

Transgender Issues in College Health

Transgender Issues in College Health

New York/New England College Health Association

Saratoga Springs, New York

October 10, 2007

Presented by Samuel Lurie
Transgender Training and Advocacy
www.tgtrain.org

Goals

- To provide an overview of terms and concepts related to the transgender experience.
- Understand distinctions between Biological Sex, Gender Identity, and Sexual Orientation.
- Identify barriers to care and protocols and best practices for providing care.
- Discuss resources to support providers in improving delivery of care and services.

Trainer's Background

- 10 years, 16,000 providers, 28 states
- Hospitals, Clinics, HIV/AIDS Orgs
- Medical Schools, University Health Centers
- College and University Diversity and Student Life Divisions
- Commitment to Adult Learning Theory
- Trans community member and activist

Transgender Issues in College Health

Four Steps to Providing Care

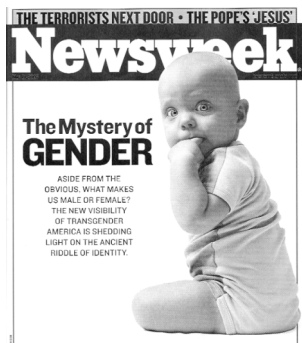
- 1) Understand range of gender expressions and differences in desire for and access to surgical or hormonal interventions.
- 2) Recognize distinctions between gender identity and sexual orientation and understand differences in health care delivery needs.
- 3) Understand access to care is affected by negative experiences with providers and role providers can play in improving quality of life for trans people.
- 4) Making institutions/departments more trans-friendly.

Growing population

- Increased visibility on campuses and elsewhere
- Trans movement—impacting academia, student life, social consciousness



Newsweek,
May 21, 2007



Transgender Issues in College Health

Trend in anti-discrimination policy

13 states + Colorado, California, Illinois, Iowa, Maine, Minnesota, New Mexico, Oregon, Rhode Island, Hawai'i, Washington, New Jersey, Vermont and Washington, DC

Over 90 municipalities including Dallas, TX; Covington, KY; Peoria, IL; Milwaukee, WI; San Diego, CA; Atlanta, GA; Salem, OR.

In New York: Albany, Buffalo, Ithaca, New York City, Rochester, Suffolk County, Thompsons County

Source: Transgender Law and Policy Institute

Some Colleges and Universities

University of Iowa the first, 1996

- Arizona State University
- Brandeis University
- Brown University
- Columbia University
- Case Western Reserve
- City University of New York
- Cornell
- Duke University
- Harvard University (8 year process)
- Ithaca College
- Kalamazoo College
- New York University
- Ohio State
- Rutgers, State U of NJ
- Swarthmore College
- University of California system
- University of New Hampshire
- University of Oregon
- University of Pennsylvania
- University of Vermont
- University of Washington
- Tufts University
- Williams College
- MIT
- Yale University (2006) (Last Ivy League school)

For complete list, see www.transgenderlaw.org/

Institutional Issues

- Practical Issues:
 - Students:
 - ID, Name change, forms, registrar
 - Dorms, bathrooms, locker rooms
 - Classrooms, course content
 - **Health Center and Health Care/Mental Health Access**
 - Staff and Faculty
 - Employment, IDs, forms, insurance
 - Transition on-the-job

Transgender Issues in College Health

Transgender

- Umbrella term for wide range of people who challenge or don't fit social norms of gender expression.
 - Includes a wide range of people, some of whom may not use the term "transgender" to identify themselves.

Transexual

Specifically desires to live full-time in the chosen gender that matches their internal gender identity. Often requires medical interventions and social/legal changes.

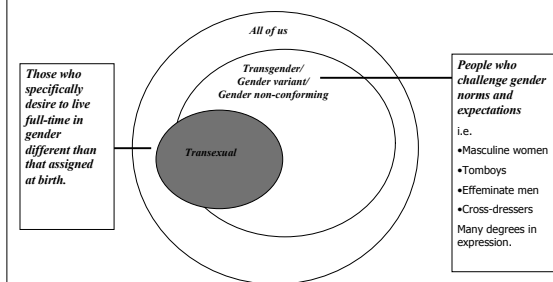
Transgender, or "Trans" is better as a broad, umbrella term.

