

F. O. R. G. E.

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Interfacing with Healthcare Professionals April 7, 2001

We all have to interact with healthcare professionals during some points in our lives. While some of us have routine medical exams and high involvement with healthcare professionals, many avoid contact at any cost. Most all of us have had both positive and negative interactions with healthcare professionals or the healthcare system.

When we or are partners start working with providers and we introduce trans/SOFFA issues, this already potentially taxing interaction with professionals can get even more challenging. Of course, some providers are highly aware of trans/SOFFA issues, so we may experience a reduction in healthcare stress, since those providers make our experiences smoother and more satisfying overall. Some providers, of course, have no knowledge or experience in working with trans/SOFFA clients. While some are very open and respectful, the initial interactions may take some quick thinking and educating, and involve unique forms of interfacing in order for all people to reach a satisfying therapeutic/clinical experience.

How do we interface with our healthcare professionals? (Healthcare professionals can include, but is not limited to: physicians; therapists; surgeons; chiropractors; dentists; non-traditional providers, such as body- and energyworkers, acupuncturists, herbalists, etc.)

Do we seek out professionals who are already trans-aware? Or do we stay with our current providers and work towards educating them?

What approaches do we use when entering emergency medical situations and forced to interact with professionals we are not familiar with? How does the responsibility shift as to who needs to interface with the professionals if we are not conscious?

What tips do you have to share with others on making healthcare interactions more positive and successful? Are there effective ways of screening and/or educating providers? What are the most important aspects of interacting with healthcare professionals?

This subject is exceedingly broad.

Please see page 6 for more meeting details.

April 7, 2001

What: Interfacing with Healthcare Professionals
When: Saturday April 7, 2001
Time: 2:00 – 5:00
Where: Diamond Tower Condominiums (Solarium)
1633 N. Prospect Ave
Milwaukee, WI
Donation: \$5.00

From the Editor:

Partners Interfacing with Healthcare Professionals

By michael munson

Partners oftentimes are the overlooked majority within the FTM+/butch/transmasculine community. Although this is not acceptable in any realm, it is especially significant within a medical context. Many people do not understand that a person *partnered* with a transperson might have their healthcare impacted - either negatively or positively—just based on our association with the transperson.

Medical settings are frequently unnerving and uncomfortable for even the healthy, non-trans, non-queer, "mainstream" medical consumer. As partners of transpeople, how can we assure that we will be treated respectfully, that *our* medical issues will be addressed and that we will receive appropriate and respectful medical care?

General Issues

What are we willing to **sacrifice** for our healthcare? Can we live with our providers' prejudices? How does it affect our relationship to our transpartner if we cannot or do not come out about trans issues in our lives?

Some healthcare providers are very interested in trans issues (even if it's not an area of specialty for them). When presented with a situation where they can learn more about trans issues, the SO's issues may be ignored or not fully addressed, since the provider is asking questions to or about the transperson at the expense of the SO's care. Are we willing to educate our providers - taking our time and our money to inform them of the information that they should be willing and able to seek out on their own?

Many of us have established relationships with healthcare providers. When we are in an existing relationship with a partner who is just considering transition or exploring hir gender, it is often difficult to know just when is the "right" time to come out to our providers about our partner's gender identity. When couples/partners/families typically go to appointments together, partners may wish to address issues with our provider about the upcoming transition, or explain changes in appearance in our partner, or other issues that we might feel socially significant to our relationship to our healthcare professional.

Providers frequently get a "snapshot" impression of their clients through intake forms. These forms give them basic demographic data - age, race, marital status, major illnesses, employment status, etc. Unfortunately, many providers don't look far beyond what their client writes on these forms - often not asking clarifying questions to gain a fuller, three-dimensional picture of their client. Most intake forms try to reduce repetition of questions so clients don't spend so much time on paperwork. One area where this can be a bit problematic surrounds questions on insurance. Most forms do not have marital status questions in the demographic part of the form, but only ask about partnering status for insurance questions (since many insurance policies and payments are dependent on the correct boxes being checked on the HCFA medical billing forms the provider submits). Since the question is only asked once, there is no place that the patient/client can reveal that we

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FORGE Calendar

(All schedules are tentative and subject to change.)

