



Episode #10
Gender Care Services
Host: Vicki Guinn
Guest: Rook Bartz

Vicki Guinn:

This is Vicki Guinn with Legacy Health's Marketing and Communications. Welcome to another edition of our podcast, Engaging Our People. Legacy Health has an established Gender Health Program for adult and pediatric patients that provides for the mental health, hormonal and surgical needs of transgender patients, including gender-affirming surgery. My guest today is our colleague, Rook Bartz, the program manager for the Legacy Health Gender and Sexual Health Program. I appreciate Rook for many reasons, because I recall a virtual training that Rook gave. And I was on there with a few other folks, and they were leaving the team's training, I stayed behind because I had some questions. And I asked Rook, "Could I ask you a few questions?" And it was about transgender patients and how they were received in our emergency rooms at Legacies. And I appreciate Rook taking the time and answering the question, and that was it.

And so for me, and I hope for you, I'll always be on a journey to learn. And I listen with the intent to understand. And I do appreciate when somebody pauses and says, "Yes, you can ask me a question." And so that's what I'm doing today. I know some things about our gender health program, because I get a lot of media inquiries about the program. But I am so pleased to have Rook here today to share a little bit about the program, and also as an opportunity for us to learn today. So Rook, welcome. And we're going to start off, if you can tell us about our Legacy Health Gender Health Program.

Rook Bartz:

Oh, you bet. I love to talk about our program. So like you said, my name is Rook Bartz, and my pronouns are he/him/his, and I am the program manager for what will now be called Gender Care Services starting tomorrow. But Gender and Sexual Health is what it used to be called.

Vicki Guinn:

Oh, okay.

Rook Bartz:

Yeah. And so I'm the manager, that's for the adult services for gender-affirming care, which can include hormones and surgery. And that's what we do here at Legacy. So we have a pediatric program over at Randall's that is the RCH Gender Care Center, and they do for youth and pediatric patients, they cover transition services. So affirming services there. Do a lot of family support, a lot of patient support.

They're amazing. We get to partner with them a lot, and I'm really thankful for that every day. I'm thankful for the work they do supporting young people.

And a lot of the work they do is just letting kids test things out and try out what we call social transition, for instance, where it's like you bring your kiddo in, let's say, and they want to wear specific clothing that can express their true gender. Let them. Clothes, clothes. You can change clothes, you can change haircuts. We've all had a horrible haircut as a child anyway, so you have to have at least one. Let them try press-on nails. Let them try makeup, things like that. And we really push, we go like a crock pot, low and slow, of just progressing. Because we want to make sure that not only is that the right fit for that kiddo and that family, but we want to make sure that every approach is tailored to that individual, because everybody's different. So-

Vicki Guinn:

Is that the affirming part?

Rook Bartz:

Yeah, affirming just means that whatever the treatment is, we're affirming your true gender identity. So it's saying, "I see you as who you truly are, and I respect you for that. And here's ways that we can help you have that affirming care." So when we talk about surgery and hormones, that's a little more complicated. That's related to something called dysphoria, which we can talk about. But when we give treatments like these affirming treatments, the reason we moved away from words like "sex reassignment," for instance, we move more towards affirming care, because we're not really reassigning anything. We know that gender identity is hardwired into our brains at this point. So we're just helping people reflect who they truly are.

Vicki Guinn:

Right. Okay. So what about on the adult side?

Rook Bartz:

Yeah, so the adult side, we do a lot of-

Vicki Guinn:

Very similar?

Rook Bartz:

Yeah, very similar. We still do a lot of social transition support if people need that. Adults are generally, they'll reach out to us through the resource. We have a resource line, so we have a great email and a phone that people can call or email. They don't have to be a patient, but they are looking for resources. Let's say they need a primary care doctor or they're looking for a doctor that can do hormone management. That's usually what we see from adults. But I would say that adults definitely, I think of it as a test drive. We all test drive names.

There was a whole list of names I had before I decided on Rook, and when you get the right name, it just clicks. It's like Legos, clicking together, to make it really nerdy. You just know that that's the name. So we test drive names, we test drive haircuts, clothing, all of that social transition stuff of, is this the right fit? And as you feel that euphoria grow, because that's the opposite of dysphoria. We want people to have euphoria.

Vicki Guinn:

Right, right.

Rook Bartz:

The more that happens, the more you want to be like, "Yeah, this is me. This does fit the way that I thought it would."

Vicki Guinn:

Okay.

Rook Bartz:

Yeah. So adult services, we do hormone management. We do all different kinds of surgeries. We're actually next month a world-renowned surgeon, Dr. Nick Esmonde, is going to be joining our program, and I'm really excited to welcome him. He's amazing.

Vicki Guinn:

Wow.

Rook Bartz:

Yeah. So he's going to be joining us here at Good Sam.

Vicki Guinn:

So tell me about the providers here.

Rook Bartz:

Yeah, so our providers, I'm biased, but I think they're pretty great. We have a couple that are primary care physicians that aren't part of my program, but I want to call them out because they partner with us a lot. And that would just Ben Lee. If you don't know Ben Lee, you need to know Ben Lee, because he's amazing. We have a lot of support from Ben, and I know that he has a lot of patients that identify as gender-diverse. And then we just hired another doctor named Dan O'Neill, who actually has a full panel of LGBTQIA+ patients. And I just met him two days ago, so I'm excited that he's here with us, too.

Vicki Guinn:

And he's part of your program?

Rook Bartz:

No, no. He actually works with Ben, Dr. Lee. He works in-

Vicki Guinn:

Dr. Lee.

Rook Bartz:

Yeah. In LMG Northwest.

Vicki Guinn:

So if I called in and I wanted a provider who was comfortable with LGBTQI+ patients, would I call your-

Rook Bartz:

Yeah, absolutely. You could call our program, and we would help connect you with the resources we have in the system. So that's the other part is that I'm hoping a lot of providers hear this that may be comfortable providing that care, so we can have an updated list of people we can refer them to that are safe for those people to go to.

Vicki Guinn:

Yeah, that's what I also wanted to ask you. If you provide training to the providers so that they will be able to comfortably provide the care that is needed, then how do people reach you in your program? They come from the outside and you must get referrals.

Rook Bartz:

We do get referrals, yeah. We have a lot of providers that refer to us. We rely on referrals, honestly, especially for hormone management. And we'll take it both ways. We are happy to help train providers that are like, "I want to know more." And not only do I train in person and over Teams, but I have tons of free CME links that I can give people. So did I say free CME? Yes, I did. The magic words.

Vicki Guinn:

Something for free.

Rook Bartz:

That's right.

Vicki Guinn:

You heard that.