Language and concepts

Terms:

- *Transgender vs. Transexual*
- *Gender variant and gender non-conforming*

Range of expressions



Language and concepts

Terms:

- ***FTM, Transman***
- ***MTF, Transwoman***

*Both considered
a spectrum*



Transition

- Process of moving to living in as many places as possible in gender that matches identity.
- Takes time
 - Physical, legal, emotional, and social adjustments
- Terms: Read, Clock, Pass, Stealth
- Impacts others: SOFFA
 - Significant Other, Friends, Family and Allies

Family quote

- “I’m hoping not to be abandoned by my family when I come out to them. . . . I want to be looked at as a loving, caring, *normal* human being--which is after all how I view myself. I’ve just made a big mistake in covering up who I really am all these years.”

-Deborah Bershel, MD

Transgender Issues in College Health

Cross Gender Hormones

- Effects: change in body shape, facial and body hair, sex drive, emotions.
- Very powerful drive and motivation.
- Difficult to access safely.
- Emerging trend: primary care providers offering hormone therapy as part of primary care
 - Not a specialty area
 - Becoming more visible and necessary
 - Assures overall access to health care and monitoring
 - Decreases risk-taking and improves overall well-being

Gender Confirmation Surgery

- Many kinds of surgery.
 - Using the terms like “Pre-op” Post-op” and “non-op” mistakenly focuses on genital surgery as a marker of “realness”
 - Not accurate or appropriate.
- Many paths regarding surgery desires.
 - Because surgery is so hard to access for those who do want it, trans people should not be defined by their surgical status.

Not everyone transitions



Now,
which gender am
I again?

Many gender non-conforming people are challenging gender norms and moving back and forth along different continuums.

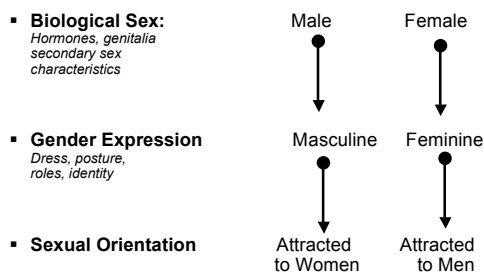
But everyone needs health care.

Transgender Issues in College Health

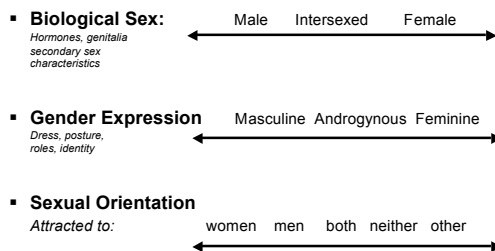
Gender identity and sexual orientation are different things

- Every individual has a biological sex, a gender identity and a sexual orientation.
 - They are distinct things.
 - All can be considered fluid.

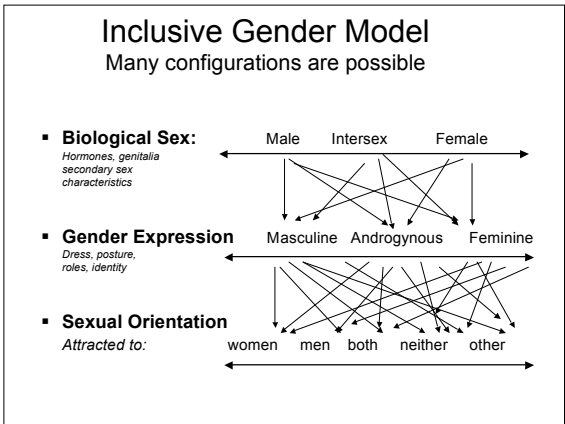
Traditional Binary Gender Model

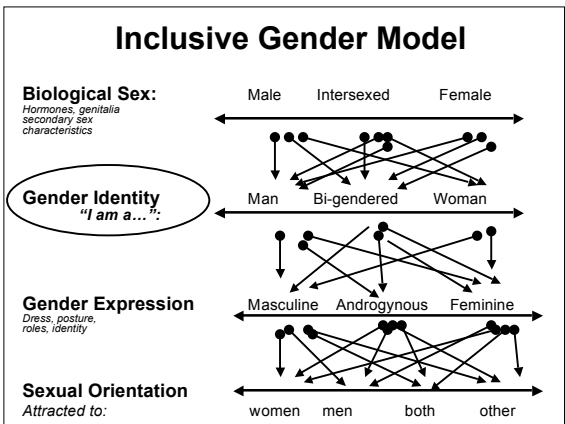


Inclusive Gender Model




Transgender Issues in College Health





Reminders

- Homophobia is different than Transphobia
- Trans people are often outcast in G/L context.



