

Haylee Veazy
Narrator

Andrea Jenkins
Interviewer

The Transgender Oral History Project
Tretter Collection in GLBT Studies
University of Minnesota

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The Transgender Oral History Project of the Upper Midwest will empower individuals to tell their story, while providing students, historians, and the public with a more rich foundation of primary source material about the transgender community. The project is part of the Tretter Collection at the University of Minnesota. The archive provides a record of GLBT thought, knowledge and culture for current and future generations and is available to students, researchers and members of the public.

The Transgender Oral History Project will collect up to 400 hours of oral histories involving 200 to 300 individuals over the next three years. Major efforts will be the recruitment of individuals of all ages and experiences, and documenting the work of The Program in Human Sexuality. This project will be led by Andrea Jenkins, poet, writer, and trans-activist. Andrea brings years of experience working in government, non-profits and LGBT organizations. If you are interested in being involved in this exciting project, please contact Andrea.

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1 Andrea Jenkins -AJ
2 Haylee Veazy -HV
3

4 AJ: Great. Ms. Haylee Veazy. So, can I just ask you - what's your earliest memory in life?

5 HV: Like, my earliest memory of gender or my earliest, just, memory at all?

6 AJ: You know what, just your earliest memory in life. If it's related to your gender identity, that's
7 okay, but it does not in any way have to be.

8 HV: Okay. It's weird, but the earliest thing that I remember is a specific memory of waking up,
9 walking out into the living room, saying hi to my mom, but there is something different about it.
10 Just being like - it felt like I was familiar with all of those things, that I knew who my mom was
11 and I knew I was in my home, but I just don't remember anything before that. I know - nothing
12 special happen, it's just - that's my first memory that I have, like, concrete in my head, and - it
13 was just a normal morning, and I woke up, and remembered, this is all familiar but I don't
14 remember it. And I always thought that was weird. And maybe it's a dream or something, but
15 that's the earliest thing I remember. I think I was three or four years old.

16 AJ: Wow. So, great. Where did you grow up?

17 HV: I was born and raised in Farmington, New Mexico, which is a small town in the northwest corner
18 of New Mexico where the four states meet, the four corners, where New Mexico, Arizona, Utah,
19 and Colorado join together.

20 AJ: Oh, wow.

21 HV: Yeah, so you can sit in four different states at one time.

22 AJ: Yeah, it's like - that's like a thing, right?

23 HV: It is a thing, there's like a concrete slab on the ground with the lines for the state, and I don't
24 think it's perfectly in the right spot - I think it's off by like a few feet or something - but it's, like,
25 a tourist attraction.

26 AJ: Uh huh. All right.

27 HV: My home's farther away from that, it's a little bit further in to New Mexico than the absolute
28 corner.

29 AJ: So you actually lived in New Mexico.

30 HV: Correct.

31 AJ: What was it like growing up in Farmington? Is it a farm community?

32 HV: Not anymore. It's mostly oil and natural gas. It's a relatively small town around, I think, thirty or
33 forty thousand people lived there when I was growing up, I think it's closer to fifty thousand
34 now. And it's all about oil, natural gas. And it's kind of a small town deal. I grew up in a pretty
35 conservative Christian home.

- 1 AJ: Hm. And you went to elementary school there?
- 2 HV: I did. I went to elementary school, middle school and high school there. I lived in the same
3 house since I was two weeks old until I went to college.
- 4 AJ: Is that right? Wow.
- 5 HV: Yeah. We moved in when I was two weeks old.
- 6 AJ: So what was your school experience like? I mean, you clearly were a good student, I would
7 surmise.
- 8 HV: Well, yeah. I knew I was different before I started school, and as soon as things began being
9 gendered, I knew I wasn't a boy. And I knew it was not okay for me to be a girl, where I was
10 from. And I think I buried the feelings that gave me. I buried the stress, the dysphoria, in
11 schoolwork. So that was kind of nice. I could read and study and listen and pay attention and
12 kind of feel fulfilled that way. So I did.
- 13 AJ: Were there any sort of - so you said you kind of felt like something was happening, even before,
14 prior to starting school.
- 15 HV: Yeah.
- 16 AJ: Were there - you were like, harassed or bullied? Did people - I know you tried to bury those
17 feelings, but I also know it's kind of hard to do that.
- 18 HV: Yeah. It was hard. Mostly I was just quiet. People thought I was weird, and I was kind of a loner,
19 but I had a few friends that I could hang out with and were nice to me. I wasn't bullied all the
20 time, except for being overweight. I was bullied for that, a little bit. But I - most of the issues
21 that I had with my gender identity were things that I struggled with internally, that I tried to
22 bury it as much as I could. I was in a very religious household and I knew that if I didn't fix that
23 part of me, I was going to go to hell.
- 24 AJ: Oh, wow.
- 25 HV: So I fought it, a lot. I tried to change it, and that never worked.
- 26 AJ: Did you have siblings?
- 27 HV: I did, I had a brother and a sister. They're both a lot older than me. So I was the youngest by
28 about twelve years.
- 29 AJ: Oh, wow. Yeah, so by the time you were sort of...doing your thing, they were headed out the
30 door, huh?
- 31 HV: Yeah, my brother moved out when I was three years old, I think. My sister did when I was eight
32 or nine, I believe. So I was kind of raised as an only child, which was good in a lot of ways.
- 33 AJ: Yeah. And both parents were in the house?
- 34 HV: They were, yeah. My mom and dad have been married now for forty-five years.