Rook Bartz:

That's right. So we have a lot of different options, but yeah, we are happy to support the providers. Our providers will provide consults. Our providers, for instance, that do hormone management are Dr. Megan Bird, who's also, she's a advanced gynecologist, so also does gender-affirming hysterectomies. And then we have Yasha Shapiro, who is a PA and a naturopathic doctor. Yasha joined us last year, and Yasha is also part of the gender-diverse community. So their patients love them. I mean, they just connect on a whole other level of watching their patients come in, and be so excited to see them and meet them is really, that's euphoria. Just seeing somebody-

Vicki Guinn:

Oh, that's me.

Rook Bartz:

... just truly love their provider is really something. So that's our two providers that do hormone management.

Vicki Guinn:

So I know some of the challenges when transgender people seek care, hormone therapy or other gender-affirming care is what do we do, or what can we do at Legacy to ensure our patients are treated well and respectfully?

Rook Bartz:

Yeah, that's a really good question. I spent a lot of time training on how to respect people, especially with language. Language matters. And I think the most optimistic thing I see is 99.9% of the people I train at Legacy are like, "I just don't want to hurt anybody's feelings."

Vicki Guinn:

Yes.

Rook Bartz:

"Just let me know how I can treat them, how I can make us so they don't get upset so I don't hurt them." And I can work with that. I can work with that mentality of "I do want to respect people." So I would say I really enjoy encountering that. And I think it's special, honestly, to have that majority who feels that way. What was your question? I already rambled off.

Vicki Guinn:

No, that's fine. I was just a part of how do we meet the patient where they are, treat them respect? And part of this, which I say, give me some grace as we learn and help our folks understand, you may not be expected to know everything.

Rook Bartz:

Right. Right. Absolutely. You are not.

Vicki Guinn:

Yeah. Don't be fearful.

Rook Bartz:

Right, right. And I think one thing that goes a long way is you got to give yourself some grace. We are only human. We all make honest mistakes, and honestly, it sucks. But when we are old and set in our ways, our brain is older than 28, then the way we learn is by making mistakes. And it is not fun, but that's how we learn. So as long as you have that good intent, if you do make a mistake, you just have to apologize. And I say that like it's so easy. I come from a family, I don't know if my family's actually capable of apologizing because nobody ever has, but then they tell me it's because they're never wrong. So I'm getting real mixed messages from them. But it is okay to admit that you've-

Vicki Guinn:

Are we related

Rook Bartz:

... done wrong. I know, right?

Vicki Guinn:

Are all families like that?

Rook Bartz:

Everybody listening just heard that, "Oh, she's talking about Uncle Max," or "He's talking about Uncle Max." So I think it's important to remember you're going to screw up. Just accept it, you will screw up. Make the apology that focuses on the impact, not the intent. So when I say that. Let's say you misgender somebody. I just misgendered myself. So it could be like, "Rook, I misgendered you. I know that can be really harmful. I'm sorry." That's it. It doesn't have to be, "Rook, I'm so sorry. I promise I'm an ally. I know you're going through a lot. Trans lives matters, and so sorry." And I was like, okay-

Vicki Guinn:

My best friend is now-

Rook Bartz:

My best friend is trans. Exactly. Don't fall into that. Because what I've learned, and I wish I'd known this when I was younger, is that sometimes we apologize because we're looking for forgiveness. And that's not why we apologize. A true genuine apology is, "No, I hurt you, and I want to acknowledge that I hurt you and that I'm going to do better." So I think practicing. In some of my classes, we practice. I say, "Misgender the person next to you," and then apologize.

Vicki Guinn:

That's good.

Rook Bartz:

And they go back and forth, and it just breaks the seal a little bit. I think practicing all the time is a great idea. So I mean, that's what you can do is really just when you make a mistake, own it. And correct yourself is another important thing. Let's say you and I are talking, and I used the wrong, let's say, I used they/them for you, Vicki. And I said, "Oh, Vicki said that they... I'm sorry, she was going to be here at one," whatever. So it's important to correct yourself in the moment, too. If you realize that, don't do that awkward stumble. And then there's that pause where everybody's looking at each other, like "Who's going to correct them?"

Vicki Guinn:

I used to write it down.

Rook Bartz:

Yeah, exactly.

Vicki Guinn:

And I used my pronoun. I'm had my same pronoun since birth.

Rook Bartz:

Yep. Yeah. Yeah.

Vicki Guinn:

How do I introduce myself? Right? I'm going, "She/her." Yeah. So whenever I needed to wire my brain, I'd write it down so I didn't stumble over my introduction.

Rook Bartz:

Absolutely. And I mean, another way is just normalizing that question of, we train everybody at Legacy who comes through my classes at least. Or I tell them, "Just practice asking everybody. Ask people their pronouns. And if they don't want to share them with you, that's not you. At least you asked. Right. That's being respectful."

Vicki Guinn:

Really, should we all ask?

Rook Bartz:

Yeah, ask. And if they don't want to share, that's okay.

Vicki Guinn:

Okay.

Rook Bartz:

But the other part is that you'll get those people who say, "Well, I don't use pronouns," or "I don't follow that. I don't do that."

Vicki Guinn:

Right.

Rook Bartz:

Okay, fine. Then let's say they complain. That's not a you problem. That's a them problem, because you are doing something to be inclusive of some of the most marginalized people in our community. So when you do that, you're not doing wrong.

Vicki Guinn:

Right.

Rook Bartz:

So I think a lot of people are afraid of that. Right? Like "Oh God, what if they tell Press Ganey? I made him use pronouns." Press Ganey will be cool with it. It's not really what we would think of as a valid complaint.

Vicki Guinn:

Right.

Rook Bartz:

Because it is being inclusive.

Vicki Guinn:

So tell me about, I understand we're a little bit more accepting on the West Coast, or maybe it's Oregon. Or-

Rook Bartz:

Yeah, I think the West Coast, maybe west of the I-5 corridor, I would say, is very progressive as far as situations go in the country. When we're looking at it on the whole, do we still have a long way to go? Yes, I think we all know. And in Portland, there's a lot of things we need to improve on. I want us to be a haven, but there's so many out there across the country that can't get to us. And a Black trans woman, say, in rural Alabama, she might be alone. And I think about those people a lot. And people will say, "Oh, well, the national, all those anti-trans legislation, it doesn't really matter, because we're progressive on this side, so it's okay." And it's like, "Yeah, but we're not free till we're all free." Right? So if I have somebody in my community who is suffering and is in isolation in Alabama, then I got work to do still.

Vicki Guinn:

That's still part of your community.

Rook Bartz:

Still part of community, and yeah. Absolutely. So we still have to do something for everyone, that they can all experience the same euphoria and freedoms that we have maybe here.

Vicki Guinn:

So tell me what today is.

Rook Bartz:

Oh, today is a special day. Today is-

Vicki Guinn:

Good timing, Vicki.

Rook Bartz:

It is. We didn't even plan it. That was so good. Today is Trans Day of Visibility, and what that is it's an international kind of holiday, quote, unquote, that recognizes that trans and gender-diverse people are part of communities. And that we have made huge contributions to the history of the world and the society that we live in. And that's worldwide. There's a lot of gender diversity and a lot of cultures in the world today that have third genders, and it's just a accepted part of their cultures. So it's a pretty special day.

