

JOHNS HOPKINS UNIVERSITY
ORAL HISTORY COLLECTION

Paula M. Neira

Interviewed by Serena Si Pui Chan and Natalie Rivas

March 4, 2022

Johns Hopkins University
Oral History Collection

Interviewer: Serena Si Pui Chan (SC)

Interviewer: Natalie Rivas (NR)

Interviewee: Paula M. Neira (PN)

Subject: Life of Paula M. Neira

Date: March 4, 2022

SC: Great. So, hi. Today we are going to do an oral history about the queer community in Baltimore and Washington. We specifically are aiming to focus on queer individuals of color – sorry, queer individuals of color's cultural heritage. And we will be talking today to Paula Neira and we will be talking about the health resources in Baltimore that our queer community can access. And so, I'm Serena. I will be one of the interviewers today.

NR: Hi, I'm Natalie. I am another one of the interviewers today.

SC: Awesome. Let's start with, Paula, if you can just do a brief introduction of yourself? This can include any identifies or experiences that you feel are good to highlight before we get started into the questions.

PN: Sure. Thanks for inviting me to participate in giving an oral history. So, my name is Paula Neira. My pronouns are she and her. I was assigned male when I was born. I am a woman and I transitioned in the 1990s. My three-word bio is always "Navy, nurse, lawyer." I'm a Naval Academy graduate. I was an officer in the Navy. And I had to sacrifice my career in the Navy when I accepted my gender identity because in the early '90s that was not something that was acceptable.

So, eventually I went to nursing school and I've been a nurse now since 1994. And my background in nursing is in emergency nursing. I'm a certified emergency nurse and I focus my career on adult ER care and trauma resuscitation. And after being a nurse for about five years I went to law school. And when I – my last semester in law school and when I graduated from law school I was able to get involved with an organization called Service Members Legal Defense Network, which was the organization at the forefront of fighting to change the Don't Ask, Don't Tell policy in the military, which excluded lesbians, gays, and bisexuals from serving as their authentic selves. And then I was also involved in

changing the military regulations in 2016 to allow for transgender service personnel to serve authentically and receive medically necessary care.

Here at Hopkins, which is where I work now, I'm a – Johns Hopkins – I was the nurse educator in emergency nursing from 2008 to 2016. And then I co-chaired our Transgender Medicine Executive Task Force looking at the strengths and weaknesses of our health care system with an aim towards setting up an interdisciplinary service line and opening the Johns Hopkins Medicine Center for Transgender Health to be able to provide comprehensive gender-affirming care. And in 2017 we launched – in fact, the day this is being recorded is the day after our fifth anniversary. So, five years ago yesterday I did the first patient intake for our center. And in the five years we've existed we've interacted with over three thousand people seeking care and we've done over 600 gender-affirming surgeries of different procedures.

Currently, I have a new role within Hopkins. So, as I was the founding clinical program director for five years, I am now – in another novel role, as I'm now the program director of LGBTQ+ equity and education in our Johns Hopkins Medicine Office of Diversity, Inclusion, and Health Equity. So, my scope is a little bit broader and, again, trying to work to get our health system to provide better care and really address some of those health disparities that we know face the sexual and gender minority communities. So, that's me in a nutshell.

NR: Great. Thank you so much for that introduction. So, I guess we'll start off by asking if you could tell us more about your childhood, such as where did you grow up, how was your experience growing up there, and then we can move on to other things.

PN: Well, I always say that I sound like a brassy old broad from New Jersey these days because I really am from Jersey City and I'm old enough to still use the word "broad" to describe myself as a woman. So, I was born in 1963 in Jersey City to a blue-collar family. My dad was a Teamster who had an eighth-grade education. My mom was a school crossing guard who graduated from high school. Within my family I'm one of the first generation to eventually go to college. And I had a typical upper/lower middle class upbringing, as I didn't realize how poor we were until I got to be an adult. Today, it would probably be lower middle class, if we had to look at it. We're talking the late '60s, early '70s, so this is before the internet, before the access to a whole lot of information.

So, the way I always describe this, I was born, Doc took a look, told my mom, "Mrs. Neira, you have a lovely baby boy." He didn't know any better. My Mom didn't know any better. I didn't know any better at the moment. But at the time I was about eight I knew something was different,

but I had no vocabulary. And it wasn't like you could go to the local library and ask the librarian, "Hey, do you have any information about this?" No.

By the time I was 11 I realized it was really a matter of gender. And again, it wasn't because I liked pink or playing with Barbie dolls or wearing dresses, any of that stuff. That kind of stuff might have been fun and felt comfortable but, I mean, I had GI Joes. I collected baseball cards. There was nothing feminine about my gender expression as a kid. But when I went to go talk to Mom and said, "Hey, Mom, this is what I'm wrestling with; I think I'm a girl," my mom freaks out because this was way beyond her frame of reference. And my folks grew up in Greenwich Village in New York City, definitely being exposed to a much broader range of folks than many others, but this was still the Depression-era, the 1930s, pre-World War II.

In that moment I learned whatever it is that I said was bad. And I didn't even know who those people were. I didn't have a vocabulary to describe what it was that I was feeling. But I absolutely learned from that reaction, "Don't say anything to Mom again. Don't say anything to Dad." And this was bad.

A couple years later I actually heard the story of Renée Richards, who was a female tennis player, who was going to play professional tennis, a transgender woman, and her story was on the local news back in New York. And when I heard her story that's when kind of things clicked. "Okay, this is what it is that I'm dealing with." But I still knew that this was not something that you wanted to be [audio garbled], so you'd keep it compartmentalized.

Now, at the same time that I'm starting to question my gender identity another part of who I am becomes crystal clear. There used to be a naval base in Bayonne, New Jersey. It's usually something that people joke about but there really used to be a base there. And one day one of the ships was coming back into New York Harbor as my family was coming back from a family outing. In fact, I remember it was the USS Fiske DD-842. It was a WWII-era destroyer and it's long since been scrapped. But she was coming into New York Harbor and it was a clear, crisp fall day and the water was very calm. And you see the big white bow wave from the ship. You see the national ensign at the top of the mast, absolutely stiff in the breeze. I mean, it was a recruiting officer's dream shot. And I looked over at my dad and I said, "I want to be part of that."

So, from the time that I was that old I knew that my purpose, what I would have described as my calling in life was to be an officer in the Navy. So, when it came time to go to college I was young and arrogant and probably

stupid in that everybody generally should have a safety school. You apply to that one school that you know you should be able to get into in case you don't get into anyplace else. Well, I joked that my safety school was the United States Coast Guard Academy because the only two places I applied was the Coast Guard Academy and the Naval Academy. And I got appointed into the Naval Academy and I graduated with distinction in 1995 and then went on to serve in the fleet.

