Brought to you by Virginia's own Transgender Task Force

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Transgender Health

T.H.I.S. Survey Results are Here!

The long-awaited final results of the Virginia Transgender Health Initiative Study (THIS) have finally arrived! For those not already aware, the Community Health Research Initiative (CHRI) of Virginia Commonwealth University conducted a statewide survey of transgender people living in Virginia. THIS, a multi-phase, multi-year project to improve the health of transgender Virginians, was implemented by CHRI under the direction of the Virginia Department of Health, Division of Disease Prevention (VDH), advised by the Virginia HIV Community Planning Committee (HCPC) along with the Virginia Transgender Task Force. THIS was designed to examine health care access by identifying the gaps in services needed by transgender people, thereby discovering ways to reduce risk behaviors in this population.

The survey which was the second, "quantitative" phase of the study, used a survey to gather data on access to regular medical care, transgender-related medical care, and HIV prevention and treatment services; HIV knowledge, risk behaviors, testing and status; employment and housing discrimination; sexual and physical violence, social support and self esteem; substance abuse and tobacco use; and suicidal ideation and attempts. CHRI staff, Virginia Transgender Task Force members, and HCPC members recruited participants through promotional efforts involving service providers, transgender support groups, and informal peer networks. Three versions of the questionnaire were made available: a web-based version in English and paper versions in English and Spanish, and it was conducted from September 2005 to July 2006. The 350 respondents included in the final analysis sample included 229 MTFs (male-to-females) and 121 FTMs (female-t-males). With participants from 60 of the 136 cities and counties in Virginia, including every region of the state, THIS is the first truly *statewide* needs assessment survey of a transgender population in the U.S. Following is a summary of the main find-

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Miss Lady Bunny, posing with the fundamentalist demonstrators at this year's Pride celebration in Richmond. Photo courtesy of David Ryder & Gay Pride Virginia.

Inside this issue:

Inside: 4 Different ways YOU can get involved:

- Join the Transgender Task Force! See p. 6 for contact info.
- Join the Virginia HIV Prevention Community Planning Committee. Contact Ami Gandhi at (804) 864-8002 or Ami.Gandhi@vdh.virginia.gov
- Write a letter to the editor or an article for the newsletter! See Announcements on p. 5 for upcoming newsletter topics.
- Add your event to the to the Upcoming Events section on p. 5!

Stress Management for Transfolk

By Ted Heck

Hans Selye originally coined the term "stress", as it is used today, as, "the non-specific response of the body to any demand for change". Often, we associate stress with negative events, like morning traffic, losing a parent, or a big project at work, but positive events can also be stressors. For example, winning the lottery is normally thought of as a very positive event, but even if one has no concerns about the taxes that go along with it, and how to tell who your "real" friends are once you have all that cash, one still must adjust to significant life changes because of this event.

These concerns … can contribute to feelings of helplessness and frustration about one's own life situation.

So stress management is a worthy topic for anyone who draws breath, because just being alive means that each of us will encounter stressful things just by moving through the world. To be successful, we must learn to cope with the various challenges that go along with day-to-day life. When those challenges pile up due to any combination of unfortunate circumstances, those who have better strategies for managing stress will be have an easier time getting through those challenges. For transfolk, there are some special concerns that make it even more important to have good stress management tools.

Some of the most common stressors for trans people include the ability to pass in public, gender-based discrimination, family relationships, and body dysphoria. These are all areas that, when compounded with other more mundane concerns, can weigh heavily on an individual.

Being able to pass in one's appropriate gender is usually a more stressful issue for those early in transition. Factors which can potentially increase the stress include one's inability to begin transition because of lack of access to hormones, the availability of money for surgeries and electrolysis, and the presence of normal genetic variations, which can make some people look more masculine or feminine due to hair growth (or a receding hairline), height, fat distribution, body proportions, etc. These concerns, that either can not be changed or changed only with great difficulty, can contribute to feelings of helplessness and frustration about one's own life situation.

Of course, passing is not the goal of every trans person. There are many who choose to live between genders because that feels like the most authentic way for them to express their gender identity. Whether they dress differently on some days or for various occasions (for example, by doing drag shows or occasional cross-dressing), or they deliberately present as androgynous by wearing clothes and/or hairstyles of the "opposite" gender, these individuals are more likely to encounter disapproval and other negative reactions on a day-to-day basis. For this reason, their level of stress is almost certainly increased.