Vicki Guinn:

Outside of the United States.

Rook Bartz:

Mm-hmm. Yeah. Yeah. There's a lot of the Pacific Islands. Samoa, for instance, has a third gender that's a combination of energies between male and female, and it's very unique to each person. But yeah, I mean, they have a third gender. There's also a third gender in India, for instance. There's-

Vicki Guinn:

Really?

Rook Bartz:

Yeah. And it's when you start to dig into-

Vicki Guinn:

I got to write that down. I got to read more about that.

Rook Bartz:

Yeah. When you really start to dig into it, it's so fascinating to see how diversity is accepted in some ways around the country. And when you really look back in history, it can be really interesting. One of the coolest things I think I ever found, because I want to write a book on just the history of gender, but one of the coolest things I found was in Viking times, we used to think Vikings, "Oh, they were all men, and they were hugely bearded, and that's all they did." But we're playing out way more now that a lot of Viking warriors were women, were assigned female at birth. Led kingdoms, were very successful.

They had pretty progressive laws for the time, but also that there was gender diversity, not just present in their religious beliefs, but also in their culture. So for instance, for the god Freyr, who was a god of fertility, his priests were usually non-binary. And they used different language back then, but it was a third gender where it wasn't male or female, it was more androgynous. And I just think that's really fascinating, because a lot of people hold up Vikings as like, "Oh, they are the men in hats, right?"

Vicki Guinn:

Super-muscular.

Rook Bartz:

Yes. Super-masculine. Yeah. And I just think that's really interesting.

Vicki Guinn:

And I think people think the transgender just started. It's something new.

Rook Bartz:

Yeah, we're a fad. I get that question a lot. "Well, why are there so many trans and gender-diverse people now that they're coming out of the woodwork?" And I was like, "Okay." So what I usually bring people back to is the '80s. Do you remember the eighties, Vicki?

Vicki Guinn:

Oh my God, yes.

Rook Bartz:

Neon. Who's The Boss?

Vicki Guinn:

Yes.

Rook Bartz:

Where's the Beef? I remember the '80s because-

Vicki Guinn:

Disco clothes, platforms.

Rook Bartz:

That's right. Yeah. I remember the '80s because, well, it was when I was kind of a formative child, but also I'm left-handed. And in the '80s, people lost their minds because all of a sudden there was tons of left-handed people. We were coming out of the woodwork. And what had actually happened was people were just allowed to be left-handed starting in the '80s.

Vicki Guinn:

Oh my gosh.

Rook Bartz:

It was safe and acceptable to be left-handed.

Vicki Guinn:

So you grew up and they put-

Rook Bartz:

If you date your-

Vicki Guinn:

... your pen in your right hand, probably when you were growing up.

Rook Bartz:

They would tie it to your right hand in some cases, if they needed to. And that was back when the nuns could crack you with a ruler on your knuckles and all kinds of stuff before the '80s. But in the '80s, there was this shift of, "Actually, it doesn't really matter if you're left-handed, it's fine." So when you look at the actual data-

Vicki Guinn:

Probably cool to be left-handed. Right. Because I think left-handed people are smarter.

Rook Bartz:

I mean, I'm left-handed, so I want to agree with you. Yes. We're the only ones in our right mind, is my favorite left-handed dad joke. But if you look at the actual graph of data, which it's great to talk about

visuals in an auditory medium, but you'll see a spike in left-handed people self-reporting in the '80s. And that's why. It wasn't that suddenly everybody was just left-handed.

Vicki Guinn:

Right.

Rook Bartz:

It was that it was acceptable to be left-handed. So I would say maybe 2016, 2015, a little before that, it was becoming acceptable, and more safe for people to come out. And there were more options for supporting people who could come out. So it's not that we're a fad. We've always been here. When you look through history, you have to remember who wrote the story. But we've always been here. And you will see more of the group when it's acceptable for us to be out and proud and safe.

Vicki Guinn:

So how did you end up involved in the gender health program here at Legacy?

Rook Bartz:

Yeah. So I've been working for Legacy now for seven years this month. And I started out in Trauma Nurses Talk Tough, which I love telling people that, because I can tell who grew up in Portland because they turned pale. I was like, "Oh, you went to high school in Portland. You saw TNTT when you went to driver's ed." I can usually tell, but I loved teaching there. And my background's in ED and trauma, and I'm aside from the work I do here, I am an international expert now on trafficking, for instance, and for gender-based violence. So how to prevent those things, because we all need hobbies. I don't have enough going on.

Vicki Guinn:

Thinking, when do you fit that?

Rook Bartz:

Yeah, I just squeeze it in when I can. But I would say the real reason that I came to this work is, well, first it was about my own journey. And I was wondering, "I think I might be gender-diverse. I think I might be trans." And I stuffed it down for a long time. I was like, "I can't do that. I could never be out like that. Trans people deal with a lot. I have a kid. What would my family think? What would they do?" So I suppressed it for a really long time. And then in 2019, in Vancouver, which is where I live, there was a girl named Nikki Kuhnhausen. And I try to say Nikki's name as often as I can, because Nikki was 17 years old, and she was killed because she was trans.

Vicki Guinn:

Yes.

Rook Bartz:

And I was really proud of my community at that time, that the people that rallied around her mom. And I thought to myself, "Here's this 17-year-old girl." And you look at pictures of her, and she was so beautiful and so happy. And I was like, "Here's this 17-year-old girl that was out and proud, and I'm here, a 39-year-old, cowering in a closet." It's like, "I can't afford to do that anymore. What if I could help

some kid like Nikki, who wasn't out, who needed to see an adult that could model, 'Yes, you can grow up and be trans and you can be happy.'" And I said, "Okay, that's enough. I can't sit and hide anymore."

So I was still really nervous, but I went to see Megan Bird, who now I get to work with, which is pretty fun. But I went to see Megan, and we talked about my gender identity, and I was still fumbling around with it. And she said, "Well, when you want to do affirming care, if you want to start hormones or anything like that, you just let me know. No big deal." And I said, "Okay." It's like, "I don't really know what I would tell my family." And she looked at me funny. And Dr. Bird is not what I would call always subtle, when she makes a point, which I appreciate. And she looked at me and tilted her head and she said, "Or you can just do whatever you want, because it's your life."

Vicki Guinn:

That's right.

Rook Bartz:

And it took someone actually saying that to me to be like, "Oh yeah. I'm almost 40 years old. I can actually do whatever I want." So the last step of me being like, "Okay, fine. I admit it, I'm trans," was we were watching Frozen 2 during The pandemic, and there's a song called Show Yourself in Frozen 2. And it's a love song from Elsa to herself about "Show your true self." I get emotional just thinking about it, but some of the lyrics are like, "Show yourself, I'm dying to meet you. Show yourself, it's your time. Are you the one I've been waiting for all of my life?"

