



Brought to you by Virginia's own
Transgender Task Force

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Transgender Health

Spotlight on Local Health Service Providers for Transgender People

By its own description, "Fan Free Clinic provides medical treatment, health education, and social services to those in the Richmond area with limited access to care... placing special emphasis on welcoming the least served." This agency has been

and disempowered communities.

When asked how Fan Free Clinic (FFC) first began working with transgender individuals, Shawn McNulty, who helps to manage the clinic, said that it really had to do with the clinic's

Bisexual, and Transgender (LGBT) people raised FFC's awareness of the health needs of the transgender members of the community. FFC staff Robert Key said that he and other clinic staff noticed, "A lot of MTFs (Male-to-Female trans people) we worked with were not receiving quality healthcare. We heard from them that when they went to regular doctors' offices, they were treated poorly."

Seeing this need, FFC took the initiative in 2004 to create the very first transgender (TG) clinic in the state. Development of the clinic model involved consultation with LGBT clinics in other parts of the country as well as the involvement and input of transgender individuals employed by or otherwise known to the Fan Free Clinic. Zakia McKenzie, a transwoman who works at FFC, took a central role in organizing the clinic, and she now serves as the Clinic Coordinator. As a member of the community, she was able to get the word out to other trans people about the start of the TG Clinic. In addition to making hormone therapy available to those who meet eligibility requirements, the clinic is now able to offer transgender-sensitive



TG Clinic staff Linda Kendall, Shawn McNulty, Robert Key, and Reed Bohn at the window of the clinic.

providing valuable services to Richmond and the surrounding counties for some 37 years. It was the first free clinic in the state, and since its inception, the clinic has continually looked for new ways to serve disadvantaged

connections to the gay community, doing club outreach for HIV prevention and organizing events with the "families" of the drag community. Doing testing events and special clinics sensitive to Lesbian, Gay,

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Inside: 4 Different ways YOU can get involved:

- Join the Transgender Task Force! See p. 10 for contact info.
- Join the Virginia HIV 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. 9 for upcoming newsletter topics.
- Add your event to the to the Upcoming Events section on p. 9!

(Cont. on page 2, TG Clinic)

TG Clinic at Fan Free

healthcare, including HIV and STD screenings, gynecological exams, general physicals, counseling, and many other services. The TG Clinic is open to anyone who self-identifies as transgender, whether or not they want hormones, and wherever they might be in transition. The clinic is offered one night a week, and patients are required to schedule in advance for their appointments.

Since beginning the TG clinic in the summer of 2004, Fan Free Clinic has served well over 100 trans-identified clients. Many of these clients had previously avoided medical care due to societal stigma and fear of abuse at the hands of providers, and the clinic has diagnosed an unusual number of health issues in transgender clients. These conditions have included hypertension (high blood pressure), high cholesterol, urinary tract infections and other urology problems, eczema, nausea and vomiting, shoulder pain, heart murmur, HIV infection, and other STDs. Between taking this opportunity to address untreated health issues and raising the quality of life for trans people by providing access to hormones, Fan Free Clinic is making a significant difference for transgender Virginians.



Linda Kendall, Robert Key, and Reed Bohn at the service window of the clinic on a Tuesday night.

Many clients have actually reported making major lifestyle changes as a result of being able to start hormone therapy at the TG clinic, including weight loss due to a healthy diet and regular exercise, stopping smoking, and decreasing their use of alcohol. Many clients also report anecdotally that their mental health is improved, with lower levels of anxiety, depression, and general stress.

McNulty talked about the particular difficulties faced by older people beginning transition and the increased complications that exist, especially when they have chronic conditions that have gone untreated for long periods. He said that one of the most difficult things for him in doing this work was having to tell someone that they are ineligible for hormone therapy, or that they have to wait [to start hormones] until a particular health problem is under control. He said that a lot of trans people hinge their

happiness on being able to transition (especially if they've waited a long time due to life circumstances), and that, "you can just see the defeat in someone's eyes..."