The stigma of gender variance, and labels like transvestite, transsexual, and Gender Identity Disorder, can all be challenging on their own, but when that stigma is the basis for discrimination or even violence, an individual's level of stress becomes considerably magnified. Research indicates that when people are treated badly because of factors over which they have no control, this can have an adverse effect on their level of stress, putting

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What are some of the possible adverse effects of stress? Here is a list, adapted from a list found on the website for the American Institute of Stress, that will give you something to think about:

- Frequent headaches, jaw clenching or pain
- Stuttering or stammering
- Tremors, trembling of lips, hands
- Neck ache, back pain, muscle spasms, chronic pain
- Light headedness, faintness, dizziness
- Cold or sweaty hands, feet
- Frequent colds, infections, herpes sores
- Rashes, itching, hives, eczema
- Unexplained or frequent allergy or asthma attacks
- Heartburn, stomach pain, nausea, peptic ulcers
- Constipation, diarrhea
- Chest pain, palpitations
- Poor sexual desire or performance
- Excess anxiety, worry, guilt, nervousness
- Increased anger, frustration, hostility
- Depression, frequent or wild mood swings
- Increased or decreased appetite
- Insomnia, nightmares, disturbing dreams
- Difficulty concentrating, racing thoughts
- Trouble learning new information
- Forgetfulness, disorganization, confusion
- Difficulty in making decisions.
- Feeling overloaded or overwhelmed.
- Increased number of minor accidents
- Obsessive or compulsive behavior
- Excessive defensiveness or suspiciousness
- Constant tiredness, weakness, fatigue
- Weight gain or loss without diet
- Increased smoking, alcohol or drug use
- Excessive gambling or impulse buying

In looking over this list, which is certainly not exhaustive (many items were removed due to space limitations), it becomes apparent that stress can cause or aggravate quite a variety of unpleasant physical and psychological effects in an individual, affecting most, if not all, systems of the body. Of course, these effects will vary widely from person to person, and some people will experience more of them than others will. The best way to avoid them or lessen their impact is to make good stress management strategies a part of your life! ♠

Stress Management

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them at higher risk for depression, substance abuse, and other stress-related health problems like hypertension and even Post-Traumatic Stress Disorder. Even worse, in particularly dramatic instances of discrimination or violence, word spreads around the community about the event, and this can have a collective negative impact on the whole community.

Family relationships can also be very stressful for transpersons. Even when family members are accepting and supportive to a transitioning relative, it can be very hard for everyone to adjust to new names and pronouns. But individuals whose family members cannot or will not accept them for who they are can often feel as though they have lost the people most important to them, especially if the reaction is particularly negative. In situations where there is still a relationship, but where interactions are colored by the conflict over an individual's gender, s/he must contend with decisions about how to handle each interaction, whether going home during the holidays is worth the conflict that will be encountered and similar issues.

Finally, while not all gender variant persons experience body dysphoria (the sense that one's body does not match one's sense of self), the many who do experience it to any degree must deal with it on a regular basis. Depending on the level of dysphoria, it can impact everything from when, where, and if you go swimming, whether and how you have sex, and even whether you are able or willing to talk to healthcare providers about certain medical issues. For those who bind, this is an extra layer of clothing added, which can be too hot in warm weather, and which can be physically uncomfortable depending on the type of binding and how long it has to be worn. For those who wear padding to create a more feminine shape, this is also like another layer of clothing that can be too hot in warm weather; plus there is the added worry that it will shift or fall out of position during the day.

So what do you do about your stress, once you have some awareness of it? The website of the Lesbian, Gay, Bisexual, Transgender community Center of Greater Cleveland has a section of their website devoted to stress management where they offer the following suggestions (many more can be found at the website, listed below):

- Consider trading in the upsetting daily paper and nightly news for some occasional comedy.
- Try meditation and/or reading for 15 minutes daily from a book that is uplifting and positive
- Exercise! Break a sweat: walk, do yoga, or work out 30 minutes 3 times each week minimum.
- Lots of touch! Give/ask for hugs, go for a massage, cuddle, pet the cat, or play with a child.
- Start each day by coming up with 10 things for which you are grateful.
- Refuse to listen to or repeat gossip. Practice speaking TO not ABOUT people.
- Get out in nature, even a few minutes appreciating a sunset or snowstorm.
- Enjoy MUSIC… listen, sing, dance, and turn off that TV! Interrupt your habitual negative thinking as often as possible, and retrain your mind.
- Practice ASKING FOR WHAT YOU WANT.
- Create a support team with whom to practice de-stressing techniques regularly.
- Listen to you body. Listen to your dreams. Listen to you heart. Trust your gut.
- Live in the "here and now" as much as possible.