And so I'm watching this with my family. Tears are pouring down my face. I go stand in the kitchen and I'm just sobbing. And I'm like, "I can't live like this anymore. I just want to be happy. I want to be my true self." And my husband comes in, my husband, Matt, comes in. And he's like, "What's going on? Are you okay?" And I was like, "I think I really am. I think I'm a trans man. I think I'm a guy." He was like, "Well, yeah, honey, I know. I've just been waiting for you to put it together."

Vicki Guinn:

Oh, no.

Rook Bartz:

So I was really fortunate. A lot of people in my position-

Vicki Guinn:

That was kind of cool that-

Rook Bartz:

Yeah.

Vicki Guinn:

He let you. He was waiting for you.

Rook Bartz:

Yeah. Yeah. He let me come to it.

Vicki Guinn:

He let you come to it.

Rook Bartz:

But he knew before I did. Yeah. Big time. And when I told my kid, too, at that time, Alex was, I think 11. And I told them, and they said, "Okay." I was like, "Did you already know?" And they were like, "Well, yeah." I was like, "Okay." And the funniest thing was the kids are so easy. I don't know why I ever worried about telling my kid. They don't care. And they still call me Mom and Mother, but that doesn't bother me. That's the only gender title that I wanted to keep, because I fought to have that kid, and they're my only one. So I broke the mold.

But it's really interesting to me how accepting kids are. My niece and nephew live in Minnesota, and they're pretty little. I think they're both in elementary school, but they've known, they knew me as my old name, and they knew me as a woman before. And so I sent them a book about when you have a family member who's trans. And their parents read it to them, super-supportive. Brother-in-law and sister-in-law read it to the kids. And all my nephew had to say was, "Well, okay, that's great. Is he coming for Christmas or what?" They didn't care. Instantly-

Vicki Guinn:

"Do I get a present?"

Rook Bartz:

Exactly. "Do I get presents from him still or not?" Yeah, exactly. And the good news is, yes, trans aunt and uncles do provide presents, so we don't want to give up on that.

Vicki Guinn:

Good presents.

Rook Bartz:

Exactly. Exactly. So that was really amazing to me how kids are, they don't care. They accept it.

Vicki Guinn:

I love it.

Rook Bartz:

It's easy. And yeah.

Vicki Guinn:

I love it. But I knew you before.

Rook Bartz:

Yeah, you knew me before.

Vicki Guinn:

And I didn't miss a beat.

Rook Bartz:

No, no, no, you didn't. And I had the pleasure of working with Simone Carter and Brenda Tavis. Yep.

Vicki Guinn:

She's not in trauma anymore?

Rook Bartz:

No, no, I am not. There's been some big changes. But I started my transition over in trauma at Emmanuel, and I had nothing but support. And I remember Simone Carter, who Simone has taught me so much about anti-racism in particular, and about the history of Oregon. And-

Vicki Guinn:

Her and I were both born and raised here.

Rook Bartz:

Yeah. And I learned so much from both of you about that. So the fact that Simone would come to me and be like, "I'm going to get it. I've known you for four or five years as this other name and by these pronouns, but I'm going to get it." And I was like, "I know you are. I'm not even worried about it." And we could have those kind of conversations. Not everybody can enjoy those kind of conversations with their coworkers, but we had that level of respect that I knew my coworkers respected me, and they maybe made two or three skips, and then they got it. I mean, it was fine. So.

Vicki Guinn:

I saw your picture, your name on LinkedIn, and Simone was the one. And I said, "Simone Rook. Is Rook."

Rook Bartz:

Yeah. Rook is Rook.

Vicki Guinn:

She goes, "Rook." I went, "Oh, okay." And it was Simone.

Rook Bartz:

Yep.

Vicki Guinn:

And I thought-

Rook Bartz:

Yep. It's so funny. A nurse that was-

Vicki Guinn:

-- that was cool. I didn't know your journey, but I feel this way interracial relationships.

Rook Bartz:

Yeah, that makes sense.

Vicki Guinn:

And watching those. And I used to think people are so brave... This is when I was growing up... That they can be and love who they want to love in public. And I used to go, "Would I be that brave?" Now I mean, interracial, trans, I have it all in my family.

Rook Bartz:

Right, right.

Vicki Guinn:

And so I just admire, I appreciate your story, and thank you for sharing it. Yeah.

Rook Bartz:

I don't-

Vicki Guinn:

Thank you for-

Rook Bartz:

I don't often share it anymore, but today I wanted to for a Trans Day of Visibility.

Vicki Guinn:

Yeah. Yeah. It's perfect.

Rook Bartz:

Yeah. I just wanted to know-

Vicki Guinn:

You make somebody's day today.

Rook Bartz:

I hope so. I mean, that's my goal. I live by a lot of different little quotes that I put up on my wall in my office, and one of them is, "If you're not making somebody else's life better, you're wasting your time."

Vicki Guinn:

Absolutely.

Rook Bartz:

And because that makes my life better. So I like doing that. It's funny. So when I changed everything on LinkedIn, a nurse I used to work with really good in the ED for a few months, she thought I was my brother. She thought I was my own sibling, or she didn't realize that I had transitioned.

Vicki Guinn:

Do you have a brother?

Rook Bartz:

I do, but he looks nothing like me. He's my younger stepbrother. But I mean, we don't look anything alike. But I thought that was really funny. And she's like, "I just thought you were just a handsome cousin or something." And I was like, "Well, thank you." So that was funny. But I was lucky. I had a lot of support. Not everybody, and I do miss those family members who cut me off, but I was really lucky. My parents, my dad is, gosh, he's 72 now. He had a traumatic brain injury at 18, so no filter.

Vicki Guinn:

Right.

Rook Bartz:

My dad can do it. He gets my pronouns when he talks about me to other people. He calls me his son. If he can do it, anybody can do it.

Vicki Guinn:

Anybody can do it.

Rook Bartz:

Yeah. You just have to practice.

Vicki Guinn:

Absolutely.

Rook Bartz:

And just, I thought for sure he'd be my problem kid. My problem parent. I'm like, "Dad, Rook, remember Rook?" No. Both of my parents did great. And when I came out to my mom, she said the funniest thing ever, which I love for my journey.

Vicki Guinn:

Did she know?

Rook Bartz:

No, she did not know. And she was really worried she'd miss something when I was younger.

Vicki Guinn:

Oh, okay.

Rook Bartz:

Of "Did you feel like you couldn't tell me?" And I was like, "Oh no, Mom, you were great. Nothing like that." But she did say, when I told her, she said, "This is probably because I let you get those Doc Martens at Hot Topic."

Vicki Guinn:

Oh Lord.

Rook Bartz:

I was a teenager. I was like, "Yeah, Mom, you got it."

Vicki Guinn:

It was that. That was it. It was that.

Rook Bartz:

"That was it." And I just thought that was so funny. Yes. But she didn't know. I don't think. Yeah. She didn't know. But when I look back now, when we talk about stuff, we both go, "Oh, okay. That makes a lot more sense. It makes a lot of sense."