- 1 AJ: Wow. What's your dad do?
- 2 HV: He was a firefighter. Since I was three years old. And he retired from being a firefighter when I
3 was in college.
- 4 AJ: Wow. So the small town of Farmington, they had a paid fire department?
- 5 HV: They did, yes. It wasn't big - there were five fire stations. It was a good - it was reasonably sized.
- 6 AJ: Yeah. Well - no, I just know a lot of the smaller communities, usually it's like a volunteer fire
7 fighting team, or...
- 8 HV: Yeah. Yeah. It was the only non-volunteer one in the county. And, gosh, probably for fifty or
9 sixty miles around it, it was the only paid department.
- 10 AJ: So they had to go to other towns to fight fires too, huh?
- 11 HV: They had help from the volunteers in those areas for sure, but sometimes they did. Especially
12 the, kind of, town fires and brush fires that could get out of hand if they hadn't. And it's New
13 Mexico, so it's a pretty dry place. There's lots of fires and Fourth of July was always horrible
14 because the fireworks were setting everything on fire.
- 15 AJ: Really? Is that right? Oh my goodness.
- 16 HV: Yeah. Mmhmm. My dad was always stressed out on the Fourth of July and I was never allowed
17 any fireworks.
- 18 AJ: Did your mom work outside of the house?
- 19 HV: She did. She did a few different jobs as I was growing up, but she kind of settled in being a
20 transcriptionist.
- 21 AJ: Really? Oh wow.
- 22 HV: Yeah. She retired from that when I was in college as well.
- 23 AJ: Wow. So you had a lot of help with your homework assignments, huh?
- 24 HV: I did for a while.
- 25 AJ: That's awesome. So when did you first realize - and I know you said you kind of knew something
26 was different, but...when did you first realize you were not the gender you were assigned at
27 birth?
- 28 HV: You know, I didn't have the words for it. I didn't know what a transgender woman was, probably
29 until I got the internet and was sophisticated enough to use it, I suppose. I knew I was different
30 when I was four or five years old. I knew I wasn't a boy as soon as I started school. And I think I
31 really knew I was a woman - I was pretty solidified in that by puberty.
- 32 AJ: Really?
- 33 HV: And things got worse. You know? And I really kind of started figuring out how to define within,
34 how to say that I was a trans woman in my teen years. And I really just wanted -

- 1 AJ: To yourself, or to the broader community?
- 2 HV: To myself. To myself. And then I would talk to people online. But nobody in person. It wouldn't
3 have been safe in my hometown.
- 4 AJ: Really.
- 5 HV: Mmhmm.
- 6 AJ: Very conservative, very religious based community?
- 7 HV: Yeah. Mmhmm.
- 8 AJ: Wow.
- 9 HV: It didn't - you know, after coming out and talking with my family, I obviously have regrets about
10 that. I regret not being able to be honest about myself earlier in my life. But it maybe was for
11 the best - my mom has told me that I most likely would have been sent to a camp, like a
12 Christian camp, to fix that part of me, to try to pray it away somehow, which I think would have
13 made it worse, possibly. So I kind of just kept quiet about it and tried to fix it internally, as best I
14 could. I really tried to buy into everything that I could as far as my religion went, and tried to
15 identify as a Christian person. Tried to see if that would change it, change who I was. It never
16 did.
- 17 AJ: Yeah. Did - so, what was it like coming out to your folks?
- 18 HV: When I came out to my mom, it was kind of on accident. It was when I had already moved away
19 from New Mexico, and she had called me, and she just kind of knew something was wrong. She
20 had known something was wrong for years. And I got away from telling her for a long time by
21 just telling her that I was tired, and that was believable because I was in college and medical
22 school, and at one time for some reason, that wasn't enough, that wasn't cutting it, and she just
23 kept on asking what was really wrong, and I was tired enough that I just - okay, fine, and I told
24 her, I came out to her. It wasn't planned. And...she took it better - way better than I expected. It
25 took her probably six weeks or so to really kind of accept that she wasn't losing her son, and
26 that I was still her child, but she just had to understand how to relate to me as her daughter.
27 And she's been supportive since then.
- 28 AJ: Wow. Awesome.
- 29 HV: Yeah. She's still with my dad, and I came out to him a few months later, and I sent him a letter.
30 And - over email - and called him and told him I wanted him to read it, and then call me back.
31 And...I thought it might be going well at first, you know. He tried to kind of ignore it, I think,
32 mostly. But as my transition went on further, he disowned me. So...
- 33 AJ: Oh. Sorry...
- 34 HV: Yeah, it's - um. You know, he allows my mom to still have a relationship with me, though,
35 so...she can speak with me at least.
- 36 AJ: Okay. Wow. That...you know, that statement, that he allows your mom to still have a

- 1 relationship, sounds pretty...patriarchal? Sexist? Like, you know...
- 2 HV: Yeah. I agree.
- 3 AJ: But that's the sort of relationship that they, that they have?
- 4 HV: Yeah. Yeah, it is. My mom's a very strong woman and has gone through a lot in her life. And...I
5 don't - I don't really understand their relationship, I never really will be able to. But she loves
6 him, and...she's smart and strong and I really respect her.
- 7 AJ: Yeah. She's made a choice, that this is the relationship I want to be in.
- 8 HV: Yeah. And she's held it together for...since 1971.
- 9 AJ: What about your siblings? How have they reacted to...
- 10 HV: I'm not very close to them. My sister is about twelve years older than me and she's supportive,
11 but I'm not close to her. We kind of had a falling away a long time ago, just...because of issues
12 that she was going through, and our relationship at the time. And my brother hasn't spoken to
13 me since I came out of the closet to him. I'm not sure that that's because he...disapproves of
14 who I am? It could just be that he doesn't know what to say. But I'm not sure. But he is married
15 to someone who...says ugly things about me, apparently.
- 16 AJ: Oh, I'm sorry.
- 17 HV: But I think he would probably help me if I needed help from him.
- 18 AJ: Wow. So, what terms do you use to describe yourself, and how has that changed over time?
- 19 HV: You know, if someone gave me a form and had options of genders and there was male, female,
20 transgender, transwoman, trans - if they had a bunch of checkboxes, I would check woman,
21 because that's how I identify.
- 22 AJ: Sure.
- 23 HV: I identify as a woman. And it's not because I...don't accept that there, that gender is nonbinary. I
24 accept that, absolutely. It's just that's how I identify. I do identify as a woman. But when people
25 are kind of wanting to know about - more about who I am, I feel like trans woman
26 communicates that I was assigned male at birth and I identify as a woman pretty succinctly, so I
27 use that as well.
- 28 AJ: Yeah. Have you ever used other labels prior to coming out?
- 29 HV: No. Well, I mean, when I - I never truly identified as a man, but that's how I presented myself my
30 whole life, until I came out.
- 31 AJ: Right. So the perception was that you were a man.
- 32 HV: Yeah. Correct. I guess I've used the word queer before.
- 33 AJ: Yeah.
- 34 HV: I'm definitely not in a heteronormative relationship, and I'm not a heteronormative person, and

