



Brought to you by Virginia's own Transgender Task Force

Volume 2, Issue 1

January 2005

Transgender Health

Task Force Member Jessica Xavier Reports on Participation in GLMA Conference

By Jessica Xavier, MPH

The Gay and Lesbian Medical Association (GLMA) held its 23rd Annual Meeting in Montreal, Canada from September 21 to 24, 2005. GLMA began as an associa-



Montreal, site of the recent GLMA Conference.

tion of gay and lesbian physicians and has grown to openly include the full spectrum of Lesbian, Gay, Bisexual, and Transgender (LGBT) physicians and other practitioners across the spectrum of allied health professions.

The themes of this year's conference were Access, Diversity, and Advocacy. In addition to workshops and seminars on a variety of practical and research topics, there were also several pre-conference institutes, including one on Transgender health. The

author, Co-Investigator for the Virginia Transgender Health Study (THIS), served as a member of the planning committee and as a prominent presenter for this Institute.



GLMA

The Transgender Health Institute featured four presentations on different aspects of transgender health, and was coordinated by GLMA board member, Dr. Becky Allison. The first presenter was Hawk Stone, former Chair of the Board of the International Founda-

(Continued on page 3)

Inside this issue:

Jessica Xavier Reports on Participation in GLMA Conference	1
TransPanthers: Elder & Transgender	1
2005 Trans Health Training Is A Great Success!	2
From the Editor: Exploring Aging Issues for Trans Folks	4
Announcements & Upcoming Events	5
Contact Information	6
Community Resources	6

TransPanthers: Elder and Transgender

By Tarynn M. Witten, Ph.D., MSW, FGSA

My friend John, a 64 year-old female-to-male transsexual stared at a healthcare survey he had recently been asked to fill out. It asked his gender and then gave him the choices of male and female. John looked at me and said, "I think they mean sex, but that wouldn't even work and even then they didn't include the options of intersex and transsexual as a choice. Moreover, if they meant gender, then the choices should have been mas-

culine, feminine, and transgender at least." John's resignation illustrates the ongoing demographic invisibilization process transgender individuals undergo during the course of their journey (Witten & Eyler, 1999). Couple this with the typical marginalization suffered by the elderly in the U.S. and you are faced with a growing population of persons (Witten, 2003) who suffer from significant degrees of healthcare (Witten & Eyler, 2004) and economic, sociological, and political injustice and

inequity (Witten, 2004ab, Witten & Whittle, 2004).

Within the worldwide older adult population, transsexual, transgender, cross-dressing and other so identified persons whose gender expression or identification is other than the "traditional" male or female represent a substantial minority group. In an era in which forecasting the health of elder populations is increasingly more important and where issues of health-

(Continued on page 4)

Inside: 5 Different ways YOU can get involved:

- Join the Transgender Task Force! See p. 6 for contact info.
- Write a letter to the editor or an article for the newsletter! See Announcements on p. 5 for upcoming newsletter topics.
- If you're trans, earn \$15 by taking the Transgender Health Initiative Survey! See Announcements, p. 5.
- Add your event to the to the Upcoming Events section on p. 5!
- Join the Virginia HIV Prevention Community Planning Committee. Call Ami Gandhi at (804) 864-8002 or email at Ami.Gandhi@vdh.virginia.gov

2005 Transgender Health Initiative Training Is a Great Success!

If level of participation is any kind of reflection on the need for better information on how to provide appropriate healthcare for a population, then the December Training made quite a statement. 83 people attended the two-day event, held at the Holiday Inn, Koger South Conference Center, in Richmond. Participants came from all regions of the state and represented diverse populations and the agencies that serve those populations, including newcomer immigrants, Latino/as, African Americans, and Asian Americans, among others. Diverse professions were also represented, including HIV prevention specialists, lawyers, nurses, licensed professional counselors, political and community activists, students, doctors, professors, and psychologists.

A cursory look at the evaluations before sending them off to Community Health Research Initiative (CHRI) for analysis showed that all the speakers were well received, although this was also apparent from the level of applause and the positive comments heard during the different presentations. The opening speaker, Jaci Adams, really got folks' attention by sharing her experiences as an African American HIV positive trans woman. Many participants expressed their appreciation for her ability to turn her difficult circumstances into a tool to help others expand their understanding of transgender lives.

An unfortunate problem with his Amtrak train prevented Dr. Robert Winn from getting to the training on

time to deliver his entire presentation, "Medical & Clinical Issues for Transgender Clients, An Advanced Discus-

of humor and knack for drawing people into the material.