Vicki Guinn:

Oh, wow. Wow. I think I shared with you that maybe I was just writing this down, my little nine-year-old cousin, I hadn't seen him since he was nine. And then he's a transgender person, a woman-

Rook Bartz:

Just a transgender girl.

Vicki Guinn:

Uh-huh. Beautiful. And so I didn't see her until she was a bridesmaid.

Rook Bartz:

Oh.

Vicki Guinn:

Oh, my God. You're talking about gorgeous. And she changed her name, but it was so funny, because I thought about her as that nine-year-old boy, and I said, I went, "I'm so sorry."

Rook Bartz:

Yeah.

Vicki Guinn:

And she was like, "That's okay." It's almost like, "I know you're one of my older relatives. That's okay." But we had the best time. And I was like, "Girlfriend, where'd you get that dress?"

Rook Bartz:

Right, right.

Vicki Guinn:

Yeah. It was so fun.

Rook Bartz:

It's fun. Those moments where you do have-

Vicki Guinn:

Those moments.

Rook Bartz:

Your auntie like that, where they're just like, "Well, I love you no matter what."

Vicki Guinn:

It doesn't matter. Oh, it doesn't matter. Oh my gosh.

Rook Bartz:

My aunt will tell me I'm handsome on my Instagram. And I'm like, "Stop it."

Vicki Guinn:

No.

Rook Bartz:

But never stop at the same time.

Vicki Guinn:

But don't stop.

Rook Bartz:

Just those little things. I think a lot of family members are really scared. Everybody is scared to hurt.

Vicki Guinn:

They don't want to hurt.

Rook Bartz:

Everybody's scared to hurt her.

Vicki Guinn:

And then they're very protective.

Rook Bartz:

Also that, yeah. My mom did have kind of some anxiety early on about, "Well, make sure that other people in the LGBTQ+ community respect you." And I was like, "Mom, have we met? I don't take disrespect, really. I move on." But she was worried. She was-

Vicki Guinn:

Still Mom.

Rook Bartz:

... still really worried about that. Still Mom. Exactly. And I'm her only her child, so it's all on me.

Vicki Guinn:

Oh, really?

Rook Bartz:

Yeah.

Vicki Guinn:

Oh my gosh. That's heavy.

Rook Bartz:

Yeah, it was a lot. But luckily, both my parents, they had nicknames for me growing up, that my mom called me Bean or Beanie for years. Still does. And my dad called me Scooter, so they were like, "Well, I'll just use your nickname." I was like, "Yeah, that's fine. That counts. Those are gender-neutral."

Vicki Guinn:

Yeah. Oh, you're hilarious, Rook.

Rook Bartz:

I try. I try.

Vicki Guinn:

So this is what, I have some terms and phrases, and like I said, I like to learn and hope this is the moment we can educate some of the people who are listening.

Rook Bartz:

Sure.

Vicki Guinn:

And one thing is, you said earlier, terms will change.

Rook Bartz:

Yes.

Vicki Guinn:

As you learn more and more.

Rook Bartz:

As soon as we get good at them, they will change. They change. Yes.

Vicki Guinn:

And so we have to stay ready for change.

Rook Bartz:

Yeah. Absolutely.

Vicki Guinn:

And I think that's my challenge, too. Vicki could just be ready for change. Because what was this?

Rook Bartz:

Be like water, right?

Vicki Guinn:

Yeah.

Rook Bartz:

Yep, yep.

Vicki Guinn:

So assigned sex at birth.

Rook Bartz:

Yeah. So I think the important thing to remember, and something I wish I had learned first is that we used to think of gender as a part of sexuality, and it's really not. It's completely separate. So gender identity and sexual orientation or sex assigned at birth or identity expression, all those things, they are completely different pieces of what makes us up. They have nothing to do with each other. Because you can have, one analogy I like to use again, because I'm a giant nerd, is Legos. If we were sitting around the table, we had 10 people, and I gave those 10 people the same variety of Legos, they would all come up with 10 different things. Your Legos are going to be in different arrangements. So a sex assigned at birth. So that's how we refer to birth sex, natal sex. Those used to be the names.

It's a boy, it's a girl. And the reason we changed to sex assigned at birth is two different things. One, it's that it's not objective. You do not come out of the person who birthed you and the doctor says, "It's a boy" or "It's a girl." And it's written in stone, because there's actually a third category that can be assigned at birth called intersex, where it may be present at birth. It may not be a parent until puberty, or people might not know their whole life that they're intersex. So it just depends. So we don't want to exclude intersex people at all. Because it's very common. It's completely normal. It's just a normal variation of biology, just like freckles or red hair are normal variations. These are just variations that happen to affect sex organs. So that's why we want to include, we want to say, "Oh, the baby's intersex."

And the reason we want to do that is because, so the first step is because it's not objective. The second step is that we want to be inclusive of intersex people, and also recognize some really terrible stuff that has happened to intersex children over the years. We don't do those things anymore. But it used to be that the patient, the baby came out, doctor said, "Oh, the baby's intersex." And then the doctor and the parents would decide what's the best sex for that child to be? Now our habit is, let's just wait. Rarely is the intersex condition or anatomy, rarely is it life-threatening. So they let the child discover who they

are. And we all have a period around age 3, 4, 5, where we experiment with our gender. We figure out who we are. We play house, we play doc, whatever it is-

Vicki Guinn:

Right. Play doctor.

Rook Bartz:

Exactly. So we let that kiddo tell us who they are, and they have vastly better outcomes. They're not completing suicide, they're not turning to substance use disorder. They're not having dysphoria and things like that. So we used to, it's backwards from trans people. Trans youth is like with intersex youth, they were operating on them without, against their will. And trans youth are like, "We want the operation now." And we're like, "No, you need to wait. We were going to take this slow."

Vicki Guinn:

Because they have to wait until they're 18-

Rook Bartz:

So they have to at least wait, mostly. They have to at least wait until they can give informed consent. In Oregon, that's age 15. However, we don't really do surgeries on people under 18. Now, I'm not speaking to what has happened historically, but we do want to hold off on permanent changes until the kiddo's really sure that that's what they want. And yes, they are really sure from day one, right? They're like, "Okay, ready. Surgery, hormones, let's go." And we're like, "Okay, pump the brakes a little bit."

Vicki Guinn:

Slow down.

Rook Bartz:

Slow down. We just want to make sure. And yeah, it's just supporting that journey for them.

Vicki Guinn:

Do you have that conversation with adults? Is an adult ever too old?

Rook Bartz:

No. Oh, no.

Vicki Guinn:

Okay.

Rook Bartz:

No, adult's never too old. I have a friend who's 62 and lives in New Zealand and came out at 58, and had surgery affirmation and hormone affirmation.

Vicki Guinn:

Oh, okay.

Rook Bartz:

So no, you're never too old.