- 1 I like feeling like I have more than one of the LGBTQ letters assigned to myself.
- 2 AJ: Yeah. Talk to me about your relationship. How long have you been involved in a relationship and
3 to that end, I mean, you identified yourself as sometimes, you know, queer. Like, do you date
4 guys, do you date women...?
- 5 HV: Yeah. I am currently in a relationship with a trans woman. And I typically identify as a bisexual
6 woman, and - mostly because I'm attracted to women and men. You know, I wouldn't be
7 opposed to maybe changing my mind about that and saying I was pansexual someday. I'm not
8 sure. It's just kind of a fluid thing. But I am attracted to men and women. I'm currently in a
9 relationship with a woman.
- 10 AJ: So how's that relationship going?
- 11 HV: It's really good. It's kind of - she's incredibly supportive. We get along really well. I love her.
- 12 AJ: And she's trans-identified as well?
- 13 HV: She is, yeah.
- 14 AJ: Do you find that being in a relationship with a trans person, like, they are able to sort of
15 understand some of the things that you are going through, versus a cisgender person?
- 16 HV: I think so. I think the biggest thing is that I don't have to explain everything. I feel like if I was in a
17 relationship with a cisgender person, I could say, you know, I'm feeling mad today because
18 something made me feel dysphoric about my body, or something, and I could say that, and
19 maybe they would understand that if I explained it well. But with Kaylee, with my partner, I just
20 have to say, you know, "I'm feeling gross today. I'm not feeling - I'm feeling bad about this
21 today," and she understands. And it makes that simple. And...you know, we can commiserate, it
22 makes a lot of things simpler, I think.
- 23 AJ: Wow. Kaylee and Haylee, huh?
- 24 HV: That's right.
- 25 AJ: Wow. That's pretty cool.
- 26 HV: That's kind of how we met. We met online, and her name is spelled exactly like mine but with a
27 K.
- 28 AJ: Oh my goodness. No way.
- 29 HV: I know. I know. And she has - her last name starts with a V as well.
- 30 AJ: What? Get out of here!
- 31 HV: Yeah. So, I think, I messaged her, or she messaged me, and the first message was about the fact
32 that our names were almost identical, so. It was definitely a coincidence.
- 33 AJ: Wow. That's super sweet.
- 34 HV: Yeah.

- 1 AJ: What have been some of the challenges that you've faced since you've gotten to express your
2 true gender identity and - I know you talked about this really sad situation with your dad. Have
3 there been other challenges for you?
- 4 HV: I think...I kind of prepared myself to have issues with my family and some of my older friends
5 that I'd had just because of what I knew they believed about people like me. So that was...it
6 hurts, it still does. I think some of the things that are harder are just day-to-day life, and dealing
7 with how society sees you and treats you when they see you as a trans woman.
- 8 AJ: Mmhmm.
- 9 HV: And I realize I still carry a lot of privilege as a white person and as an educated person.
- 10 AJ: Mmhmm.
- 11 HV: But there was a palpable change in the way the world treated me when I came out of the closet.
12 It no longer felt like public space was my domain. When I walked out of the...not walked
13 outside, prior to coming out of the closet, and prior to presenting like a woman, you know, it
14 just felt different. It felt safe. When you're walking down an aisle at a grocery store, at Target, or
15 something. People kind of move out of your way when they sense that you're a man. It feels like
16 people give you leeway, people give you respect. You have personal space, and you have a
17 sense of belonging somewhere. And after coming out - it was very different. It was kind of - it
18 was very nervewracking to me in a lot of ways. But in others it was nice that people were
19 friendly and smiled more, were more talkative. Some things at work have been different. I work
20 at a hospital as a resident physician, and when I've now walked into rooms where I'm a senior
21 resident and I have an intern or medical student who is a male, I'm presumed to be a nurse, and
22 they're presumed to be the doctor, and -
- 23 AJ: Really?
- 24 HV: Yeah. And -
- 25 AJ: By patients?
- 26 HV: By patients, yeah. And other people too, who can't see my badge or don't know me. And...it's
27 just interesting the way people treat you differently. Prior to coming out and transitioning, I was
28 never once thought to be a nurse. Never once, even as a med student, everyone assumed I was
29 the doctor, even when the attending physician, who's been working for ten years, was a woman
30 in the room with me, and I was - and I knew nothing.
- 31 AJ: Unbelievable.
- 32 HV: Yeah. And I had heard my fellow medical students say that, that, you know, female medical
33 students were assumed to be nurses or medical assistants. They were never assumed to be
34 doctors. And of course there's absolutely nothing wrong or less than about being a nurse or
35 medical assistant.
- 36 AJ: No. Absolutely.
- 37 HV: But it was very interesting that that was all of a sudden a daily - or, weekly if not daily