April 7, 2001

Topic: Interfacing with Healthcare Professionals
Location: Milwaukee, WI
Guest Presenter: Trudy Davis

May 26, 2001

Topic: Leather Community, SM and Dealing with "Only" Spaces
Location: Chicago, IL

June 2001

Topic: Body Image/Relationships/Sexuality
Location: Milwaukee, WI

July—December 2001

Write/call and tell FORGE what topics you would like to participate in.

Submit your ideas for future meeting topics!

If you have ideas for speakers, outings that are more social than support, topics for discussion, or ways FORGE can better support you - please write or call with your ideas.

Newsletter submissions are always welcomed!

FORGE Newsletter

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FORGE Code of Conduct

Trans people and SOFFAs (significant others, friends, families and allies) are all too frequently subject to others' judgments, projections, assumptions, and worse.

FORGE therefore seeks to provide a safe haven where people's identities, needs, and beliefs are not questioned, devalued, or disrespected.

Participants in FORGE events are therefore expected to:

- Be true to themselves and their own convictions.
- Stay open-minded and flexible to allow for and honor individual difference and diversity.
- Respect and support others' identities and choices, including their decisions to express their gender in whatever ways are comfortable.
- Remember that individuals' identities and external appearances may not "match," and that at FORGE, identities and experiences are more important than appearances.
- Recognize that SOFFAs face the same sorts of prejudices, dilemmas, and challenges that their trans loved ones do, and deserve an equal measure of respect and support.
- Listen carefully to others. Questions or alternative viewpoints should be phrased carefully to acknowledge that what works for one may not work for others.
- Avoid stereotyping.
- Agree to disagree when necessary.
- Be considerate of others' privacy. Think before speaking so you don't accidentally out someone or cause an embarrassing situation.



Submit !

Contribute an article, short story, personal experience, poem, news brief, anecdote, cartoon, anything! Let others hear your voice – your story. Each issue of the FORGE newsletter focuses on the upcoming month's meeting topic. Submit articles on the following topics by the press deadline noted!

Let the FORGE newsletter be an extension of your voice, an expression of yourself.

- Leather Community, SM and Dealing with "Only" Spaces (submission deadline April 15, 2001)
- Body Image/Relationships/ Sexuality (submission deadline May 15, 2001)

Ideas?

Do you have ideas of how to make FORGE a better organization that will more fully serve your needs? Do you know of others who would benefit from FORGE? Do you belong to a church or LGB(T) group or other organization that might like information about FORGE to share with their members? Does your therapist or physician want a subscription to the newsletter? Might they have other trans+/SOFFA clients who would benefit from FORGE?

I encourage everyone to spread the word about FORGE. Although numbers of attendees isn't key, it's important that we outreach to all people who would gain from attending meetings or receiving the newsletter.

Please send your ideas to tgwarrior@execpc.com or call 414.278.6031.

FORGE.

Mission

FORGE offers social support for FTM s+ /SO FFAs (Significant Others, Family, Friends and Allies); disseminates educational outreach and support through monthly newsletters, literature, and in-person venues; and provides referrals to healthcare/other professionals and community resources.

The focus of FORGE is broad, respecting the complex diversity of gender, including deference to the many ways gender can be expressed and self-defined. We also hold SO FFAs and trans+ people as equals.

Some who are involved with FORGE self-identify as (but are by no means limited to): activist, ally, ambiguously gendered, androgynous, baby butch, bearded woman, bigendered, bibboy, boi, boy-dyke, boychick, butch, changer, co-worker, crossdresser, drag king, dyke daddy, fagdyke, empbyer, friend, FTM /F2M , FTN , genderbender, genderblender, gender-free, gender outlaw , gender transgressor, gender queer, healthcare professional, he-she, intersexed, lover, masculinoid, mannish woman, MTFM 2F, neuter, neutrois, new man, omni-gendered, pangendered, parent, people assigned female at birth who have some level of masculine identification, pom o, polygendered, radical faery, refuse to be labeled, researcher, riot grrl, sibling, significant other, SO FFA, stone butch, stone femme, stud, T*, tbid, teacher, therapist, third gendered, tom boy, transgendered, transman, transensual femme, transsexual, unigendered, questioning, wambler. .

We meet monthly in order to form friendships, share information, compare experiences, and strengthen ourselves and each other.