Speakers Jessica Xavier and Jaci Adams during a break at December's Transgender Health Initiative Training

sion", but Samuel Lurie was able to adapt his presentation, "Trans-What? Understanding the Transgendered Experience" so that all of the participants were able to attend (the two sessions were scheduled concurrently). Lurie is



Speakers Jaci Adams & Samuel Lurie, with Training participant Vendetta Reynolds and Training Coordinator, Ted Heck

an experienced presenter on transgender issues, especially in helping providers to be sensitive to the needs of trans people. His experience was evident, and participants enjoyed his sense

Dr. Winn's presentation got started at about 3:45, leaving him just an hour and 15 minutes, but those who attended really appreciated the opportunity to learn more about the medical side of services for trans people.

The second day started with concurrent sessions offered by Jessica Xavier, "Current Research in Trans Health" and Tarynn Witten, "Transgender Psychosocial Issues: Substance Abuse Across the Lifespan". Participants in both sessions came away with a wealth of information, and rejoined to hear a joint presentation of Jessica Xavier for CHRI and Linda Kendall and Zakia McKensey from the Fan Free Clinic (FFC) present model programs for transgender populations. Xavier discussed some of the features of the TRANS program in San Francisco and the TIPS program in Philadelphia, and Kendall and McKensey shared their experiences over the first year with the pilot TG Clinic and VOICES program being conducted by the FFC. Participants seemed very interested in the local program and expressed enthusiasm over its success as well as interest in trying to replicate the program in other parts of the state.

The second half of the day was devoted to Samuel Lurie's second workshop, "Developing Effective Programs for Transgender Populations". In one of several exercises, participants received hands-on practice in program develop-

(Continued on page 3)

GLMA Conference

(Continued from page 1)

tion on Gender Education and a psychotherapist practicing in Albany, NY. His presentation was entitled "Transition Redux: Before, During and After? HBIIGDA, Gender Identity Disorder and the Continuing Evolution of Transgender Health Care and Well-Being". Stone discussed transgender mental health issues, and discussed the *Standards of Care (SOC)* of the Harry Benjamin International Gender Dysphoria Association (HBIIGDA) and the Gender Identity Disorder diagnosis.

The author's data-driven presentation was entitled "What Epidemiology Tells Us about Transgender Health", and included statistics on HIV, violence, substance abuse and suicide. She also presented the four models for accessing transgender health. The first two models regarded access through HBIIGDA's *Standards of Care*. In many foreign countries, the *SOC* work within national health care systems that cover all costs of transgender health, but in the U.S., early research suggests that they govern access only by middle class trans people. The third model, self-medication, is a common experience for many trans people, who obtain their hormones on the streets or through the internet. The final model is just emerging

and involves access through local programs offering hormonal therapy on a risk or harm reduction basis. Using hormonal therapy as a magnet, trans people can also receive STD and routine health screening. Examples of this model include the Tom Waddell Clinic in San Francisco, and the Fan Free Clinic's new

Transgender Health Program in Richmond.

Ben Singer's presentation was entitled "On the Medical Margins: A Harm Reduction Approach to Trans Health." Harm reduction is a non-judgmental access model (also mentioned in the author's presentation) stressing the importance of meeting transgender people where they are, not only regarding transition issues and specific medical needs, but also their life circumstances. Singer also discussed the many barriers transgender people encounter in health care, and how to make health care settings friendlier to trans people. Finally, Dr. Robert Wynn of the Mazzoni Center in Philadelphia presented "Developing a Community-based Transgender Health Program." Dr. Wynn discussed how to start a transgender program from the ground up, and

was candid in explaining how Mazzoni overcame its initial mistakes. He also presented some helpful strategies, like establishing a community advisory board and hiring transgender staff members, to make a trans

health program work.

The rest of the conference featured some notable plenary addresses, beginning with Dr. J. Edward Hill, President of the American Medical Association (AMA). Dr. Hill was the first AMA President to address a GLMA conference, and he pledged his assistance to-

wards ending health care disparities among LGBT people and discrimination towards LGBT providers. The closing plenary featured former U.S. Attorney General Janet Reno, who addressed the



Former Attorney General, Janet Reno

need for universal health care for all Americans regardless of their race, ethnicity, sexual orientation and gender identity. Another plenary address of note was entitled Culturally Competent Transgender Care and delivered by Dr. Viviane Namaste, Assistant Professor at the Simone de Beauvoir Institute, Concordia University, Montreal. Simone de Beauvoir was the French feminist writer who's maxim, "one

is not born a woman, one becomes a woman," is often quoted by trans feminists. Dr. Namaste is one of the true pioneers of trans health, and she examined many issues faced by trans people when they encounter barriers to health care. ♣

2005 Trans Health Training

(Continued from page 2)

ment, working in small groups divided by region. Many attendees showed a real commitment to contribute to improving healthcare and other services for transgender people in Virginia by turning in their conference evaluations before leaving.