NR: Thank you so much for sharing all of that. You pretty much answered a lot of the questions that we had lined up. But with that, I am curious, I know you talked a bit about how your mother reacted to you kind of telling her about the beginnings of you realizing your gender identity. Do you feel that that had a significant impact on your relationships with your family members?

PN: Not really. It's – I joke and say, "Okay, don't have that conversation with Mom again." I had that conversation again with Mom at 28, now an officer in the Navy and realizing that, yeah, I can't run away from myself; I have to deal with this. What was really – I feel very blessed and privileged. I knew that my parents and my family loved me, so I wasn't worry about being disowned, which obviously so many people in the community have to worry about. My Mom until she died – and she passed away in 2004 – she thought that she did something wrong, that it was somehow her fault. And no amount of science, no amount of evidence, nothing I could say could ever change that little piece of her. And we got – we had our relationship. My mother died in my arms when she died.

My dad, he would get the pronouns wrong until the day he died – and he died the same year – but it wasn't out of rejection or mean-spiritedness; it was a matter of habit. And like many people, my dad was a little bit older and we didn't see eye to eye on lots of things. Back in the '80s I definitely was – well, I'm still conservative but I was a Republican because the Democrats were so bad on national defense that – you know, I always say that I voted for Ronald Reagan. And my dad was a pure, straight-ticket Democrat. But our – being the fact that we were both, that we both served – my dad was in the Army during World War II and was very proud of having served, that military bond, it was the link between the two of us. And he mourned the loss of my naval career as much as I did.

And the fact that he would get the pronouns wrong at times would lead to some really sea stories and interesting things. See, he was the first patient I ever took care of as a nurse. He was helping me move into my house. He fell down some stairs, cut open his head. I had to take him to the emergency room. Well, the nurses knew that – I shared that I had just graduated, just passed the NCLEX, so I was now a nurse. They helped me do a couple of things for him and then I went out to go sit in the waiting

room. And the doctor has come out with this really worried look on his face. "We're concerned for you dad. We may want to get a CAT scan of his head because he fell down and split his head open." And it was like "Okay, what's going on." And it was like "Well, he keeps saying to go out and get his kid. And he says, 'He's sitting out in the waiting room' and we know you came in with your dad." And I just looked at the doc and I says, "You don't need to do a CAT scan. That's his baseline. He was an idiot before he fell down the flight of stairs." So, those are the kind of things that came with my family.

Now, I also have a younger sister that I grew up with. And when I think of my family she may have had the most difficult time, not that I don't think she loves me in her own way. We've had a difficult relationship for most of our adult life, gender aside. But she's about two years younger than me, so all of the teachers that I had, she had, so she was always in my shadow. And growing up in my – on my father's side my dad was a first generation American. I'm a second generation American. My grandparents emigrated from Spain, so a very Hispanic, patriarchal mindset in the house. So, you have me as the oldest son and then my younger sister. And she felt that I was the favorite; she was behind me. So, there was always that element of tension in our relationship.

And then, when I started living authentically as I am and I shared with her, I said, "Hey, I'm a female also," I think she saw this as another way where she might have to compete with me. So, it's – while verbally she's been very supportive, some of her actions haven't been as supportive. And when we talk about how family dynamics work, it's – and we talk about how people in the community become disowned or abandoned or rejected by family or are estranged by family, I have a little bit different take on that. Where it plays out in my family is that my sister believes that blood is thicker than water. "I'm related to you," so "I have to love her no matter what the heck she does." And I don't have that same philosophy, as I had no say in the matter as to who I'm genetically related to. I didn't get to choose what family I was born into.

So, as I grew up, and when I hear people really that – a lot of angst about how they've come out to their family and their families have rejected them and they keep trying to get this acceptance, and it's like – we would like to think that we were born into the ideal, loving family but we may not have been. And why are you spending so much of your life and energy trying to get a bunch of jerks to like you when they're a bunch of jerks?

So, you create your own family. And that has historically been what many in the community do. We have our created, chosen families, and then you have a biological family that if you're lucky you have a relationship with, but for many people that's not what happens. How that plays out, though,

when we look at health care and the aging population is because we don't have a lot of those family structures to fall back on and you do have a chosen family, as you get older and you need to rely on people for support, that may or may not be there at that same level.

NR: Thank you so much. So, you've just talked in depth about chosen family. Do you feel that – throughout your life that you've been able to develop your own chosen family? Or how does this look life for you?

PN: It has. My family was a little bit old, so most of – like, my father and my mother and all my aunts and uncles, they've all passed. I do have cousins that are still alive, but I wasn't close to my cousins growing up anyway. We didn't live close together. So, we didn't have really close familiar bonds. I'm still a Facebook friend with one or two of them.

For me – I left home at 18. I graduated in June of – at 18 from, I would say, the number one Catholic school in the United States, a place called Regis High School in New York. I got taught by the Jesuits. And then, a month later I was a plebe at the Naval Academy and I started my naval career. And since then, I've lived in different places around [audio garbled] three different professional careers I've had. Along the way I've really been blessed by meeting lots of really fantastic people. And I have people that I still interact with from my time in the service, from my career as a nurse, and from people I met in law school and I know through the law.

My own personality is that I have lots of folks that I know respect me and like me but I have a much, much, much smaller number of people that I would really say are friends. And I always say in English we don't have the appropriate language to describe relationships. We always talk about in First Nations we have 50 different – in their languages you have maybe 50 different words to describe snow. And in English, to describe relationships we've got "family," "friend," "acquaintance," and that's about it.

And the reality is a lot of people that you say, "Oh, that's my friend," it's really a good acquaintance. And when you talk about family and friends, it's like, "Okay, if I needed something at 2:00 in the morning and I pick up the phone, who's going to answer the phone." That's when you start getting into those really close relationships that you can count on. And who would you get up and go help if they called you at 2:00 in the morning?

NR: Thank you so much for explaining more about that. I think that is most of the question I had from my section right now unless, Serena, do you want add before you ask your questions?

SC: I think, yeah, I don't have anything to add to that section. I would just love to bring some of that, some of those lines of ideas into kind of the next section as well as the further interview. So, now I want to ask you a bit more about your military experience and what your experience was like serving. I guess you kind of touched upon this, but I was wondering what influenced your decision to join the military? Was that largely your father? I know that you talked about the moment seeing the naval boat, if –

PN: The ship.

[Laughter]

SC: I know, the ship. Yes. Sorry.

PN: That's okay.

SC: The ship being a very memorable moment. But I would love to hear about the various influences that made you decide to do so.

PN: Well, I think my parents and my upbringing kind of set the stage and nurtured something that is in some ways probably innate. In leadership we always argue are leaders made or are they born? Is that desire and that calling for a particular purpose in life, how does that get instilled?