Check out the following websites for more good information related to stress:

- http://www.stress.org/ – The American Institute of Stress
- http://www.lgcsc.org/well.html – The Stress Management section of the website for the Lesbian, Gay, Bisexual, Transgender Community Center of Greater Cleveland
- http://www.trans-health.com/displayarticle.php?aid=84 – This is a great article focusing on the

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ings.

General Demographics and Healthcare Needs

FTM participants were much younger than MTF participants, with median ages of 28 and 40 years, respectively. FTM participants were somewhat better educated than their MTF peers, with 99% having graduated from high school, compared to 90% of MTFs. Nearly 81% of FTMs also reported attending some college, compared to 63% of the MTFs. MTFs reported higher individual and household annual incomes than FTMs. Forty-five percent of all participants had gender transitioned at the time of the survey, with FTMs having transitioned earlier than MTFs, at a median age of 23 and 28 years, respectively. Another third of participants were planning to transition within 3 years.

Seventy-three percent of participants had health insurance, and 62% had a doctor they saw regularly for health care. Forty-six percent of all participants had to educate their regular doctors about their health care needs as a transgender person, including just over half of the FTMs. Slightly over half of participants felt they would be either uncomfortable or very uncomfortable discussing their transgender status or transgender-specific health care needs with a doctor they did not know, including two-thirds of FTMs. Twenty-four percent of participants had experienced discrimination by a doctor or other health care provider due to their transgender status or gender expression.

Transgender-Related Health

Both MTF and FTM participants became aware at about 10 years old that their gender identities (their internal sense of their gender) did not match their bodies or physical appearances. Seventy-two percent had received counseling or psychotherapy, and 58% had

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received transgender hormonal therapy. However, participants reported that these services, along with transgender-related surgery, were also the most difficult to obtain. Across all transgender-related services, the most common barriers were inability to pay for the services, their health insurance plans not covering the service, and not knowing if the service was available in their area. Only a third of FTMs received transgender-sensitive gynecological care, and they rated it lower than MTFs for provider sensitivity. Twenty-eight percent of FTMs reported needing but not obtaining transgender-sensitive gynecological care. FTMs consistently rated the quality of care they received and their provider sensitivity lower than MTFs.

Twenty-eight percent of FTMs reported needing but not obtaining transgender-sensitive gynecological care.

Forty-eight percent were taking hormones at the time of the survey. Among those not currently taking hormones and those who had never taken hormones, just over half (52%) were planning to take hormones in the future. Half of the hormone-experienced participants had obtained their hormones from someone other than a doctor (from friends, on the street, or through the internet) including nearly 60% of MTFs and 22% of FTMs. Only six participants among the 90 who had injected themselves reported sharing syringes with others, including five MTFs and one FTM. Forty-two MTF participants (19%) and two FTM participants (2%) reported injection silicone use, with nine of those (21%) sharing needles. Nearly 13% of MTFs had undergone genital surgeries, and 22% of FTMs had undergone chest surgeries. Just 3% of FTMs had undergone genital sex reassignment.

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Discrimination and Violence

One in five participants felt they had been denied a job due to their transgender status or gender expression, including 21% of MTFs and 18% of FTMs. Thirteen percent reported being fired from a job due to an employer's reaction to their transgender status or gender expression, including 15% of MTFs and 9% of FTMs. A quarter of all participants reported being homeless at some point in their lives, including a third of FTMs and 20% of MTFs. Nine percent of participants, including 14% of FTMs and 6% of MTFs, reported losing housing or a housing opportunity due to their transgender status or gender expression.

Twenty-seven percent reported they had been forced to engage in unwanted sexual activity since the time they were 13 years old, including 35% of FTMS and 22% of MTFs. Forty percent of the participants reported being physically attacked since the time they were 13 years old, including 45% of FTMs and 36% of MTFs. Over two-thirds (69%) of participants felt the primary reason for one or more of the incidents of physical assaults was their transgender status, gender identity, or gender expression, with 72% of FTMs and 67% of MTFs reporting this. Almost one-third (31%) of the participants reported that one or more of incidents of physical assault involved someone living in the participant's household at the time. Overall, 70% of the respondents who were attacked did not report any assault to the police.

Forty percent of the participants reported being physically attacked since the time they were 13 years old, including 45% of FTMs and 36% of MTFs.

