

## CHAPTER XI TRANSGENDER HEALTH ISSUES

### A. Introduction.

*“While homosexuality has been removed from the American Psychiatric Association’s Diagnostic Manual, GID [Gender Identity Disorder] remains. As defined in the DSM, GID is “strong and persistent cross-gender identification, which is the desire to be, or the insistence that one is, of the other sex,” and “persistent discomfort about one’s assigned sex or sense of inappropriateness in the gender role of that sex.”<sup>1</sup>*

*Findings and Concerns*

*“Even when I was a gay man . . . everyone thought that I was a woman – and so I finally said, ‘Why not.’”*

*White Transgender Woman, 40+ years old*

*“I’ve been like this since I was a kid . . . I didn’t know what to call it . . .”*

*African American Transgender Woman, 50+ years old*

Transgender people confront societal views of gender in similar manner that lesbian, gay and bisexual people confront societal views of sexuality. It is important to understand the difference between gender and sexuality, in understanding some of the unique health issues of transgender people. Transgender people are not necessarily gay, lesbian, or bisexual, but may be and identify as such. However, it is important that health care providers not equate transgender people with gay men, lesbians and bisexual people. This approach will alienate transgender people.

*“Most people experience their gender identity as being the same as their physiological sex regardless of their sexual orientation (or, to whom they are attracted). Gender is the expression of masculinity or femininity, which is a sense of self, . . . and which is perceived by others using numerous social signals that have nothing to do with one’s sex or sexual orientation. Everyone has a sex, a gender identity, and a sexual orientation.” (Emphasis in original)<sup>2</sup>*

*Transgender Fact Sheet*

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<sup>1</sup> Findings and Concerns, p. 27.

<sup>2</sup> Transgender Fact Sheet, Jamison Green, San Francisco, 1995.

*Jamison Green*

The term “transgender” has become an umbrella term to describe people who do not identify with the strict gender norms established by society. Included within this term are transsexual people – who identify themselves as belonging to the gender opposite their external genital type; transgenderist people – who live full-time in the gender of his or her choice without desiring gender confirmation surgery; transvestites or crossdressers – people who enjoy wearing the clothing of the opposite gender, either for social or erotic reasons; drag queens or kings – people who crossdress for social gatherings, entertainment purposes or personal satisfaction; and intersexuals – people born with anatomy or physiology which differs from cultural ideals of male and female.<sup>3</sup>

Transgender people face widespread personal and societal discrimination. Physical violence, verbal harassment, and blatantly discriminatory behavior are common experiences for many transgender people.

*“Social prejudice against transgendered persons . . . is, in many cases, even more intense than that directed against Lesbians and Gay men. Surveys of transgendered persons consistently show an extremely high rate of violent victimization, including higher-than-average rates of street violence and of childhood violence perpetuated by parents and caregivers.”<sup>4</sup>*

*Survivor Project: Lesbian, Gay Male, Bisexual and Transgender Elders: Elder Abuse and Neglect.*

## B. Transgender Health Issues.

### 1. Relationship with Health Care Providers.

*“Gender is now more commonly understood as having a strong cultural definition in addition to precise biological and extensive psychosocial components. . . . the health issues related to gender non-conformity may no*

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<sup>3</sup> *Id.*

<sup>4</sup> Survivor Project: Lesbian, Gay Male, Bisexual and Transgender Elders: Elder Abuse and Neglect. [www.survivorproject.org/articles/elderabuse.html](http://www.survivorproject.org/articles/elderabuse.html).

*longer be interpreted as confirmation that transgender identities or behaviors are inherently pathological. Rather, the health issues are defined as either a normal component of various stages of change specific to transgender individuals – concerns that may be related to, but are neither rooted in nor caused by, an individual's gender identity – or the result of prejudice, discrimination, and other culturally-based stressors. (Cohen, et.al., 1997; Gagne, 1997, Israel & Tarver, 1997; Mason-Schrock, 1996).<sup>5</sup>*

#### *Findings and Concerns*

One of the most significant barriers to transgender people receiving quality health care is the overt prejudice displayed by health care providers against transgender people. This prejudice is especially felt by those whose appearance do not fit within societal gender conformity.