Samuel Lurie can be contacted about his trainings through his website: <http://www.tgtrain.org>. For other information about the training or presenters, contact Ted Heck (contact info on p. 6). ♣



Montreal's beautiful St. Lawrence River

From the Editor: Exploring Aging Issues for Trans Folk

By Ted Heck

Aging is a touchy subject for many people in our society, and not one we're inclined to discuss much. But it is, no matter how we protest, something we just can't escape: if you live long enough, you show the inevitable "signs of aging", things like graying hair and receding hairlines, wrinkles, health problems like arthritis. American society seems particularly focused on the negative aspects of getting older, as demonstrated by constant focus in the media on which celebrities have had

facelifts or botox, which news reporter has had hair restoration, new supplements to help you live longer, et cetera.

It's just as well for me, as I never would have transitioned if I hadn't come to the awareness, upon reaching the ripe age of about 32, that I'd have to grow old in the wrong body if I didn't *do something*. Bad enough to endure puberty, I was *not* willing to go through these new changes living as a female.

So really, I have my increasing age to thank for the motivation to take

action and start the transition process. Now as I prepare to turn 40 this year, after almost 5 years since beginning testosterone, I often consider the luxury I have enjoyed, being able to transition at all. Many never have the opportunities I've had. Even though being 39 is kind of odd because I'm now probably at about the halfway point of my life (assuming I live an average lifespan), it gives me a lot of experience to look back over. This, of course, means I can now begin to benefit

(Continued on page 5)

TransPanthers: Elder and Transgender

(Continued from page 1)

care inequity (Institute of Medicine, 2003) are being touted as critical to address, discussion of quality of life issues faced by mid-to-late life transsexual and other gender identified minority persons should not be deferred. It is difficult, unfortunately, to provide data-based information about many of the healthcare and related issues faced by elder transsexuals, as this group is particularly "epidemiologically invisible" (Witten & Eyler, 1999), with many of its members preferring not to reveal their natal sex due to perceived and real risks and stigma associated with being "out."

Transgender elders face not only the usual problems of aging but also, as a result of hormone use and possible gender re-alignment surgeries, they face problems that evolve from the interaction of such physical alterations with the normal aging processes. Confounding these medical issues are a constellation of psycho-social and economic, legal, and political factors that further exacerbate medical conditions due to factors such as elevated stress, loss of social support, loss of income, divorce and/or loss of children (Witten, 2004b, Witten & Whittle, 2004).

Little is known about long-term effects or risks changes from use of transgender hormones and genital or other surgery, and how they may affect the age-related diseases of osteoporosis, cancer (breast, prostate, prostate and others), stroke, and cardiovascular disease, among others. Additionally, good clinical judgment must be utilized when starting a gender

journey later in life due to the potential consequences arising from normal aging processes. Smoking cessation should be emphasized due to elevated risks associated with hormone use and smoking.

Psychosocial issues pervade the life of a transgender-identified individual. Natural aging dynamics include decline of social responsibilities, end of child-rearing, reduced income due to retirement, deterioration of physical strength and health, and a decline in social networks. These factors are magnified for trans-identified individuals as they risk loss of economic status, loss of access to qualified services, healthcare and other, and frequently see a decrease in the social support networks, including loss of friends, family, significant others, and for many, access to religious and spiritual organizations. During later life transitions, individuals may be dealing with issues of shame, lack of support, and a sense of loss of "lifetime experience." Individuals are frequently concerned with financial stability, safety, independence, and living environment changes and their consequences (Witten, 2004b). Elder transgender individuals face coping with case management, government support services, utilization of home health and community health services, retirement, adult day care, assisted living and continuum of care or nursing home care all within the context of the actual and perceived stigma and marginalization of their transgender status. Moreover, all of the negatives are further exacerbated by the stigma associated with being a transgender-identified person of color, race, ethnicity, immigrant and/or disability or having HIV/AIDS status. Caregivers must be acutely

aware of the impact of these factors as related to increased depression, anxiety, alcohol/drug/substance abuse, suicidality and other related mental health issues, all of which are common in "normative" elders.

Questions of marriage, partnership, non-traditional family structures, sexual expression and personal rights become more complex as legal implications now impact such scenarios through the new transgender identity (Witten & Whittle, 2004). Family dynamics change as transgendered parents must now be taken care of by their children. Issues of elder maltreatment, abuse, neglect and self-neglect must be carefully monitored.