Nearly two-thirds of participants reported having thoughts of killing themselves in their lifetimes, including 79% of the FTMs and 58% of the MTFs. Among MTFs reporting suicidal thoughts, 61% felt their gender issues were either the main reason or most of the reason, compared to 39% of FTMs. Among participants who reported suicidal thoughts, 41% made attempts, with similar rates for MTFs and FTMs.

Substance Abuse

On a lifetime basis, marijuana (67%), painkillers (42%), powder cocaine (32%), and downers (27%) were the most popular drugs used by participants. FTMs exhibited higher rates of lifetime use and earlier first use of drugs than MTFs. On a lifetime basis, 6% of participants had injected drugs (not including hormones) including 8% of FTMs and 5% of MTFs. Among all injecting drug users, 8 (40%) reported sharing needles to inject their drugs. Participants reported much lower levels of their current drug use, with marijuana (18%), downers (5%), painkillers (5%), poppers (3%), and powder cocaine (3%) the most popular. Ninety-three percent of participants had drunk alcohol in their lifetimes, and a quarter of those felt it had been a problem, including 39% of FTMs and 18% of MTFs. Nearly two thirds of participants had used tobacco in their lifetimes, including 75% of the FTMs and 59% of the MTFs.

Sexual Behaviors

Nearly 96% of the participants reported they had sex in their lifetimes, including 97% of MTFs and 94% of FTMs. Sixty-two percent of the MTFs had sex with non-transgender men, 61% with non-transgender women, 16% with other transgender women, and 8% with FTMs. Eighty-seven percent of the FTMs had sex with non-transgender women, 54% with non-transgender men, 18% with other FTMs, and 8% with transgender women. Eighty-four percent of FTMs and 72% of MTFs reported having sex in the past six months.

Among the MTFs with primary

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Recommendations to VDH and the Virginia HCPC

The following are recommendations from the report which are supported by the results from THIS. In the full report, more details are provided about each of these recommendations.

1. **Capacity building assistance for transgender cultural competency training for medical, social service, shelter, transitional housing and other provider staffs**
2. **Capacity building assistance for medical service delivery training for medical providers in transgender care services**
3. **Local clinical transgender care programs operating on a sliding-scale fee, harm reduction model in the eastern and western regions**
4. **Improvement and expansion of outreach services and HIV prevention workshops for transgender people, with attention to specific transgender subpopulations (FTMs, Latinas, commercial sex workers, and youth)**
5. **Development of transgender-specific HIV/AIDS prevention materials and implementation of transgender-specific prevention workshops**
6. **Educational Programs for Transgender People about Transgender Care**
7. **Improvement of Access to Mental Health Services for Transgender People**
8. **Improvement of HIV Testing for Transgender People**

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partners, 50% never used condoms or other protective barriers, compared to 22% who always used them. Among the FTMs with primary partners, 51% never used condoms or other protective barriers, compared to nearly 19% who always used them. Among the MTFs with other partners besides their primary partner, 39% always used condoms or other protective barriers, and 10% rarely or never did. Among the FTMs with other partners, 53% always used condoms or other protective barriers, with 13% never using them. Twenty-four percent of participants were abstaining from sex at the time of the survey, including 28% of MTFs and 17% of FTMs.

Two-thirds of participants had received printed HIV prevention and education materials, but they were rated the lowest ... for quality and sensitivity…

HIV/AIDS

The most commonly reported sources of information about HIV and AIDS were participants' doctor's offices (42%), television, radio, and magazines (40%), internet searches (39%), their peers (34%), and school (32%). Overall, FTMs scored higher in both their HIV knowledge and perception of HIV/AIDS risk. Two-thirds of participants had received printed HIV prevention and education materials, but they were rated the lowest among the four prevention and education services for quality and sensitivity to the participants as transgender persons. Twenty-eight percent of participants had encountered HIV outreach services, and 27% had attended an HIV prevention group or workshop. As with transgender care services, FTMs consistently ranked service, quality, and sensitivity lower than their MTF peers, especially in the sensitivity of providers towards them as transgender persons.

Among the MTFs who reported their status, 16% were HIV positive. The most commonly reported means of becoming infected was unprotected sex with a non-transgender man (86%).