*“Prejudice against transgender individuals is pervasive. There is a long-held view on the part of U.S. medical providers and researchers, as well as the public at large, that transgenderism is pathological. This, in itself, constitutes one of the most significant barriers to care. As a result of this labeling, transgender individuals have under-utilized public health and social services.”<sup>6</sup>*

#### *Findings and Concerns*

This view of transgender people by society, including health care providers, has resulted in little scientific research on the health needs of the transgender community. Additionally, societal discrimination has caused many transgender people to live “hidden” lives, making research on their health issues even more difficult than in the lesbian, gay and bisexual communities.

While there is evidence that discrimination is a barrier for transgender people seeking all types of health care, it looms almost as an impasse when the health care involves in-patient treatment, such as with alcohol/drug treatment facilities, mental health facilities and domestic violence shelters.<sup>7</sup>

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<sup>5</sup> Findings and Concerns, p. 39.

<sup>6</sup> Findings and Concerns, p. 41.

<sup>7</sup> “Problems such as discrimination, lack of acceptance and absence of legal protection are just a few of the many problems transgenders must face when seeking health care services. Difficulties

Even when not involving in-patient treatment, obtaining quality health care for transgender people can be difficult. For example, transgender people, because of the social pressures they experience, are often in need of mental health counseling. Obtaining a health care provider to provide this counseling can be problematic, specifically if there is no insurance coverage or little choice in providers.

## 2. Transsexuals.

Transgender people, particularly transsexuals, are often dependent upon health care professionals to maintain their identity in their psychological gender.<sup>8</sup> The ability to obtain hormonal treatments that assist in gender reassignment is often a milestone step for many transsexual people.

Obtaining quality health care around transsexual issues can be very difficult. Even health care providers who serve transsexuals can do so in a manner which reflects paternalistic, discriminatory views.

*“For decades . . . doctors and therapists required transsexuals to divorce loving spouses, move to new states, and fabricate whole new “life histories” in order to qualify for hormones and surgery. Even today, some surgeons refuse to operate on transsexuals who reveal facts like having borne or sired children. Health care providers who do not specialize in treating transgendered persons, are for the most part, completely ignorant about their health care needs and concerns (Morton, Lewis, Hans and Green, 1997).”<sup>9</sup>*

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in obtaining appropriate services also stem from the social stigma carried by transgender/transsexuals – an especially conspicuous problem when it comes to placing transgenders in institutions segregated by sex, such as shelters, treatment centers and prisons. [www.glbthealth.org/transcom.html](http://www.glbthealth.org/transcom.html)

<sup>8</sup> Many physicians follow the Harry Benjamin Standards of Care for Gender Dysphoric Persons in providing health care services for gender reassignment.

[www.altsex.org/transgender/benjamin.html](http://www.altsex.org/transgender/benjamin.html). These standards have been criticized by some transgender activists as being too conservative. [www.altsex.org](http://www.altsex.org).

<sup>9</sup> Survivor Project: Lesbian, Gay Male, Bisexual and Transgender Elders: Elder Abuse and Neglect. [www.survivorproject.org/articles/elderabuse.html](http://www.survivorproject.org/articles/elderabuse.html).

*Survivor Project: Lesbian, Gay Male, Bisexual and Transgender Elders: Elder Abuse and Neglect.*

Hormonal therapy is provided by health care providers based on a diagnosis of Gender Identity Disorder (“GID”).<sup>10</sup> Health care providers who serve transsexual people describe a common psychological transformation of their clients following the initiation of hormonal therapy as profound.

*“When clients first come to see me there is a double alienation – not just from society, but from their own body. There is a lack of acceptance, which causes anxiety and depression. Once hormone therapy begins, there is a transformation. In the vast majority of my patients, the difference is striking. They become less anxious, they become less depressed, they become – their self-image becomes better . . .”*

*White Heterosexual Physician, 40+ years old*

C. Transgender Health in Greater Cleveland.

Transgender interviewees expressed mixed reviews of health care providers in the Greater Cleveland area, although the majority of interviewees had at least one negative experience in seeking health care services.

*“(A physician) is a great guy. He answers questions and he doesn’t judge. . . . . What we would do without him – I don’t know.”*

*White Transgender Woman, 40+ years old*

*“I would be in my [hospital] bed and someone would come by and just look. Then in a few minutes they would come back with someone else and stare and then I could hear them laughing.”*

*White Transgender Woman, 30+ years old*

*““I saw three therapists before I finally found one who understood who I am. I shouldn’t have to explain real basic things.”*

*White Transgender Male, 30+ years old*

Difficulty in finding understanding and knowledgeable health care providers for transgender people is high. This is particularly true for individuals

who must rely on public health services or are restricted in their choice of health care providers by their health insurance plan.