My family was not a military family. The Navy and the military wasn't the family business. My dad and my uncles all served in World War II. I say my dad was an E-1, which is the lowest rank you can have in the military. That's what he went in as; that's what he came out as. And I always say he was the proudest E-1 because he refused to get promoted to higher ranks because he didn't want the responsibility. That was his mindset.

But what my parents instilled in me was a sense of service. Like I said, my dad was always proud that he had served. And my folks definitely embodied and inculcated in me this sense that you have an obligation back to society. And if you've been blessed with talents and opportunities, you have even more of an obligation to give back. To whom much is given, much is expected. So, that sense of service was certainly something that was always an element of my childhood.

And then, when I went to high school – I mentioned that I went to a place called Regis High School. It's one of them high schools that if you actually Google it you'll find there's a Wikipedia page about it. So, I wasn't kidding when I said it was the number one Catholic high school in the country; it's actually ranked that way. It's a Jesuit school, and one of the Ignatian ideals – St. Ignatius Loyola was the guy who founded the Jesuits – is this notion of – at the time, Regis was an all-male school – a man for others. And

really, it's a person for others. So, again, it's that imbuing of service, that a purposeful life is not one that's done in pursuit of getting rich and self-indulgence. It's really one of service.

So, you tee all that up with somebody who says, "Hey, wow, I want to be an officer in the Navy," so that the attraction of a really honorable profession that by its very nature is self-sacrifice, service, dedication to a higher principle was very enticing. And I would say I'm one of these people that got – I had a childhood dream and I actually got to accomplish it.

SC: That's amazing. I know that you talked about thinking – contemplating your gender identity as you were growing up, and then you chose to join the Navy, and that part of the reason why you had to leave the Navy was because you had decided that you had wanted to focus on your transition, if I'm understanding correctly?

PN: Well, I wouldn't use those phrases. But I mean, the gist is basically that, okay, I realized as teenage there's – I'm not like all the other little boys. I'm a girl. I'm a young woman. Knowing that if I accepted who I was as a teenager – first off, it really wasn't an option in the 1970s. It's not like today. The world has definitely changed in 50 years. I wouldn't have been able to have that opportunity.

And at the time, while – I honestly could answer this as that I'm attracted to women, so I consider myself a lesbian. On the forms they used to ask, "Are you a homosexual?" This is way before Don't Ask, Don't Tell. So, I was able to tell – I was able to be honest, "Nope, I am not a homosexual. Nope, I've never seen any care for any other psychiatric or psychological reason." And remember, about the same time that I'm working to get myself to the Naval Academy, the very first medical standard of care related to transgender health happens in 1979, so this is all about the same time frame.

But I knew that accepting who I was and being in the service were not compatible. While I was in the service, over the length of time that I was in the service, it was taking more and more energy to keep that question about my gender identity in a box. Now, there's lots of – transgender people serve at a much higher rate than the general public. Transgender women serve at a higher rate than cisgender women. There's some thoughts about that that – because most transgender women, certainly until 2016, would serve and be seen in the military as males, that this joining the military is really an attempt to try to prove how masculine you are, because what's more John Wayne than joining the military and being a fighter pilot or an infantryman or a paratrooper?

I can honestly say for myself I didn't join the military to try to prove to myself that I was a man. I wanted to serve my country and my gender was really not an issue. And I was able to navigate in the world for all the outward appearance successfully, naval officer and all of that, but I was fighting this internal battle, wrestling with who I am, that at the time you couldn't even ask for help, because if I asked for help, I would have gotten kicked out of the military.

And eventually, I got to the point in my career where I needed to deal with this. And leaving the service – the decision to leave the Navy was the hardest decision I've ever made in my life. The most traumatic that's had long-reaching impact. I'm a type II diabetic. I am fat. And I don't have any problem saying I'm fat. I'm out of shape. Because back in the 1990s one of the ways, coping mechanisms was to allow myself to get out of shape, because as long as I couldn't meet the height/weight standards or the PT standard for serving in the military, that was enough to take the edge off of the pain of not being able to serve. Because if I kept myself in shape and met all of the other standards, the only reason why I wouldn't have been able to serve would have been this discriminatory policy that I knew wasn't rooted in science and wasn't rooted in military necessity. And that was just enough to be able to keep going. But the long-term impact of that really poor coping mechanism choice is that my health is – had long-term impact from that.

SC: Yeah. That's very interesting to hear. I was interested in kind of the moment you had decided – or, I'm sure it wasn't necessarily just a moment, but do you remember what – when you kind of internally had made that decision to leave your naval career? Maybe if you had any elaborations on your emotions or even where you were at that time?

PN: Sure. Yeah, November 15, 1991. I can tell you exactly what day it was. And yeah, my heart was broken because after I came home from Desert Storm in that September I resigned my reserve commission because I knew I was going to move. And I got my ears pierced and I started the process of _____. Well, two months after that I get a phone call from the Navy saying, "Hey, we want you to come back on active duty. We accepted you into this program. When do you want to come back on active duty and go back to sea" and advance my career in the Navy? And I said, "Well, send me the paperwork." And I would get up in the morning, and I was living in Charleston, South Carolina at the time. I would drive to the beach, I would sit on the beach, I would look at the ships, and I would bawl my eyes out, really breaking down. And at sunset I would drive back home. And I would get up the next morning, drive to the beach. And I did it again for a week. And at the end of that week I realized that, no, I actually had to say no and I needed to go live authentically.

So, yeah, that was the hardest day of my life. And as I said, I served in mine warfare combat during Desert Storm. Both of my parents died in my arms. Yet, that day, that decision was the most traumatic of my life.

SC: Wow. Not to kind of shift the focus, since you have a lot of experience kind of advocating for service individuals that are of sexual or gender minorities, and so I was wondering if you could tell us about kind of what the experience of the queer community is typically within the military, if there are common threads or obstacles or even just experiences that people face and how maybe that has changed over time?

PN: Well, for many LGBTQ+ veterans and military personnel, historically you're actually in two different closets. Within the military you stayed in the closet about your sexual orientation or your gender identity. And then, within the queer community you stayed in the closet about being in the military because the LGBTQ+ historically is very anti-military, because remember, the gay rights movement really came to the fore in the 1960s around the same time as the Vietnam War. Very strong anti-military feelings. And the repeal of Don't Ask, Don't Tell, the broader LGBTQ community did not support that work. That work got done by primarily LGBTQ military folks and their allies. And I say that I worked at an organization; we had a budget of about \$1.5 million. It wasn't like the LGBTQ community was writing checks for this fight.