Eighty-two percent of all participants had been tested for HIV, with 36% getting their most recent test less than six months ago and 58% within the past year. The most common reason given for not being tested was always having safer sex (38%). Over a third of those tested had had unprotected sex since their last HIV test, including almost half of the FTMs and almost a third of MTFs. Among the 266 participants who reported their HIV status, 10.5% were HIV positive, nearly 86% were negative, and 4% did not know their results. None of the tested FTMs who reported their HIV status was positive. Among the MTFs who reported their status, 16% (28 participants) were HIV positive. The most commonly reported means of becoming infected was unprotected sex with a non-transgender man (86%).

Among the HIV positive transgender women, 22 (79%) were taking HIV medications at the time of the survey. Of the 22 taking HIV medications, 10 (46%) were also taking transgender-related hormones with those HIV medications. The doctors of 9 of the 10 HIV+ transgender women knew they were taking hormones as well as HIV medications, and 7 had discussed possible interactions between their hormones and HIV medications. Among HIV treatment services, HIV medications were the most utilized service. Among those services rated by 10 or more HIV+ participants, HIV-related emergency room visits was rated lowest for both quality and provider sensitivity.

The full report contains much more information from this impressive survey, including a regional analysis of the survey results. To read it, go to: http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/documents/pdf/THISFINALREPORTVol1.pdf ♠

Hormones and the Older MTF

Tarynn M. Witten, PhD, MSW, FGSA & A. Evan Eyler, MD, MPH

In the last newsletter, we addressed the androgen supplementation issues for the older female-to-male trans-identified individual. In this next part of the two-part series, we will cover estrogen and older male-to-female (MTF) individuals.

Due to the current lack of data … estrogen use in this population must be considered in light of information gained from the study of post-menopausal estrogen use among non-trans women.

The use of hormones is affected by the aging process. While much is known about changes associated with aging, research involving transgendered elderly persons using hormones is extremely scarce. Only recently has research involving large samples been conducted to show actual effects of trans persons using cross-hormonal treatment, and few of those study participants were elderly individuals who had been using hormones for extended periods of time.

Until additional research is conducted in this area, physicians must "extrapolate" from evidence-based recommendations regarding care of non-trans geriatric patients. A general guideline is to consider both the usual effects of hormones for non-trans patients and the medical characteristics of the individual transgendered person.

Due to the current lack of data regarding the clinical experience of older transsexual women, estrogen use in this population must be considered in light of information gained from the study of post-menopausal estrogen use among non-trans women.

The use of supplemental estrogen by older non-transsexual women is currently a matter of clinical controversy. For decades, it was believed that the longer average life expectancy enjoyed by women, relative to men, was in large part due to hormonal factors: higher levels of estrogen production, lower testosterone, or both. Therefore, it was argued, supplementing estrogen after menopause would continue this physiological advantage, reducing the risk of cardiovascular disease and prolonging life. In vitro evidence had demonstrated possible beneficial effects of estrogen on the vascular system. Available clinical data at least partly supported this theory.

Subsequent data from randomized, controlled trials contradicted this viewpoint. The Heart and Estrogen/Progestin Replacement Study (HERS) study failed to demonstrate any cardiovascular benefit—and found a probable increased risk—among women with pre-existing coronary artery disease and taking estrogen and progestins post-menopausally. The Womens' Health Initiative (WHI) study looked at the effects of hormone use among post-menopausal women without known cardiovascular disease. An increased risk of heart problems was detected in the combined estrogen-progestin part of the study, while the estrogen-only group found no increase in heart problems, but an increase in stroke (some benefits of estrogen use were also found, including reduced risk of colon cancer and osteoporosis). After publication of these results, estrogen use was no longer recommended for either primary or secondary prevention of coronary artery disease among post-menopausal women, and women taking estrogen were encouraged to discontinue its use.

Current concerns … include questions regarding age at onset of estrogen use, type of estrogen used, route of administration, and concurrent risk factors, particularly smoking.

The HERS and WHI conclusions have been challenged on numerous methodological grounds. Current concerns that directly influence the treatment of older transsexual women include questions regarding age at onset of estrogen use, type of estrogen used, route of administration, and concurrent risk factors, particularly smoking.

Age at onset of use: Although the average age of menopause in the United States is 51 years, the average age of enrollees in the WHI study was 63.3 years; 25% of participants were 70-79 years of age. It has been suggested that estrogen plays a beneficial role in preventing formation of vascular plaque, but may have harmful effects (e.g. increased likelihood of erosion and rupture) on existing plaque. Therefore, estrogen use begun at younger ages, such as at the time of menopause, when cardiovascular plaque would usually not yet be well-established, might help prevent the development of cardiovascular disease. Recent re-analysis of the Nurses' Health Study data has supported the possibility that timing of hormone replacement therapy initiation, in relation to age, influences coronary risk. The data also revealed that, among women aged 50-59, coronary events were less common in the group using estrogen than those taking a placebo. Speroff and Fritz conclude, "…And there continues to be good reason (a combination of biologic data and uniform agreement in a large number of observational studies) to believe that hormone therapy can have a beneficial role in the primary prevention of coronary heart disease."

