Late bloomer: Interview with neurologist
Em Harrington

Trans neurologist’s journey leads to improving treatment for LGBTQ people, including those with MS.

by Jane Hoback

Em Harrington

Research in myelin repair led Em Harrington, MD, PhD, to a career as a neurologist-scientist specializing in treating people living with multiple sclerosis. But it was a journey of self-discovery that led Harrington to focus more specifically on a group of people whose healthcare perspectives and concerns are often misunderstood and discriminated against.

A self-described “late bloomer,” Harrington, who uses they/them pronouns, was in their 30s during their residency at the University of California San Francisco Medical Center when they
came out as queer. A longer process of realizing they felt uncomfortable being labeled and gendered as female finally led them to come out as transgender at 40 during their fellowship at Johns Hopkins Medical Center.

They started going to a gender-affirming care provider and found a support group for trans people.

“I realized that I’m trans,” Harrington recalls. “I just hadn’t been able to label it. I finally felt the liberty to do that. I embraced it. Every step I’ve taken I feel more firm in the changes I’ve experienced.”

It wasn’t easy. Harrington was misgendered, harassed and discriminated against at work and in the community. As a trainee, they often heard inappropriate and discriminatory comments from attending physicians about LGBTQ+ patients.

Now an assistant professor of neurology at the Ohio State University Wexner Medical Center in Columbus, Harrington, 43, has a unique opportunity to help their colleagues along with the next generation of scientists and healthcare professionals learn how to improve care for trans and other LGBTQ+ people.

Harrington shares their thoughts on their trans journey; their work as a neurologist, a scientist and a teacher; and their hopes for the future.

**On Harrington’s clinical work in MS:**
My laboratory research is focused on oligodendrocytes, the myelin making cells of the central nervous system and how they function in the context of inflammation and aging. Long-term goals of my research program are to find strategies to promote remyelination and repair and prevent neurodegeneration in relapsing and progressive MS.

**On treating LGBTQ+ people with MS:**
Because I’m LGBTQ+, it’s very rewarding on a personal level. I feel a connection. They feel the same way with me. Being in a doctor’s office can be very intimidating for a lot of LGBTQ+ people. They can have negative experiences. I think having a provider who is aligned with your community makes a big difference in people’s ability to feel open and accepted.

I’ve also experienced patients coming out to me about their gender. Probably not a lot of other neurologists get to talk about things like that. I feel good when I can talk knowledgeably as a medical provider about something that’s important to them; for example, if they have questions about their MS and how that relates to gender-affirming therapies. I can provide the knowledge and research. I think that helps people where there’s not a lot of information out there.

**On the challenges they face as a trans neurologist:**
The day-to-day challenge is how people interpret me. I know there’s implicit bias, and my gender identity is at the forefront of what they think about me: their opinions of how
competent I am, how I do my job, what roles I may play. There hasn’t been anything that’s inappropriate so far. It’s all very subtle.

Society is so binary with gender. Even if I didn’t identify as trans and I still presented the way that I am, which is more masculine, I would experience the same things.

Professionally, I’m trying to promote this knowledge and awareness, to improve the care of people by being an example, and to provide training and education. It’s not just for patients; it’s also for colleagues, students and coworkers.

It’s been rewarding. One of the things I didn’t realize is that the more I am out and open, the more I open myself up to potential discrimination and backlash and negative stuff, the more empowered I feel. I can make a big difference just by being who I am.

I’m personally very impressed by the staff at OSU. They gender me correctly. If they’re talking about me to a patient, they don’t use she/her pronouns, which is important because the patient can get confused. It’s important for me to be in a supportive working environment.

It has made a world of difference in my comfort being my true self and doing the advocacy and teaching that I do. OSU has been a truly amazing environment.

**On teaching a class aimed at treating LGBTQ+ patients:**
I was hearing from some of the students that there was room for improvement in the curriculum. I created an elective for second-year medical students. We have a standardized patient program here for practicing interview skills and exams. I found some trans patients to volunteer as part of our exercise. We also had trans students. The focus was on making sure you ask someone their name and what pronouns they use, making sure you refer to the person that way. Also feeling comfortable collecting a history about sexuality, sexual practices and sexual orientation — making sure you’re not saying things that are inappropriate — and what questions to ask if somebody says they’re transgender.

We also discussed how we can make spaces more inclusive for transgender and gender nonconforming people. I hope it becomes part of the regular curriculum.

**On the future:**
Even though there’s a lot of negativity these days and it puts us at risk, there’s an increase in awareness that gets more people on board. I’ve had a lot of positive experiences with students and trainees. They’re very receptive.

Also, there’s a lack of research on trans people with MS. We make assumptions about hormones and things that are really only applicable to cisgender people. I hope people aren’t using those studies that aren’t very translatable to influence what they’re talking about with their patients. Gender-affirming care is so important. Unless we have studies using trans people who have MS, we’re not going to know the answer. One of my long-term goals is to do
something like that.

It would be great to have a center of excellence for LGBTQ+ care in an MS center that could provide resources and improve the care of LGBTQ+ people with MS. We’re going up, but it’s a slow process.

**Last thoughts:**
I think one of the things that’s not talked about as much when we talk about trans stories is trans joy and happiness. We’re always focused on the difficulties. People talk about suicides, mental illness. We’re a marginalized population. We’ve faced a lot of loss. But for most of the community, we are joyful about who we are and who we’ve become. We’re strong and we’re resilient. There’s a joy in feeling totally open about who you are and the liberty to do that. That’s amazing.

*Jane Hoback is editor of Momentum magazine.*

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