Dr. Emiliano Lemus Advocates for Trans and Latine Communities in San Francisco

Throughout the year, ABFM has shone a spotlight on marginalized patient populations and the physicians who serve them. For October, at the intersection of Hispanic Heritage Month and LGBTQ+ History Month, we spoke with Dr. Emiliano Lemus (they/él).

Dr. Lemus is a proudly trans, Chicano and Indigenous second year family medicine resident practicing in Richmond, California. Prior to medical school, they worked as a community organizer in Mexico (as founding director of Erósfera, Center for Sexual and Reproductive Health) and New York City (as co-director of Bluestockings Activist Center). While a medical student in the University of California, Berkeley-University of California, San Francisco Joint Medical Program, Dr. Lemus was selected as a Pisacano Scholar in 2021.

While completing medical school, Dr. Lemus took part in the Suitcase Clinic, a free clinic for street-based youth and LGBTQ+ patients. These experiences in community service and marginalized patient care have created a foundation for Dr. Lemus to forge a unique career in family medicine.

“I was raised in a family and community where people weren’t accessing health care due to language barriers, documentation barriers, and fear that seeking health care could lead to deportation,” Dr. Lemus said. “These days, two-thirds of my patients are Spanish-speaking immigrants. Probably half of them are undocumented, and I’m grateful to provide care and have a family history where I can understand some of my patients’ personal struggles.”

Dr. Lemus currently serves patients in a federally qualified health center with a focus on outpatient training. Outside of residency, Dr. Lemus is present in the community in a number of distinct ways. They work with the AIDS Education and Training Centers in the San Francisco Bay Area and serve as faculty for their Trans Health Preceptorship Program, speaking at monthly seminars for organizations who have some experience in trans health but want to be better equipped for proper care.

“These are groups that approach me to learn more broadly about trans health, LGBTQ+ health, or sex positivity. I also participated in a project called the Trans Spiritual Care Initiative which trains health clinicians and hospital chaplains to provide spiritual care for transgender patients,” Dr. Lemus said.

“By and large, the people I’m teaching are folks who have some degree of openness or interest in supporting transgender populations, which I appreciate so much. I’m happy to be in a group of people who are trying language on, trying ideas, and asking questions in a learning space.”
This growth is a significant evolution from Dr. Lemus’ experience serving in community spaces in Mexico, New York City, and the San Francisco Bay Area. Although the services were life affirming and vital, the communities weren’t as safe, and people were facing life and death struggles with startling regularity.

“I was seeing people around me die. Seeing people around me sick or struggling with disabilities in their mid-20s. I was in New York City when one of my close friends, a trans woman, was murdered in a hate crime. It still shakes me,” Dr. Lemus said. “We had so much love and faith in the organizing we were doing at the time. I knew with my pre-medical background that I had to continue down a certain path, because my community really needed queer and trans physicians to open the door as a part of lifting everyone up.”

Although some areas of the country are supportive of transgender care, it remains a topic of debate and discrimination. Dr. Lemus encouraged family physicians to review the available resources with an open mind.

“A lot of primary care physicians are nervous about doing gender-affirming care in a primary care setting. I hope they will [try it]. The medicine of providing gender-affirming hormone therapy is easy. There are fantastic resources like the University of California San Francisco (UCSF) Center of Excellence for Transgender Health. I’d also recommend Transline. These lay out step by step what the doses are, larger considerations in terms of comorbidities, maintenance lab work, etc.,” said Dr. Lemus. “If physicians can read an article on how to treat some condition they haven’t treated before, which all of us are doing as primary care doctors, they can do this too.”

According to Dr. Lemus, there is one step which takes additional consideration: Learning how to have a gender-affirming interaction with patients. “I think it is powerful for family doctors to get on board and say, ‘This is care that we provide.’ We shouldn’t take it for granted, because in some states our ability to provide this care is being limited or written out of existence. So, take advantage of resources out there. Don’t hesitate.”