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Proem

My father, a homosexual deep in the closet, died in 1972 at age 45 without coming out. I was 20. My dad’s brother never lived in the closet. When eight years old, I asked my uncle why he never married. ‘I’m homosexual.’ OK, no big deal. That explained it—good information to have. Growing up, I knew I was different. I never approached being a jock. I had friends who were girls. I never played ball with my dad. He got manicures. I didn’t understand masculine and feminine. In my first year of college in 1969, I took a course in Social Psychology of Sex Roles, opening my eyes to Women’s Lib, my place and gender identity and introducing me to long-lasting friends and partners. Gravitational pull? Although I didn’t yet know about my dad.

On September 11th (yes, that 9/11), I met Michelle Horvath at a conference in Reno, NV. We both lived in upstate NY, and since we couldn’t fly or rail home, we rented a car and drove home together. We bonded during those several days, became close friends. My boy, Mike Funk, died the following year. Michelle, her husband, and two children came to the memorial service. Several years ago, Michelle told me that O was transitioning. We spoke about her love for her children and grief at losing a daughter. Michelle adjusted. O expressed an interest in recording a conversation for my podcast about transitioning. Honored and trusted only begin to express my emotions at this opportunity.

Introducing O Horvath 02:46

While preparing for this recorded conversation O said,
For the podcast I'd like to be referred to as O /O Horvath. The pronouns I use are they, them, theirs. I use there terms to describe my gender identity: nonbinary, transgender, queer. I refer to my experience as transition but I'm also okay with other language to describe it, like "gender journey"- it's a little cheesy but I appreciate that it isn't linear. Other language that might be relevant that I use often: queer



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community, LGBTQ+ community, top surgery, trans inclusive/trans affirming healthcare, trans and gender nonconforming people.

I confess I'm working on using the pronouns (using they, their, them when speaking of one person). I don't understand all the identity labels and meanings. I hope to learn. Let's dive right in.

Health Hats: O Horvath, thank you so much for joining me. I love seeing you. I think we met in November of 2002.

O Horvath: When I was very young.

Health Hats: Yes, at my son Mike's Memorial Service. Your mom, who I had just become friends with, appeared with all of you, the whole family at the service. Oh my God. I was so moved. She didn't call and ask or ask for directions or like where to stay or anything. You showed up. It moved me, and I thank you.

O Horvath: She's amazing like that, but I know you meant a lot to her as well. That you formed a relationship in a frightening time, you were like a guardian angel to her, too.

Health Hats: We've hung together, and we've talked at least once a year. More often.

[Gender-identity, labels, sexual orientation 05:09](#)

Anyway, I'm just so curious. I'm not a person who has a solid frame of reference for transition. I do know people who have transitioned or are in the process of transitioning. I can't say I'm close and can't say I felt the license to be nosy.

O Horvath: I think that's a good policy.

Health Hats: When I think about it, I think you must have had to make so many decisions. Can you talk about that a little bit? Just pick some.

O Horvath: For those who don't know me, I am a person who identifies as non-binary and as transgender. So I am a person who doesn't identify as wholly being a man or a woman, but I am accessing medical transition to affirm parts of myself. I can't speak for everyone who is accessing medical transition experience. Still, it has been a process of thinking and exploring physical and mental, and emotional aspects of oneself. And it's like everything in one's life; it's a lot of decision-making. It's something that I think there is often the narrative in the media about trans experience that someone is born in the quote-unquote, the wrong body and as a child that they knew that they were a boy in a girl's body or a girl in a boy's body. And I had the experience of not being comfortable as a young person, but I also don't quite identify myself in that experience. I grew up in a time when transness was not accepted. I'm 30 years old and living in a time where the media discusses transition more. But it's still not captured in the broad, diverse way that most identities are and are not portrayed in the media. That might not be an answer to your question.



Health Hats: I think the issues of identity and labels are different. Identity is within, and labels are what people put on you. But what I mean is that people, a lot of times people to get their head around something, create a label. And then a whole story associated with the label that does not appreciate the diversity of all the people who they put under that label or label themselves?

O Horvath: Definitely. Yeah. Unlike some people, I have always thought of my gender identity and my sexual orientation as related. And I don't know if that's not as common. Currently, there seems to be more of a distinction about how people talk about those things. But I think historically, in the narratives of trans and gender-nonconforming people, often those identities and those terms were more fluid. And although the language I've used to identify myself along gender and sexual categories has changed. I feel like I've known myself and seem both seen myself reflected and seen other people who share the spaces that's me. Like I've been able to identify those from when I was young.