Transgender military service has had a little bit more broader community support, although there are still lots of people in the community that just because they hate the military don't support the right of transgender folks to be in the service. Where that plays out is obviously you're dealing with minority stress, but now you're having to deal with minority stress within the minority community because you're in the service. And then, the service, having to serve in the closet with that constant fear that if you get found out, your career is over with. I never wanted to leave the Navy. But I also knew that if I said the wrong thing to the wrong person once before I made it to 20 years – and at the time, the military did kick people out with 19 months – or, 19 years and 11 months and a number of days of service. And if you get kicked out before 20, you did not get a pension. If you served more than six years, you would get a separation pay, but then they would take half of it away if you got kicked out because you were gay, just for no other reason than because you were gay. That's the level of animus that was in the system.

Today, it's been now a decade since Don't Ask, Don't Tell was repealed. Trump – the Trump administration tried to reimpose a ban on transgender service that was changed at the beginning of 2021 with the incoming Biden administration. But there's a lot of fear because we don't know what's going to happen in the next presidential election, whether or not

somebody is going to try and reimpose a ban. And again, this has no military or medical rationale behind banning transgender people. And the military looked at this. The military didn't change the rules without really studying the issue. So, what people need to understand when they look at this oral history is that these attacks on transgender people were solely because of partisan politics and the interplay between religiosity and politics. And I'm not going to put too fine of a point on it, is that marriage of using the transgender community for political points. And in 2022, as we're recording this, often that target are transgender kids. As we speak, the governor and attorney general in Texas are trying to claim that providing medically necessary care to transgender kids, doing things that we know reduce their suicidality and anxiety and depression, is a form of child abuse. And it's completely horrific.

SC: Yeah, definitely. One more about – I have one more question about your personal experience with advocacy work, especially out the process and experiences when – with repealing Don't Ask, Don't Tell, as well as any other policies or advocacy work you've been involved in. And so, can you tell us about the process of that and potentially any kind of obstacles or any type of enlightening moments that you had within that?

PN: Yeah, I mean, the process is one of slow, incremental growth. The bottom line is justice will never come fast enough to people that suffer injustice. And for some people it's never going to come in their lifetime. And that stinks. That realization stinks. But it's real.

And we're talking about sexual and gender minorities. Remember, the intersectionality of all of this, no one is just a gay person or just a trans person. They also come from an ethnic and racial culture. They come from a military culture. Their ancestors came from all over the place in the United States. Or they were here when the Europeans showed up. All of that makes up who we are. So, when we talk about that process, changing civil rights – I always put it in terms of our Constitution – achieving that more perfect union that we envision is a slow process, and it's linear, and it's not always forward. The previous administration is an example of seeing how many marginalized people were actively being harmed and attacked by their government. And we feel like we've fallen back after we made progress for years.

So, what I tell people that are doing the work – you asked about an aha moment; it's not so much an aha moment but more of realizing after a very long time of doing this a couple of things. One is you have to be resilient. And we talk particularly in the LGBTQ community of being very resilient communities, because we have to face a lot of challenges in a society that in many places is still fraught with stigma and discrimination, and it's discrimination that many people justify by religiosity. And I'm very clear

that I'm talking about religiosity and not religion. I said I'm a Christian, and there's nothing in the teachings of Christ to justify the bigotry and hatred that people direct at LGBTQ people.

You've got to be resilient. You have to divorce your emotion and you need to think strategically and objectively. And this is one of the challenges that many activists, particularly younger generation folks, is yes, it's great to have that energy. Yes, it's great to have that emotion. The world is not going to change overnight. As much as you want it to, it is not going to change overnight to achieve those civil rights progresses. Yeah, I'd love to wake up tomorrow and just be in a fully inclusive world that just saw each other as human beings and really worked together. But I also know that that ain't happening. And achieving actual change is way more fulfilling than just the short-term "I want to yell and scream and feel good about it."

You only have two choices in the fight: You can fight or you can quit. And you're talking about being involved in generational fights. One of the phrases I've come across is you may plant a tree under whose shade you are never going to sit. That's very real for me. I'm one of the people that has changed the military – and you can hear my voice cracking – but I couldn't save my own career. I was – I got a chance the other night to talk to a group of midshipmen back at the Naval Academy. And they're the payoff. It's their ability to go on and contribute to the mission and have their careers that makes that sacrifice of the people of my generation worthwhile. But yeah, it's not something that we're going to benefit from, but those who come behind us will.

You need to know when you need to step back from the fight, either for a little while while you recharge and let somebody else carry some of the load, and then also, I said this is generational. I've had to come to accept that my role in the fight has to be different now at 59 than it was 20 years ago. Now I'm much more of counsel and advice and support than being the person right at the point of contact. And it's tough. I want to march to the sounds of the guns. I want to be in the middle of the fight. It's time for a new generation of leaders. It's time for a new generation of perspective.

And then, the last thing is keep the faith. And when I say "faith" I don't particularly mean a religious faith. People ask me why I do the work that I do in health care. Why am I working to try to address LGBTQ health and equality? It's because I took an oath as a naval officer that I would support and defend the Constitution but I bear true faith and allegiance to it. And if you have the true faith and you have faith in those values and those principles that are embodied in our Constitution that we're all equal, we are all free, we all have rights, and when those rights are denied, when people are denied access to health care, when they are denied medically necessary care simply because of somebody else's prejudice and willful

ignorance, that offends those values. And that's why I'm in the fight. That's why I do what I do.

One of the things we wanted to talk about is what resources people have in the community for health access. So, here in Baltimore the first thing to say is that the level of need far exceeds the level of supply. There is no health care organization here in the Baltimore area that has ample resources. And in many cases – and it's not because people are anti-gay or anti-trans or anti-queer. It's how do you allot resources in a health care system that is broken for everybody and doesn't have enough resources and has a broken insurance plan? We can talk about single-payer insurance, universal coverage. The bottom line is it's going to take us a while to achieve anything like that. So, how do you address people's ability to access care? And then, when you're dealing with a health care force that doesn't have the cultural competency to interact appropriately with queer folks and also never got the clinical training to really address some of the health needs of the community, that's a big lift. That's one of the things I'm working on here at Hopkins and it's the same in any other health care institution. So, it's not whether we're talking about Hopkins or the University of Maryland or Medstar; all of these organizations are working on this lift.

For trans care there are folks in the community that people can access for mental health support. Being transgender is not a mental health illness. It's not a pathology. But transgender people live and gender-diverse people and nonbinary people live in a very stigmatized society that still is very discriminatory and in many cases is downright hateful. How do you deal with that? That's why you need to access mental health care. Every human being could use mental health care.

So, there are providers – the challenges that they face is Medicare coverage, Medicaid coverage, insurance coverage. Many therapists don't take insurance because it doesn't even pay to turn the lights on. So, those are all issues. For primary care there are places where folks in the community can get primary care for transgender folks, also hormone therapy. But it's the same thing. The number of available providers does not meet the needs of the local community. So, you have Chase Brexton. You have us here at Hopkins. You have other – the University of Maryland has the STAR TRACK program for transgender youth. You have programs but they're all overwhelmed with – they can't meet the volume.