Both Key and McNulty have found working in the TG clinic to be very rewarding. Key appreciates the opportunity to see people "making the changes" to become the person they really are outwardly to match how they feel inside. He feels it is humbling to be allowed to be a part of that process and support them in that transformation. McNulty said he has always been shocked by the level of ostracism that transgender people experience, especially from the gay and lesbian community, which should know better due to its own experiences. He spoke of "a sweetness in working with people who are transforming and becoming who they want to be. It's just phenomenal to see it and be a part of it."

Fan Free Clinic has also grown through its experience with the TG Clinic. While the clinic is not unique, it is the first of its kind in a conservative southern state. People are often quite

(Continued on page 3, TG Clinic)...



Robert Key prepares a client's blood samples to go to the lab for testing.

(Continued from page 2, TG Clinic)

surprised to hear of its existence, especially the fact that it is partially funded through an HIV prevention grant from the Virginia Department of Health. This grant was refunded just a few months ago for another three-year cycle. Because trans-friendly services are so hard to locate in Virginia, clinic staff have been challenged to find resources for clients needing services that FFC is unable to provide. This has led the agency to gather information about resources and look for ways to assist in expanding the capacity of fellow providers. They have often been in the position of educating other health care providers about trans people's needs, since the clinic now has experience in a specialization that is very uncommon and very early in development.

The TG clinic has become a model program, drawing clients from all over the state (including Hampton-Roads, Charlottesville, Colonial Heights, Roanoke, and Northern Virginia, among others), and inspiring agencies from other regions, and even other states, to look into ways to replicate the program. In Richmond, the clinic has provided a stable, supportive, and safe environment for transgender people, creating a venue for individuals to find each other and organize into support groups and even fledgling political organizations that would have been previously impossible. Fan Free Clinic's leadership has inspired people around the country to think about how they can improve healthcare for transgender people in their own areas, as they look at us in wonder, and say, "You did *what* in Virginia?" ♣

To learn more about the Fan Free Clinic, visit their website:

www.fanfreeclinic.org/

Or give them a call at 804-358-6343



Mining for Gold: Developing Medical Resources from Scratch

Just starting your transition? Elizabeth Maples-Bays, an RN and a significant other of a transman, has advice for anyone looking for doctors

By Elizabeth Maples-Bays, RN, BSN Used by permission from *Trans-Health.com*

When Sam began his transition, we were frankly dismayed by the lack of medical resources in our locality. Granted, we don't live in the Big Apple or anywhere near the Land of the Golden Gate, but we still expected to find *something* here in River City. Our city has around [670,000](#) people. We have a major teaching hospital along with a Level I Regional Trauma Center. We have five major hospitals in the metropolitan area with more on the way.

When we began a local search for transgender care services, the obvious lack of available health care was appalling. There was one lone therapist, who had questionable credentials, and a physician who worked with her, who

obviously knew little or nothing about transgender care and who lacked basic board certification in his own specialty. As it dawned on us that we were about to begin paddling our own canoe, I called on my experience in community health and used some very basic skills to navigate and maximize the resources we already had.

The first thing we did was schedule a visit with our family doctor. He is a wonderful young man who, when we first went to him, was fresh out of his residency in Internal Medicine. At the time, I was quite ill and was not satisfied with the care I was receiving from my internist. Sam had needed to find a new doc for a while, and we thought we'd try going to the same office as a matter of convenience. This was three years before he began his transition, so Sam tended to be a bit doctor-shy at times. I think that is pretty common with FTMs (Female-to-male trans people) from what I have observed. The younger ones are especially leery, it seems. Our doctor (let's just call him Dr. H for now) was very accepting of our relationship

and seemed to understand Sam's body image/privacy needs without having to be told. How amazing is that? When Dr. H passed inspection with me as well, we were firmly in place as his regular patients.

I have many health problems, and as my primary care physician, Dr. H directs my care much as a coach runs a team. He may not do all the maneuvers, but he is the one calling the shots (with input from me regarding certain preferences). In other words, he manages my care. He does the same for Sam and did so before the word

"transition" was ever uttered in his office. That seems to be a real issue with younger FTMs... the need for a doctor just doesn't seem real to them. That is true of most young people, in fact, not

just FTMs. As anyone can tell you who got sick before they had a regular physician, it's a whole lot easier to get one when you don't need one than to wait until the need is urgent or worse.

