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Interviewee: Rachel Levine
Interviewer: Barry Loveland
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Abstract:

Dr. Rachel Levine was born in Wakefield, Massachusetts on October 28th, 1957. With a great sense of humor Dr. Levine discusses her interesting life. She attended Belmont Hill School, where she excelled and engaged in athletic and creative activities. She graduated from Harvard College. She then earned her medical degree from the Tulane University School of Medicine in New Orleans, Louisiana. She trained from 1983-1988: three years of pediatrics, a year as chief resident, and a year doing an adolescent medicine fellowship, specializing in eating disorders and the medical care of young people with *anorexia nervosa* and *bulimia nervosa.* She was working at Mount Sinai and Lenox Hill while in practice for five more years, from 1988 to 1993. She moved from Manhattan to Central Pennsylvania in 1993, joining Penn State College of Medicine faculty at Hershey Medical Center where she was Director of Pediatrics and Adolescent medicine. She was married before getting her medical license and had a son and daughter in Hershey. She transitioned in her forties, while at Hershey, and she is grateful for their support throughout. Dr. Levine is currently the Acting Secretary of Health and Physician General for the Commonwealth of Pennsylvania and Professor of Pediatrics and Psychiatry at the Penn State College of Medicine.

BL: My name is Barry Loveland and I am here with Lonna Malmsheimer who is our videographer, and we are here on behalf of the LGBT Center of Central Pennsylvania History Project. And today is February sixth, 2017, and we are here for an oral history interview with Dr. Ravel Levine. This interview is taking place at her office in the Health and Welfare building in Harrisburg. Doctor Levine do we have your permission to video tape and record your interview today?

RL: Yes you do.

BL: Okay great. We also have a consent form which I know you have already signed so if at the end of the interview you have any restrictions you decide you want place on it after we have talked we can review that again.

RL: Okay, alright, we will see, okay. Thank you.

BL: Okay great. Well thank you so much for agreeing to be interviewed for the History Project, we appreciate that.

RL: Sure it is my pleasure, thank you for asking me.

BL: Great. So, I want to start at the very beginning and find out when you born, where you were born, and a little bit about your life growing up.

RL: Sure. So I was born October 28th 1957, so this is a dramatic year for me. This will be the 30th anniversary of my 30th birthday (laughs). So it's a big year and I was born in-- it was actually Melrose, Massachusetts, Melrose Wakefield Hospital, but I lived in Wakefield, Massachusetts as I grew up. My parents, Melvin Levine and Lillian Levine and my sister Bonnie Levine and our dog Karaka, grew up in Wakefield, Massachusetts.

BL: Great. Tell me a little bit about your family life growing up.

RL: Sure. Well, both my parents were attorneys—so my mother worked, so my very dear 92-year old mother, who lives in the Harrisburg area now, was the only graduating female law student at Boston University Law School in 1946. That was, ya know—she's been a gender-role maverick her whole life as she worked. And she also volunteered for John Kennedy's congressional campaign in 1947, in Boston. And my father was in World War II, in the Air Force, and then he went to Boston University Law School and they met in law school and were married. He was from Wakefield, Massachusetts, and so that's eventually where they lived. And my sister's about four years older than I am, and then there I am in 1957 in like "Leave It to Beaver" [TV series] country, ya know, in Wakefield, Massachusetts, in the suburbs, in the greater Boston area. I went to, ya know, kindergarten and grade school. I was a little bullied, I—some of it was I think that was we had, because my mother worked—that was a little different. We had maybe slightly more means than others, although, not significantly. There might be other reasons, but I was bullied a bit in—so my mother actually pulled me out of grade school and out of school in Wakefield and out of public school in the seventh grade and I ended up going to the Pike School in Andover. My sister also had left public high school and went to Abbott Academy, which is now a part of Phillips Andover. So, I went to private school up there and then I went to the Belmont Hill School, which is an all-male prep school in Belmont, Massachusetts. It's primarily a day school, there are some short-term boarders, but primarily a day school. I loved Belmont Hill School so—and I was recently back there to give a quote-unquote *chapel talk* to the entire school, again, ya know, 500 boys and all of their teachers, which was unique and very interesting. It was just great that they asked me to do that as an alumni. So, and what I told them was that, "don't make the assumption that I didn't like Belmont Hill. I thought Belmont Hill was great, and I was totally accepted at Belmont Hill." Now I wasn't out to anyone, including myself at that time, but I grew up and went to high school there. I, ya know, I fit in, I compartmentalized any gender issues that I might have, and I played football and I played hockey and also did glee club and drama club and—a little bit more creative from a performance point of view than many