SC: That's very insightful. Thank you. I think I've covered most of the – my portion. Natalie, do you have anything to add? Or, you're welcome to take the next question.

PN: Well, divorcing it on a lighter note, first thing is I hope some future historian that's looking at this oral history, I hope by the time you're looking at this we've finally got the flying cars, because I'm so bummed that it's 2022 and I don't have my George Jetson flying car, let alone –

SC: I agree.

PN: – access to health care and all those important stuff. That's something trivial. I don't have my flying car.

SC: Amazing.

NR: Yeah, so I feel like this does have to do with both – the previous section about your military experience but this would be more directed towards your nursing career. I know you talked a lot about how you felt since you were younger that your life purpose was to be of service, so I'm curious to know whether your decision to pursue the various degrees and careers that you had, if that all kind of falls under the same theme of wanting to be of service to the community?

PN: Yeah, I can say with reflection that it has. I said that when I was a kid I thought my calling in life was to be a naval officer, and if you were listening to me do public speaking 10, 15 years ago, you would have heard me say that I gave up my calling as a naval officer when I accepted my gender identity. And I don't say that anymore. What I gave up was my naval career, because I've come to realize that my calling was much broader and deeper. My calling in life, my purpose in life is to live up to the obligations of that oath, to serve, to try to really make this country a better place for all of us. And that means making sure that the marginalized folks have the same opportunities to access care as anybody else, addressing all of the systematic oppression, whether we're talking about cis-hetero normativism, whether we're talking about racism or xenophobia. All of that. Addressing all of that.

Now, I have said in the past that for me being a nurse and being a lawyer were lemonade. It was really good lemonade, because of the adage "When you're stuck with lemons, you make lemonade." And I viewed for many, many years that anything else I do in life is going to be second place to being in the Navy. I'm better but I can say that I'm still not there yet. Also, I'm of the generation of military people that you don't go talk to somebody about how you feel. You don't go talk about your psychological needs. It took me 27 years to give myself permission to go talk to somebody about how I felt about having to leave the Navy.

But yes, it's that now that I'm older and with reflection I can see that, yes, my life has been a path of service, as a naval officer, as an advocate, as a

nurse, as a lawyer, that it all really – on the face it looks really disjointed. Navy, nurse, lawyer? What's that all in common? Well, they're all service professions. They're all really at their heart designed to help others. So, that, I guess, is a consistent – so, I've been consistent whether I realized it at the time or not. I realize it now.

NR: Thank you so much. So, in terms of your nursing career, what do you feel like has been some of the biggest obstacles that you've had to face throughout that time?

PN: The biggest obstacle I've faced in my nursing career has been nursing. And I don't mean nursing as in providing care to patients; I need the institution of nursing. As this gets into issues of gender politics, as nursing is a predominantly – still a female-dominated profession, so as a woman who's transgender it was very accepting – I mean, I've never – in my nursing workplace I've never experienced real – any kind of discrimination about who I am. And it's never been a matter of being out or being in. I've just been me, and if somebody asks me a question, I tell them what the answer is. But because of that, within nursing there's always been this tension of wanting to be seen as an equal with our physician colleagues. I joke, I use a couple of credentials after my name, but you'll see nurses that have 20 million letters after their name. In fact, I have more credential letters after my name than there are letters in my name. And I think – and I always say it's the Napoleon complex. It's wanting to be seen as an equal, and I think that's rooted in misogyny and gender and patriarchal systems and all of that.

So, that's been – that is one part of my biggest challenge in nursing. The other is the notion of "If it's not made in nursing, it's no good." I came to nursing after having been a professional naval officer. There wasn't anything in nursing except for go get a BSN immediately. And I started my nursing career with an associate's degree. "Well, you need a BSN." Well, what's a BSN going to teach me about critical thinking that I don't already bring to the table with an associate's degree and a bachelor's degree from the Naval Academy and, oh yeah, five years of fleet experience? And that's that mindset in nursing: "Oh, it has to be in nursing. It's got to be a nursing degree." And it's like "No, it doesn't." Because you tell me what theory or practice is unique to nursing that needs to be done, and we can do that, we can have that conversation. But this notion that "Well, you need a master's degree in nursing to be an educator" – I mean, I've got a certification in nursing education; I've got my master's of science in nursing education. I was already working for several years as a nurse educator. The only thing that I – the major thing that I can say that I learned by having to go back and get another degree – and oh, by the way, I already had a law degree too at this point – was I learned some of the theory behind what I was doing innately already. So,

it's like, okay, I figured out this was the best way to do it and now I knew the theory to back up what I was already doing by experience.

So, those are the biggest challenges in nursing. And one of the reasons why I went to law school was I got tired with on one hand people would find out I went to the Naval Academy and they would ask me, "Well, why are you a nurse?" – implying that I didn't live up to my potential and I didn't go to medical school. "Why are you just a nurse?" "Well, it's because I really enjoy nursing and I'm really good at it."

And also, trying to talk to some physicians and some administrators – and again, the world has changed and we're a little bit better now than we were 25 years ago – that wouldn't listen. "You're just a nurse." So, I said, "Is it okay – I'll go to law school, because if you don't want to listen to me as a nurse, I know you'll listen to me as a lawyer because I'll just make your life miserable. And I can make your life miserable as a nurse, but I can do it even better with a law degree." And I'm being glib but really what I'm talking about is having a seat at the table, having a voice that's respected. And nursing has made great strides – again, it started a long time ago – to where we're at not. But those are probably the biggest challenges I've come across in my nursing career.

NR: Great. Thank you so much. So, I'm curious what led you to decide to work at Hopkins Hospital specifically and kind of how that plays into the relationship that you might have with Baltimore, or maybe lack thereof.

PN: Yeah, it's – I came to Hopkins originally as a travel nurse, as – like I said, I was a nurse for several years. I had compassion burnout working in the ED. So, I got away from the bedside for a while, worked on changing the military, which is really where my heart is. My passion is still the military. I'd much rather be at sea dealing with the Navy stuff than anything else I deal with in my life – back to the lemons and lemonade stuff.

I worked at a law firm for a while Then my parents got sick and I couldn't live that lifestyle anymore. I needed to take care of family. And I said, "Hey, I really enjoy being around people in the hospital and working with patients and my colleagues more so than just working at a law firm. So, I got to Hopkins as a travel nurse back in August of 2007. And while I was here on that travel contract the leadership in the emergency department asked me if I would consider staying here at Hopkins and take over as the department nurse educator. So, that's how I got to Hopkins.