So, if you look around in your area and find, as we did, that there aren't many medical resources for transfolks, consider becoming the patient of a reasonable physician. If you already know that transition may be in your future, you might want to bring it up at the first visit. CAUTION: do not expect to walk into a strange doctor's office, ask for a prescription for testosterone and get it. It just doesn't work that way.

Here's what we did: we discussed Sam's need for someone to oversee the medical aspects of his transition. We did not propose this as something that was optional, but rather as something we were going to do. We asked our physician if he would help us find an endocrinologist in the area who would be willing to manage Sam's Hormone Replacement Therapy (HRT), and

(Continued on page 4, Medical Resources)

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Medical Resources

(Continued from page 3)

he agreed to give it a try. I gave him an electronic copy of the [most current version of the Harry Benjamin standards](#). He took it graciously and promised to look at it. We scheduled another appointment for a week later to discuss the results of Sam's testosterone level, liver panel, and lipid profile and to get the referral to an endocrinologist.

On the suggestion of an FTM who has been through this entire process, I would like to point out that there are several different specialties that might be appropriate for an FTM to utilize for HRT. First of all, there is really no such thing as a general practitioner (GP) any more. Two types of specialists meet the medical needs that they met in the past. Those two are the Internal Medicine specialist and the Family Practice specialist. A physician board certified in these specialties practices the general kind of medicine that most people think of when they speak of a "GP". An endocrinologist is a physician who is board-certified in endocrinology, the specialized practice of medicine involving hormones of various sorts.

One more thing: board certification means that the physician completed a residency and passed a board exam that verified s/he had a certain amount of knowledge in a given area. Be sure to ask your physician if they are board certified in their specialty. If they are ethical, they will answer you without question. If they don't want to answer, there is some reason for that. Only you can decide if the reason is a good one.¹

We kept our appointment, and Dr. H had to break the bad news to Sam, that there was no endocrinologist in the East Tennessee area who would agree to do HRT for a transsexual. That was no great surprise to me. I had fully expected we might have to go to Atlanta to get the prescription. That is a four-hour drive from our house...and an overnight stay if you're as old as we are. But instead of helping us make plans for an Atlanta referral, I heard Dr. H saying something that was so wonderful I could hardly believe my ears. What he was saying is that if we would cooperate by having Sam there routinely for the proper lab work and exams, he would manage his HRT right here in Knoxville. I was elated.

I looked over at Sam who was sitting in a heap looking dejected. I knew he didn't comprehend what we had just been told. It was understandable. Waiting 30 years to transition makes it seem like a dream that will never come true. I nudged him and said, "Honey, did you hear what he said?" He stared at me blankly. When I point blank stated the facts to Sam, his face turned bright red... he looked ecstatic... and incredulous all at the same time. I was so very happy for him.

That was his birthday in the Spring of 2001. We went that very day to fill the prescription. I bought it for him as a very special birthday present. What a gift to me to get to give him his first shot that day. I can cry just thinking about it right now... and every time I remember my throat starts to close up and the butterflies return to nest in the pit of my stomach. I was truly honored to be able to help Sam get something that he had wanted all of his adult life - since the age of 15 when he first realized that he was transgendered. What a long, hard road!

We are both still seeing Dr. H. He manages my high blood pressure and various other common complaints that people see doctors for every day. He also manages Sam's HRT. It's just another one of our health concerns, and that is the way he treats it - as just another subject on the agenda for discussion in a perfectly normal physician office visit. He is a wonderful, caring and talented physician. We are fortunate to have him here in Knoxville. But we still wouldn't have a wonderful doctor that would do these very necessary services for Sam if we hadn't done one very simple thing - ask. It is sometimes just that simple.