at Belmont Hill. I did very well there academically and so I thought Belmont Hill was great, and I told them that when I went back, that I thought that Belmont Hill was a very just generally supportive environment although right now I think that they need to do some work in terms of LGBT. My first thought that something was different with me was when I was a child about five or six years of age and it was a Super Boy comic strip, which I was recently talking to someone about. It was a comic strip in the early 60s where Super Boy meets a girl alien who he's rather snarky to. And she turns Super Boy into Super Girl and Clark Kent into Clara Kent, or Claire Kent, and I remember looking at that and going that's what I want, when I was five. I had no way to really conceptualize it or think about it, but I remember that and I remember other various thoughts when I was growing up. As for many transgender individuals, when I hit puberty, then my adolescence, then had lots more thoughts and feelings. But now we're talking about the late 60s early 70s and there was no context for it. Ya know, I had heard and read about Christine Jorgensen, that was probably the only public reference that I could find of someone being transgender. So I didn't understand it, and I compartmentalized it and I guess I'm very successful as compartmentalizing things. And I, ya know, participated fully at Belmont Hill and I worked really hard and then in 1975 I went to Harvard College, all the way down the street from Belmont Hill and that's a well-worn path from Belmont Hill to Harvard. I loved Harvard and also, of course, went to the library to research transgender issues and found dusty psychological and psychoanalytic textbooks that seemed to indicate how crazy I was, that was not as helpful as it might have been. And so once again, ya know, I compartmentalized it and I worked really hard. I played hockey, I rode crew, not—just in-house teams, just intermural. I did participate in drama but I was also pre-med so at some point I had to give up almost everything extra-curricular and concentrate on, ya know, organic chemistry and physics and biology. And then worked really hard and went on to medical school. I went to Tulane Medical School in New Orleans, Louisiana. It's Tulane, not Tulane, its Tulane [she accents the first syllable] and it's New Orleans, not New Orleans [she accents the first syllable] [laughs]. And I was there for four years, from 1979 to 1983. I found that I loved pediatrics, rapidly decided that I wasn't going to be a surgeon, but I loved pediatrics. And I had a mentor there who introduced me to the new field of adolescent medicine. And I found, and continue to find, teenagers to be challenging and stimulating and so the idea was that I was going to go into pediatrics and then adolescent medicine. It is there that I met my now ex-wife, Martha Peaslee-Levine, and we got married right before I left medical school and went on to my training in New York City.

BL: Okay. Well, during this whole time that you were in college and everything, you still had these feelings that you might…

RL: Sure.

BL: You just basically compartmentalized them and kept them—

RL: That's exactly right, ya know what I've always said is—is to me gender was like a splinter in my brain. Ya know, it was, I knew that something was off, I really felt that I was a girl, young

woman, that—that's what I wanted to be, that's how I wanted to express myself, that was my gender identity, although gender identity and expression were not in the vernacular at that time. But, ya know, I gradually learned that there were some other people like that but, nothing ya know, Christine Jorgensen and Renee Richards, and that was about it, in terms of my exposure to transgender experience. So, I compartmentalized it, I worked really hard and continued with my academic career, ya. What else were you going to do at that time?

BL: So, once you finished at Tulane, you...?

RL: So I went to Mount Sinai Hospital in New York City. So I left New Orleans and matriculated there and Martha came up a year later and— when she finished medical. And then I did my residency, my internship, my residency and my fellowship in pediatrics and adolescent medicine at Mount Sinai. I had a nickname on my residency, I was called the "torpedo." So, ya know, I have the capacity to work really hard and, ya know, during that time at my internship we were on every third night for the year. So that meant, that every third night, you'd show up at six/seven am and leave the next day at around six or seven pm. So 36-hour shifts every third night for the year and then the next two years was every fourth night. So, ya know, we would work 80-100-120 hours a week. So, there wasn't a lot of time to think about much, actually, during that time. And then I was chief resident where I got to work 24/7 basically, ya know, almost living at the hospital for the entire year. I got to have a weekend off, when my father had bypass surgery, which I thought was very generous of them. But I was at the hospital, every day and every night, and I didn't sleep there but I would come back and then go back and so it was a little bit of an academic marathon. So, there really wasn't time to think about much. Martha was doing her residency at NYU in psychiatry, and ya know, we did our work. I then stayed in New York City when I finished my training and I did several different things. So, I was in practice in pediatrics and adolescent medicine. I also was on staff at Lenox Hill and I was also on staff and faculty at Mount Sinai. So continuing that work ethic and did many different things and seeing children, seeing teenagers, develop a real interest, not only after my fellowship in adolescent medicine in adolescence, but also in eating disorders, the medical care of young people with *anorexia nervosa* and *bulimia nervosa*. So, I did that for five more years. In the first apartment we lived in in New York City was a one bedroom with a total of 400 square feet—about the size of this table I think would be about good, [laughs] it was like cut in the middle right there [laughs]. And one window looked into a vent and the other looked into an alley. So it was pitch dark 24/7 which was good when you had to sleep with those crazy hours. And we wanted to make food and we turned on the oven once and it leaked gas and we shut it off and never used it again for five years in training. And when we moved in it was quaint and when we left it was the pit [laughs]. When we left to go into our next apartment we called Moishe's Movers, an Israeli moving company in New York City. And Moishe's Movers came and they were very blunt, and they looked around and they went "Pah! this is a dump! How could you live here, it's disgusting! You're a doctor, oh my god! Such a [indecipherable word]." And it was—yeah …, and then we went to our next apartment which was a palace, it was 800 square feet with a southern and

western view, so you could actually see light. It was a palace to us. And so that's where we lived for five more years, in doing practice and being on faculty on Mount Sinai.

BL: What kind of time frame, or years, are we talking about?

RL: So we are talking, so I did my training from 1983-1988. Three years of pediatrics, a year as chief resident, and a year doing the adolescent medicine fellowship. And then I was at Mount Sinai, Lenox hill, and in the practice for five more years. So from 1988 to 1993.

BL: Okay.