And what attracted me about saying, "Hey, I want to do a travel contract at Hopkins" was obviously I was aware of the reputation of the organization. But what's kept me here for 14 years is the people, is just a lot of really great dedicated people. And it's getting to work with them, getting to see

their dedication to people in lots of different ways. Lots of people here are all running around as type A overachievers. And guilty as charged. But it's so great to see how in so many different avenues people are trying to use their talents to do things better. And so, that's what gets me up to Baltimore.

And I live in Bowie, Maryland, so my relationship with Baltimore is I work here but I generally don't hang out here, as I'm a bit of a homebody. I enjoy just hanging out in my backyard. Or if I do go up someplace, I go up to Annapolis because as a Naval Academy grad, going back to Annapolis now, Annapolis is much more fun now than when I was a mid. [Laughs]

NR: Great. Thank you so much. So, I think that kind of covers a lot of what I wanted to ask. Serena, do you have anything else to add?

SC: Paula, could you kind of explain what the responsibilities and your experiences as a nurse educator is, especially how that differs from just being a registered nurse, especially for people who don't really know the difference?

PN: Sure. Well, a nurse educator is a registered nurse. It's one of the – it's not an advanced provider role, so I wasn't a family nurse practitioner. But it's a master's-prepared role. And it can be a doctorally prepared role. It's basically you're working with the staff to ensure their cultural and clinical competency. So, it's working with everything from a new hire and their orientation to the ongoing continuing education for your experienced staff, and then your focused education, depending on what clinical setting you're in. So, in the emergency room we have specialized education we have to do for trauma and strokes and eye emergencies in order to maintain our certification as a higher-level hospital. So, it's working with the staff for that. It's being a first receiver for disasters and working in the pandemic and all of that.

The other thing that I see, and I always describe it as I was also a force multiplier for myself, is that as an individual nurse I could work with five patients during a given shift, at a given time. There's a set number of people that I can actually influence. But as the nurse educator in the department working with all of the nurses, I could then help make them better, give them more tools, which that means that then they improve their patient care for a much larger pool of patients.

SC: That makes a lot of sense. And I can definitely see how that maybe connects into some of your other roles that you have taken up in your time at Hopkins, which actually leads well to my next question. How did you end up becoming the clinical program director for the Hopkins Center for Transgender Health?

PN: Yeah, this is a case of right person, right place, right time. As I mentioned, I was down in the ED doing work, and as an outgrowth of the work with the military is the military would use the argument "Well, we can't do this because our providers have never trained on how to do transgender care." And my response was "Neither has anybody else." So, within nursing I was starting to give presentations to raise cultural competency in nursing. So, I'm over here doing that. We have plastic surgeons that are wondering why we're not doing the surgery at Hopkins. And this gets back into a much larger conversation about the history of Hopkins, but the bottom line was we weren't doing gender-affirming surgery at Hopkins in 2015, 2016.

So, they wanted to do that again. I was already doing this teaching. And Hopkins is a big place, so our leadership said, "Hey, wait a second. We need to get people together and look at this as a system," because transgender health care is not just doing surgery. There's way more involved in it. So, I was already here as part of the system. I have a national reputation. Like I said, it sounds arrogant when I say, "Go Google me and you can find pages about my activities online." So, I already had that background and cachet. I had been involved in changing the military, leading those fights, one of the people at the forefront of that. And I was a nurse. And a nurse educator. So, as we were – as our system was doing this, it was "Hey, we've already got somebody in our system who would be ideal to do this role." And that's how come... And that job description was a brand-new job description.

SC: That's awesome. You actually just touched upon this a bit in your previous answer, but I have read – and I know there's a long and contentious history with the Center for Transgender Health – I'm sorry, my video is kind of wacky right now – from it being a forefront of gender science in the '60s and then to the process of it shutting down. So, I was interested in if you had any specific elaborations or points that you wanted to uplift in terms of the history of that.

PN: Sure. So, many people are not aware that, yes, the first gender-affirming surgery done in the United States was done at Johns Hopkins Hospital in the mid-1960s, and that original gender clinic was one of the leading academic medical establishments working on that. And remember, this is before there was an actual established standard of care. So, this was still very new, still really laying some of the foundations of "How do we do this?" And again, coming from what was known at the time, some processes that we would never do today.

Now, the story that most people know is that a particular individual who was affiliated with the department of psychiatry at Hopkins came in as the chair and wanted to close that clinic because he doesn't believe in gender-

affirming care. And he's the villain of the piece and his name is Paul McHugh. So, people – so, that original clinic closed in 1979 amidst a lot of controversy. They commissioned a sham study that concluded that gender-affirming care didn't benefit anybody, even though there was no real – nobody else ever came up with that conclusion. So, that was the pretext for closing that original clinic.

What many people don't understand is that original clinic was never actually funded. The seed money came from a philanthropic grant from somebody in the transgender community. And the surgeons that were doing the surgery had really left Hopkins. By the same time McHugh was coming, everybody else had moved on to someplace else. So, the program itself wasn't funded. There wasn't anybody really doing surgery. And then McHugh got here. So – but he's the villain of the piece. It was closed because Hopkins – and the perception for many years was that Hopkins was hostile to LGBTQ people. And again, it's because of the opinions of some discrete people that are affiliated with Hopkins.

But that's never been the organization's perspective. Transgender people specifically, other than surgery, because we weren't doing surgeries, but people were able to access other forms of care and they had providers who would provide it. But it wasn't done in a thoughtful, publicized way. It was very fragmented and individualized. And then, again, then you have these efforts, you have new people come to the organization. Leadership wants to do – wants to move forward. Our Center for Transgender Health is an interdisciplinary service line, which means that the care is really delivered in the various departments that are stakeholders in this.

It's a mission-driven program. Hopkins' mission: advance health care and research education and patient care. And we know we need to rebuilt trust with the LGBTQ community, particularly the transgender community. So, that's part of what is always at the forefront of the people here at Hopkins and the work that we do, is we want to try to rebuild that trust. And we know that it's very difficult to rebuild trust once you've lost it. And the way that you do that is you be transparent. You try to help people set realistic expectations. And this is one of the challenges, is making sure that the community has realistic expectations of how fast you can change, how much you can do, how much resources you really can dedicate to something, because the perception is that Hopkins might have a blank check and we can just do everything because we're this big entity. And then, people have opinions about Hopkins for all sorts of reasons. Obviously, Hopkins and the level of distrust within the Black community, rightfully so because of the history, is something the organization has to deal with.

And again, we need to talk about intersectionality. In the United States in 2022 the most targeted people for discrimination are Black transgender women. So – and you can't divorce that from racism. You can't divorce that from misogyny. And that's really what trying to overcome some of that history...

