

Medical Needs and Issues of the Transgender and Gender Variant Community

MELISSA M. ALEXANDER

TRANSOHIO, INC.

Stories of the Community

Many in the transgender and gender non-conforming community avoid seeking appropriate and needed medical care at hospitals, medical facilities and with healthcare providers because they fear discrimination, mistreatment and/or embarrassment when they do. This inaction tragically places the community at a high risk for more illnesses and even death.

Harvey Katz, a transgender educator and advocate spoke in an article in the Huffington Post about “making poor health care choices in order to side step the medical options available because he has so many unfortunate experiences in the past”. He stated “he expects his medical providers to provide care to him on a scale from crappy to outright harmful and is always surprised when something bad does not occur.” He also spoke about medical professionals asking him inappropriate questions and even outing other transgender members to him during office visits.

Stories from the Community

“Brandon James” a transgender man walked into an ER trauma center suffering from elevated blood pressure and severe anxiety and in dire need of medical attention and instead was humiliated by hospital staff wholly unfamiliar with treating of transgender patients. They staff made statements such as “that is really a girl”. He described his experience like being in a “freak show at the circus”

“Sarah Givens” a transwoman decided to go with her girlfriends (who were cis gender) to get a mammogram for breast cancer screening but when she went to a medical facility in Cincinnati to do so she, unlike all her friends, was denied the procedure because she was transgender.

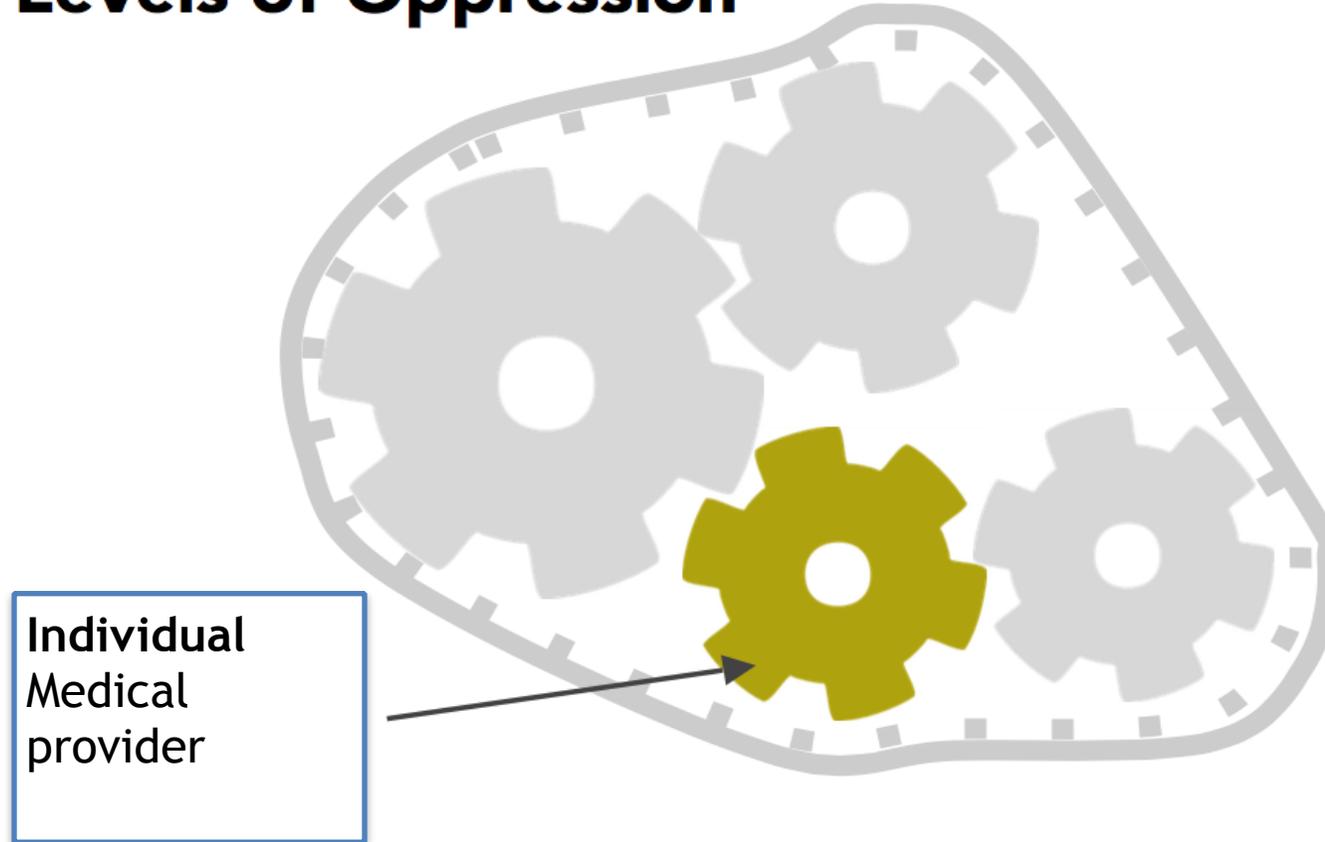
Another transgender woman advised she had difficulty obtaining primary care physician after relocating for work and while she was attempting to do so, she was frequently misgendered and referred to as a “he” and “sir” and “Mr.”