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Office Care of Transgendered and Transsexual Clients

by American Educational Gender Information Service

The very presence of transgendered and transsexual persons can have an impact on other clients and office staff. What should a clinician know about how to address the client, how to prepare billing records, what to tell receptionists and nurses, and which restroom to direct the client to? In other words, what is proper office protocol?

In addition to needs caused by or related to their gender issues, transgendered and transsexual clients suffer from the same range of physical and mental illnesses and conditions that plague the rest of mankind, and their needs for treatment are the same as any other patient. Surprisingly, many transsexual and transgendered individuals are routinely refused treatment, even when gravely ill and when they do obtain treatment, their gender presentation may lead to a lesser standard of care than they would otherwise have received. In fact, the focus can easily change from their medical needs to their manner of dress, even under emergency conditions. Confidentiality considerations, professional ethics, and simple human decency are all too often forgotten as what started out for a request for treatment quickly becomes the Ricki Lake Show. Staff may ignore the client, ask rude questions, make their moral and religious views known, or converse loudly and publicly about the individual, using disparaging terms (Jonas, 1976). In extreme cases, the medical needs of the individual may be ignored, even to the point of death (Bowles, 1996).

Ideally, the client should be looked at in a holistic manner, with the transgender or transsexual issues factored into treatment in the same way as other physical and behavioral characteristics would be. This does not mean the clinician must specialize in transsexualism in order to treat transsexual clients. Often, the client will seek treatment not directly related to his or her gender issue for a cold, for example, or because of heart disease or diabetes. It's important to consider symptoms in light of gender related treatment the client may be receiving for instance, hormonal therapy. At other times, the client may be seeking masculinizing or feminizing medical procedures, or presenting with problems related to such treatments. Some clients will have the bulk of such treatments behind them, and some will be just starting out.

It does not require any special knowledge or training about gender dysphoria to set a broken bone or fill a tooth when that bone or tooth happens to be attached to an individual who challenges our notions of what a man or woman is. A little common sense in the treatment setting can go a long way. However, individuals with gender identity issues have special needs related to being transgendered. For example, those on hormones need to have their blood levels monitored periodically, and both female-to-male and male-to-female postoperative clients are at risk for osteoporosis

and should be on small doses of hormones; additionally, they should have periodic bone density measurements. Many of their medical procedures have to do directly with altering their bodies: hormonal therapy, electrolysis, breast implants or reduction, facial plastic surgery, and sex reassignment surgery, and aftercare of such procedures.

Many transgendered and transsexual individuals lead middle class lives, but many don't. Individuals who live on the street will be likely to have issues with sexually communicable diseases (including HIV), and alcohol and substance abuse problems, and will be at risk for physical abuse, malnutrition, hepatitis, and other conditions. There may also be negative effects from liquid silicone which male-to-female individuals have had illegally injected in order to create "instant curves." [Editorial note: And steroid abuse by f2ms who have legally or illegally obtained androgens which they use without medical supervision Gary Bowen.]

Other clients and office staff can be impacted by transgendered and transsexual clients. The two most common reactions are curiosity and disgust. In most situations, these feelings will be kept private, but it's possible that something may be said. Staff should of course be instructed to behave in a professional manner. The situation is a bit more thorny if other clients are involved. A non-transgendered client who is acting grossly inappropriate can be asked to leave the office or hustled into an examination room. If the situation in the waiting room becomes tense, either the transgendered client or the person with problems with him/her can be shown to a private area. It's unlikely there will be a need for this, but it doesn't hurt to have a contingency plan.

It's more likely that office staff will communicate their personal feelings in a passive-aggressive manner, for instance, by loudly calling a client dressed as a female by a male name, or vice versa. The former "Mrs. Smith" will assuredly be highly embarrassed by being called by that name. Medical records should be kept current, reflecting the client's proper name and gender presentation. A brief in-service will teach staff proper procedures and make it clear when a staff member is being deliberately offensive.

There is a protocol for name and pronoun use. It is based on common sense: transsexuals and transgendered clients who have permanently crossed gender roles should be addressed in the same way as other individuals of that gender. If a client presents sometimes as a male and sometimes as a female, s/he should be addressed in public according to how s/he is

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Getting What You Want Out of Therapy (And maybe other healthcare providers as well)

By Kit Rachlin

Here are just a few tips for people who are considering seeing a psychotherapist.