- 1 occurrence. You know, now, even if I introduce myself "Hi, I'm Dr. Veazy," I'm often referred to
2 as "This is my nurse," or "My nurse said this." It was very interesting.
- 3 AJ: How does that make you feel?
- 4 HV: Conflicted. On an academic level, it's interesting to kind of study the way that gender plays its
5 role in interactions. It's kind of frustrating at times because I feel like my words, my advice, don't
6 carry the same weight as they used to, which is frustrating, and I feel like I have to work harder
7 and develop my relationships more than I used to, when I used to have presumed competence.
8 And I feel like I have to really earn it a little bit more now. So I feel like I have to work a little
9 harder. But, you know, I try to stay zen about it, let it roll off my shoulders.
- 10 AJ: Sure. Yeah. You've got a job to do.
- 11 HV: Yeah, and I love it, so it helps.
- 12 AJ: Cool. What have been some of the really more positive things?
- 13 HV: I think...I kind of almost take it for granted now, but I remember within a month after coming
14 out, just remembering the weight that was on my shoulders from not having - from having to
15 pretend I was somebody that I wasn't, and then not having that anymore was...unbelievable.
16 That level of stress, that baseline level of stress was gone, and I felt like I could think clearer. I
17 was making better decisions. I was passionate about what I was doing. And it kind of opened the
18 door to make transgender health care my passion and my specialty and kind of my niche in my
19 career, which is awesome and I love it.
- 20 AJ: Wow. Yeah. I'm really fascinated that you're a medical doctor, and even though I know from
21 experience and from reading and from friends that, you know, transgender people are in every
22 walk of life, professionally and otherwise - but, you know, I think it's incredible that you have
23 been able to accomplish this goal, particularly as a trans person. What does that mean to you?
24 What was that struggle like? Did your classmates - 'cause I think you mentioned that you came
25 out while you were -
- 26 HV: While I was in residency. So I was out of medical school when I came out.
- 27 AJ: Okay. So you were out of school.
- 28 HV: Mmhmm.
- 29 AJ: So, here in the Twin Cities, this is where you did your residency, right?
- 30 HV: Correct. Correct.
- 31 AJ: Okay. Yeah. What was that experience like? Were people...
- 32 HV: You know, I - I knew -
- 33 AJ: 'Cause the medical industry and field is pretty heavily male dominated career.
- 34 HV: It is in a lot of ways. My class and my medical school was majority female, though. And that's
35 becoming - it's at least trending towards fifty-fifty in most medical schools these days, which I

1 think is a great change. And then certain specialties are more male-dominating - dominated.
2 And some specialties are kind of still a boys club. In medical school, at that point, I knew I was
3 going to transition someday. I knew that was an inevitability. And at the time, I felt like I was still
4 trying to bury dysphoria with work, and it was easy to do that early on in medical school, when it
5 was very intense, and the dysphoria was bury-able. It was possible to do that. But...it really wore
6 on me, you know, when I was exhausted. When I was done studying, when I was alone and just
7 able to kind of stew in my thoughts in my own head, it was excruciating. It wasn't livable
8 anymore. And...my second and third years of medical school, it became - it was a life or death
9 decision, that I was going to have to transition. I wasn't going to be able to live like that
10 anymore. So I started the process. I started losing weight, I started medically transitioning, and
11 making more friends online that knew who I was and trying to build up that tiny social circle to
12 kind of support myself. And...it became a lot harder. It just started snowballing, to go back to
13 pretending I was somebody else. And the more time I spent presenting myself as myself, even
14 in, you know, a tiny sliver of my time online, to one person, to two people...it just built up its
15 effect. And by the time I was in my very first year out of medical school, I was spending a
16 hundred percent of my time outside of work as myself, presenting as a woman, and I was
17 getting the paperwork ready to legally change my name and gender, and...and then I did it. And
18 then a few months later I came out of the closet at work, and my colleagues were, for the vast
19 majority of them, very supportive. And the administration of the hospital was very supportive as
20 well, so I've had a good experience from that.

21 AJ: So...so to the extent that you feel comfortable, can you talk about your medical transition and
22 what sort of procedures you have done up to this point and if you are considering or thinking
23 about other types of confirmation medical procedures?

24 HV: Yeah. I...I haven't had any surgery yet. But I'm actually scheduled for gender confirming surgery
25 this month.

26 AJ: This month!

27 HV: Yes.

28 AJ: Oh my goodness!

29 HV: Yeah.

30 AJ: Wow. I think I want to interview you post-surgery if you're into that.

31 HV: Yeah. I'd be - I'd be fine with that.

32 AJ: Where is the surgery going to happen?

33 HV: In Chicago.

34 AJ: Really? Doctor...Schechter?

35 HV: Schechter. So that's exciting and scary. Mostly I just want to get it over with.

36 AJ: December, so -

- 1 HV: Two weeks from now.
- 2 AJ: Santa baby! Like...
- 3 HV: Yes.
- 4 AJ: This is going to be your big Christmas gift.
- 5 HV: Yeah. I fly home from Chicago on Christmas day.
- 6 AJ: Is that right?
- 7 HV: That's right.
- 8 AJ: Wow.
- 9 HV: And I've been on hormones -
- 10 AJ: I'm so happy for you!
- 11 HV: Thank you.
- 12 AJ: Congratulations.
- 13 HV: Thank you. It's been a lot of...fighting with healthcare and insurance companies to get here. So
14 being on the other side of the medical chart has been eye opening, frustrating, just...exhausting
15 to tears.
- 16 AJ: Talk to me about that.
- 17 HV: I mean -
- 18 AJ: Like, what kinds of challenges?
- 19 HV: So I'm a physician. I know the system. And having to get prior authorization, jumping through all
20 the hoops of getting mental health evaluations to prove that I am a trans woman and that this is
21 the appropriate therapy for me, to get my insurance to remove exclusions that would've
22 prevented this...and to get the - everybody on the same page, the insurance company, the
23 employer, my surgeon, their office, the hospital - everybody on the same page at the same time
24 was exhausting. It was like a part time job almost sometimes, on top of an eighty-hour-a-week
25 job.
- 26 AJ: Right. Exactly.
- 27 HV: But...it's kind of cathartic too, that it's - once it's scheduled, once it's done, it'll all be over with,
28 and I won't have to do it again, which I'm excited for. And I - you know, it's been something that
29 I've wanted and thought about for years and years and years, and I -
- 30 AJ: Any fear?
- 31 HV: Oh yeah. Yeah, absolutely. And I know the, like, possible complications of it too, you know, it's
32 like -
- 33 AJ: Right, exactly. As a medical doctor, you are innately aware of what potentially could go wrong,
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- 1 but -
- 2 HV: Right. Yeah. Yeah. I wish -
- 3 AJ: The likelihood is that everything is gonna go perfectly fine, and you're going to be -
- 4 HV: Right. Right. True.
- 5 AJ: Smiling three days later.
- 6 HV: I hope so. But you know, you know I take care of patients who just had surgeries that have had
7 problems all the time. And, you know, when I work in the emergency department, I see people
8 on the worst day of their life every day, so those are the things that kind of float up to the top of
9 my mind when I'm thinking about possible complications, and worries. So those are definite
10 fears that I have, but you know, I'm trying to prepare myself and be as safe as I possibly can
11 about it and do everything right.
- 12 AJ: So - hormonal therapy? You've been on hormones for a while?
- 13 HV: Yeah, I've been on hormone replacement therapy since May of 2000 - no, March of 2014. So
14 over two years.
- 15 AJ: Electrolysis?
- 16 HV: I've done laser hair removal.
- 17 AJ: And that works pretty well?
- 18 HV: It worked fairly well, yeah. I've still got more to do.
- 19 AJ: Yeah. Wow. I'm just really super excited for you.
- 20 HV: Thank you.
- 21 AJ: But you know, I know from our earlier conversations that you actually initiated a clinic at
22 Hennepin County Medical Center to help transgender people access respectful medical care.
- 23 HV: I did. I did. I start - so I, soon after I came out I kind of expressed interest in being able to take
24 care of transgender patients in my own primary care clinic, and people were supportive of it and
25 wanted to help me do that, and I kind of did what I could to prepare myself to be able to
26 manage hormone and sexual healthcare through my primary care clinic just as a, kind of a side
27 project. And it was so clear, even before that, that there was such a huge need for people who
28 are knowledgeable in taking care of transgender patients, that I could do more. So I started
29 talking to people about what it would take to create a clinic, and the administration was very
30 supportive, and in June of 2016 we started the adult gender and sexual health clinic.
- 31 AJ: Wow.
- 32 HV: Which is all-inclusive LGBT-positive clinic where we do informed consent hormone replacement
33 therapy.
- 34 AJ: So informed consent means you don't necessarily have to have gone through a psychiatric