There are thousands of stories over the years all across the country and while the scenarios are more prevalent in rural areas of the country, being in a more urban areas does not guarantee against such mistreatment or denial of service or lack of “cultural competency” on the part of medical providers.

Levels of Oppression



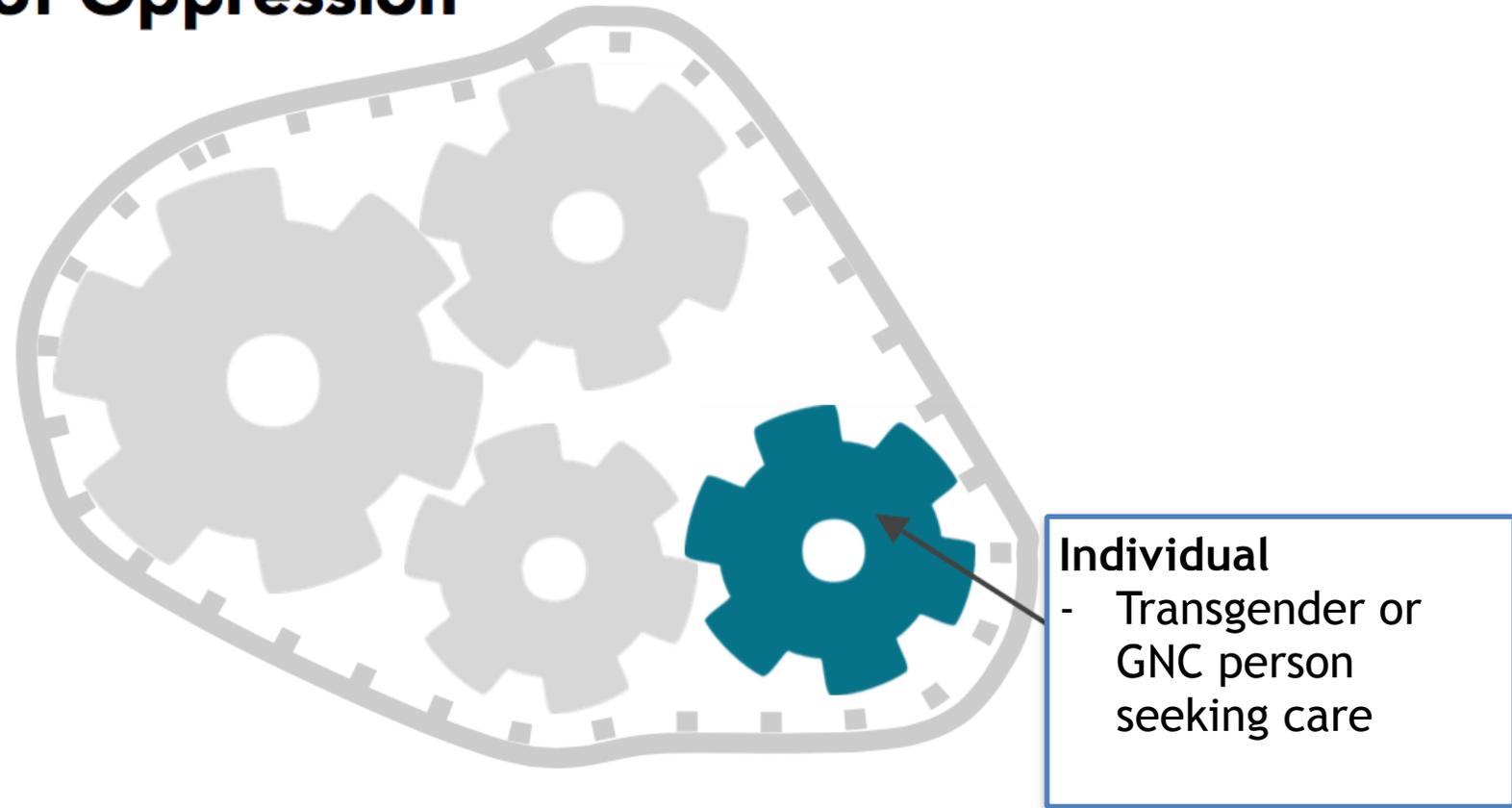
Levels of Oppression



Most Americans claim they don't personally know a transgender person.

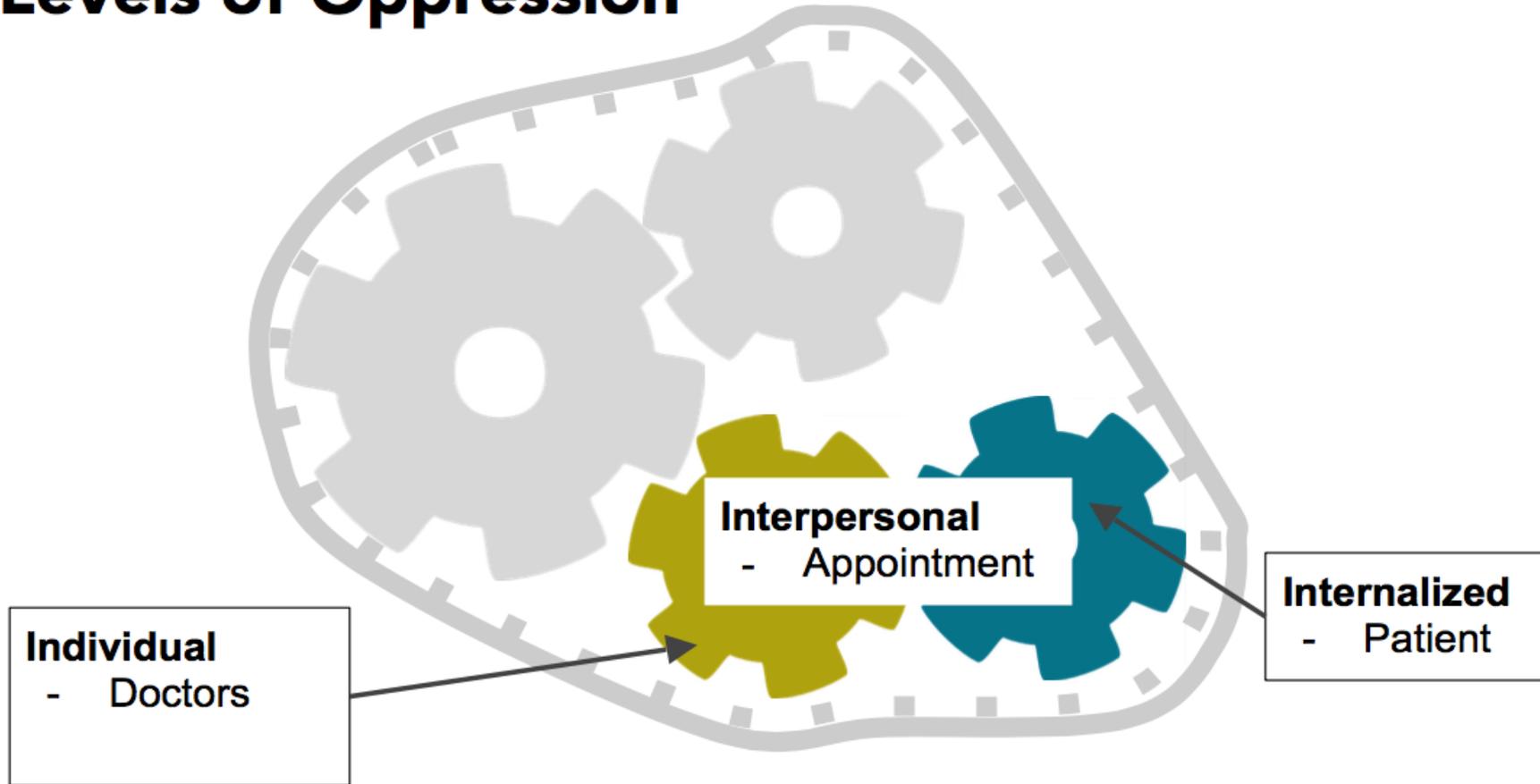
A recent HRC study of society showed that only 35% personally know or work with a transgender person and many claiming they have never met a transgender person.