RL: And then I made what I think is still my biggest transition in life, is I moved from 80th and 1st in Manhattan to Central Pennsylvania in 1993. [laughs] I think that any transition I have or will do, does not equal going from Manhattan to Central Pennsylvania. [laughs] Why did we do that? Well, that apartment in Manhattan, when we left in 1993, was $2,000 a month, 800 square feet, and no parking. It was going to go condo, which is usually pretty good, the insider price was $325,000 for that apartment plus $1,000 a month maintenance and no parking. Just for you information, that apartment now goes for $1,000 per square foot, $825,000 plus maintenance, no parking. So that's why you don't live in the Upper East Side of Manhattan, or that's why I don't live in the Upper East Side of Manhattan. So, it was just challenging and expensive and difficult so we wanted to live someplace else. And so, I found Hershey Medical Center and actually Poly-Clinic Medical Center, which is where I was based at that time. So, we escaped New York just like the movie [*Escape from New Yo*rk, 1981] and went to, that's a 70s reference, and then went to Central Pennsylvania in 1993. At that time I was Penn State College of Medicine faculty, but I was based at the Poly-Clinic Medical center, doesn't exist now, but in the day that's where it was. And I, I taught medical students and residents, and I saw pediatric and adolescent patients and ran the clinic. So I was Director of Pediatrics and Adolescent medicine and I really enjoyed that. While I was there, there were talks about merging Harrisburg Hospital and Poly-Clinic Hospital, which eventually happened to form Pinnacle the association with Hershey broke off and I actually shifted back to the main campus in Hershey and that was in 1996, when I went to Hershey Medical Center.

BL: Okay. And you were continued to be married at this point?

RL: Yeah, I was married the whole time and I had my son David at Poly Clinic Medical Center. So he was born in 1994. And my daughter Dana, who was born in 1996.

BL: Okay. So, when you get back to Hershey, how has, how did your career progress?

RL: Well, so, I'd been at Hershey since 1996 on campus and until I left to come to the governor's office in 2015. So I was there 19 years. I started off as running as Director of Pediatric Ambulatory Services and the Director of Adolescent Medicine. So I started the adolescent medicine program there, and ran all the pediatric clinics and I've had many different

flowing academic and professional opportunities at Penn State Hershey Medical Center. So, we started an adolescent medicine program, we started an adolescent and young adult eating disorder program, again for young people with anorexia or bulimia. That's a multi-disciplinary program with other departments, with nutrition and psychiatry and psychology. So I learned to break down some of those—those silos to do that. And all of those programs expanded. So now adolescence medicine is a division there. I was their first division chief. And the eating disorder program has expanded to its own office about maybe fifteen years ago, so it has become a real thing. You know, it's a force of nature. It became essentially my third child, ya know [laughs]. So I also did many other things. I did all my missions right: so I taught, I did research, I did administration, medical school admissions committee, student ombudsperson, sexual harassment coordinator. Many different things at the medical school as well as at Penn State Hershey Children's Hospital in the medical center.

BL: Great. So, at what point did you, did your feelings about--

RL: Sure.

BL: …gender, come up and--

RL: Yeah. So as I reach that magical age of forty, I started to have much more feelings that become more difficult to compartmentalize. I ended up seeing a therapist actually Sensei Tony Stultz who is in Harrisburg now, who was at the medical center and then a series of other counselors and therapists, and began to explore it. So, one thing I don't know if I mentioned, and I have mentioned it to him, is he did a very interesting psychological little thing, technique. He said, ya know, if he could make all those thoughts go away, he was really the first person I ever, in depth, discussed this with. So if I—if he could make all those thoughts and feelings go away, with a psychological technique, it's a thought experiment, would I do it? And I went home and I thought about that for a week or two and I came back and to my surprise I said "ya know, I really wouldn't, it's part of who I am and I would like to integrate it in some way." And then he was like "okay well then, explore it." Now, you think back and you wonder who knew how far the rabbit hole went, to use a phrase, ya know a phrase, from *Alice and Wonderland and Through the Looking Glass*. The other metaphor is the *Matrix*, ya know, you can get the red pill and the blue pill and ya might regret, ya know, taking the pill that shows your reality as it is, well I took that pill. And I continued to work with him and then a number of other counselors to explore gender identity and expression and who knew how far it would go. And here I am.

BL: And did you talk about any of this with your wife at that point?

RL: Yeah, yeah, so I'm not going to talk about, sort of—I'll talk about my family a little bit but I'm not going to get as personal. But yes we did explore that. Yes, of course.

BL: And once you started going through therapy or--

RL: Transition. Yeah.

BL: Did you—where did that lead you?

RL: Well, so gradually my appearance changed, ya know, I grew my hair much longer, I wore very kind of different clothes. Really what the word of mouth was ya know "Dr. Levine sh- he kind of is a hippie." I would go "ya know, I grew up in the 60s and 70s." I used to say, ya know, "it's just like David Crosby except I still have my liver, ya know" [laughs]. He has had two liver transplants. But, really as I was experimenting with gender expression and then, ya know, whatever that line is in terms of transition, I stepped over that line and transitioned right at Penn State Hershey Medical Center as Professor of Pediatrics and Psychiatry and Chief of the Division of Adolescent Medicine. That was an amazing experience. You know, Penn State Hershey was wonderful. So I had the fortune of transitioning at an academic medical center and at a, ya know, and at the College of Medicine, Penn State at that time. And Penn State Hershey Medical Center, had a non-discrimination policy which included sexual orientation, but not gender identity and expression so I worked with the office of diversity and the dean's office, etc., and my chair at that time to craft a new policy, the quote-unquote, "Levine Policy," where we included gender identity and expression. So ya know, what I like to say is, ya know, in terms of diversity, diversity is so powerful for any organization and diversity in all of its different aspects, including for sexual and gender minorities. And ya know ya don't want to have a tolerant environment, "ya know, gee thanks for tolerating me I really appreciate that." And, ya know, an accepting environment is good, but you really wanted to work on a welcoming, and even a celebratory environment for diversity and all of its aspects, including for LGBTQ individuals. So, ya know, Hershey approached that, we- I, I worked with Dr. Harjit Singh who at that time was the head of the diversity office. We—I became the liaison to his office for LGBT affairs. I had been the faculty advisor for the LGBT student group. We started the staff and faulty affinity group. We started quarterly grand rounds or quarterly LGBTQ lecture at the medical center. We had the gay man's chorus sing, eventually we had the women's chorus sing and so eventually there was a booth at Pride. And so, really, to help the medical center evolve that point of view, and I really had the full support. So, ya know, the concern was that I would be fired and that didn't happen or that I would be marginalized but again, I was welcomed. I worked closely with the administration and I was actually promoted to Vice-Chair of Clinical Affairs, after I had transitioned. So, I think Hershey Medical Center was absolutely wonderful.