Health Hats: Do you feel like this process has been lonely or that you've had a friend, a community, a family to find your way with?

O Horvath: I've been fortunate, although I didn't grow up knowing many out queer people. Although I came from a very, very liberal, very inclusive, and very celebratory family, I feel like I found people who are gender nonconforming and across the board. When I was young, I was in a preschool run by women who are a part of my parents' spiritual path. They are non-denominational nuns. They had space where they encouraged self-expression, and they didn't have branded or gendered toys. I felt comfortable there. So I always tell my parents it's your fault I turned out like this, but I had to start wearing when I entered public school. I went to Catholic school right after that. So I had to start wearing a gendered outfit. A little more. That was when I began feeling singled out. However, I ended up being the only girl third grader in the pantsuit option. But throughout my life, I've gravitated to people who were also gender nonconforming. I've always had a dear best friend. Those people all turned out to be queer even before we had the language for it. But people were looking for a space that was more expressive and more playful than a binary. As I got older, I could, pretty early in my late teens and my college experience, find the queer community. In the early 2010s, many people pushed the binary and explored places between those more binary identities. Having community has always been very important for me. And for most of my twenties, I lived in an intentional community with other queer people and women artists and had space where we could play with identity and play with the space around us and carve out somewhere. Our physical surroundings reflected who we felt we were. That's always been empowering.

Transition decision-making and community 12:19

Health Hats: So deciding to medically transition is, you'll have just excuse my ignorance, but that is that. So that's a decision, that's a different kind of decision than who you hang out with and the clothes you wear and the name you, the labels you use. That's a whole other level, and it seems that it just takes courage to make those kinds of decisions. So can you talk a bit about what was going on? Like how did that happen? How did you find professional people to help you?



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O Horvath: Sure. I have been fortunate in terms of accessing gender-affirming care and medical care outside of that. I have been lucky to always been encouraged to advocate for myself.

Health Hats: Meaning just like with primary care and you know that, OK, this is it, wasn't a fight with a primary care person. It was a loving, accepting person.

O Horvath: Yeah. One of the powerful things about being in a community is looking up your insurance, which takes your insurance, which provides certain kinds of care, but that doesn't always mean that they are well-versed in that kind of care. And having people say, this person has been my primary care physician for ten years, and this person understands trans-affirming healthcare and what it means for someone who is non-binary and not just someone who is on a binary path of transition. For a long time, I was afraid if I went to a doctor and said, I'm interested in starting hormones, but my identity isn't so cut and dry that I would be denied it. And that's, I've always felt included by others or trans and gender-nonconforming people. But I know that's not always true about the healthcare industry, and luckily, I'm in a city in Maryland, and Johns Hopkins is here. We have many other centers here in DC that are at the forefront of trans-affirming medicine, transforming mental health care. So I was able to find someone I'm not an outlier for them. For my therapist, for my psychiatrist, for my PCP, or the surgeon I went to for top surgery, they all had language already for the kind of care I was trying to access, which is not the experience of most trans.

Team, identity, judgment 15:28

Health Hats: When people ask me what I think are the two most important things you can do for managing your health, I say, number one, know what you want in life, and two, build a team. If I had to boil it down, it would be those things.

O Horvath: I think having a team also made me feel like I could trust my own decisions because, as a person, I feel like my identity has been fairly stable for about a decade. I've used the pronouns, they, them theirs, and I have presented pretty similarly for a long time. Still, I have friends who identified as male and principal identified as non-binary, who were accessing medical transition. And I was looking at them and saying, I'm so happy for them. And I'm jealous, but that's messed up of me,

Health Hats: What are you jealous about - that they are non-binary?

O Horvath: No, at that point, I was jealous because I didn't think. I was judging myself more harshly than I would judge anyone else in my position. I would say I'm jealous, and I think anyone should access gender-forming healthcare, except I only want it in not the right way or something. But by going, talking to different healthcare team members. And realizing I also struggle with depression and anxiety-like everyone in my micro-generation, probably everyone right now.