Levels of Oppression



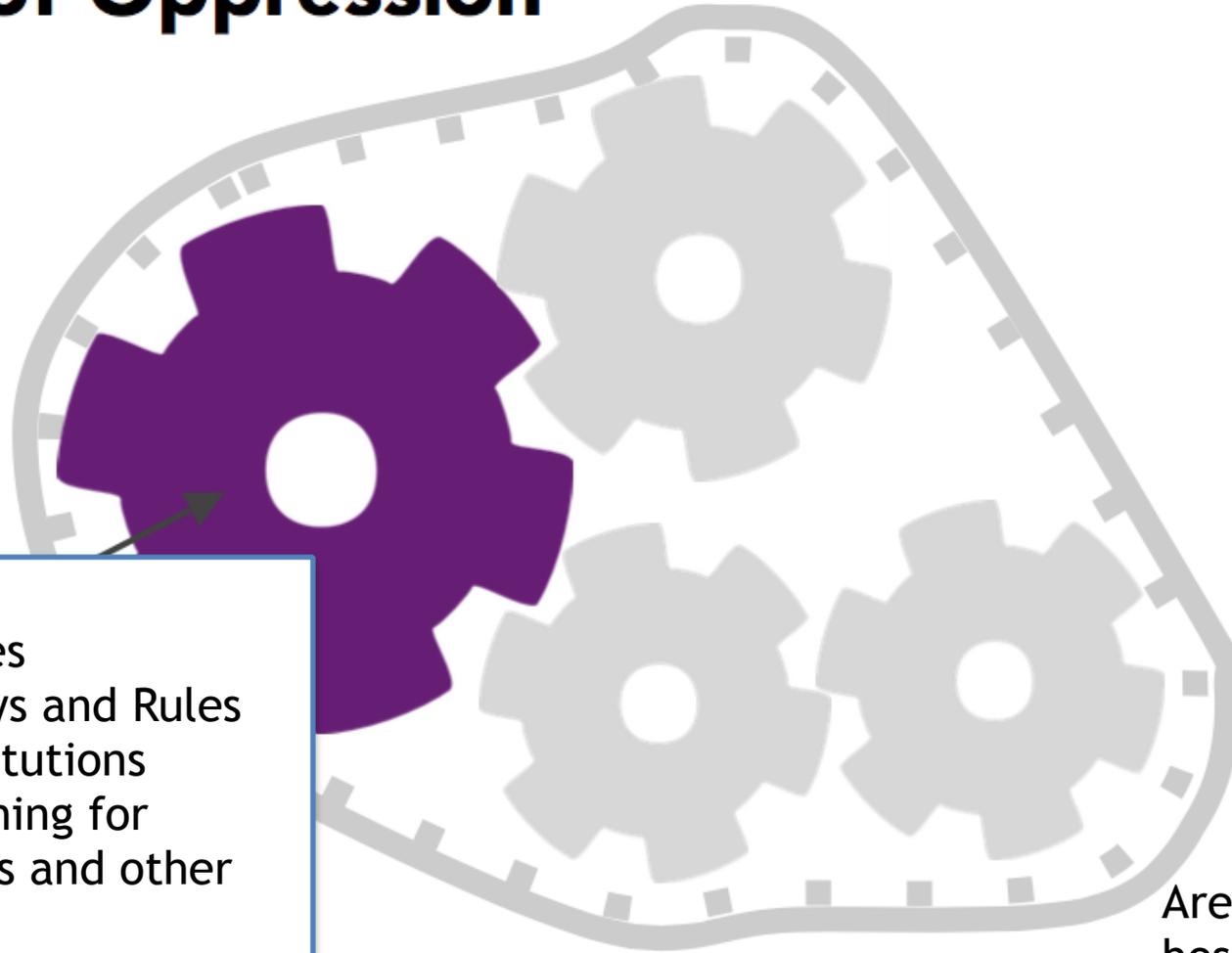
The “Injustice at Every Turn” report of the NTDS found that 50% of the respondents felt the medical provider could not provide for their unique health care needs. 28 % reported that they had delayed seeking preventive medical care (40% for transmen) and 32 % reported delaying medical treatment when they were sick or injured --for fear of being discriminated against or embarrassed by the providers.