- Pfc. Barry Winchell

Transgender Issues in College Health

Reminders

- Being transgendered does not mean you're gay and being gay does not mean you're transgendered.
 - There is overlap, in part because gender variance is often seen in gay context.
 - Masculine females and feminine males are assumed to be gay;
- “Anti-gay” discrimination and violence often targets gender expression, not sexuality

Trans Losses



**Tyra
Hunter**



**Gwen
Araujo**



**Robert
Eads**

**Alexander John
Goodrum**



Photo by Mariette Patry Allen

Photos from Remembering Our Dead, www.gender.org/remember
And Transsexual, Transgender and Intersexed History, www.transhistory.org

Barriers to Care and Treatment

- Fear of disclosure/exposure
- Social and geographic isolation
- Extensive negative experiences with providers
- Lack of open or trained providers
- In-take forms, office environment, alienating process
- Lack of insurance coverage

Transgender Issues in College Health

Barriers for Providers

- Providers lack basic knowledge and have discomfort
- Lack of clinical research
- Topic still derided by other professionals
- Not enough people doing the work
- Workers and agencies come from a deficit perspective

Standards of Care

- World Professional Association on Transgender Health (WPATH) Formerly HBGDA: Standards of care for Gender Identity Disorders
- 6th Version, 2001 (www.hbigda.org)
- Eligibility criteria for Hormones:
 - 18 years or older
 - Knowledge of Social and Medical Risks and Benefits
 - 3 months: Psychotherapy OR Real Life Experience.

Traditional Treatment Model

DSM IV: Gender Identity Disorder (GID)

- “Ticket to treatment”
- Provider is “gatekeeper” -- determining who is “acceptable” candidate.
- Patient tries to “prove” eligibility by meeting gatekeeper’s criteria.
- Potential conflict in therapeutic relationship.

Transgender Issues in College Health

Limitations with Model

- Limited definition of who fits DSM dx
 - Medical Model assumes everyone is on same path and same “cure.”
- Pathologizes natural diversity
- Approval for treatment should not depend on being “mentally ill” but on being mentally sound regarding choices.

GID Reform

- <http://www.transgender.org/gidr/index.html>

***“Difference is not disease;
nonconformity is not pathology;
uniqueness is not illness.”***

Protocols for Care


- WPATH, Standards of Care (formerly HBIQDA)
 - www.wpath.org (6th Version, 2001)
 - Psychotherapy focus; gatekeeper history; currently flexible guidelines
- Tom Waddell Clinic, SF
 - www.dph.sf.ca.us/chn/HealthCtrs/transgender.htm
 - Harm-reduction model, focuses on support and informed consent
 - Has blood test, protocols, follow-up and maintenance guidelines
- Trans Health Project, Vancouver, Canada
www.vch.ca/transhealth/
- Dr. Norman Spack, Clinical Director, Endocrine medicine, Boston Children’s Hospital: specializes in transgender/intersex youth issues.
- Mazonni Center, Philadelphia, www.mazonnicenter.org
 - LGBT Health center with significant adolescent practice
 - Dr. Robert Winn, medical director and resource

Transgender Issues in College Health

Protocols for Care

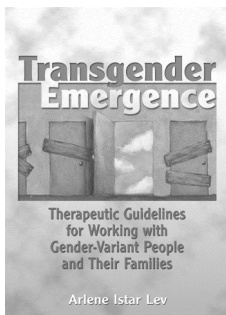
- Tom Waddell Clinic, SF
 - www.dph.sf.ca.us/chn/HlthCtrs/transgender.htm
 - Harm-reduction model; focuses on support and informed consent
 - Includes labs, dosages, follow-up and maintenance guidelines
- Trans Health Project, Vancouver, Canada
 - www.vch.ca/transhealth/