Attention to the needs of the gender and the intersex communities with respect to biological, medical, psychological, and socio-legal-cultural facets can be best served through a comprehensive and holistic approach, including family, provider, and community education and the development of appropriate professional and community networks. Health and social policy development on behalf of both the transgendered and the intersex elder (including the assurance of nondiscrimination with regard to quality healthcare services, privacy, confidentiality, respectful treatment and care-giving, and personal safety) is also strongly needed. ♠

All papers referenced in this article are available as free pdf downloads at the website of the Transcience Research Institute <http://www.transcience.org> in the Research Archives section. The author can be contacted at twitten@vcu.edu. If you are interested in participating in the research effort in support of transgender aging (as either a study participant or collaborator) or know of someone who might be, please contact the author for further details.

Announcements:

- The Virginia Department of Health has compiled a **Transgender Resource & Referral (R&R)** listing resources for transgender people from all over the state. Go to <http://www.vdh.virginia.gov/std/Hotline/Transgender%20RR%20List.pdf> to access the PDF. If you are a provider and you'd like to be added to the R&R listing, go here to download the form: <http://www.vdh.virginia.gov/std/Hotline/Trangender%20RR%20Form.pdf>
- **Upcoming Topics for the Transgender Health Newsletter:**
 - Spring — **Substance Abuse**, deadline for submissions March 17
 - Summer — **Hormones**, deadline for submissions June 16
 - Fall — **Stress Management**, deadline for submissions Sept. 15Your input via letters to the editor & articles is wanted and needed! Contact the editor, Ted Heck via email at Ted.Heck@vdh.virginia.gov or phone at (804) 864-8012.
- **T.H.I.S. is still going strong!** Please help us continue to spread the word: the Transgender Health Initiative Survey is currently *underway*. If you are a transgender person of any stripe, that is if your assigned gender at birth doesn't match how you see yourself, *and* you live in Virginia, then we want you for this survey! You can earn \$15 **AND** help make a difference in providing good healthcare for trans people throughout the state. The survey is available online at <http://www.srl.vcu.edu/THIS/>, or call Mert, Survey Manager, at 804-827-6760 or Jessica, Study Coordinator, at 804-828-7933.
- The **Transgender Health Access in Virginia: Focus Group Report** has been released by the Community Health Research Initiative (CHRI). Go to this website to download the PDF: <http://vdhweb/std/Research%20Highlights/TG%20Focus%20Group%20Report%20final%201.3.pdf>

Upcoming Events:

- March 2 — 4, 2006 is the 5th Annual **Trans-Health Conference** in Philadelphia. The theme this year is "Trans-Evolution". For more information: <http://www.trans-health.org/>.
- April 7 — 9 **The Second Annual Transgender Pride Weekend** will be held Friday, April 7th through Sunday, April 9th 2006. The entire transgender community (CD, TV, TS, FTM, MTF, etc.), significant others, and friends are invited to attend. There will be many activities, socials, entertainment, and a banquet. For more information, please contact Nova at: Nova9+Twelve@aol.com
- October 18 — 22, 2006 **The Second Annual Transsistahs and Transbrothas Conference** to be held in Louisville KY. Topics will include spirituality, life skills, family and alternative families, and politics. Check <http://www.transfamilydefyinggravity.net/#> for updates!
- September 1 — 4 in Seattle, Washington: **FTM 2006: A**

(Continued from page 4)

from one of the perks of aging: *respect*, from other people, that is. Theoretically, someone who has lived into the second half of their lifespan has been around long enough to have gained some amount of wisdom through the distillation of those years of experience, thereby garnering a certain amount of said respect. I don't know if I'm there yet, but I'm glad to have made it this far, and if I get a little respect from others because of my age and supposed wisdom, well I guess I won't complain about it. But I *will* wear my rapidly receding hairline with pride! ♠

Some Web Resources On Aging Issues for Trans People

The Transgender Aging Network (TAN) - This is an excellent website with many resources for trans people and their significant others and family as well as resources for service providers: <http://www.forge-forward.org/tan/index.php>

Transgender Elders and Significant Others, Friends, Family and Allies (SOFFAs): A Primer for Service Providers and Advocates - This is a paper done by Loree Cook-Daniels (founder of TAN, above) for organizations, service providers, and other professionals "as an introductory exploration of the issues and concerns of aging trans people and SOFFAs, to begin the dialogue on what inclusion of trans people will really mean." <http://transreference.transadvocacy.com/reference/TransEldersSOFFAs-web.pdf>

Aging in Transgender People: An Annotated Bibliography - This is an article at the Trans-Health.com online magazine website: <http://www.trans-health.com/displayarticle.php?aid=74>

Gender Odyssey, a national conference for masculine-identified people who were assigned female gender at birth. Go to <http://www.transconference.org/> for more info.