Know what you want and what you need

Know your goals for treatment. What do you want from this experience? Find a person who is trained and experienced to give you what you need. If you want someone to write a letter for surgery know that you will probably need a Ph.D. or M.D. for one of the two letters, depending upon the surgeon. If you need someone who is licensed for insurance reimbursement or to meet the requirement of a particular gender program, be sure to ask to see the person's license. If you want a therapist to work on particular personal issues (like abuse or obsessive compulsive disorder) it can help to have someone well experienced in that area.

Read The Standards of Care! (The Standards of Care for Gender Identity Disorders – Sixth Version. Is available on line at IJT 5, 1, http://www.symposium.com/ijt/soc_01/index.htm.) If you think you may want hormones or surgery in the future then read the Standards of Care before you begin therapy. They describe credentials for therapists. Sometimes people get close to surgery and find that their therapist does not have the proper credentials to write a letter. This creates a difficult situation. The Standards describe the issues facing transgendered individuals and their loved-ones, list options available to them, provide guidance, and outline the minimal standards of care expected from providers of services. The purpose of the SOC is to educate and protect people going through the process of "sex reassignment". By reading the standards individuals may understand the complexity of the process and the requirements suggested for them and the members of the team they assemble (endocrinologist, surgeon, psychotherapist, electrologist, lawyer, etc). Many people find it comforting to know that there is a structured process which can offer an optimal environment for making decisions and seeing them through. People also like the SOC because it lets them know exactly what is required and can make the future goal tangible and attainable. However, there are people who resent the structured process, the length of time, and the requirements suggested in these standards. This is frequently a reaction when someone has done a lot of independent research, has peer support and community, and has made decisions about transition. They may have spent years coming to their surgical decisions and don't think

about seeing a therapist until a surgeon or endocrinologist asks them for a letter. They have not involved a therapist in this process and may feel it unnecessary to go through the process again. Given the present system, it would have been in their best interest to involve a therapist early in that process so that when they were ready there would have been someone there to write a letter. (This article could be about changing the system, but I'll save that for another time.) It is not realistic to walk into a therapist's office at the last minute and request a letter right away. It does not give the individual the opportunity to benefit from the therapeutic encounter and it puts the therapist in a difficult position. I sometimes wonder how people can do so much research and not realize that they need to include a psychotherapist in their plan.

Look for someone with solid credentials

This means someone who is licensed in their specialty area. I have observed that professionals who market themselves to the transcommunity are particularly prone to use credentials which would not be accepted in other context. For example, "Ph.D. candidate" is another way of saying "graduate student". Such a person has a Bachelors or possibly a Masters degree. They do not have a Ph.D. It is not considered ethical to use the designation Ph.D. until you have earned it by completing the requirements for that degree. It is misleading to people who do not understand that someone can make that claim any time after they are admitted into a doctoral program. The person may have little education beyond a Bachelors in an unrelated field! You just don't know.

Know what credentials mean

There is a vast difference between various degrees and training programs. Peer counselor, Psychologist, Psychiatrist, Social Worker, Substance Abuse Counselor, Pastoral Counselor. Some of these don't require any training and others represent more than ten years of specific training with internship and externship and extensive professional supervision. The term "psychotherapist" can be used by anyone who wants to claim it. It is completely unregulated and there are no rules about who can call themselves a psychotherapist. Look for titles that are certified or licensed. Some certificates are possible with a high school diploma. Others require an advanced degree. Different subject areas have completely different curriculum. For example, I have a Ph.D. in applied psychology and have also been through a postdoctoral specialization program in clinical psychology. Both programs give Ph.D.'s in psychology but they have completely different course work and internships. My first program was about research and people in groups and in

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Families of Trans People and Health Care Professionals

by Loree Cook-Daniels

How being the family member of a transperson affects the non-trans person's health care is a topic that is very seldom talked about. The only reason it would come up is if a visibly "trans" person accompanied the non-trans relative to the doctor or hospital and provoked an outbreak of transphobia, right? Wrong.