Self-love 16:55

O Horvath: I've worked hard these past ten years on self-acceptance, self-love, understanding of my body and myself, and my imposter syndrome. And these feelings are dysphoria. They're not gender



dysphoria. That's in a different category than those self-doubts and those things I've worked through, and this remains. And that means that it's an OK thing to dig deeper with.

Health Hats: I think this issue of self-love is a big one. This morning, I was on a call of a community called Forward Link that I participate in on different levels - not important here. But one of the things that came up was people who are having life challenges, whatever they are. So whether it's this issue of identity, whether it's like me having a progressive chronic illness, whether it was somebody who wanted to, who I was talking to who wanted to have a child artificially with their eggs. But this whole issue of getting to the space where the baseline is, I love myself just as I am. I have my ups and downs. I have my confusion, fears, excitement, and everything, but the baseline is I love myself. I'm meeting a psychiatrist that I used to work with an organization called Advocates, Inc. They served 23,000 people with various disabilities. One of the things that I just loved about him is that his way of treating people who had severe mental illness is that you are fine just as you are. How are you going to live? And, oh man, I just, it just, and he was really, I felt like it was so radical and he built systems just starting with acceptance and love. And then, some people needed medication and wanted medication, but there was that path of figuring it out. Just like, how are you going to do it? How are you going to manage? How are you going to deal with your triggers? How are you going to whatever, but starting with that place of let's start with self-love and let's, how will we get to that? I just thought, oh my God, I thought I had died and gone to heaven, working with this guy. So anyway.

O Horvath: I appreciate that. There are things like gender that don't exist in a societal vacuum, and I can't claim to know how I would feel or how I would present outside of the world we live in. But thinking about mental health, disability, gender identity, and identity is the problem a lot of the time. I'm trying to think of the right way to say it. Defined a lot of the time by how you can function in the society we live in now, or how you look or your ability, according to how you can work or have a specific kind of family. That doesn't mean people don't experience real challenges in suffering outside of those frameworks. But I am an able-bodied person, and I'm not a person with a disability. Still, I have friends on the autism spectrum who are trans and see those things as not separate—having identities and knowledge and abilities outside of the norm as a power. I know people who are visibly trans who have physical disabilities. Of course, there are things with my body that are a struggle. But also, if there was universal healthcare, or if I wasn't expected to have to do these certain physical things to live in a society with people who support you without expecting that you pay them a certain amount but in a non-traditional family structure. There's power in those things.

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Family adjusting to transition. Grief? 23:11

Health Hats: There are just so many levels of challenge here to me. Since I know your mom and love your mom and is she's one of my dear friends, how was it? Like with your family, your immediate family, your sister, your mother, your father. I don't really know this, so I may be full of shit, but I'll give it a try. It seems that there's being open and accepting, and then there's the shift that they have to make because they had an image of you through the teenage years and adulthood. You are not like the eight-year-old person I met, or however old you were, and you're not the teenager, and there is adjusting to transition all sorts of transitions.

O Horvath: Definitely. I said this earlier to you off the air, but sometimes when I'm talking, when I work at a library, we've been doing a lot of pride programming, so I have been talking about. Gender expression and sexual identity in sort of layman's terms. And sometimes, even though it can be a little corny, I like to use the phrase *gender journey* because for me, and for many people I know, it has not been cut and dry, and it hasn't been linear. I had a couple of different coming-outs. Although I didn't, I'm a very post-modern millennial, and I've always been like I don't think I should have to come out. I don't think it should be assumed that I'm straight. So I'm mad that I have to keep this every single time. In high school, my parents knew that I was, my parents identified that I was gay, and my mom asked me cause I was making art about gay people. And I said I'm not a lesbian. What I saw in the media was not, did not, reflect who I felt like I was, which was non-binary, not exactly a woman who loved women, but I didn't have the language for that. And it wasn't in the popular media. There weren't non-binary emojis. I came out as a lesbian. And then a little while later, I came out as non-binary, and then just recently, cause I started testosterone about a year ago, I came out again. I told you what non-binary means, but I'm going to be manifesting that a little differently and because there's a little cultural understanding like I've seen on progressive TV shows and stuff. There might be a non-binary character. Almost always, the young person who's assigned female who might be a little nerdy, has some colored hair, maybe on the autism spectrum. Maybe looks like I did as a teen. But it's not someone who's necessarily accessing transition and maybe like a nerdy, tomboy-looking person who uses they them. There was enough context to understand me that way, but then saying my identity isn't really changing, but the way that I'm expressing it is, and I'm choosing to access medical transition. It meant a little more retooling, and I've been very lucky even. My family, I think it's realistic that someone will have to take some time to process and meet a person who's in transition where they're at. It can be complicated for a person who is in transition, too. There's a common reaction, which is a little bit of grief for the person who's transitioning. I know it can be tough for some people to feel that energy of grief because they're like I didn't go anywhere. I'm still here, but I know, and I'm very lucky to have a very open and loving relationship with my mom, who is a therapist, Freudian analyst, or half a Freudian analyst. So there's a lot of fun. She says it's my fault that everything went wrong with you or whatever. And I'm like, no, it's not, it's my fault. Fun Freud games. But I feel like I can be very open with her. And I recognize when she speaks about grief, it's without judgment, and it's for the person she thought I was, and it's not for me. Or the person maybe not even formed or ideas of what a future me could look like. And the grief is not a judgment. It's just the reality of letting go.