And for the five years I've been in this role I have always said, "Look at what we're trying to do. Look at what we're accomplishing." I've also really advocated that as an organization we need to make a little bit more clear public statement condemning some of those opinions as being harmful. At the end of the day, I'm not – my name is not at the bottom of the form. If it was at the bottom of the form and it was a statement from Paula, it would be a much more direct statement because, again, that's me being a naval officer. But we're making progress. But [audio lost] –

SC: Can you hear us?

PN: I can. My computer just froze because of inactivity because I didn't hit any keys. And I'm trying to sign back in.

SC: No worries. We can still hear you, so that's okay. Take your time.

PN: Okay. Hopefully, this will work. There we go.

SC: Awesome.

PN: Sorry about that .

SC: No worries.

PN: Is it – yeah, it's the – there are some people that you're never going to be able to regain trust with. There are others that the change is never going to change fast enough. And again, for that, it's you can only do what you can do. And there are some folks that see the change and appreciate it and try to work in partnership to move that forward. Health care is changing so that we are really wanting to look more for partnerships with patients – we talk about patient-centered care, family-centered care, person-centered care – and finding what the appropriate interaction is.

When we talk about – particularly about LGBTQ health I know there is this strong notion of "Nothing about us without us," of really wanting to make sure that the voice of the queer community is centered as queer health programs are designed so that the programs really are addressing the needs of the people in the community. And I think that that notion is absolutely the right direction with – I'll put a little asterisk on it in the sense that that asterisk means "Nothing about us without us" does not

mean that, okay, if I am a transgender person, I only expect to be able to go to a provider who is also transgender to get care, or the only people I want to care for me are transgender people. And I'm going to use that specifically as the example. It applies across the queer community because it also applies when folks make these statements about sexual orientation.

We are never going to have enough transgender doctors and nurses for that ever to be real on any scale. It also applies when we talk about the legal – we need to get more trans judges, because here in Maryland we don't have any. But I can count on my fingers the number of transgendered judges across the United States. So, trying to get a percentage of judges in Maryland who are trans or a percentage of doctors or nurses or clintechs or medical assistants that are trans to only care for transgender people, that's not going to happen anytime soon. So, it's how do you find ways to make sure that you can educate and integrate with cisgender and straight allies, because that's what – those are the folks that are going to be providing most of the care because, gee, they make up the majority of people on the planet. And again, that's one of the tensions. I get some of the folks that are extremely adamant about that, but that's unrealistic.

And when I was talking before about being pragmatic, those utopian statements don't get anything done, because when you make a utopian statement like that the people that are willing to help or the people that are listening tune you out because they immediately realize that that's not realistic. And I want to spend my time actually solving stuff. That's one where I definitely have an opinion about that. [Laughs]

SC: Yeah, definitely. Natalie, do you have anything that you would like to add to this? Or, you can move on to any other further questions.

NR: Yeah. So, I'm curious of what your opinion is on – I guess, among your colleagues and among the people you've worked with at Hopkins, do you feel like Hopkins kind of creates an accepting environment for LGBTQ+ individuals? How has that experience been for you as, like – I know you said that your main relationship with Baltimore and Hopkins is that you just work here, but I was curious what your thoughts were on that.

PN: I think it's a work in progress. I think we as an institution, we as the people that work here want to create that environment. And we're working towards it. Absolutely, there are people working really, really hard towards that. But you're also dealing with individuals. I get misgendered by people around here at Hopkins. Like I said, I sound like the brassy broad from New Jersey. My voice is a little bit deeper. I'm not 5'2" and dainty. But I have never encountered somebody at Hopkins that's doing it intentionally, that didn't want to respect who I am. For the most part. I have run into people at Hopkins who definitely are disrespectful to

transgender people, and eventually that's going to catch up with them. But it's ever-evolving. More and more people, as they get exposed to people, and more and more as they get training, the lightbulb comes on. Because, as I said, we really are trying to have people unlearn lots of stuff that they've learned consciously and unconsciously. But we're committed in that direction, if we want to just talk about Hopkins.

And as far as Baltimore goes, it's that like any place you're going to find pockets where it's much tougher than in other places. Again, I've been very, very fortunate and privileged that I have – I've been trolled online. I've definitely – and I've received hate mail in my day. But I've never had anybody come up to my face and say something to my face. So, yeah, a work in progress but definitely – I've never been made to feel in my workplace and the people I interact with anything else than – anything less than accepted as who I am.

NR: Thanks. I like to hear that. So, something else that I'm curious about, since we've gone in depth about the various degrees that you have and the various career paths that you followed, and you did mention that you're among one of the first generation students in your family, if I remember correctly. So, how has – do you believe that being a first-generation college student has impacted your experience as a student in the various forums that you've experienced that?

PN: Honestly, I can't say that because Naval Academy folks, we joke, we've got the t-shirt that says "Not college." And for you young folks, if you don't realize, that's actually a riff off of the movie *Animal House* and the sweatshirt that Blutarisky was wearing that said "College." That's where that – that's what that riff is from. So, the Naval Academy isn't your typical college. But for me as a – even though my parents didn't go to college, my parents – and particularly my dad – my mission as a kid was to get educated. And by – Regis is an all-scholarship school. You actually had – we had our own separate admissions process and our own separate tests, but everybody who goes to Regis goes to Regis on scholarship. And like I said, I came from a lower middle class, maybe right – just around the poverty line kind of family. So, getting a scholarship to high school, getting a full ride to the Naval Academy allowed those opportunities to happen, and then to be able to go from there.

So, in a lot of ways it is the typical American story. My grandparents on my father's side emigrated from Spain in 1910. Ellis Island. Never really learned how to speak English. Lived in a tenement on Christopher Street. My dad, first generation born here, spoke Spanish at home, learned English in public school in New York City during the Depression. Went as far as the eighth grade and then dropped out of school to help support the family. Then, my generation comes along. My dad had me and my sister

when he was much older, so the cousins that are in my generation are really almost a generation older than I am. They're 10, 15 years older than I am. But it's that first level of – the uncles and aunts and my dad didn't go to college. Their kids went to college. And that's where I'm at.

And the one thing I always say about my family is that when you look at our economy today, that's the – we're running into – your generation is running into the fallacy of that American dream stuff, because, okay, the grandparents are immigrants. First generation has a job, gets some education. Then, the next generation gets a college degree, maybe gets a law degree or a medical degree. I live in a house in the suburbs. What are my kids supposed to do to do better than the generation that came before them? If I actually had kids – and I don't have kids – it's that they would need to get six degrees. They would need to graduate from a more elite school than the most elite naval academy on the planet. The house in the suburbs couldn't just be a house in the suburbs; they would need to be living in a mansion. Well, that's not sustainable. So, it's – we need to redefine the American dream. And then, when you put it in terms of LGBTQ folks it's, again, how can you maintain that when you're still trying to overcome all of the built-in inequity in the systems?