BL: Did you have any other kinds of reactions from colleagues at the medical center?

RL: Ya know, I have been remarkably fortunate. I know that not everyone for their own reasons or religious reasons didn't really agree with it but I had remarkably little push back and really virtually no, no, in fact no confrontations. Ya know, some people I knew didn't really approve but they minded their own business and I minded my business. I think that there are a lot of reasons for that, I think that the medical center basically had a no tolerance policy for any type of discrimination and stigma. I also think ya know I didn't make any enemies at Penn State Hershey

Medical Center. I have been overall a pretty collegial person, I did my job, I helped people when they needed help. Ya know, if their kids were sick I helped them. If I could do anything for them I did. And so nobody really had it in for me and no one was like "ooh this is the chance to get back at Levine." So everyone kind of went, "oh, adolescent medicine, ya okay". Ya know, had I been a neurosurgeon I don't really know how it would have gone, but as a pediatric adolescent medicine specialist it really worked, worked out remarkably well.

BL: And in terms of any of your students, were there any-

RL: Students were great. Patients were great. I remember one father came in, ya know, and I said, "I want to let you know— "and the father was there with his daughter and I said "I want to let you know that I am transgender. I have transitioned. My name is Dr. Rachel Levine now. Just kind of letting you know." And he said "okay, does this affect the care of my daughter at all" and I went "no" and he went "well, ya know, she's not eating and so we have to discuss that," and I was like "your right, I'm just letting you know and we can put it off the board and let's talk about your daughter and the fact that she's not eating with her eating disorder." So, really the patients were wonderful, yeah, it worked out great.

BL: Tell me more about the affinity group that you created.

RL: Yeah, absolutely, it was wonderful to work with the office of diversity on starting the faculty and staff affinity group. And we were able to, to expand that group. It is still pretty small, it has been continued after I've left but it's going well, it's stayed pretty small. The student group kind of ebbs and flows according to how many students are interesting in being out and active. We have always tried to include Allies of course, which are critically very important for our community, so ya know, it's kind of an LGBTQA group. It was interesting the first name of the student group was Q and A, Queers and Allies, and when the students said they wanted to do that, and I was like absolutely fine and I got four calls from the dean's office saying why is it *queers*? And had to do some education to the administration that, ya know *queer* was not a negative term, that it was an umbrella term and actually considered to be taken over by the community as a positive term. And so, because it was supposed to be Q and A, question and answers, Queer and Allies. Eventually they dropped that because people didn't react well to it so it become, ya know, the LGBTQ Student Group, very- I thought a [tongue-in-cheek] very imaginative title. So, and, it has ebbed and flowed in terms of how, how many students are participating. But, the effort continues to work on it.

BL: And so do they have programs and things like that?

RL: Yeah, so they will have programs, they will have—they still have the grand rounds. They still, which I have been pleased to participate in, they have some social events, they had a booth at Pride, and so it has really gone, it has really gone well.

BL: So, you ended your career there, because you got appointed by the governor for this position…

RL: Yeah, so it was really was, you know, manna from heaven. It just dropped out of the sky, the opportunity for this position. So I had been, so one of the things, I didn't mention this, so in my work, over the last number of years at Penn State Hershey I became on the board of Equality Pennsylvania, the state-wide LGBTQ advocacy group and eventually I was secretary of the board. I was also on the board, I guess I was Vice-President, of the Capital Region's Stone Wall Democrats and so I had been doing advocacy, through that frame. So, actually… I was actually one of the people on Governor Wolf's campaign, was also--had been a board member of Equality PA and so I was asked to be the co-chair for the Transitions Committee for Health for Governor-Elect Wolf, to help the transition—to help the new governor. And what I would like to say is, why did I get asked to do that? Is because they knew I specialized in *transitions*? [laughs] Especially with that move from New York, really. [laughs] So, we, so I did that work with Dr. Karen Hacker who is the health commissioner for Allegheny County. And we worked with the outgoing administration of the Department of Health, we had a committee, we had meetings, we had ten thousand phone calls and drafted a report for the new administration and in January as we were presenting that report I kind of—we had some feelers as to … about whether I would be interested in this position. And within a rapid period of time I, ya know, I met the—I had been vetted. I met the chief of staff. I met Governor Wolf, and then I, ya know, got a phone call on the Thursday before the inauguration saying expect a phone call the next day from Governor Wolf. Next day Governor Wolf asked me if I would be Physician General and I went "yes!" Then it was announced on Saturday, I saw patients on Monday, the inauguration was on Tuesday, and I walked into the Department of Health on Wednesday. So it was quite a re-invention of myself, which I guess I like to do or I wouldn't do it. And I came to the Department of Health and I was able to keep my academic appointment at Penn State Hershey Medical Center, but I did have to leave my clinic and my program and my patients, which I did find challenging. So it's been such a pleasure to work for Governor Wolf. I am a member of Governor Wolf's cabinet and then I'm here at the Department of Health and I support the administration and the secretary on medical issues in public health issues of every type, which we can talk about. And it's been, it's been a really interesting experience. I had to be confirmed by the overwhelming conservative state senate. And so I had the pleasure of going to meet all of the state senators, which was a learning experience for me, for legislative and for, ya know, government. I think it was a learning experience to them, to have an openly transgender women come to their chambers and talk about public health. One of the things I'm most proud of is that I was unanimously confirmed by the Pennsylvania State Senate. So I thought that was an accomplishment. It was also interesting dealing with the press. I mean I had some experience with the press at Hershey, but not a lot. The press are very interested and I had lots of phone calls and stuff which we had to manage. At first all the press was about the transgender Physician General. But what I couldn't figure out is who is the *cisgender* physician general. I mean if there is a transgender physician general there should be a counterpart, who should be the cisgender physician general, but never met him or her