Ongoing Events

- 1st Friday of every month: **TGIIF** stands for *TransGendered Interested In Fielden's Friday* — Doors open at Fielden's (2033 West Broad St. in Richmond) at 11 pm. Email fieldensva@aol.com for more information. Past TGIIF nights have featured: TG theme movies, special guest speakers, personal stories, makeup workshops, feminization workshops, and a professional photographer.

Would you like to see an announcement or an upcoming event listed here? Contact Ted Heck at **804.864.8012** or Ted.Heck@vdh.virginia.gov. The deadline for the next newsletter is **March 15, 2006!**

**Brought to you by
Virginia's own
Transgender Task
Force**

For more info or to get
involved, contact Ted Heck:



109 Governor Street, Rm. 326
Richmond, Virginia 23219

Phone: 804.864.8012
OR

→ Ted.Heck@vdh.virginia.gov

The Virginia HIV Community Planning Committee identified transgender persons in Virginia as a priority population. To identify the health related needs of transgender persons, focus was turned to conducting research, increasing understanding and knowledge of transgender communities in Virginia and developing transgender sensitive and specific HIV interventions and health care. From this, the Transgender Health Initiative was born with leadership from the Transgender Task Force (comprised of CPG members, transgender individuals, community members and researchers). The goals of the Task Force are to:

- 1) Inform effective training to promote culturally competent health care to the transgender communities;
- 2) Develop a statewide resource guide to be distributed across the state to facilitate increased access to care for Transgender individuals;
- 3) Develop and implement HIV prevention programs for the transgender community.

**Building healthy
transgender communities!**



The Virginia HIV Prevention Community Planning Committee (HCPC) includes people from various backgrounds, expertise, and life experiences coming together as one to aid in preventing the spread of HIV/AIDS in Virginia. Transgender persons are an essential part of the Virginia HCPC.

Have your voices heard! If you or anyone you know is interested in applying to the Virginia HCPC or have any questions, please call Ami Gandhi at (804) 864-8002 or email at Ami.Gandhi@vdh.virginia.gov.

Community Resources

To have your resource listed here, contact the Transgender Health Newsletter at the number or email address listed above on this page.

TG Clinic at the Fan Free Clinic — Free Transgender-specific healthcare for anyone in Virginia, including hormone therapy, HIV testing, and primary care services. Every Tuesday 6 pm to 9 pm, 1010 N. Thompson St., Richmond, VA (804) Call (804) 358-6343 and ask to speak to Linda Kendall or Zakia McKensey for more info.

Richmond Transformers — A peer-facilitated social and support group in the Richmond, Virginia area for anyone on the FTM spectrum. 2nd and 4th Tuesday of each month, 7 pm — 8:50 pm at the Fan Free Clinic, 1010 N. Thompson St., Richmond, VA Call (804) 358-6343 for directions or other info.

MTF Support Group — A peer-facilitated support group in the Richmond, Virginia area for anyone on the MTF spectrum. 2nd & 4th Thursdays, 6 pm — 8 pm at the Fan Free Clinic, 1010 N. Thompson St., Richmond, VA Call Zakia at (804) 358-6343 for directions or other info.

TS Ladies Talk — A peer-facilitated support group for MTF transsexual women in the Tidewater area. For more info, call Vega at (757) 575-7690 or Mocha at (757) 237-8884. Every Monday, 6 pm

— 8 pm at Tidewater AIDS Community Task Force, 9229 Granby St., Norfolk, VA Call (757) 583-1317 for directions or other info.

Sophisticated Ladies — A peer-facilitated support group for all MTF transgender persons in The Tidewater area. Every Monday 7 pm — 9 pm in Suffolk. Call Avantis at (757) 573-1113 for more info about location or about the group.

DC Area Transmasculine Society (DCATS) — A peer facilitated social and support group in the D.C. area for anyone on the FTM spectrum. For more info, go to <http://www.dcatsinfo.com/> 2nd Sunday of each month 5 pm — 7 pm at the Whitman-Walker Clinic, 1407 S Street, N.W., Washington, D.C. Call (202) 745-6171 for directions.

i.kon.tact — Peer-facilitated support group in Charlottesville, VA for all gender variant persons. Meetings once a month based on participant schedules. Contact K'ai at 434.979.7714 x238 or k.smith@aidsservices.org for information.