Although the effects of estrogen on the cardiovascular system have not been well-studied among natal males, it is probable, or at least possible, that similar findings will emerge. Transsexual women who have not had the opportunity to undertake gender transition at younger ages will likely have the same clinical experience as their natal female peers who begin estrogen use at advanced ages.

Type, route, and dosing of the hor-

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Hormones and the Older MTF

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monal preparation: Both the HERS and WHI trials utilized conjugated equine estrogens (CEE) which were administered orally. It has been suggested that transdermal administration (via skin absorption) may be associated with a lower risk of blood clot than other forms of estrogen. Some relatively small studies have suggested an increased risk for blood clots among women taking oral CEE but not among those using transdermal estrogen and a greater reduction in cardiovascular problem indicators among smokers using transdermal estrogen, relative to those using oral CEE. These findings suggest that transdermal, rather than oral, estrogen preparations should be used by women taking hormonal supplementation. However, these studies utilized different estrogen compounds, as well as different routes of administration.

Changes in the type of estrogen program used probably explain the observed decline in blood clots and all other causes of death observed among transsexual women, over time, in a relatively large Dutch study. Although data regarding elderly transsexual women, followed over long periods of time, is still very scant, it is encouraging that observed mortality was not in excess of expected general Dutch population norms.

Concurrent health risks: Cigarette smoking is the risk factor most easily modified for heart disease and blood clots. Patients who use estrogens should not smoke. This is particularly important in the middle and older adult years, as the risk of these conditions rises with age. Other risk factors for estrogen-associated morbidity and mortality, particularly among the elderly, include uncontrolled hypertension, conditions that increase the risk of blood clots, any history of blood clots, uncontrolled diabetes, atypical migraine syndromes, and the use of unusually complicated drug regimens.

Although additional clinical research regarding the use of hormonal treatments by elderly transsexual women is clearly needed, current information suggests the following recommendations:

- Treatment with estrogen during mid-life and the later years is associated with significant benefits and medical risks. Patients should be advised of the risks, benefits and possible side effects of estrogen use, and assisted in making an informed decision about its use.
- Transsexual women who begin hormonal treatment in mid-life or at later ages should be evaluated for indications of cardiovascular disease, glucose intolerance, and other chronic conditions that may be worsened by the use of estrogen.
- Estrogen preparations should be used with extreme caution, or not at all, by older transsexual women with uncontrolled concurrent health risks.
- Elderly transsexual women wishing to begin treatment with estrogen should be advised of the potential vascular complications of estrogen supplementation, particularly with regard to possible increased likelihood of erosion and rupture of existing plaque.
- Minimum clinically adequate estrogen doses should be used. There is no evidence to support the use of high doses of either estrogens or androgens for elderly persons.
- When possible, transdermal estrogen preparations are preferred.
- Transsexual women who use estrogen should not smoke. This is particularly important in the later years. Physicians should assist their patients in smoking cessation. ♠

For the full, unabridged article and complete references, please contact the authors at twitten@vcu.edu. Further information and articles are available at the TranScience Research Institute website http://www.transcience.org in the Research Archives section. 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.

PFLAG is Here for Transpeople & Their Families in Richmond!

Born of a mother's love and fueled by her anger at seeing her son attacked in what today would be termed a gay-bashing, the pioneering group that came to be known as PFLAG (Parents, Families and Friends of Lesbians and Gays remains (as it has for more than 30 years) safe harbor for sexual and gender minority persons.

True to its precedent-setting roots, PFLAG National voted in 1998 to serve the trans community through its three-pronged approach of support, education and advocacy. In so doing, this organization became the first national group to take such a stand.

Following the pattern of the national body, the Richmond chapter (established in 1993) has recently become affiliated with PFLAG's Transgender network. Chapter meetings are held from 7 – 9 p.m. on the second Tuesday of each month at Holy Comforter Episcopal Church, 4819 Monument Avenue (at the corner of Staples Mill Road), Richmond.