[laughs]. So, but eventually, unless I'm bringing up the issue of LGBT issues, that's no longer included in every article. Ya know, I'm just Dr. Rachel Levine, Physician General of Pennsylvania, who's advocating about health, prevention of overdoses, or other things. So after the Department of Health, has been—there have been in a couple of different priorities of our work. One has been opioids. And so that includes prescription drug abuse, heroin, and resulting overdoses. So it is really the biggest health crisis that we have in Pennsylvania and throughout the country. In 2015 we had 3,500 overdoses. We are expected to have maybe upwards of 4,500 overdoses in 2016. And so I've had the pleasure of working with really the Governor's office and really all of the administration. This is all-hands-on-deck to deal with this public health crisis and on all aspects of it. So that includes prevention and rescue with the medicine in the naloxone in Narcan and then developing treatment paradigms to be able to expand access to treatment. One of the signature things I've done is under the auspices of Act 139, which is Davis Law, which allowed first responders and the public access to this medicine in naloxone. Naloxone is an antidote to an opioid overdose, so really all it does is reverse an opioid overdose. You can't get high on it, you can't get addicted to it. So I signed two standing order prescriptions in 2015. The first was for first responders to have access to naloxone, and since that time police have saved upwards of 2,300 lives in Pennsylvania, using naloxone, and also for the public. So actually, anyone in Pennsylvania can go to a pharmacy and obtain naloxone based upon my prescription as physician general—who would have known that! It was actually an idea I had in the first week I was here, and we started to talk about it and it had to be vetted by, you know, 475 attorneys to make sure that, we have an army of attorneys, to make sure that it was, ya know, all consistent with the law. And then, ya know, I was able to sign those two standing orders in 2015. So, worked on all aspects of naloxone, but other aspects of the opioid crisis. Another priority has been LGBT issues. So I am very pleased to chair the governor's LGBT work group, which is done under the auspices of the governor's policy office. Again, we have almost every agency that participates. We work with community groups, such as … stakeholders such as Equality PA, The Pennsylvania Youth Congress and TransCentral PA. We have worked with the Department of Human Services, within the Department of Health, Department of Corrections, Department of Education, Departments of Commerce, ya know, Pennsylvania State Police, the Office of Administration, really all agencies to support LGBT issues in the Commonwealth under the governor's leadership. The governor is such a strong supporter of our community. In addition, the Burroughs of Laboratory in epidemiology within the Department of Health, report through me. So epidemiology is, you know, looking at health issues and everything from environmental epidemiology to infectious disease issues and outbreaks and health and hospital acquired infections. And also cancer rates and things like that, and then Zika virus, and then the Department of Laboratories, which is the public health laboratory for the state. As part of this office I am the chair of the board of the Patient Safety Authority, and I have a seat on the Board of Medicine, the Board of Osteopathic Medicine and the Board of Physical Therapy through the department of state, so that's all we really do [laughs]. So we are pretty busy. I am absolutely thrilled to work with my staff assistant, Sarah Boateng, and support - we work together on all of

these different issues. And the governor's office has been absolutely fantastic. I love to go out and speak. I am very shy but I am working on it, [laughs] and I love public speaking. I don't know if that comes through or not, but I do like it and so I like to use humor, and sometimes people don't get that either, but I do. And to do public speaking about all of those different topics, and probably the biggest things are opioids and all of those different aspects, and then LGBT issues and transgender medicine issues—and being able to go through all parties of the state and then actually some meetings out of state to talk about those issues and advocate for public health.

BL: And I assume that you are like the first high ranking transgender person in the cabinet of Pennsylvania…

RL: That's correct.

BL: And probably among the other states, certainly must be one of the first…

RL: One of the first. So actually the commissioner of health for Virginia is Dr. Melisa Levine, no relation actually, and I have met her and I'm pleased to have collaborated with her. But yes, it has been an honor and a privilege and I freely admit that I am extremely fortunate.

BL: And you said that you got, you have gotten a lot of attention from the press. In terms of nationally, have you gotten any sort of national interest or coverage from other places?

RL: Yes. So there were a number of articles, there was an article in the Pennsylvania in Pittsburg, *The Pittsburg Post-Gazette*, who wrote an article that actually received a "GLAAD Award," or was nominated for a "GLAAD Award," so I got to GLAAD in New York in a formal dress, it was great. And then there was a *Washington Post* article last year about that which was really, pretty cool.

BL: Yeah, good. Just checking my outline here …. So are you still married?

RL: So, I'm divorced, but extremely close friends with my ex-wife and the kids kind of split their time and we all get along really well. And she's been absolutely supportive and absolutely wonderful person and we co-parent our kids and, ya know, work things out very well.

BL: In terms of growing up, religious affiliations, or anything that might have affected your upbringing?

RL: Well I was born Jewish and raised Jewish and bar mitzvah-ed. Ya know, you have to say "now I am a man," and I was like "well not really actually" [laughs]. Sort of Kind of. Well I didn't say that actually, they probably wouldn't like that. But I am, so –

BL: What branch of Judaism did you – ?