If you are anxious and afraid of being treated badly in a face-to-face situation, my suggestion is this: call first... and be honest. I did this very thing once for a friend. Just call the office of the physician that you choose. Make sure they are accepting new patients and that your insurance is accepted by their practice. Once you clear those hurdles, explain that you need an initial exam, but have some questions that you

would prefer to discuss with the doctor's nurse before you commit to an appointment. Remember, the person who answers the phone is rarely a nurse - s/he is probably not even a medical assistant. S/he will press you for details as s/he has been instructed to do. If you feel comfortable, tell her matter-of-factly that the patient who wishes to make an appointment is a female-to-male transsexual and ask her if the doctor feels comfortable seeing a person with Gender Identity Disorder (GID).

Using clinical, medical terminology is very important. GID is a medical condition. No doctor should refuse to see you because you have a given medical condition. While I realize that not everyone is comfortable with describing himself or herself as having a "disorder". I respect that. Just keep in mind that in the medical world, the condition is seen as a medical reason to see a patient for treatment. I agree with those who feel that gender dysphoria is not a disorder, but it can certainly be described as a condition. A good analogy might be pregnancy. It is hardly an illness or disorder, but is certainly cause to seek medical treatment.

Now, whether or not the medical professional you contact feels competent to treat that condition is another matter entirely, but your first goal is to find a physician with whom you feel comfortable to be your family doctor. If you approach the whole thing in that way, you are probably going to succeed in obtaining medical services.

If you go looking for a prescription for testosterone, you are probably not going to succeed, at least not with a quality medical practice. You don't want second-rate health

But we still wouldn't have a wonderful doctor that would do these very necessary services for Sam if we hadn't done one very simple thing - ask. It is sometimes just that simple.

care. You want good services delivered in an adequate facility by qualified people who treat you with respect. We have that. You can, too. You may not succeed with your first attempt, but don't give up - keep trying. Black

market testosterone kills people. You need a doctor to oversee your HRT who knows what they are doing. Don't settle for less. ♠

1. I would like to give credit to my friend, Jon, for his helpful critique of my article. His insights as both an FTM and a layperson were valuable.



The Virginia HIV Community Planning Group Needs You!

By Ami Gandhi

Community planning is a way for people of various backgrounds, expertise, and life experiences to come together as one to aid in preventing the spread of HIV/AIDS in Virginia. It is an opportunity for those from the community and others that are affected by HIV to have

their voices heard. The Virginia HIV Community Planning Committee (HCPC) was created in April 1994 to do just this in order to provide guidance to the Virginia Department of Health for distributing resources and prioritizing HIV prevention programs and activities in Virginia.

The committee is representative of

the HIV/AIDS epidemic in Virginia and involves those living with HIV as well as those affected by HIV in making decisions about HIV prevention programs and funding. The committee has between 25 to 35 members, being balanced for geographic location, gender, race, age, sexual orientation, and urban/rural residence. The committee seeks members with a variety of expertise and life experiences that will aid in targeting persons at high risk.

The committee has identified transgender persons as a priority population for HIV prevention services and one that is at an increased risk for HIV infection. Thus, transgender persons are an essential and necessary part of the community planning process. Members of the committee are asked to make a 2-year commitment to the community planning process. The full committee meets 6 times a year in Richmond for daylong meetings.

Reimbursements are available for travel expenses, meals, and lodging. Honoraria are also available for individuals on disability, persons who lose wages from their jobs, and those who must pay child care expenses in order to attend the meetings. The only stipulations are that members cannot be executive directors of any agency that receives prevention funds from the Virginia Department of Health and that members must work or reside in Virginia. The confidential application process is an ongoing process and there is no deadline for submission. Application forms are kept for 2 years and are considered as vacancies arise.

If you or anyone you know is interested in applying to the Virginia HCPC or have any questions, feel free to contact Ami Gandhi at (804) 864-8002 or at Ami.Gandhi@vdh.virginia.gov. ♠

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From the Editor: ENDA, HRC, and the Long Haul

Like many folks, I have recently been following the Employment Non-Discrimination Act (ENDA) drama.