- 1 evaluation to get access.
- 2 HV: Correct. Correct. If a patient can show me that they are able to understand the risks and
3 benefits of these hormones, then I'm willing to help them safely acquire them, and it's - it's
4 challenging. It's the most...it's the most validating and exciting and passionate thing I've ever
5 done. I absolutely love it.
- 6 AJ: I can't - yeah, I can't even imagine how validating that would be.
- 7 HV: Yeah. It - it really recharges me. It's once a week, so it's not every day, but when I'm on a
8 rotation that's busy and tiresome and exhausting, I can spend the extra ten hours a week doing
9 this clinic, and it makes it worth it.
- 10 AJ: About how many clients do you...
- 11 HV: Right now - right now I'm managing a panel of about fifty patients.
- 12 AJ: Fifteen?
- 13 HV: Fifty. Five zero.
- 14 AJ: Five zero? Wow.
- 15 HV: And I'm taking new patients every week, so I'm managing hormones and sending emails and
16 writing letters just about every day for somebody. I guess two or three times a week I'm -
- 17 AJ: What would you say the age range is?
- 18 HV: Seventeen years old to...late sixties.
- 19 AJ: Wow.
- 20 HV: Yeah. And it's not just trans patients either. I have a few that are just...lesbian women, gay men,
21 genderqueer people, people who get their hormones elsewhere but just want to have a primary
22 care doctor who's accepting and understanding about trans issues. And that's what I want - I
23 want it to be an all-inclusive gender and sexual health clinic. That's my - that would be my
24 dream, just to be able to manage that all day.
- 25 AJ: Wow. That would be awesome.
- 26 HV: Yeah. Yeah, I really love it.
- 27 AJ: So fifty - so, mostly female to male, male to female, like, is there any kind of patterns that stand
28 out?
- 29 HV: It's about...right now I'd say sixty-ish percent trans women, and forty-ish percent trans men, or -
30 I guess, that's not fair. About sixty-ish percent were assigned male at birth, and about forty-ish
31 percent were assigned female at birth.
- 32 AJ: Okay.
- 33 HV: We have some people who just identify as genderqueer, or genderfluid, gender nonbinary,
34 transmasculine and transfeminine people. And then just a few people who are cisgender and

- 1 gay, bisexual, lesbian patients who just want to have their hypertension managed by someone
2 who is also a member of the community. And I love that too.
- 3 AJ: Sure. Wow.
- 4 HV: Yeah.
- 5 AJ: That is fascinating and amazing and I'm so glad you're doing this work. Has there been a person
6 or an organization or some specific moment that really stands out for you as being significant,
7 related to your gender identity.
- 8 HV: Hmm. I have a...I can't really say that I had like, a role model when I was growing up. My partner
9 has certainly been someone who's helped me through a lot of this, especially since she's been
10 around during the very - the first time I went out in public during the daytime presenting as a
11 woman, she was there for me through all of that. And then I have a mentor at my - at the
12 hospital that is just a cisgender woman, but has been super supportive and is just a very
13 compassionate woman who has guided me through a lot of the challenges of being a woman in
14 the workplace and has just been a very good social support. I - in my hometown, there - I have
15 no clue if there was any trans, lesbian, gay, bisexual people around me, because it wasn't safe to
16 express that.
- 17 AJ: Wow.
- 18 HV: At my high school, they tried to set up a Gay-Straight Alliance at one point, and that was shot
19 down. It was not allowed.
- 20 AJ: Really.
- 21 HV: Yeah. It was...violently tamped down before it ever started, so. I never really - if there was
22 someone around me that identified in the LGBTQ spectrum, I didn't know about it. So mostly I
23 had to, just kind of be introspective, or look online for people to guide me. Unfortunately, of
24 course, I'm sure as you know, in the media most, especially trans women, are portrayed very
25 negatively.
- 26 AJ: Absolutely. Yeah.
- 27 HV: Prostitutes, and drug addicts, or victims of violent crime. That's the typical -
- 28 AJ: Or mentally unstable.
- 29 HV: Correct. Yeah. Murderers, or - yeah, criminals of all kinds.
- 30 AJ: Uh huh.
- 31 HV: So I never knew that a trans woman could be a doctor, or a lawyer, or an archivist, or - anything,
32 other than someone who was just kind of tamped down by society. And I thought that if I
33 accepted who I was, that was my destiny as well. So I'm glad I got out of that mindset.
- 34 AJ: Yeah. So am I. What about now? Are there any - you mentioned your partner. Are there any
35 trans-identified people that you look up to, or met and said "Wow, this is inspiration."