Health Hats: I have to grab the frames that I know just to relate, to empathize. I know that seeing my progression is something that I have to grieve from time to time. So even though I'm a pathologically optimistic person, mainly during the day. I'm not always like that. That all feels right. Like how not? I expected something different for myself. It's still a deal. I think of grief as helpful.

O Horvath: Definitely. Again, grief is sad by nature, but it's not a value judgment necessarily. And I appreciate what you're saying.

Health Hats: Yeah. OK. What words of wisdom do you have for people who are not familiar with transition? You're blessed in that you have family and community.

O Horvath: I feel that way.

Bias, phobia, media – joy, relief, freedom 29:23

Health Hats: Yeah. And that's great. And, oh, I'm just, oh, it just warms my heart. But there are so many people out there who don't know what the F they're talking about. They have this image, and they're afraid they're, they're something. There's just so the people who are really out there, like they're angry and evil about it. Like I'm not talking about them, but people who are trying to appreciate, to understand, to be supportive, but they're lost.

O Horvath: Definitely.

Health Hats: But do you have, what are thoughts do you have for that?

O Horvath: I have a couple of different thoughts. It breaks my heart at this time when I'm finding so much self-acceptance and joy, like real, tangible, joy relief and freedom from being able to access aspects of transition that I hadn't thought possible. It breaks my heart to see trans panic back in the media. If we think about four or five years ago, there is the bathroom panic transferred back. Yeah. And it's always men and women's restrooms, and now we're losing our girls. And also, men are taking over women's sports. And I think it's interesting and important to look at the dog whistle and the message underneath this because it's not equal on both sides of the trans experience. It is trans girls. So people who were assigned male and identify as female trans girls are coming into our girls, which means the idea of a pure, innocent, and fragile girlhood, a disempowering girlhood coming. So these men are coming into our girls' sports and are disempowering our girls. And then on the other side, the other issue that I see is people saying, our girls who should be like expressing themselves as tomboys and like having these girlhoods are being forced by peer pressure to identify as men. It's saying anyone who is identity is born and assigned female is weak, they can't advocate for themselves. Either they're being bullied in sports, or they're being forced into medicalization. That's a very conservative, reductive, and hurtful view of women. And it's, it's forcing this idea., A very conservative and reductive, and hurtful view of what boys and men are onto trans women. I just think what's important is to listen to and believe trans people and listen to and believe trans children. There are also many discussions if people identify as trans earlier in life, and then they grow up, and they don't identify that way any more than they've ruined their bodies. This isn't the same. People said the same thing to me when I started getting



tattoos. And to me, when I look at those, I said, it's not the same as accessing medical transition, but those are decisions I made at a certain point in my life. And even if it's not the decision I would make now, it's part of me and that I find beautiful. And when we were talking earlier about societal expectation. If society had room for trans people, gender-nonconforming people, and de-transitioning people who may have, identified one way and then their identity, they might change. And they might identify as the way they did was the way they were assigned at birth. There should be room for those experiences and those experiences to be celebrated. And, just in the same way, we should be able to celebrate people across ability and sexuality and across identity.

Labeling, language, diversity within diversity 33:46

Health Hats: Thank you. What should we have talked about that we didn't?