Levels of Oppression



Dru Levassuer, director of the transgender rights project at Lambda Legal stated in an article in the Huffington Post that “ I don’t think I know one trans person who doesn’t have a horror story of having a bad situation in a medical setting.”

Levels of Oppression

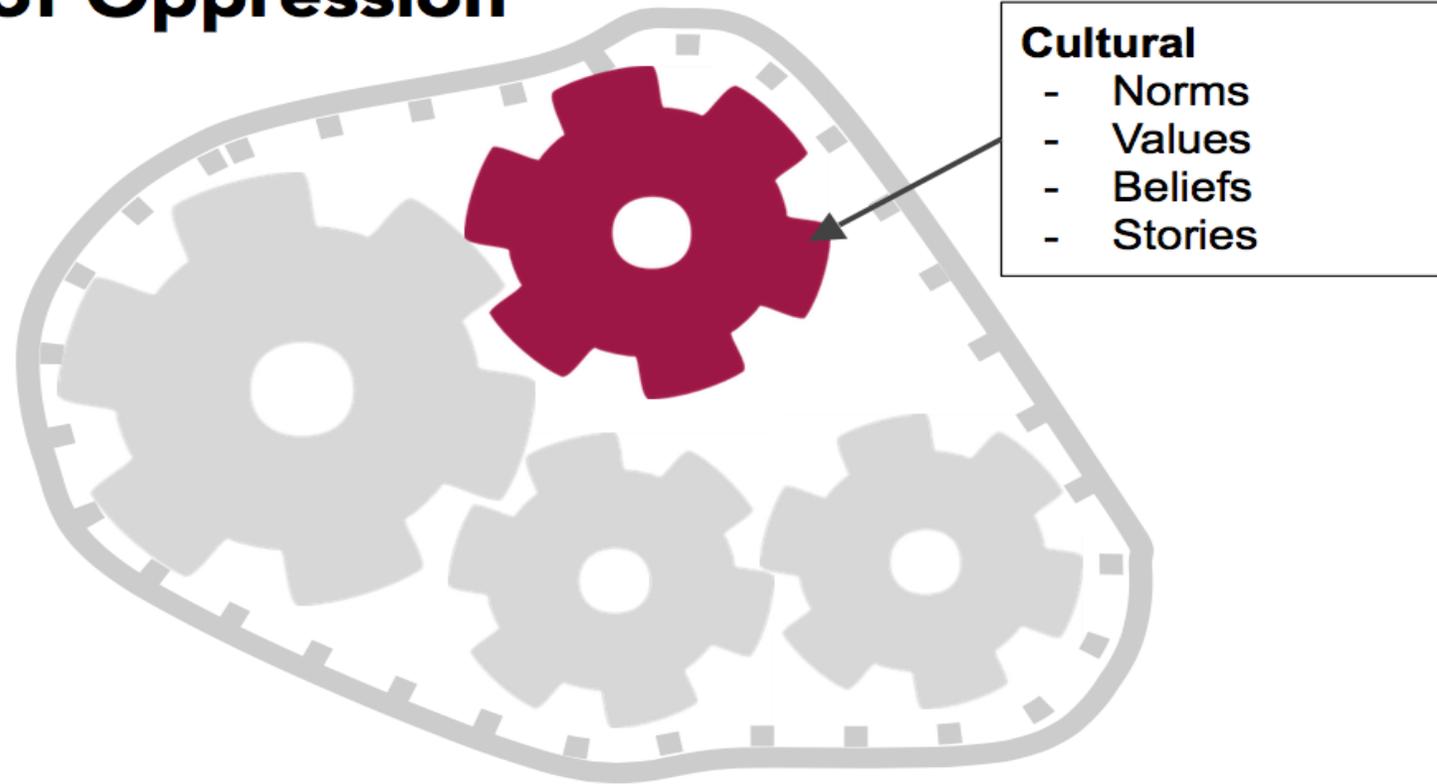


Institutional
Gov't Entities
Policies, Laws and Rules
Medical Institutions
Medical training for
physicians, nurses and other
personal.

Do these policies and laws and institutional processes help the transgender and GNC community ?

Are there standardized hospital procedures for addressing issues of patient's care who identify as transgender or GNC?