Vicki Guinn:

You're never too old. Okay. So that was one of the questions I was asking you-

Rook Bartz:

Sex assigned to birth. Yep. Yep.

Vicki Guinn:

... is if someone presented themselves in a trauma situation in the ER, would the physician know? Is it noted on-

Rook Bartz:

Not necessarily. Unless it's been entered in the chart.

Vicki Guinn:

In the chart.

Rook Bartz:

Yep. It can be entered in the chart. We have a Smart Form that talks about sexual orientation and gender identity.

Vicki Guinn:

Okay.

Rook Bartz:

Yep. And it also includes the term you just used, sex assigned at birth. It has assigned male at birth or assigned female at birth. It also has unknown, not listed on birth certificate. There's a bunch of options. We want to make sure to be as inclusive as possible.

Vicki Guinn:

I was just going to say, do we want to make sure that this much is-

Rook Bartz:

Yes.

Vicki Guinn:

Is that part of the journey, is making sure-

Rook Bartz:

Yeah,

Vicki Guinn:

... that documentation is there?

Rook Bartz:

Exactly. And patients can put it in on MyHealth as well, but we want to make sure we're entering it for everyone.

Vicki Guinn:

Right.

Rook Bartz:

Again, because we don't want to assume somebody is trans just by looking at them. Right. Because you can't tell just by looking at someone. That's the hardest thing, I think, for people of older generations to break the mold of, you cannot just look at someone and tell that's a boy or girl.

Vicki Guinn:

They're looking.

Rook Bartz:

That's a girl. Exactly. Like, "Oh, I just had a feeling." "No, you did not. No, it doesn't exist." So breaking that kind of habit is really hard sometimes for all of us. So we have a lot of options in the Smart Form of what you can put in for that. But it's very thorough, and it's really easy to just make it pop up on the sidebar for our nurses and our providers, so they can look quick.

Vicki Guinn:

Gender identity.

Rook Bartz:

So gender identity. Think I is internal. I'm stealing this. I'm going to give them a shout-out to Charli Kerns thought of this great concept to explain sexual orientation and gender identity. And identity is I, so it's internal. It's how I feel about my identity. It's the person recognizing what gender identity they identify with or what know their choices to be. And then, yeah. So gender identity, it's personal. It's hardwired into you, and it's whatever you say it is. Absolutely.

Vicki Guinn:

Okay. So I'm female. I know I'm female.

Rook Bartz:

You're a woman.

Vicki Guinn:

A woman.

Rook Bartz:

You're feminine, however you want to describe it. Absolutely.

Vicki Guinn:

Okay. Yeah. Gender dysphoria. Gender incongruence.

Rook Bartz:

Okay. Yeah. So gender dysphoria, that is the current diagnosis in the DSM-V, which is a mental health manual that we use for diagnostics. Gender dysphoria is the diagnosis. Now, here's the tricky part. Not every trans and gender-diverse person will have dysphoria, but you have to have dysphoria, diagnosis of dysphoria.

Vicki Guinn:

Wait a minute, you're overcomplicating this. I'm trying to track this in my brain. I'm old.

Rook Bartz:

Yep.

Vicki Guinn:

Okay. Okay.

Rook Bartz:

So-

Vicki Guinn:

Not everyone will-

Rook Bartz:

Not everyone-

Vicki Guinn:

Interesting.

Rook Bartz:

... will have dysphoria, but if they want to have affirming care, they have to have a diagnosis of dysphoria... This will make more sense now, here's the last Lego... Because we are not curing that person of being trans or gender-diverse with those treatments, we are fixing the dysphoria. Because the dysphoria is what has worse health outcomes, higher rates of suicide, substance. That's where we see that dysphoria, and it can be fed by a lot of different things. The biggest thing is discrimination and stigma about being trans.

Vicki Guinn:

Yes. Yeah.

Rook Bartz:

So when we do talk about affirming care, that's what we're easing. Instead of dysphoria, we want to create euphoria. So that's gender dysphoria. And gender incongruence is when we see the next version of the DSM and the next version of ICD. So ICD-11, it will be gender incongruence.

Vicki Guinn:

ICD is-

Rook Bartz:

Our codes.

Vicki Guinn:

Our codes that we use.

Rook Bartz:

Our coding, diagnostic codes.

Vicki Guinn:

And DSM-

Rook Bartz:

Is Diagnostics and Statistics Manual for, I don't know about the S, but it's for mental health disorders.

Vicki Guinn:

And why is it under mental health?

Rook Bartz:

That's a great question, Vicki. I'm so glad you asked. Why is it on mental health? Because it used to be, so did homosexuality, right? But then we realized, "Oh, that's actually not a mental disorder. It's just a natural variation." So that's what we learned with gender as well. And that's why it's going to become gender incongruence. It's not going to be in a mental health or a sexual disorder section anymore. It's just, "Oh, no. There's a gender identity just isn't match their sex assigned at birth." And it's treated as just a lifestyle, not lifestyle section, but just regular old health. It's just an aspect of the person.

Vicki Guinn:

It's just another thing.

Rook Bartz:

Yeah. And they took that out, and they're moving that so that we don't stigmatize it like that. It's not a mental health disorder.

Vicki Guinn:

I just thought about that. I thought, why, it seems like if we don't understand it, we park it under mental health.

Rook Bartz:

Always. Yes. Always.

Vicki Guinn:

Yes. I'm sure racism was there somewhere.

Rook Bartz:

I'm sure. Yeah. Yeah.

Vicki Guinn:

Let's see. I like this one. Gender expression.

Rook Bartz:

So gender expression's fun. That's where you get to express your gender. And the reason gender expression can be really tricky, because we can't look at someone and tell they're trans, because not everybody is privileged to be able to express their true gender. Maybe they don't feel safe. Maybe it's that Black trans girl in Alabama. She probably doesn't feel safe wearing capris and skirts, and the summer dresses and things like that. So not everybody can express their gender the way they want to. Some of them don't want to share that with the general public. Or maybe at work, they dress a specific way instead. Whatever it is, gender expression is how you show your gender to the world. So it could be your clothes, it could be gender roles that you take on. It could be makeup, it could be hairstyle. All the things that we do to show people, "This is who I am."

Vicki Guinn:

So gender expression, if I have on kicks, tennis shoes. And so if I dress more masculine, that doesn't mean anything other than I dress more masculine, but I'm still-

Rook Bartz:

Absolutely, yep. Absolutely.

Vicki Guinn:

...identify as a female.

Rook Bartz:

Yeah. Today at Legacy, let's say today we did a survey of every person who was assigned female at birth who was wearing pants, none of them may identify as men or masculine, because women can wear pants now. That's the thing. We conquered that social problem, but they're still, all those women are defying the gender norms of their grandmothers.

Vicki Guinn:

Absolutely.

Rook Bartz:

Or maybe even their mothers.

Vicki Guinn:

Yes.

Rook Bartz:

Right. So yeah. That's why we don't assume, right? Based on expression.