Meetings are open to LGBTI persons as well as their friends, families and allies. For further information, please go to www.pflagrichmond.com, or e-mail us at: BOD@pflagrichmond.com or President@pflagrichmond.com. The chapter's mailing address is P.O. Box 36392, Richmond, VA 23235.

Guest Editor: "Can I help you, Ma'am?"

An editorial from Bio-Boi Billy

So this edition of the newsletter is dedicated to stress. There are so many things in life that cause me stress. Work, family, the holidays, annoying people that drive and talk on their cell phones… this list goes on and on. As a bio-guy, I can only listen and try to understand the issues, which cause added stress with my trans brothers and sisters. There is one thing that does seem to be universal with me and my trans friends, however. That is people's gender assumptions, which are based on voice pitch. GRRRRRR!!!

First off, a little about me for those of you who don't know me. I am a bio-guy (biologically born male). I am queer-identified. I am also a long-time trans advocate. I am not the "butchest" guy around. I don't try to be "straight acting" (vomit) or fit into gender norms set by the heterosexual society at large. At a recent FTM Transformers support group meeting, one of the participants had actually thought that I was FTM this whole time (which I took as a great compliment, and I still am talking about how I pass as a tranny-fag). For the most part, I really don't care what judgments people pass on me. But, there are limits! People pushing those limits can cause me great stress. Being called "Ma'am" is one of my limits.

I have been called "Ma'am" for years now. It gets quite frustrating. I will call customer service for banking or credit card issues only to be quizzed and questioned over and over about MY account. The operator will be trying to "trick" me because obviously since I have a higher voice I MUST be female and I MUST be trying to get information on someone else's account. This also happens when telemarketers call and ask me repetitively to speak to "Mr. Johnson", at which point I hand the phone over to my partner Jack, even though his last name isn't Johnson, and I let them annoy him.

Once I tell the operator that YES, I am male, and YES the information I am asking about is actually MY information, that's when the attitude starts. I don't know if they are now assuming that I am an "evil homo" that they are speaking to, or if they still think that I am trying to pull one over them. Often, even after I tell them that I am male, they still call me "Ma'am", "Miss", "Ms", or Mrs. Johnson. One time the woman actually called me "Ms. Williams" (William is my first name).

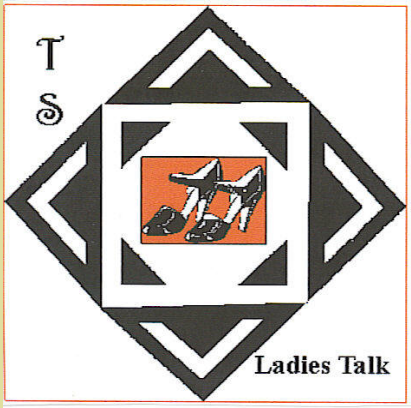
This is what frustrates me. It may not be a HUGE issue, but it gets old and tiresome. I know a lot of trans people that I talk to say they experience the same issues with voice gender assumption (Is that even a real phrase? Or would it be gender voice assumption?).

But here is something that you can do which sometimes can help. When you speak to one of the friendly customer services agents, see if they can leave a note in your profile that you may have a deep or high voice. Ask them to put in the note that you are often confused as the other gender and that it needs to stop. Then if you have to call again, the next representative will see the note in your profile and (hopefully) be nicer and not as standoffish. The one perk is, when you have those buggy telemarketers call, and they ask for "Mr." or "Mrs." "Last Name" but not gender, say the person isn't home and hang up. I guess there is the one positive thing about assumptions! You don't have to talk to those damn annoying people. ♠

Announcements:

- The **report on the Transgender health Initiative Survey** (T.H.I.S.) is completed and is now available on the VDH website! See the article on page 1 for more info. A PDF copy of the full report can be found here: http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/documents/pdf/THISFINALREPORTVol1.pdf
- The Virginia Department of Health has compiled a **Transgender Resource & Referral** (R&R), listing resources for transgender people 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 — Violence**, deadline for submissions is **April 13**.
  - **Summer — Local Healthcare Resources**, deadline for submissions is **June 15**.
  - **Fall — Sexual Orientation and Gender**, deadline for submissions is **September 14**.

  Is there a topic related to transgender health that you'd like to see covered in an upcoming issue? Suggestions for topics, along with readers' 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 if you'd like to contribute in any way.