O Horvath: I don't know. I think we talked about a lot of stuff. I think if there are things. If there are things that you feel like we haven't talked about and you want to talk about, we can always talk again.

Health Hats: Thank you. I appreciate that. There's this much I don't know. It's one of the joys of life. There's so much I don't know. I know that I've been fortunate myself. Anything you want to ask me?

O Horvath: Do you feel like you learned something?

Health Hats: Right now, in the last hour? I find this, binary, non binary, pan, queer challenging. I'm not a good labeler because I feel like the more you get to know people the more you see diversity within diversity.

O Horvath: Definitely.

Health Hats: And so part of me resists, trying to say I need them to learn more about transition. I need to learn more about LBGTQ+ because I feel like what I'm going to learn is like one flavor.

O Horvath: Totally. I think definitions change all the time. And honestly, I think a lot of language falls short, and language moves very quickly. And a lot of this language, frankly, is pretty academic and specific to micro generations. I feel that because I'm getting older, too.

Health Hats: There are 40 words for snow in Iceland.

O Horvath: Exactly. Although there's language, I feel more or less identified too. Be it gender language about gender or language about anything else, language about my lifestyle, or whatever. The most important thing is to know someone and recognize someone else could identify with these words and have a very different experience. I'm white, and I am upper middle class. I'm college-educated. I'm able-bodied, I'm English speaking. I'm like, I'm a citizen of the U.S. These things mean that I would have been able to access the level of care and acceptance I have because of those privileges, not because the world has reached a transgender tipping point. Because people can say, they're pro LGBTQ rights and then enforce border policies. That means that trans women who are immigrants are kept in men's prisons and are sent back to countries where they are not safe. To me, that does not reflect things. So I agree



that labels can only go so far. I work in a library system that is that's in the DC suburbs and serves a majority black population. I work with a majority-black workforce, which is not representative of most library systems. And it has been eye-opening in terms of realizing that people being able to see their experiences reflected when they access care is huge. Librarianship is more social work.

Health Hats: When I went to nursing school, I went to Wayne County Community College and I was a quadruple minority. I was a man and young. It was primarily women of color who had families. It was a second career, who otherwise worked—a great way to learn.

O Horvath: Definitely.

Health Hats: It made me appreciate health, and they knew about life, and I knew how to study. And so we got along, learned a lot about life, and led a study group, and that was another eye-opening experience. It made me realize how I couldn't just say something about nurses of color because they were so different.

O Horvath: Totally. Oh, I think that's important. I think something that frustrates me about movements, like trans acceptance or like the mainstreaming of gay identity, is that a lot of it is we're just like you, which means it is both othering, right? Flattening. I think the queer world is not the same as the straight world, and that's powerful. Each person is very different. You can't understand other people's experiences just by reading an article. The way you can is by meeting someone else at a personal level. And that might mean discomfort. But like one thing that I love in my job, I work with a lot of people who might not know someone else who uses my pronouns. It's essential to me to love people, and I love laughing with people and meeting people and just like the social aspects of the work I do. So people meet me where I'm at, and I've never had a bad, it's not that I've never had a bad experience ever. Still, I've never had a bad experience at my job because people will approach me with the energy that I'm trying to give them, which is like joy and like openness. And they'll ask me about myself in the way of curiosity, instead of like fear or judgment or something.

Health Hats: So thank you. I appreciate that we could have this conversation. Hug your mom.

O Horvath: All right. Thank you, Danny. I hope you have a nice evening. Thank you for us staying up late for me.

Health Hats: Likewise, take care.

Reflection 40:42

Since I live in the frame of my life and experiences, I thought about my dad often preparing and producing this conversation. Although I'm a child of immigrants, I know little of the experience of being an immigrant. Although my dad was a deep in the closet gay man and many of my relatives are LGBTQ+, I know little about their life or about transitioning. I do know my dad loved my mom and loved his kids. I don't know that he loved himself. He had the solid, forever support of his brother. But I'm haunted that he had to hide all his life. Was he tormented, in constant stress? Perhaps it contributed to his early



death. Talking with O, I felt relieved that torment and hiding weren't part of their experience. I'm proud of them and their family and honored to be part of their extended family. I'm grateful for the trust at the heart of this chat. I hope you feel it, too. I wonder if my dad's experience would have been different these 45 years later. I hope so. Then again, perhaps I wouldn't be here.



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