RL: Well it was a conservative temple, but I would probably be reform-reform, like reform-reform-reform, yeah. So I still consider myself Jewish, but I have had a strong affinity to Buddhism and studied under Sensei Stultz and have a lot of respect and also consider myself somewhat Buddhist in terms of that thought, but that's actually really common among sort of intellectual Jewish individuals to have an affinity to Buddhism. I don't know quite what that is but that's not an uncommon combination.

BL: And I assume you did not serve in the military since you did not bring that up?

RL: I did not serve in the military. Yeah, I think I would have done really well in the military [laughs]. So as part of this I can be named, called "General," like the "Attorney General." They don't say *attorney* they say *general* and so some people have taken to that,-- and particularly Ted Martin of Equality PA, will call me "General." And, ya know, I never really thought of being a "general," "princess" maybe growing up, or "queen," but not really General [laughs] so, there ya go. No uniform though, darn [laughs].

BL: And in terms of any other organizational affiliations or you mentioned Equality PA and TransCentral PA –

RL: Yeah. So I had to give up my board memberships as – in terms of conflict of interest, as part of this position, but I still have a lot of networking with really all of our stakeholder community groups that you have mentioned as well as others in Philadelphia. Yeah, it's been great.

BL: Okay.

RL: As well as nationally, the National Center for Transgender Equality and other national stakeholder groups and advocacy groups.

BL: Good. In terms of, I know you probably have talked a little bit about this, in your remarks but important events or turning points in your life, obviously the move to Central PA was quite a big one. Talk a little bit of your feelings of cultural shift, in terms of what it was like coming from New York to Central PA [laughs] –

RL: Yeah, I really enjoyed moving here from NYC. I was a little burnt from NYC. It can be a stressful lifestyle and expensive and sometimes rather difficult. So we always used to love going away – getting away from NYC and hiking and being out in the country and so we decided to live – why don't we just live there as opposed to going out there on the weekends. So yeah, I loved living in Central Pa and I think it is a wonderful area and raised our family here and ya know wherever I have worked it has been very supportive, and now in state government. So it was really a fantastic move. I mean I didn't miss NYC: I had to go back and see a show and stay a weekend. I used to not—used to get a migraine headache right there when I would cross the Hudson River … I mean I would be fine until I got to the Hudson River. I would go into NYC and have a headache and it would leave when I left New York City. But that's no longer true, so

I can enjoy going for a weekend and seeing friends and go to a show and go out to dinner and then I'm extremely pleased to come back.

BL: Okay. And what changes have you seen in the cultural climate or the social-political climate, I guess, for transgender people?

RL: Yeah, I think that transgender individuals have made a tremendous amount of progress. Yet I'll talk: I do want to mention that we have a lot of progress more to go. But I mean I ended up transitioning six years ago or so. I think if I had tried to transition six years before that it would have been – five or six years – would have been much more difficult. I was appointed two years ago. I think that had it been five six years ago that also would have been extremely difficult. I think that there is much more recognition of transgender issues, much more knowledge about them, much more, and some more understanding. At the same time, I freely admit I have been very fortunate. I think one of the reasons that things have gone so well with me is that I'm a physician, so I'm a professional, which has given me some privilege. I think that, that's its extremely difficult for some transgender individuals, particularly transgender women of color. I think that there has been far too many assaults and murders and great difficulty both professionally and personally in terms of housing, in terms of accommodations, in terms of employment for transgender individuals in general, but particularly transgender women of color. And I think that we need to do better to improve that for all of our individuals. We have cast a very wide infinite net, you know, across the whole alphabet soup of our rainbow family. So it's absolutely critical. So I think we have made progress, but we have a lot of progress to make. So, ya know, I saw that when I went to Belmont Hill, ya know … so I am standing up there talking about sexual orientation, gender identity and expression, and to 500 boys of privilege in Belmont, Massachusetts. I went back for my reunion at Harvard and spoke there to essentially the Harvard class of 1979, which is like the masters of the universe in finance, and ya know got a standing ovation and was very well accepted, even at Harvard University. So I think that things are changing but we have more progress to make. I think that the new administration in Washington is a challenge, we'll see, ya know, we'll see. As the secretary of health says about many things, don't run the track to meet the train. So we will see how difficult it is for our community. I think that a number of the nominees pose, and the Vice President, and some of the specific nominees pose specific challenges for our community, but we will, we will all work together, we will be unified and we will meet it when it comes.

BL: Okay good. Do you have any materials, archival type materials about your life that you feel could be shared with the LGBT –

RL: Well I just thought it would be fun to look at my high school year book picture. So let me show you that, so that's really all I brought. I didn't bring my, ya know, Pike year book, the Harvard Year book, the Tulane yearbook, etc. But I don't know how you want to do this so just show it up? Alright so we will talk about it so, ya know, my name is Rachel Levine, my name used to be Richard. I liked *Star Trek* so I have this – we all used draw – to create a panel at

Belmont Hill, they still do that, where you carve a panel your senior year. So I can be creative in terms of singing, in terms of theater—I have been in some community theater in Harrisburg and I could talk about that. But from an art creative point of view, I'm actually the black hole of art. So actually even sitting here next to me, probably even watching the video, I am sucking the artistic skill out of you [laughs] to pass the "event" horizon [smiles]. So I'm sorry, I apologize for that. So the person who helped us carve the panel basically put his hands over mine and kind of went "ya know *that's* how you want to do it." So, yeah, he helped me [laughs]. I also … I played, I was in theater, so lots of different theater, and sang—I had this really nice deep baritone. And then I played hockey and I played football. Can you imagine me as a football player? No? I can't either, but I did. So I told the coach, "so I'll tackle them, but I don't want to hurt them." That wasn't quite the way they wanted it. [smiles] And I guess, looking at my quotes, the "Moody Blues and the Band" … so ya know [I'm] heavily into, still very much into, 60s and 70s classical rock music and soft rock. So on series we got *The Bridge* [tv series 2013-14]; for soft rock, the 60s and 70s; *Escaped from New York*, just like the movie; the 70s channel … "I'm Good to Go" [song by Jason Aldean], that's it. *Deep Tracks* [a Sirius XM Radio channel], actually, for the more unusual ones. But ya know, fortunately, that's what I listen to all the time.