This is the dynamic new logo for the *TS Ladies Talk* support group in Tidewater, VA

Upcoming Events:

- March 3, 2007 — Conference: **Building LGBTQ Coalitions for Change on Campus**—At University of Virginia in Charlottesville, VA. A statewide organizing conference on lesbian, gay, bisexual, transgender, and queer issues on Virginia college campuses. Faculty, staff, administrators, and students from all VA higher education institutions are invited. The conference will offer opportunities for people to meet others who are working on LGBTQ issues on their campuses, share information, and build a sustainable statewide coalition. Check this website for updates: http://members.cox.net/jenboyle/info.html
- March 3, 2007 — Vega Ova Presents **The 9th Annual, Only Divas Allowed, "Galaxy of the Starrs"** This show will be presented at the Long Shoremen Hall, 3311 Princess Anne Rd., Norfolk, VA. Cover is $15, including buffet while it lasts. Doors open 11 pm, show starts 12 midnight sharp! Come see them take it to the limits!!
- March 17, 2007 — Mr. & Miss Virginia Black Universe 2007 at the Chrysler Museum of Arts in Norfolk, VA (see ad, opposite page).
- March 14-18, 2007 — **The 3rd National Lesbian, Gay, Bisexual, Transgender and Intersex Health Summit** will convene in Philadelphia. This summit will bring together over five hundred health care professionals, academics, activists, community members, and allies to share cutting-edge information and develop strategies to better serve the health and wellness of the nation's LGBTI communities. Scholarships available. For more info and to register, go to: http://www.healthsummit2007.org/
- March 29-April 1 in Milwaukee, WI at the Four Points Sheraton - Airport Hotel — **FORGE Forward 2007** — a conference focused on the lives of trans-masculine individuals and SOFFAs (Significant Others, Friends, Family, and Allies), providing an inclusive environment where our diversities and commonalities are celebrated, empowering and informative workshops for those challenging traditional gender roles and those who love and provide services to them, a safe space supporting and encouraging expression of complex individuality, and a fun, enlightening, and even life changing experience. For more info or to register, go to: http://www.forge-forward.org/conference/index.php
- April 5-7, 2007 — **Philadelphia Transgender Health Conference** This year's theme: Educate, Empower, Embrace, representing our commitment to educating professionals and our communities about health needs, empowering transpeople who use health services, and embracing our identities and realities. This conference focuses on the specific issues, needs, and experiences of trans and gender-variant people with regard to the health of our bodies, lives, and communities. All concerned are welcome, including but not limited to: members of the trans and gender variant communities, partners, allies, family members, healthcare and social service providers. For more info or to register, go to: http://www.trans-health.org/
- April 9-15, 2007 — **Transgender 2007**, the 21st conference of the International Foundation for Gender Education (IFGE) at the Philadelphia Airport Hilton, Philadelphia, PA. There will be numerous seminars and workshops on trans subjects, free time for networking, fun events, and a gala banquet on Saturday night. Open to all! — FTM, MTF, Crossdresser, Transsexual, Significant Other, Friend, Helping Professional, etc. Go to http://www.transeventsusa.org/ifge/ for more info.
- June 16, 2007 at the Chrysler Museum of Arts in Norfolk, VA — **The 9th Annual MMI 2007 Pageant**, honoring reigning queen, Yosmein Campbell Starr. Doors open at 7pm; Pageant begins at 7:45 pm sharp! Updates will be available at this website: http://www.mmipageant.com/ or by calling the MMI National Pageantry line at 757-334-2436 .

Ongoing Events

- **1st Friday** of every month: **TGIIFF** 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 TGIIFF 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 April 13, 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 and maintain 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!

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

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.

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.

James River Transgender Society — 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 _____ at (804) 358-6343 for directions or other info.

Metro Area Gender Identity Connection (MAGIC) - a peer-facilitated support group for MTF and & FTM transsexual people. Every 3rd Friday at 8 p.m. at the Falls Church Presbyterian Church, Broad Street & Fairfax Street, Falls Church. Email magic@www.janisweb.com/magic 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 Tuesdays 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.

Roanoke Guys Night Out — A social group for **FTMs/Genderqueer/Masculine-ID'd** persons assigned female at birth. For more information email baselinerecordlabel@yahoo.com or go to: http://www.myspace.com/transguysnightout

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. Call (804) 358-6343 and ask to speak to Linda Kendall or Zakia McKensey for more 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) 235-4874. 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.

Transgender Education Association (TGEA) — Celebrating 25 years of support to the D.C. area TG/TS/TV/CD communities. Meetings are the 1st Saturday of each month. Email TGEA4U@yahoo.com for more info or visit http://www.tgea.net on the web.