- 1 HV: Every trans person I've met in my clinic, in my social life, is one of the most resilient persons I've
2 ever met in my life. To come out and be honest about yourself in this world, in this society as a
3 trans person, is...hard. It's a matter of survival, and you have to be resilient to deal with that
4 every day. And that's inspiring. You know, it's not a - you know, I struggle with people telling me
5 that I'm brave for coming out of the closet. Because it wasn't bravery, it wasn't...it wasn't that. It
6 was a matter of survival for me, because this is who I am, and I couldn't go on living as
7 something I wasn't. And I feel like sometimes when people say that sort of thing it's because
8 they couldn't imagine living like this, or living as someone like me.
- 9 AJ: Mmhmm. Sure.
- 10 HV: So I have a hard time with that. But what I do see in my patients and in my friends is that -
11 you're resilient, and you've walked through a lot of things, and you're strong for living a year in
12 this life, two years in this life, fifty years in this life. And I really respect that, and I hope to be
13 that way. I have a couple of my patients who are either transitioned in their late years, or
14 transitioned in their early years and are now in their very late years of life, and their
15 perspectives are very helpful, and they are battle-hardened, strong people.
- 16 AJ: Grow alligator skin, I'm sure they tell you.
- 17 HV: Yes! Yes.
- 18 AJ: Have you ever worked for or volunteered for any LGBT organizations? I suspect going to medical
19 school and now you're a resident, there is very little time for volunteerism at this point in time.
- 20 HV: Prior to coming out -
- 21 AJ: Other than starting this clinic, which is amazing. But that's not necessarily volunteer, is it?
- 22 HV: No, no. Well, it kind of is - it's extra work on top of what I'm required to do. But it's a, it's a work
23 of passion for me, and so I love it and it's very rewarding, but prior to coming out I was never
24 involved in any LGBT organizations. It was hard for me to feel a part of the community prior to
25 coming out, you know? So I, yeah, I was never really involved before then. I was still just kind of
26 isolating myself.
- 27 AJ: Sure.
- 28 HV: But - which I regret, you know, I wish I could've been honest about myself. I wish I had the
29 insight to plan it when I was much younger, and the intelligence to figure out how to make it
30 happen, but - yeah, I haven't really been involved in the community since then. But now, I've
31 gone to meetings with the LGBTQ employee resource group at my hospital. I've gone to Pride.
32 My partner is in a punk band. [audio ends.]
- 33 AJ: So we are back. Haylee, you were sort of talking about the band Cloud, and it's sort of a
34 transgender - mostly transgender band. Do they play in the Twin Cities?
- 35 HV: Yeah, just locally so far. They've played at various bars, and then at the pretty good for a show.
36 They also played at an all girls rock camp. I don't remember the name of it, but they were asked
37 to go play for them. I think that was her favorite show that she's gone to - they got to answer

- 1 questions from the little girls who asked them, you know, how long they've been playing their
2 instruments and that sort of thing, and it was just sort of encouraging girls to go into these
3 fields, and these art forms that are typically kind of dominated by men. I think she was really
4 excited about that one.
- 5 AJ: That is so cool.
- 6 HV: Yeah. I'm proud of her.
- 7 AJ: You know, there was something you said a couple minutes ago that kind of piqued my interest.
8 About...not feeling a part of the LGBT community. You know, one of the questions that I ask is
9 sort of, how - what do you think the relationship is between the LBG and then subsequently the
10 T?
- 11 HV: So...I definitely feel like the T in the initial is kind of...left behind in a lot of ways. Socially of
12 course, transgender rights and legal protections have lagged behind those of lesbian, gay, and
13 bisexual people. I don't think that there's necessarily infighting all the time between every
14 person who's an L, G, or B and everyone who's a T...I think of course that doesn't speak for
15 everyone, I'm sure there's people who disagree with that. There are certainly conflicts between
16 people of all beliefs and identities and races. But I think that...a lot of the success of the L, G, and
17 B movement came on the backs of gay white men who, by nature of being cisgender white men,
18 have a lot of political privilege and capital, in this country at least. So they were able to benefit
19 from that, and I think trans men and women, because of the taboo of crossing a gender line,
20 have had a harder time becoming mainstream. It's still a...funny thing in the media, to see a man
21 dressed as a woman. It's still a trope, to see a trans woman on television who's a victim of a
22 crime, or a perpetrator of a crime. I think it's just society's issues with gender, that have made
23 us lag behind the rest of the movement a little bit. I think luckily, in the last couple of years,
24 we've been making - we've been taking some steps in the right way. More and more states
25 protecting gender identity for employment and housing is a huge deal, and with the Affordable
26 Care Act, which President Obama pushed for and got implemented, many states have been able
27 to interpret parts of the Affordable Care Act to cover transition-related care for healthcare,
28 which is excellent. In the state of Minnesota, luckily, was able to pass a law - a statute in
29 November of last year saying that private insurance companies couldn't discriminate against
30 transgender patients based on their gender identity -
- 31 AJ: I think that was November of this year!
- 32 HV: Oh - so that was for Medicaid. Last year for private insurances, you could - you could, based on
33 the statute, be able to have gender confirming surgeries, if you were on private personally-
34 bought insurance. That still left out public insurance and self-paid insurance, meaning if your
35 employer used Medica, or BlueCross BlueShield, or any other insurance company, as the person
36 who took the claims and processed the money but they paid for everything - it was still the
37 employer's prerogative to cover surgery or hormones or not.
- 38 AJ: Sure.
- 39 HV: Luckily now, that's still in place but public insurance, so Medicaid, now covers gender confirming
40 surgeries and hormone replacement therapy, and as of January 1 of 2017, that's going to be the

1 policy of the state of Minnesota, and I'm hoping to argue for reasonable standards of care and
2 making the hoops that you have to jump through to get that as reasonable as possible, so I'm
3 fighting for that now.