Trans inclusion resources

- Planned Parenthood, 
32 page Document:
PP Finger Lakes
Sexuality Education and Training Ctr.
607-216-0021 x134
www.ppsfl.org
- Lyon-Martin, Nick Gordon, MD
"Medical Therapy and Health
Maintenance for Transgender Men: A
Guide for Health Care Providers"
www.nickgorton.org



Excellent Provider reference:



Contact info:
Arlene Istar Lev
Choices Counseling
and Consulting
www.choicesconsulting.com
518-463-9152
Albany, NY
Also available through
amazon.com

Transgender Issues in College Health

Provider Approach

- Don't make assumptions about sexuality
- Don't make assumptions about goals
 - Each trans person is on their own path
- Respect confidentiality, choices and fluidity
- Honor presenting gender and self-diagnosis
- Acknowledge limitations or bias
- Holistic: work with support system and other providers
- Allow for individuality re process and pace of change

Suggestions for Making Your Office Trans-Friendly

- Don't just add "T" without taking it seriously.
- Train all staff--front office, security guards, director
- Make in-take forms trans friendly,
 - include "chosen name" not just legal name;
 - include more than M/F as gender choices, have range
- Become familiar with medical and mental health literature.
- Challenge transphobia—in staff and community
- Have Trans-inclusive literature in waiting room
- Have Unisex bathrooms!

Bathrooms



Excellent Video:
"Toilet Training: Law and Order in the Bathroom"
Sylvia Rivera Law Project
www.srlp.org

Transgender Issues in College Health

Professional Development

- Ah Ha moments from the training
- Specific things you want to do to increase skills/comfort/competency.

Joy

“Working with someone going through a gender transition is a joyous part of medicine. It’s very similar to feelings obstetricians have about facilitating birth.”

-Edward Cheslow, MD

Thank you!



Celebrate Transgender Lives!

Samuel Lurie, MEd
Transgender
Training
and Advocacy

www.tgtrain.org
slurie@gmavt.net

Transgender Issues in College Health

Resources

- Bockting, W and Kirk S, editors, **Transgender and HIV: Risks, prevention and care**. Binghamton, NY: The Haworth Press (2001) Originally published as a special issue of *International Journal of Transgenderism* 3.1+2. Available online at <http://www.symposion/ijt>
- Feldman, J and Bockting, W (2003) **Transgender Health**, Minnesota Medicine, Volume 86, July 2003. <http://www.mnmed.org/publications/MNMed2003/July/Feldman.html>
- Goodrum, Alexander John, "**Gender Identity 101: A Transgender Primer**" a publication of TGNNet Arizona, www.tgnnetarizona.org
- Gorton, N.; Buth, J, Spade, D.(2005) **Medical Therapy and Health Maintenance for Transgender Men: A Guide for Health Care Providers**, full text available at www.nickgorton.org
- Lurie, Samuel (2006). **Transgender Issues in College Health**, *Action Newsletter*, American College Health Association, p. 1.
- Moore, E, Wisniewski, A and Dobs, A. "Endocrine Treatment of Transsexual People: A Review of Treatment Regimens, Outcomes and Adverse Effects," *Journal of Endocrinology and Metabolism*, 88 (8): 3647-3473, 2003.

Resources continued

- Oriol, K. A. (2000). **Medical care of transsexual patients**. *Journal of the Gay and Lesbian Medical Association* 4(4): 185-193
- Post, P. (2002). **Crossing to Safety: Transgender Health and Homelessness**. *Healing Hands: A publication of the Health Care for the Homeless Clinician's Network*, 6 (4), June 2002. <http://www.nhchc.org/Network/HealingHands/2002/June2002HealingHands.pdf>
- Smith, D and Walter, J. (2005). **Improving Services to Transgender Students, Improving Services to All Students**. *Student Health Spectrum*, Special issue on Cultural Competency: A Publication of the Chickering Group, January 2005. www.chickering.com, see Spectrum Archives for full text.
- **Protocols for Hormonal Reassignment of Gender** from the Tom Waddell Health Center, 2001, http://hivinsite.ucsf.edu/InSite.jsp?doc=2098_3d5a
- Intersexed Society of North America: www.isna.org. Advocacy and educational organization founded and led by intersexed people.
- Transgender Law Center, www.transgenderlaw.org, for information on school and student issues.