In case you haven't been tuned in to this particular political fiasco, here's a little history lesson: In 1994, the first version of this bill was introduced, intended to create legal protections for gay and lesbian people from discrimination in the workplace, but it did not yet include gender identity or expression. Then, in 1999, the National Gay and Lesbian Task Force (NGLTF) was the first national lesbian, gay, bisexual, and transgender (LGBT) civil rights organization to *refuse* to continue working on ENDA because it did not include transgender people. NGLTF has spent the ensuing years working to build unity within the larger LGBT communities around supporting *only* a trans-inclusive bill. In 2004, the Human Right Campaign (HRC), the largest LGBT lobbying organization in D.C., who had been holding the line at the sexual orientation-only bill, finally came around and announced that they would also only support passage of the bill if it contained transgender-inclusive language.

So the current situation, and drama, stem from HRC's recent decision not to take a public stand that ENDA remain transgender inclusive.

This came about because several politicians including Speaker of the House, Nancy Pelosi, and longtime out gay representative for Massachusetts, Barney Frank, decided at the last minute that the bill would not pass unless they removed transgender

inclusion. This caused a great uproar among LGBT political communities across the United States, since so many had made the moral commitment to an inclusive bill. Within just a few days, hundreds of organizations, including such notables as Lambda Legal, Parents and Friends of Lesbians and Gays, The National Center for Lesbian Rights, The National Coalition for the Homeless and The Gay and Lesbian Medical Association. It also included 55 statewide LGBT rights

organizations from 43 states (with Equality Virginia here in the Old Dominion). HRC remained silent for a week before finally taking a public stand that they would remain committed to a trans-inclusive bill (although they left open a loophole by saying they would not publicly oppose a bill that was not inclusive).

HRC's silence felt like a betrayal to many members of the trans community, and led to the resignation of that organization's "first and only openly transgender" board member, Donna Rose. This event has become symbolic to me of the level of hurt and broken trust between HRC and transgender communities, trust that was not easily come by in the first place, and now will take years to begin to mend.

The other side of the coin is that all of this drama has led to an unprecedented level of unity among LGBT activists across the United States. As Shannon Minter wrote recently in the Advocate.com, "With new clarity, we understand that we have the power to control our own political destiny and that we

must play a much more active role in shaping federal policy." She goes on remind us that, "We are also more unified than we have ever been. Over the past decade transgender people have been reintegrated into the movement after several decades of post-Stonewall banishment. Just as important, many lesbian, gay, and bisexual people who previously felt isolated and marginalized because of their gender expression have felt truly accepted and included for the first time as well. Collectively, we have rejected the wounding accusations that our enemies for so long have used to divide and debilitate us -- accusations that gay men are not 'real' men and that lesbians are not 'real' women. For the first time, we are

operating from a deep-seated conviction that we all deserve full equality and respect." The fact that this editorial was published in the online version of the oldest mainstream gay periodical in the U.S., itself points to the level of change that has occurred in the social consciousness of the wider gay, lesbian and bisexual community.

Social change happens when groups of people become able to empathize and identify with those who were previously (for whatever reason) considered "not part of us." This is often a slow process, which is sometimes punctuated by dramatic moments of enlightenment.

This seems to be one of those moments where change is speeding up within the consciousness of the LGBT community as well as within society as a whole. The growing understanding that legal protections against discrimination based on gender identity and expression helps the whole LGBT community, and indeed, even people outside of these communities, really demonstrates just how far we have come in the last decade. People are taking note of studies, like the Transgender Health Information Study here in Virginia, which document how health is impacted by having dependable employment, housing, and access to healthcare.

So my conclusion, in considering all this, is that legislation like ENDA may or may not get passed this year. Even if it does pass, it could easily be filibustered in the Senate or vetoed by the President. The important thing to remember is that we are finding ourselves and our voices, and we are finding our common causes. The challenges that have confronted us have served to make us stronger, and so there is great cause for optimism. ♠

Collectively, we have rejected the wounding accusations that our enemies for so long have used to divide and debilitate us... that gay men are not 'real' men and that lesbians are not 'real' women.

HRC's silence felt like a betrayal to many members of the trans community, and led to the resignation of that organization's "first and only openly transgender" board member, Donna Rose.