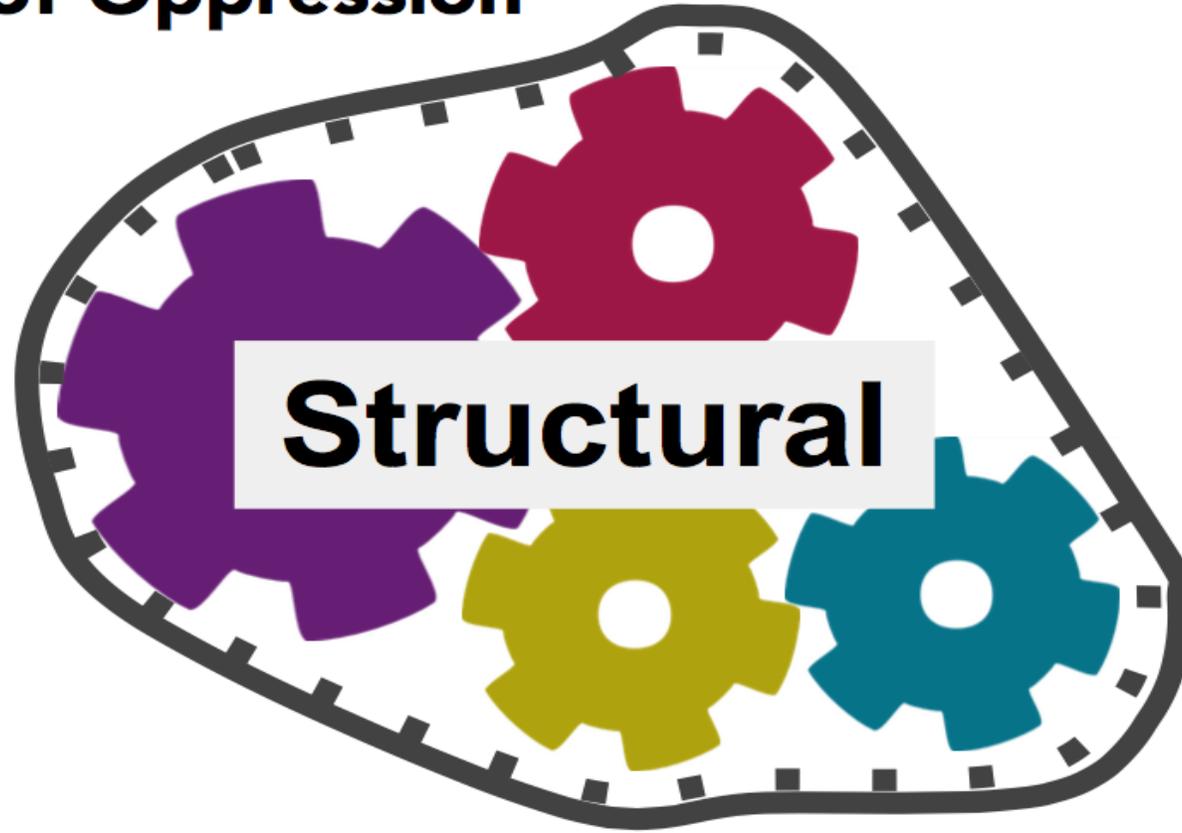
Levels of Oppression



Is your medical staff culturally competent in interacting with transgender and GNC people ?

Jakob Rumble became the first transgender individual to successfully file suit under Sect. 1557 of the ACA alleging sexual discrimination against a Minnesota Hospital detailing harrowing experience of assault during the medical exam.

Levels of Oppression



Healthy People 2020 reported that as a result of horrific healthcare disparities , transgender individuals have a high prevalence of HIV/STDs , victimization, mental health issues and suicide (about 45 % have tried) and are less likely to have health insurance than heterosexual or LGB individuals.

Stories of the Community

https://www.youtube.com/watch?v=fgyFWTpk_Wc

<https://www.youtube.com/watch?v=mJbfm3YI3k8>

Transgender Care and HIV

In 2013, a meta-analysis (Baral et al.) reported that the estimated HIV prevalence among transgender women was 22% in five (5) high-income countries, including the United States.

Findings from a systematic review (Herbst et al.) of 29 published studies showed that 28% of transgender women had HIV infection (4 studies), while 12% of transgender women self-reported having HIV (18 studies). This discrepancy suggests many transgender women living with HIV don't know their HIV status.

In the systematic review, black/African American transgender women were most likely to test HIV positive, compared to those of other races/ethnicities: 56% of black/African American transgender women had positive HIV test results compared to 17% of white or 16% of Hispanic/Latina transgender women.

Among the 3.3 million HIV testing events reported to CDC in 2013, the highest percentages of newly identified HIV-positive persons were among transgender persons.

Medical Training- change starts here

Only a handful of medical schools and some nursing programs provide any training for students on issues related to transgender health and transgender health is rarely covered in traditional residency or continuing education programs.



The bottom line

Transgender and GNC people face discrimination in seeking healthcare including outright denial of appropriate healthcare

Transgender and GNC people avoid seeking healthcare even when ill or injured

Transgender and GNC people have significant risks for HIV infection and exposure

Transgender and GNC people have to educate their own healthcare providers about issues related to their own care

Transgender and GNC people interact consistently with medical personal lacking cultural competency about transgender people.

Transgender and GNC people face humiliation and embarrassment about seeking appropriate care or transitional care

Medical training for providing transgender healthcare is severely lacking for people attending medical training programs!

Healthcare laws protecting transgender and GNC people

The Affordable Care Act (ACA) prohibits sex discrimination including discrimination based on gender identity, transgender status or gender stereotypes in hospitals and other healthcare programs or facilities. It also prohibits the majority of health insurance companies and healthcare providers from discriminating as well including refusing to cover transition-related treatments. However, some employers decline to provide such coverage in their plans even if carrier would provide coverage.

