's always been there. And it's not a new field. Like the TGD [transgender and gender diverse] community has always existed. This care has always been necessarily. But medicine has just oppressed and refused to really look at it and acknowledge it. So, it's not a new field. We're just finally starting to roll back those barriers and actually start to address them. So, I think the number one priority just has to be you know, what we're doing, which is training more providers

to do these things safely and effectively and administer care in a community-focused and centered way. But that's going to take a long time, because we're suffering the consequences of neglecting those care needs for so long. Like there's a reason why there's so few of us that are qualified to do these things. And that's really unfortunate. And that's historical trauma, baby. (laughs) You know? So, I think first and foremost, that's kind of the first era.

Further down the line, like when we have a core network of physicians and providers that are actually able to meet patient care demands, then I'd really like to see some progress made with what our outcomes are following some of these procedures. And I think there's a lot of us that are slowly working on those things. But before we can work on these innovative things for the few, we need to administer safe, good care to the many. So, I think that's where I try to look at it right now.

Dy: That's such a great way of putting it. Thanks, Blair.

Peters: You're welcome.

Dy: All right. Are there any questions you wish I had asked?

Peters: I don't think so. That felt complete.

39:22

[End Interview.]