For more info the ENDA, check these links:

www.donnarose.com/Community.htm - Donna Rose's resignation statement

Donna Rose &
Joe Solomonese
of HRC



www.donnarose.com/Blog.htm - Donna Rose's VERY excellent blog



Donna Rose's
picture from
her blog

unitedenda.org/ - The website for the national coalition of groups united in supporting *only* an inclusive ENDA



www.lambdalegal.org/ - Lambda Legal's comprehensive website

www.transgenderlaw.org/ - The Transgender Law and Policy Institute

<http://nctequality.org/default.asp> - The National Center for Transgender Equality

Announcements:

- The Virginia Anti-Violence Project (VAVP) NEEDS YOU to participate in a **community survey** about issues of violence in the lives of lesbian, gay, bisexual, transgender, and queer Virginians. The survey can be found at: www.equalityvirginia.org VAVP is a project of the Equality Virginia Education Fund and works to address and end violence in the lives of LGBTQ Virginians. For more information, contact Quillin Drew at 804.643.4816 or avp@equalityvirginia.org
- The **report on the Transgender health Initiative Survey (T.H.I.S.)** is completed and is now available on the VDH website! A PDF copy of the full report can be found here: www.vdh.virginia.gov/epidemiology/DiseasePrevention/documents/pdf/THISFINALREPORTVol1.pdf
- The Virginia Department of Health maintains a **Transgender Resource & Referral (R&R)**, listing resources for transgender people all over the state. Click this link: www.vdh.virginia.gov/epidemiology/DiseasePrevention/documents/pdf/TransgenderR&RList2007-07-03.pdf to access the PDF. If you are a provider and you'd like to be added to the R&R listing, click here to download the form: www.vdh.virginia.gov/epidemiology/DiseasePrevention/documents/pdf/TransgenderRRForm.pdf.

Upcoming Topics for the Transgender Health Newsletter:

Winter — **Sexual Orientation and Gender**, deadline for submissions is **January 4**.

Spring — **Our Families**, deadline for submissions is **April 4**.

Summer — **Building Trans Communities**, deadline for submissions is **July 4**.

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! Please note, articles should be limited to 2 pages, single spaced, 12 pt font. 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.

Upcoming Events:

- May 2008, **Transsistahs—Transbrothas Defying Gender Conference** in Louisville, KY. Topics will include spirituality, life skills, family and alternative families, and politics. Check www.transfamilydefyinggravity.net/# for updates, also questions can be directed to Joshua at jahsword@yahoo.com or 502-408-8193.
- May 29 - 31 2008, **The Seventh Annual Mazzone Center Trans-Health Conference** in Philadelphia, PA. This year's theme is: "**Honoring Our Past, Envisioning Our Future**". Focusing on issues, needs, and experiences of trans and gender-variant people with regard to the health of our bodies, lives, and communities. Everyone concerned is welcome to attend, including: members of the trans and gender variant communities, partners, allies, family members, healthcare and social service providers. Go to: www.trans-health.org/ for more info.
- April 1 - 5 2008, **IFGE 2008** in Tucson, AZ at the Doubletree Hotel. This year's theme is "**Toward a Greater Diversity**". It will be co-hosted by the Southern Arizona Gender Alliance. There will be numerous seminars and workshops on various trans subjects, free time for networking, fun events, and a gala banquet on Saturday night. Check www.transeventsusa.org/ifge/ for more details.

- August 30 - September 1, 2008, **Gender Odyssey**, a national conference focused on the needs and interests of transmen, genderqueers, FTMs, and other gender-variant people; the only long-standing national conference with a trans-masculine emphasis. **Open to all**, including families, partners, & allies. For more info, go to: www.transconference.org/.

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 January 4, 2008!**

**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!**



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. 1st Friday of each month, 6 pm — 8 pm. Call (804) 358-6343 or go to <http://www.jrts.org/> 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@janisweb.com or visit <http://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 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.

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>

SW Virginia Transgender Support — A peer-facilitated support group for MTF transsexual women in the Roanoke area. This group is specifically for those who have transitioned, those in transition, or for those wanting to start. Email sweetbrandigirl2004@hotmail.com for more info.

TG Clinic at the Fan Free Clinic — Free transgender-specific health-care 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 McKensy 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.