NR: Thank you. So, I guess now –

SC: You're welcome to go. Sorry. Sorry.

NR: So, do you feel that all these experiences that you had in the Naval Academy, did that influence the way that you view health care now and the way that you went about your nursing career specifically?

PN: Well, as I mentioned, the driver for being passionate about wanting to really address these health inequities flows from my oath I took as a naval officer. It's – I always say for me my sexual orientation and my gender identity mean as much to me as the fact that I have brown eyes and I'm right-handed, which means to say they're just parts of who I am. And that's not something that's of extreme importance of me when I talk about – when I look at myself. The fact that I was a naval officer and I'm a Naval Academy grad and I swore an oath and I live by core values, how I live my life, being authentic, being courageous enough to live authentically, that's what I'm proud about. I mean, that's the focus for me.

The practical thing, being a plebe at the Naval Academy teaches you prioritization. It teaches you performance under pressure. It teaches you time management. And all of that absolutely has been beneficial to me in my nursing career, particularly working in emergency nursing and particularly doing trauma resuscitation. That time management was the greatest thing for getting through law school. So, yeah, that foundation at

the academy has definitely stood me in good stead through all of my careers. And that notion of the leadership training, values, and those fundamental things that you come to embody if you're inclined to do that absolutely informed my legal career and the advocacy work that I do in my nursing.

I mean, I have a picture of Hopkins as my background. If I take this off and you could actually pan around my office, I do not have a typical nurse's office. There's more Navy stuff in my office than there is nursing stuff in my office. So, anybody that walks into my office knows exactly where I come from. That and I have a big black velvet Elvis on my wall. [Laughs]

NR: Okay. Thank you so much for sharing. So, one of the last things that we were curious about is your transitioning experience. Specifically, was there anyone in particular that stands out to you that was influential to you or most helpful during this process?

PN: The short answer is no. And again, this ties into that Naval Academy military program. Remember, back in the early '90s – this is way before the internet. This is really when AOL was just getting started. I do remember AOL with the dial-up modem and all that kind of stuff. I honestly believed when I was transitioning that I was the first Naval Academy graduate or first Naval Academy alumni to ever deal with this. And I'm not, by the way. I'm probably about the fifth or sixth. But you feel alone. And so, I didn't have role models.

And one of the things that – a reality of my own life, and this is not me tooting my horn – because I'd been the first at so many things in my life I really haven't had people to follow. I've been blazing a trail that other people are following behind me. And that's great. But it also is unnerving because you're in an uncharted path. There isn't anybody to say, "Hey, they've done exactly what I'm doing," because there isn't anybody there. And I always – I joke about it like this, is that there are Naval Academy graduates who are nurses, there are Naval Academy graduates who are warriors, there are nurses who are warriors, there are Naval Academy graduates who are also transgender, but I'm the only Naval Academy graduate who is transgender and is a nurse.

So, the thing that does stand out about transitioning – and again, this gets into the mindset and how you approach things – I am not a transgender person who thinks that you transition for all of your life. There was a period in my life when I went with living aligned with the sex I was assigned at birth to living aligned with my gender identity. And since I've started living aligned with my gender identity and I've finished with the medically necessary care that was appropriate for me, I'm just me.

But I also began my transitioning in nursing school, and that meant standing up in front of my entire nursing school, 200-and-something students, the faculty, and explaining to them what it meant to be a transgender person. And I consciously chose that approach because as a nurse, as an educator I wanted people, if they had questions, to ask somebody who could give them a real answer, as opposed to nonsense. And that if I was able to let them ask me these questions, they would be a better nurse when we graduated. When they had to take care of a transgender, they could at least go back and say, "Oh, yeah, I remember Paula." Now, again, meeting me is an N of one, but it at least gave them some foundation.

So, yeah, so my nursing career, my transition started with me in front of my entire nursing class in Charleston, South Carolina in 1992, which is not a bastion of progressive thought. But doing that, I had over 200 allies and nobody ever gave me flak about what bathroom I used. So...

NR: Thank you so much. That was all very powerful. So, we are almost at the end of time. So, Serena, is there anything else that you wanted to follow up with?

SC: I was interested in your perspective of intersecting identities, especially you said that you are attracted to women and identify as lesbian. And I wonder – this is kind of, I guess, veering off the path of what we've talked about, but I wonder about how you think of your intersecting identities as a trans woman and as a lesbian and, I guess, in personal relationships or romantic relationships, if there is any obstacles, or maybe transphobia within the queer community or the lesbian community itself.

PN: The short answer is I don't think about it, as my partner and I have been together now for over 20 years. So, it's – there are people and everybody brings their stuff to it. And as I said, that is the intersectionality. And it's the relationship between two people. And then, whether you're transgender or cisgender, it's you have your stuff and then you interact with somebody and it's the interaction between their view and your view. And sometimes it meshes; sometimes it don't. There are certainly [audio garbled] and we talked about turfs – there are certainly a whole strand of lesbians that reject accepting transgender women as women. Other people – again, you just accept the person.

Something that also happens in reverse when we talk about transgender folks is that many transgender folks are in – get married. And let's talk about history. So, before same-sex marriage was legal, often you'd wind up – often you would have – a transgender person who hasn't come out yet would be in what would look to the outside as a heterosexual marriage.

Some of those marriages last when the person comes out and starts living authentically, but unfortunately many of them don't. And one of the dynamics that happens in that environment is that the nontransitioning spouse has to confront or has to deal with society's labels. If you're a cisgender woman and you marry your spouse, your husband, and – who then during the course of your marriage comes out and embraces their gender identity as being a female, the cisgender nontransitioning spouse who thought, "Hey, I'm a straight woman. Now, because my partner is also a woman, does that make me a lesbian?" Again, because we live in a society that wants to put labels on people.

Ideally, it's "Hey, you're a person. You love another person. And then, the two of you work it out or you don't." But that notion of identity is very, very strong. I have been married before. I got divorced. It was a youthful mistake for lots of reasons. An amicable divorce. But yeah, it's – those are some of those identity things that folks have to work through.

SC: Yeah. Thank you for sharing. Natalie, do you have anything to add?

NR: No.

SC: Awesome. I just want to give you the opportunity, Paula, if you wanted to mention or discuss anything that we did not touch upon with this interview, or say anything that you would like to during this time before we wrap up.

PN: Well, the only thing I would say to the future folks looking at this or listening to it is hopefully you're living in a world where we've gone back to make some progress. And hopefully, we're all much kinder to each other. And hopefully, you're a little bit closer to that more perfect union than we are today. And you have flying cars. [Laughs] Thanks.

SC: Well, that's awesome. Thank you very much. And I will now stop the recording.

PN: Okay.

[End of Audio]