BL: You mentioned you were in the musical theater in Harrisburg?

RL: Yeah, so from 2001 through maybe seven years ago I did a number of different plays for Theater Harrisburg d Hershey Area Playhouse and The Little Theater in Mechanicsburg. The first one I was in "La Cage aux Folles" [musical by Harvey Fierstein]. I actually played the only straight male part in "La Cage aux Folles." You know, irony never ceases to…[laughs]. So I was straight, the only straight male part, the shop keeper in "La Cage aux Folles." And then I was in "Arsenic and Old Lace" at Hershey Area Playhouse. I was in "Bye Bye Birdie" [musical] at Hershey Area Playhouse and then I did "Jacqueline Hyde" at Theater Harrisburg, and, finally, [at] Little Theater in Mechanicsburg I was in "Rocky Horror" which was a hoot. I was "Dr. [Everett V.] Scott," with the German accent [laughs].

BL: So you played all male roles. This was before your transition?

RL: I played all male roles, so it was all before I transitioned. So I played essentially a male role in *Rocky Horror* [laughs]. What can I say?

BL: Is this something that you still pursue, or is this –

RL: Well it is rather difficult with this position to do theater. In the future, maybe, I would like to do some theater. I think … I'm going to be Physician General of PA, and do that? but, ya know, I like to go to theater and to listen to musical theater and who knows in the future if I will be able to participate. I would like that in the future, at some point, we will see.

BL: Okay. Have we missed anything that you can think of that you would like to talk about or bring up?

RL: Not that I know of. That's a pretty complete synopsis. I am very grateful to be able to be where I am. I am grateful for the fortune that I have had. I have been able – been given certain, through my upbringing, certain opportunities and I have been able to take advantageous of those and so that's wonderful. I am very fortunate to have been able to transition and to transition and express myself as I am, as I truly am, and that's a gift. So it's good karma, what can I say. So just keep trying to give back, ya know—what I have really tried to do in my career. And that's why I really love my career …. It's really … all I did was, all I tried to do, was help people. So, see patients, and help kids and families, see … and young adults, adults as well. Teach students how to do that. Do research about how to do it better, create programs of how to get people better and then, coming into state government, to try to do that with a broader brush and to advocate for our community, but advocate for public health, advocate for and help people who are suffering from the disease of addiction, to help people from a public health point-of-view in terms of the environment and infections—and so that's what I really like to do, and to continue to do. So, ya know, it's quite an adventure, and ya know I have two more years in my term. And then we will see, hopefully knock wood that Governor Wolf is reelected, and we will see, ya know who knows what other opportunities might be able to come my way. But it is a mantra: I am grateful to my family, I am grateful to my parents—my father who has passed, and my 92 year-old mother—and my sister, and to my kids, and to my ex-wife, and to my current girlfriend, and ya know all my friends and family, my colleagues, Sarah and Tina at the Department of Health, and to all of my colleagues—nothing but good will. And I am just very grateful.

BL: Great. (asks videographer) – Any other questions that you can think of?

LM: One thing that occurred to me is you're a specialist in adolescent medicine. Do you have any advice for adolescents going through…?

RL: Absolutely. So I had the privilege of seeing lots of different patients in my adolescent medicine clinics. So primarily we saw patients with eating disorders suffering from anorexia nervosa, bulimia nervosa and related illnesses but I did see other patients. I did do transgender medicine for children and adolescence and adults. Now there aren't too many people in Central Pennsylvania that did a transgender medicine or eating disorders so what it became really was adolescent medicine with anybody younger than me and so I kept getting older so my patients kept getting older because it was a niche. So, so I've seen, ya know, primarily children, teens, and young adults with eating disorders, and for evaluation and gender confirmation treatment, and so ya know I think some of the advice that I think—it's absolutely important for young people to be able to express themselves and to be who they are and it's a challenging process and I wouldn't say it's easy. Is it easier? There's more knowledge. Ya know, we didn't have google to look up things but not everything you read on the internet is true. I don't want to disillusion people but it's not all true. So I think it can still be challenging for young people. I think we need to support young people in terms of that exploration. I think we need to support parents and families. What I found is that it's not as easy as you think to change your gender. It rocks your world but it rocks everybody else's world; it rocks your family's world, whether you are an adult

or you are a young person. And for a lot of family members there is a grieving process. If you transition, they grieve the person you were. Now, if your transitioning, you're like, "I'm right here, why are you grieving me?" But it's different, and parents will often be grieving the son and daughter that they lost even though they have a new daughter and son, but they still grieve that. So, yeah, I think that young people have to give their parents a little bit of slack and to understand that process so that they can help them all. I think it's critically important for young people to have access to, and adults, to have access to a gender confirmation treatment. So one of the things we have been able to work on is for Medicaid in Pennsylvania to pay for gender confirmation treatment and we are working private insurance as well to have more coverage for treatment. And then to create access to treatment, in terms of mental health professionals, psychological professionals, medical professionals, and surgical professionals, to be able to provide that care, and so we need a pipeline to training and have qualified professionals as well. So that insurance coverage is one aspect of it but there is another large aspect of it. So we need to work on that but I think access is really important and I think hopefully our society will continue to understand gender identity and expression in a better way. I … ya know, for 99 percent of the people in the world you might question many things in your life: you might question your family, your upbringing, your job or your religion, but you don't question your gender, it's a fixed star in the universe. But not for us, it's always been a little bit wrong or a moving target. And then I mean, the brave new world in terms of gender is gender non-conforming or gender non-binary, gender-expansive individuals. The latest term I heard was gender-creative children, I thought that was great. And so I think that even in the professional world for transgender medicine we have to learn more about gender-expansive individuals and what their medical and social and psychological needs are in terms of our standards of care and I think that that's really evolving. So lots of challenges for the future.