HIPPA- protects privacy of individually identifiable health information including information related to transgender status.

Medicare and Medicaid - protects rights of all individuals to choose their own visitors and medical advocates and proxies. Entities which receive federal funds are subject to the regulations and mandates of the federal government including those regarding healthcare for transgender and GNC individuals.

Healthcare Laws continued

Under the Affordable Care Act, it is illegal for any health program, provider or organization that gets any federal funding (including accepting Medicare or Medicaid payments for any patients) or is administered by a federal agency to discriminate against you because you are transgender, or because you are perceived as not conforming to gender stereotypes. The following are examples of places and programs covered by the provisions of Section 1557 of the Act which precludes discrimination under the coverage of Title VII of the 1964 Civil Rights Act.

Physicians' offices, Hospitals, Community health clinic, Drug rehabilitation programs, Rape crisis centers, Nursing homes and assisted living facilities, School- and university-based health clinics, Medical residency programs, Home health providers, Veterans health centers and health services in prison or detention facilities.

Section 1557 is the **FIRST** Federal civil rights law to **broadly** prohibit sex discrimination in health programs and activities. "Sex discrimination includes, but is not limited to, discrimination based on an individual's sex, including pregnancy, related medical conditions, termination of pregnancy, gender identity and sex stereotypes. Gender identity means an individual's internal sense of gender, which may be male, female, neither, or a combination of male and female. Sex stereotypes means stereotypical notions of masculinity or femininity."

Section 1557

Under Section 1557: Providers cannot deny or limit sex-specific health services based solely on the fact that the gender identity or gender recorded for an individual does not align with the sex of individuals who usually receive those types of sex-specific services (e.g., denying a transgender male a pap smear or denying a transgender woman a prostate exam).

Sex specific programs are allowed *only* if a covered entity can show an exceedingly persuasive justification for the program. That means the sex specific nature of the program must be substantially related to an important health-related or scientific objective.

For example, a breast cancer program **cannot** refuse to treat men with breast cancer solely because its female patients would feel uncomfortable

What can be done to create a positive healthcare experience for transgender and GNC people ?

Ten Tips

(Review Handout from Transgender Law Center)

1. Welcome and display relevant

2. Treat with respect necessary

3. Pronouns matter

4. Ask politely

5. Effective policies for issues arising in office

6. Focus on care

7. Avoid training moments

8. Genitalia is not always

9. No disclosures unless absolutely

10. Become Knowledgeable

What can be done to create a positive healthcare experience for transgender and GNC people ?

- Move beyond the gender binary.
- Change your forms and open them up for broader reporting.
- Come to and participate in transgender events and programs - TransOhio's 9th Annual Transgender and Ally Symposium - April 28- 30, 2017 at OSU.
- In addition to getting training on transgender issues, make sure your staff is trained as well.
- Continue to educate yourself and others - it is not a one time deal!
- Advocate on healthcare issues for transgender and GNC people.

An example how do it right as a healthcare provider!

<https://www.youtube.com/watch?v=mJbfm3YI3k8>



Resources

U.S. Dept. of Health and Human Services - A Civil Rights Training for Health Providers and Employees of Health Programs and Health Insurers

Transgender Law Center- Ten Tips for Working with Transgender Patients

“Transgender People Still Experience Barriers to Healthcare”- Dr. Harvey Makadon - Huffington Post Blog 02/17/16

“I Caught a Case of Internalized Transphobia at the Doctor’s Office” - Harvey Katz - Huffington Post Blog 10/08/15

“This Transgender Man’s ER Story Will Horrify You” - Erin Schumaker- Huffington Post 09/30/15

National Center for Transgender Equality (NCTE) - “Healthcare Rights and Transgender People”

Center for Disease Control (CDC)

“Injustice at Every Turn” - A Report of the National Transgender Discrimination Survey - NCTE and National Gay and Lesbian Task Force