Vicki Guinn:

Yes. When I first wore pants to church, my mother lost it.

Rook Bartz:

Oh, I bet. Yeah. Yeah. That's a big one.

Vicki Guinn:

"I can't believe it. She wore pants."

Rook Bartz:

That's bold rebellion.

Vicki Guinn:

"To church." It was total rebellion.

Rook Bartz:

Yep.

Vicki Guinn:

I'm still Vicki, but I'm comfortable.

Rook Bartz:

That's right.

Vicki Guinn:

Okay. Okay. And we talked about this one, transition.

Rook Bartz:

Oh, yeah. Yeah. So transition could be a lot of different words like it. So transition, affirmation, the journey, the change. We all use different terms. And it's usually whatever term was common when we came out. So for me, it's transition. That was just the common term. That's what I think of it as. But affirmation is the same thing. I want to put a loving asterisk on that. I think a lot of people do ask about the journey, because they want to understand. But it is very personal. It can be very offensive. Honestly, I don't usually volunteer my story. I did today, because it's Trans Day of Visibility. And I don't mind doing it in this medium, but I usually joke, "People have to at least buy me a sandwich first if they want to know my story." Because I'll do anything for free food. But that's really personal to share it with someone. So if someone is sharing it with you, you're in. That person must trust you in some way or care about you that they would share something so sacred to a lot of us, honestly.

So asking, "So how do we avoid?" Let them come to you if they want to talk to you about their journey, great. You don't ask about it, for instance. Well, a question I get a lot is, "Well, how did you know were trans?" And I understand people just, they're very curious about how you would know. I'm like, "Well, how do you know you're cisgender?" They goes, "Well, I just know." I'm like, "Yeah, you just know. It just fits right." Right. So I always warn people in medicine or in healthcare, we walk a very thin line between curious and nosy. And I say this as a nosy person, I will dig up dirt on anybody. But you have to be curious, not judgmental, and curious, but not nosy. And that becomes difficult. So I always tell myself, "Is this a question you would ask someone who was not transgender?" If it's like, "Oh, who did your hair?" That's ask anybody that if you liked their haircut. Would you sit down at dinner with, let's say, your best friend for life and say, "Hey, remind me, what genitals do you have again?"

Vicki Guinn:

Oh, no. Goodness.

Rook Bartz:

I'm watching you recoil. Yeah, exactly. So you can ask yourself, would you ask this question of someone who was not this demographic? Maybe it's race, ethnicity, religion, whatever. That's how we can learn to keep our questions respectful. And we really model that good behavior and show that person, "You can tell me these things that maybe make you vulnerable," because that's going to be good for them, too. But you just have to be patient.

Vicki Guinn:

You know the interesting thing, I'm sitting here thinking as a Black woman, and as you talk about your journey. And part of what I'm doing in this podcast is where do we connect with each other?

Rook Bartz:

Yeah.

Vicki Guinn:

We do.

Rook Bartz:

Oh, sure.

Vicki Guinn:

And your story. There's so many things about my story, Simone's story, growing up here in Portland, being Black and a female. And just so many of when people felt comfortable thinking they could just ask you-

Rook Bartz:

Yeah, yeah.

Vicki Guinn:

... anything, or they felt sorry for you.

Rook Bartz:

That's another thing, too. And some people will go for this. They'll talk about what a great ally they are. And it's like they want points. And it's like, words don't mean anything to me anymore. One of the things I really love was from an anti-racist scholar who said, "I don't want allies. I want accomplices." Well, I say, I don't want allies. I want Avengers. I want the Avengers team. I want my Avengers to assemble. I'm a comic book nerd. Everybody knows this about me. So I want people to, when they hear racist statements, I want them to say, "We don't talk like that."

Vicki Guinn:

No.

Rook Bartz:

"That is not okay. Doesn't matter what color you are to say those things. Saying it's not okay." Or when people hear someone saying anti-trans statement. And I don't even use transphobic anymore because nobody is, it's not like being afraid of spiders. It's anti-trans. It's anti-LGBTQ behavior. So it's not a phobia. But what I tell people is, "When you hear those things, you got to call them out. You have to call them out because it's not okay." And it literally makes people sicker to hear those things, to be subjected to those things. And that's not just trans people. That's all marginalized groups, and you know more than I do.

So that being said, it's really hard to speak up, especially in medicine where we have a hierarchy. You're in the OR with a surgeon, let's say, and the surgeon says something, or whatever. It's hard to be able to be like, "Hi, I'm the brand new surgery tech that just started last week." But we don't talk like that. I understand I'm asking a big thing. So you start small, you educate yourself and you don't make trans people do the emotional labor for you. If you want to know more, Google is a wonderful partner when you want to know more about stuff. You'll find a wealth of information. And just doing that little bit really is a great thing that you can do for people of just, "I'm going to educate myself."

Vicki Guinn:

And where can people go here at Legacy for more information? I know you're a great resource, but-

Rook Bartz:

Sure.

Vicki Guinn:

Everybody would be calling you all day long.

Rook Bartz:

No, we have a great library. The librarians at Legacy, I love that we have a library that I can just say, "Hey, I need everything on a certain surgery." And they'll find me every bibliographic reference that I can put together.

Vicki Guinn:

People forget we have that resource.

Rook Bartz:

And it is worth its weight in gold. It is priceless to have that info. How many academic journals we have. We have journals about the Journal of Transgender Health from the World Professional Association of Transgender Health. And we can just borrow those things, just sitting right there where we can have it. I think online, the Human Rights Campaign is a great starting place. They do amazing work. And our hospitals are all leaders in the Health Equity Index, which is something the Human Rights Campaign is-

Vicki Guinn:

I saw we were eight out of 10 hospitals in Oregon.

Rook Bartz:

All of our sites, we're one of the only health systems where every site is a leader. And we're one of the only systems nationwide that every single site is a leader in the Health Equity Index.

Vicki Guinn:

Where would you like to see our program go in the next few years?

Rook Bartz:

Well, in the next five years, I talk about this a lot. But what I would really like is I want a safe place that we can do all kinds of LGBTQIA care. And it's their own space. Not isolated, just I keep trying to tell Jonathan Avery, "Jonathan, anytime you want me to take Linfield College campus, I mean, we will take it off your hands." I envision that space as something that I can break down barriers for the community. One of the big ones we have, for instance, is people who can't have surgery because we don't have anybody who will help take care of them after they're done with their surgery. We have a huge problem finding aftercare. So if they don't have any support system, we don't want them to have surgery and then have a complication, and then they're not safe.

So I envision I need some real estate, I need a house. I need something where I can put people so that we can have people checking on them. They're safe. They can just kick back and relax, not have any stressors. And I think that that would be amazing. I want to add things like surgical doulas, where it's trans people who have been through surgery and can be with a new patient, and be like, "It's normal to feel this way. It's normal to feel like you're going to throw up the morning of surgery. Do this. You want to do this with your binder. You want to do, make sure you don't pull on your drains." All that stuff where they've been like, "I've done this. I got you." We're working on stuff like that. I'd love to do more about sexual health too, just for everybody. And really what I want is a safe space for trans people to go that we can not just give them healthcare, but community.