4 AJ: Yeah, well...given the outcome of our most recent national election...

5 HV: Yeah, that's disheartening.

6 AJ: Some of those medical...coverage may go away.

7 HV: Certainly.

8 AJ: I mean, the American Care act is going to be repealed.

9 HV: Mmhmm. Yeah, that's very disheartening.

10 AJ: And replaced. But I can't imagine the replacement will cover trans-identified people.

11 HV: Correct.

12 AJ: And Medicare may even be gone. Not trying to bum you out or anything!

13 HV: I know! I know. It's okay, I...it's scary, honestly, and you know, I worry for my patients. I worry
14 for myself, my friends, my family.

15 AJ: Sure.

16 HV: And it's certainly scary. They promised to repeal the very legislation that I just spoke about that
17 made it possible for some states to do the right thing, and just make a tiny step of protecting the
18 dignity of trans people in one tiny sector of society. We made that little step forward and they
19 promised to repeal it. The vice president elect of our country has a record of passing laws that
20 oppress LGBT people.

21 AJ: Yeah.

22 HV: And it's really disheartening. I'm trying in my role as a physician to encourage patients to be
23 themselves, and to be strong and seek care and advocate for themselves, and it's hard when I
24 don't feel like I have people above me and in legislation and administration that will support
25 that, so it's hard. I don't know what to say sometimes. I don't know if I should be telling
26 everyone to rush and get your legal documents updated before it's not possible.

27 AJ: Yeah. Did that play a role in your...upcoming surgery at all?

28 HV: Somewhat. I definitely wanted to get it done before the end of the year.

29 AJ: Yeah.

30 HV: And. Yeah, I'm from a state that requires you to surgically transition before they will update
31 your birth certificate. So...and that's all too common across the country. There's no standardized
32 law for when and how you can get your documentation updated to say who you are and have it
33 match the rest of your identification, so. And it's hard when you're guiding other people through
34 the same process, which I know is complex and hard, and it was difficult for me to do all these

- 1 things.
- 2 AJ: You're a fairly well-educated person.
- 3 HV: Right. So it's - and I have the inside track, you know. I help other people through these
4 processes, so - and it's hard. I can't imagine people - my patients who are struggling to find food
5 to eat, you know.
- 6 AJ: Mmhmm.
- 7 HV: When they come in and I have to help them with that, knowing that I'm going to have even
8 more struggles that they're going to be going through and that I'm going to try to help them
9 through is tough. But...I want to do it, and...I'm hopeful that we'll be able to do it. I just don't
10 know how much harder it's going to get.
- 11 AJ: Yeah. What do you think the agenda should be for the transgender community going forward?
- 12 HV: I think...I don't think that there's one spearpoint that we need to fight for. I think we need to
13 fight for dignity, respect, and inclusion on every front that we possibly can - healthcare, housing,
14 food safety, employment...everything. Children's rights, marriage rights, adoption rights.
15 Everything's important, and everything's vital to life for so many people.
- 16 AJ: Yeah.
- 17 HV: And we have to fight harder than ever now, because of the opposition that we're facing from
18 the people who believe that we don't have those rights, and shouldn't have those rights
19 because of who we are, the things that we were born into. From my perspective, being in
20 healthcare, I feel like that's very important and that's kind of my biggest battle for us. I'm
21 sending letters to insurance companies every week, it feels like, and that's exhausting, just
22 seeing the same things over again, you know? And trying to be as professional as I can when I
23 feel like I'm just dealing with absurdities, so I feel like that's my fight, and that's very important
24 to me.
- 25 AJ: Are sort of the patient advocates - are they helpful at all?
- 26 HV: Yeah, absolutely. My clinic - I don't think she would mind me saying this, but we have a
27 community health worker named Amy Smith, who's a member of the LGBT community as well,
28 and is...probably does way more for the clinic than I do, because she's the front lines, and she is
29 the person who's calling these insurance companies and asking them what I need to do, what I
30 need to write, what I need to say to get my patients covered for all of these things, and being
31 the first person that patients call crying because their insurance decided not to cover their
32 testosterone this month, or their estrogen this month, or that they can't pay for their
33 medication out of pocket or else they'll lose their insurance, because it's testosterone and it's a,
34 it's a controlled substance.
- 35 AJ: Schedule I...yeah.
- 36 HV: Yeah, it's like a Schedule II substance.
- 37 AJ: Okay, Schedule II.

- 1 HV: So if you're in public insurance, meaning Medicaid, and you buy testosterone as a trans man, or
2 as a nonbinary transmasculine person, out of pocket, outside of your insurance, they have the
3 right to drop your insurance.
- 4 AJ: What?
- 5 HV: Mhmm. Because - because they're trying to fight people buying narcotic pain medications, and
6 other controlled substances outside of insurance, and they can see that as suspicious activity
7 and decide to drop you. And that's been threatened to my patients before. When their
8 insurance doesn't want to cover the medication that I'm telling them they need, as a doctor,
9 and the insurance company decides that that's not what they need.
- 10 AJ: Right.
- 11 HV: And they've never met the person before. And then I've had to work days and days to find
12 workarounds to get my patients the medications they need. It's exhausting.
- 13 AJ: Wow.
- 14 HV: But when we win it's great.
- 15 AJ: Yeah. I know that there has been a shortage of injectable estrogen in the country. What's -
16 what's going on with that? Has it eased up at all, or...?
- 17 HV: So there's two popular types of injectable estradiol. One of them is called depo-estradiol, or
18 estradiol cypionate, and the other one is -
- 19 AJ: Estradiol -
- 20 HV: Cypionate - C-Y-P-I-O-N-A-T-E. It's just a chemical name.
- 21 AJ: Okay, thank you. Got it.
- 22 HV: And then the other type is called estradiol valerate, or delestrogen. And the estradiol valerate is
23 the one that's been on shortage for quite a while. There's some signs that the shortage may be
24 loosening up, and I have had some patients be able to get their prescriptions for estradiol
25 valerate. Estradiol cypionate was never in a shortage, and so I've had to take patients from using
26 the other injectable to using the other one. But that's our only backup for injectable estradiol,
27 which is the best and safest route of administration for some patients. So that's been a struggle,
28 and it's worrisome too because there's the science and the standards of care that I use to take
29 care of my patients - aren't...widely accepted and backed by all of the, all of the different
30 agencies in the United States, that would need to back them in order to have this be robustly
31 available, in order to incentivize pharmaceutical companies to make medications, and certainly
32 to make them affordable, would be difficult. They're still typically marketed as birth control
33 medications.
- 34 AJ: Right.
- 35 HV: I have less issues getting testosterone supply because that's used for older men with low
36 testosterone.