*“There is very little education about transgender people for the average practitioner. They don’t see articles about transgender people in the medical literature. A lot of practitioners are very uncomfortable with transgender people.”*  
*White Heterosexual Physician, 40+ years old*

One health care provider who serves a large transgender population, stated that there is definitely a shortage of general practitioners to serve the transgender community.<sup>11</sup>

*“If there were just a couple (more) general practitioners that would take transgender people, this would . . . definitely improve the situation. Education and comfortableness is a stumbling block.”*  
*White Heterosexual Physician, 40+ years old*

As with any population, people who are poor and lack health insurance, have more difficulty accessing quality health care. Often these people also have more severe health issues. This is true for transgender people. Many transgender people face severe discrimination in employment. Without other options, some transgender people turn to sex work (prostitution).<sup>12</sup> Along with

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<sup>10</sup> Most health insurance providers, based on a diagnosis of GID, will pay for hormonal therapy. This had led many transgender activists to be placed in the position of arguing to keep transexualism as a diagnosable mental illness. This position is not, however, universally held.

<sup>11</sup> “One of the most significant barriers is that most health professionals lack the necessary knowledge about transgender identity and sexuality to respond adequately to their patients. As a result, patients are required to educate health care providers repeatedly about transgender issues (Bockting, et.al., 1998).” Findings and Concerns, p. 41.

<sup>12</sup> “Many members of the transgender/transsexual community rely on prostitution as one of the few available work options. As the evidence from interviews and observations suggests, this is particularly a risk for transgenders who come from low income and minority communities. Transgenders who are involved in sex industry work are especially at risk for alcohol and intravenous drug abuse.

The process which many transgenders experience which leads them into the world of prostitution, and increasingly into drug abuse and addiction, is not only about the difficulty of making a living through regular, legal jobs. It is also tied up with the equal challenge of finding a place in the world, sexually and socially. It is the role that prostitution and sexual encounters generally play in addressing the hunger for affirmation that is so distinctive to transgenders and which is important to understand as a precipitating factor for substance abuse.”

[www.glbthealth.org/transcom.html](http://www.glbthealth.org/transcom.html).

sexual health issues, alcohol/drug abuse, and violence are issues with which these people must contend.

*“For about two years – yeah two years, I worked the streets. Heh baby. It was okay, but there are some real freaks out there. I know a lot of people who got hurt.”*

*White Transgender Woman, 40+ years old*

Poorer transgender people are also more likely to obtain health related services from “the streets.”

*“The silicon man comes around every few months. He rents a hotel room and you can go and get injections. I got some in my lips. [Another transgender person] got it in her hips and her butt and all over. She really laid out the money.”*

*White Transgender Woman, 30+ years old*

*“She gave me this huge shopping bag full of hormones. It was a year’s supply.”*

*African American Transgender Woman, 30+ years old*

These unregulated administrations of health care services are by their very nature dangerous.<sup>13</sup>

## RECOMMENDATIONS

- 1. Health care providers should provide transgender people with quality health care services to meet their health care needs, and not identify transgender people’s health needs with those of lesbians, gay men and bisexuals.**
- 2. Health care providers should remain informed of the most recent developments on transgender health issues, as it impacts the health**

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<sup>13</sup> “. . . it is important for health care providers to be aware of possible increased risk for cancer in people receiving hormone therapy and of the need to conduct breast examinations. Providers

**care services that the provider delivers, and provide this information to their transgender clients.**

- 3. Training on the cultural aspects of the transgender community and on their specific health needs should be provided to additional primary physicians in the Greater Cleveland area. Public Health agencies should ensure that there are sufficient resources for transgender people to seek primary health care.**
- 4. Public health and administrative bodies and health care providers should ensure that there are sufficient resources for transgender people to obtain high quality mental health services, drug and alcohol abuse services and domestic violence services. These services must be provided in a supportive environment.**
- 5. Transgender people should have access to information on their health concerns. This information should be accessible, and include referrals for health care services.**

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should also inform their transgender clients of the risks involved when hormones are not taken appropriately, as well as monitor hormone levels regularly. [www.glbthealth.org/transcom.html](http://www.glbthealth.org/transcom.html).