Vicki Guinn:

Right.

Rook Bartz:

Because we need that. Just-

Vicki Guinn:

Because that was one of my last questions is, how long do you have a patient?

Rook Bartz:

Oh, yeah. I mean-

Vicki Guinn:

There must be some comfort. You must have to at least-

Rook Bartz:

Yeah.

Vicki Guinn:

How long do you-

Rook Bartz:

Sometimes they stay with us for quite a while. I mean, if people are in hormones, they can continue hormones for their whole life. So they're with us as long as they want to be.

Vicki Guinn:

So you have a relationship with the patient?

Rook Bartz:

Oh, yeah. Yeah. I know that, at least for me, when I had top surgery, which was a couple years ago now, but I had it with Dr. Thakar, who's here at Legacy.

Vicki Guinn:

Oh, yeah.

Rook Bartz:

And Dr. Thakar is a plastics and recon surgeon, and she's amazing. And her PA, Christine Lee, also amazing. So I was their patient first before I got to work with them on stuff like this. And I was super-excited. For me, it was going in to have a baby. That's the only other time I've been in the hospital for surgery. And they gave me a baby when I was done. So Dr. Thakar was up against that, but-

Vicki Guinn:

I had a baby. That hurts.

Rook Bartz:

Yeah. I mean, it wasn't super-fun, but I did like the reward at the end.

Vicki Guinn:

The reward at the end. Yeah.

Rook Bartz:

And this time I like the reward at the end as well. But we get excited. I get excited for surgery day. I'm like, "Oh man, we are, we're changing lives today. Somebody's going to have the ultimate experience." And our nurses here at Good Sam, I'm so proud of them for being excited for our patients. And the

patients might be nervous, too. And a lot of them are guarded. They've been hurt by people in medicine before. But our nurses just roll with it, and our staff rolls with it, and they get really excited for them. And it's fun to watch. It's really fun to watch.

Vicki Guinn:

So what makes us different than competitors who have similar programs?

Rook Bartz:

Well, I mean, we have Rook Bartz, so not to toot my own horn-

Vicki Guinn:

Oh, absolutely.

Rook Bartz:

But there's one. We have the best staff that I have met. I love the people I work with every day. We also have a program that, to do it right, Legacy who was here, Dr. Bird and Melinda Muller and Hayes Young, and all of these titans of this field sat down with people in the community and said, "Hey, we recognize that most of us aren't gender-diverse. What do you want to see in a clinic?" And for us, it was not just, "Oh, well, we should do gender-affirming surgery. That's great. That's a lucrative thing. It would help the system."

It was, "We actually want to take care of you from the beginning to the end of your life. We want you to be a patient with us forever, and whether you have surgery or not, doesn't matter. We just want you to stay with us. We want to manage trans health and increase health equity." So that's how our program started, and I'm really proud of that. And to this day, we prioritize gender-diverse hiring in our staff. Most of our staff is gender-diverse, and that's the way it's going to stay. We're committed to that, because you can't serve a community without members of that community being on board.

Vicki Guinn:

Rook, how did you get so lucky to work your passion?

Rook Bartz:

I don't know. I ask myself that a lot, honestly. It's just things come together, and I'm getting to the point, I would say, in my career where I am really hitting my stride, and it's really fun. It's fun to come to work. There's some hard stuff, too. Our patients experience some really horrific stuff, and that's really hard that we can't make it better or take it away. But knowing I can come to work and knowing that we're saving lives, you would think as an ER nurse, I've done that before. I have done that. I had my hand inside people's chest, stuff like that. But this feels different, where you can get to see people show themselves.

Vicki Guinn:

Well, they come to you with life, and you make that. You give them the life, you're enhancing that life they have.

Rook Bartz:

And I would say, I don't want to make it sound like it's on us. What I would say different is we let them know it's okay to take that life. We're not giving it to them. We say to you-

Vicki Guinn:

Take it.

Rook Bartz:

... "You take it with both hands because it's yours, and nobody can take it away from you. And nobody has the right to tell you you can't be who you are."

Vicki Guinn:

Anything else you'd like to share with us?

Rook Bartz:

I think the last thing is something I've been saying lately, and I think I'm going to make T-shirts with this little saying on because I really like it. But a lot of people get really nervous about pronouns. I understand. And they think that that's a lot of our issues is pronouns and bathrooms be like our big things. And really, those are very minor compared to the other stuff. So what I like to tell people now is my favorite pronouns, the most powerful pronouns we have in English are "we" and "us." We all just want to be one community. And I know we're not alone in the gender-diverse community, so we need to stop letting it become us and them, because that's when traditionally we go down some dark paths and I don't want to see that happen. And I think with us saying, "No, it's we, the community, us together." That's our fighting chance to say that "No, we want diversity in our communities, and that everybody has the same rights as everybody else." And if you're working towards that, I mean, what else is there?

Vicki Guinn:

That's it.

Rook Bartz:

Yeah. That's it.

Vicki Guinn:

Well, thank you, Rook.

Rook Bartz:

Thank you.

Vicki Guinn:

Thank you so much for enlightening us, for educating us, for just making me personally feel better about Legacy Health. I just-

Rook Bartz:

Oh, I try. I'm glad.

Vicki Guinn:

[inaudible 00:55:58] so many, so, so much. And I hope our listeners, who are our colleagues, are learning a lot. And you are definitely a resource.

Rook Bartz:

Absolutely.

Vicki Guinn:

And working in the area that we're proud of.

Rook Bartz:

Yeah. I want everybody to be proud of the work we do, because it's known internationally. And within the next five years, we're going to be known worldwide.

Vicki Guinn:

Okay. Don't leave us.

Rook Bartz:

I won't. I'm not going anywhere.

Vicki Guinn:

Thank you.

Rook Bartz:

I'm staying here. No, I'll stay here, because yeah, I believe in our mission, and doing the right thing is taking care of people who need it.

Vicki Guinn:

Thank you, Rook. Rook is with our Gender Care Services. And as Rook mentioned, our interview happened on Transgender Day of Visibility, a day to show millions of transgender and non-binary people that we see them, they belong, and they should be treated with dignity and respect, which is aligned with Legacy Health's mission of good health for our people, our patients, our communities, and our world. For more information on gender care services, please see our Legacy Health website, or you can also email Rook at rbartz@lhs.org. Now this podcast is for all of us at Legacy, and it was created as an opportunity to share stories, build connections, and learn about one another. If you are hearing this message, you've listened to the full episode, and I thank you. We value you and your feedback. So please take a moment and drop us a message at podcast@lhs.org, and tell us about your ideals for stories or how we can better engage our people. This is Vicki Guinn with Legacy Health's Marketing and Communications. Thank you. Be safe and be well.