BL: And are the medical schools responding by getting more training programs?

RL: Yes, but the wheels that change move slowly. So you have to be patient yet persistent. Or as one of my colleagues at Penn State Hershey said, relentless. I took it as a compliment, in terms of advocacy and creating new programs.

LM: Well, this isn't quite on the same issue but, while you are doing a lot of work with addiction, how are you finding communities responding to this? How do you find officials and policemen responding –

RL: So what the critical point you have to remember is that addiction is a medical illness. It is a disease it is not a moral failing. Addiction is a chronic relapsing neurological or brain disease, outlined really well if you look at the National Surgeon General's report on substance abuse that was published in December / January. And I think that people still misunderstand that as some sort of moral failing and thus there is still a lot of stigma. So the entire administration advocates and goes out and tries to teach people about the disease of addiction and to erase that stigma. The origin of the opioid crisis is the perfect storm of different factors. The first was the emphasis by

federal regulatory authorities in the 90s and early 2000s that the medical and health systems had to do a much better job assessing and treating pain, acute pain and chronic pain and so pain became the quote-unquote, the "fifth vital sign": pulse, blood pressure, respiratory rate, temperature, and pain. And we had to assess it. And unfortunately the expectation was, not only are we going to access it and treat it, but we were going to eradicate acute and chronic pain, and not only severe pain but even mild to moderate pain. At the same time there was the development of extremely powerful, long acting, opioid pain medications which were marketed that they would not be addictive in patients with pain, and unfortunately the exact opposite was true. They proved to be extremely addictive. And so the use of these medicines went up 400% in the course of about 15 years and, again, not just for severe pain but also mild to moderate pain. Now, too many people took these medicines for a long period of time and became dependent and some addicted to these. Others didn't take it and where did it sit? It sat in their medicine cabinet and then anybody who could possibly have access to their medicine cabinet might divert it into the black market, and so we had many more people through the black market become dependent and addicted to these medicines. At the same time, and so we saw, an uptick in terms of overdoses to these medicines and then in the last five years we have had the influx, the third piece of the puzzle, of cheap powerful and plentiful heroin from central South America and Asia. And so the overdose rate to heroin has absolutely sky-rocketed. And the last thing that we have seen now are synthetic opioids such as fentanyl. Fentanyl is an opioid that is 100 times—50 to 100 times more powerful than morphine and there has been significant rates of increases of death due to fentanyl. The recent outbreak in Philadelphia in the Kensington area was shown to be actual fentanyl compounds, artificially produced fentanyl by the cartels produced in Asia. And then the newest is actually car fentanyl. Car fentanyl is literally an anesthetic designed for elephants. It is an elephant anesthetic. It is 100 times more powerful than fentanyl. So if you do the math, it is up to 10,000 times more powerful than morphine and the smallest grain can lead to overdose. And again produced primarily in Asia and marketed through the cartels and used to cut the heroin so they can use only a little bit and have it be really strong and its cheaply produced and we have seen overdoses to the car fentanyl in Ohio and now in Pennsylvania. So this is an epidemic that we have to address. So ya know we have many different programs to address this. The first is what I liked to call opioid stewardship and the parallel is to antibiotic stewardship programs and health systems in hospitals. So antibiotics are necessary medicines but because of bacterial resistance to antibiotics we have to use them more carefully and judicially. While opioids are essential medications and if you had an operation this morning at a hospital, you would need an opioid, and if you're in car accident and you broke your leg you need an opioid and if you have chronic cancer pain or other severe chronic pain you need an opioid, but we have to bend the curve and use them less and we have to use them much more carefully and much more judicially. So we have worked with medical schools to develop programs. We have worked with professional societies to develop continuing education programs, we have developed prescribing guidelines to do that. In addition, under Secretary Karen Murphy's leadership and the leadership of Deputy Secretary Lauren Hughes we have instituted the prescription and drug

monitoring program where pharmacists input each medicine they dispense and then physicians can track that, and if they see someone has been doctor shopping, they can make an intervention. Then we have a lock zone to reverse the overdoses and it's not – the lock zone is necessary but not sufficient. You can't give them the lock zone and go back to bed. You have to, or the first responders, ya know, these people have to go to the emergency department for further medical care but then also for what is called a warm hand off which is a facilitated referral for treatment to substance abuse treatment and then we need to expand different aspects of treatment. And for opioids we have to expand medication assisted treatment. So I find that people are getting the message. I think our – in our communities that the public as well as the police, etcetera, are getting the message but we have more work to do. In the administration and the legislature I think everyone is on board, so you can have discussions about whether we should do this program or that program but I think everyone realizes the seriousness of the epidemic and we have worked without our communities and our counties and we have worked with the national governance association in other states. We have worked with the federal government and so we all need to kind of work together and I am a positive and optimistic person and I think we will make progress but there is no quick fix and we are in it for the long haul and it's going to take years.

BL: Well thank you Dr. Levine. We appreciate your time

RL: Thank you! My pleasure, thank you very much. I really appreciated it! Thank you very much.