- 1 AJ: Right.
- 2 HV: Who are voters and people who have money, and...so the market has more incentive to -
- 3 AJ: It's flooded, right.
- 4 HV: Right.
- 5 AJ: The testosterone is flowing.
- 6 HV: Right. You can get androgel and testosterone injections and testosterone patches and creams all
7 day -
- 8 AJ: Along with a prescription for viagra, I suspect.
- 9 HV: Right. Right. Which, by the way, is expensive too, so my gay male patients who are living on
10 medicaid and can't afford that, the price is just unbelievable for those medications, and, you
11 know, when you're older and unhealthy and don't have money, you apparently don't have the
12 right to enjoy sex.
- 13 AJ: Mm. Wow.
- 14 HV: I have plenty of complaints about insurance companies and funding and social issues, but - as far
15 as the estrogen shortage goes, I've been able to work around it. I certainly hope it goes away
16 very soon, though. It makes it harder.
- 17 AJ: Yeah. You know, there's been just - and you kind of touched on this a little bit, but just this really
18 growing amount of visibility around transgender identity and the issues that plague the
19 transgender community to some extent, and probably no one more recognizable than Caitlyn
20 Jenner.
- 21 HV: I was hoping you were going to say Janet Mock, or...someone else.
- 22 AJ: Well, but - unfortunately, Janet Mock and Laverne Cox, and - they're good friends of mine, but
23 they are not as visible as Caitlyn. So what are - what are your thoughts about the visibility? Is it
24 good for the community? Does it promote this singular narrative that everybody's only
25 concerned about B-cups and bustiers?
- 26 HV: I think money is very central in this country, and I think...the vast majority of people who
27 identify as trans in this country don't have the means to make their coming out on the cover of
28 Vanity Fair, and those are the people that are my patients, and the people I care about, and...I
29 realize that, as a well-educated transwoman who came out of the closet in residency, as a
30 physician already, I have extraordinary privilege and social standing to live my life with less fear
31 and more access than the vast majority of trans people. I think...it's - I'm not sure that it's
32 harmful for people to see a very visible trans woman being wealthy and living life the way
33 someone with however much money Caitlyn Jenner has - I don't even know. I don't know if
34 that's harmful or not. I know that it made people who probably never would have discussed
35 transgender rights, maybe, talk about it. So maybe that's good. I certainly disagree with Caitlyn
36 Jenner on a large number of things politically and socially, but I think there are very powerful
37 names in the transgender community that I love listening to and hearing from and seeing, and I

- 1 hope that their voices are louder.
- 2 AJ: Yeah. Yeah. Yeah.
- 3 HV: I'm happy for Caitlyn Jenner.
- 4 AJ: I - you know, as you were talking earlier about sort of regretting that you didn't come out
5 sooner, you know, I was thinking about Caitlyn, who didn't come out until she was sixty-five,
6 so...
- 7 HV: Yeah.
- 8 AJ: I don't think you're close to sixty-five, are you?
- 9 HV: No.
- 10 AJ: Yeah. So, that has got to be a very tormenting existence.
- 11 HV: Yeah. I totally imagine. Yeah. You know, I have patients who are in their sixties before they come
12 out of the closet too. And they - their lives are...I couldn't imagine staying in the closet for that
13 long. That would have been very tormenting. So I'm very happy that she's able to be herself.
- 14 AJ: Sure.
- 15 HV: I certainly wish that the rest of the community had the same sort of podium as she does to
16 speak about the things that are important to us and things that need to be improved for this
17 country, and for the world. I mean, we haven't even touched on how hard it is to be trans in
18 another country that denies the existence of LGBT people as a whole, you know? In comparison
19 to a large percentage of the world, the United States has it better than a lot of countries.
- 20 AJ: Yeah. And it's rough here.
- 21 HV: It is! It's not great here. And it's so much worse elsewhere.
- 22 AJ: Haylee, is there anything that you feel compelled to share that I haven't asked you about?
- 23 HV: I'm not good at coming up with things on the spot. Um...I don't think so. I really just - I love
24 doing the work that I'm doing now and I'm so grateful that I know how to and that I can and I
25 hope to use whatever social standing that I can, that I have...gotten in my clinic and in my job to
26 improve lives for some people. I can't - and it makes me happy to do it, so it's kind of selfish,
27 but.
- 28 AJ: Well, I'm just going to ask you one last favor, actually, it's not a question. Can you just restate
29 your name and how you spell it, and your gender identity and your gender assignment at first? I
30 think I may not have had the recorder on when we started.
- 31 HV: Sure. No problem. So I'm Haylee Veazy, that's H-A-Y-L-E-E. Last name is V as in Victor, E-A, Z as
32 in zebra, E-Y, and I identify as a trans woman. I'm assigned male at birth, and I prefer female
33 pronouns: she and her.
- 34 AJ: Haylee, thank you so much for this very enlightening and enjoyable conversation. I'm...I'm
35 thrilled that you shared this sort of exciting news about your upcoming confirmation surgery

- 1 and I wish you the best of luck.
- 2 HV: Thank you. It was an honor.