Probably the relatives most affected in the health care arena (aside from partners, who are discussed elsewhere in this issue) are our children. Family medical histories lie at the base of most patients' relationships with their doctors. Does heart disease run in your family? Diabetes? What about breast cancer? Although many children must distinguish between "blood" and other relatives due to adoption, blended families, Lesbian and Gay parents and the like, the kids of transpeople have additional issues. If hir parent doesn't want to be outed or if the child doesn't want to be outed how does a child explain that hir mom isn't actually related to hir, hir dad is? Sounds simple, right? But the child may worry that the doctor will ask a follow-up question sie doesn't know how to answer. What if DAD had the breast cancer? (Although men also get breast cancer, kids may still be nervous about discussing such a sex-linked condition.) What if a child's two dads actually are *both* biologically related to the child? How does one explain THAT medical history? Do you say, "My mom's family..." when you're talking about your Dad?

Some FTMs also have children to whom they're not out. How do *those* medical histories get handled? Is the doctor potentially led astray, perhaps even in a life-threatening situation, by being told a family medical history that is actually totally irrelevant? Or do parents in such a situation face pulling the doctor out of the room, freaking out the child, to explain that the child doesn't know, but Dad isn't actually a blood relative?

Other family members face similar family history dilemmas. Does a sister facing a gynecological crisis say that her brother also had uterine cysts? Does a dad going over his family genogram with a new mental health professional say he has one son or two? If he says two, will he have to remember to change pronouns when he later discusses pre-transition family memories? Or does he explain that his son is transgendered and thus open himself to the possibility the therapist will view *that* as his problem no matter what he says subsequently? What if the son doesn't want to be outed? What if the child identifies as neither male nor female?

What a health care provider sees in front of her and then makes assumptions about can be very problematic in health care situations. For a few years, it seemed like every health care problem our young son had was somehow related to his penis. Although our primary pediatrician knew we were an

FTM/female couple, one emergency visit was to a fill-in doctor who acted more than a little perplexed that this ostensibly heterosexual couple seemed so incredibly clueless about this piece of anatomy. We were faced with a dilemma: should we quit asking "dumb" questions and risk not giving Kai the best care, accept her assessment that we must have room-temperature IQs, or stop everything to explain that neither of us had seen a flesh-and-blood penis other than our son's in 20 years?

A similar but more easily handled dilemma came up recently when an elder in my extended family was hospitalized. Under stress, this elder frequently reverts to the pronoun and name the FTM in our family used for the majority of time she's known him. Faced with a bearded "son-in-law," the admissions staff could have easily noted that the elder was clearly suffering from dementia, had the FTM not been willing to explain the situation.

But explaining the situation has its downsides. As we all know, transphobia is still rampant among health care providers. What's less acknowledged in the trans community is transphobes don't just mistreat trans people. Just as some of the worst racist remarks and actions are leveled at white "nigger-lovers," SOFFAs of known trans people often bear the brunt of transphobia and ignorance, particularly from individuals who are otherwise too "polite" to ask outrageous questions or voice negative opinions directly to a transperson. Anyone who "outs" a trans relative within the context of hir own doctor's office knows sie's risking exposing hirself to poor care, outrage, unbridled curiosity, or, at best, a health care provider distracted by this unusual information.

When it comes to educating health care providers, it's more than just transpeople's health that is at stake.

Guest Presenter at the April 7, 2001 Meeting: Trudy Davis

Trudy Davis is a psychotherapist, bodyworker and Nikken distributor. She is a highly talented and unique provider, skilled in a wide variety of modalities—both Western techniques and non-traditional methods. She will be sharing information about Nikken magnetic products at our April 7, 2001 meeting.

FORGE invited Trudy to join our meeting not with the intent to encourage FORGE members to buy products, but to be exposed to a line of products that might be beneficial to many of our members.

LMP

By cubby j. sherwood
<cubsherwood@yahoo.com>

Why is it that no matter what you came to the ER or doctor for, if you are perceived as "female" they ask the date of your last menstrual period? It doesn't matter if you haven't checked one of those silly boxes. It doesn't matter if you go in needing stitches, require a tetanus shot, or have an ear infection. For some reason, determining your ovarian function is important, even for presenting symptoms that have nothing to do with it.

Or what about those injections that could cause possible harm to a fetus, such as the varivax for chicken pox? Do hospitals ask if there is a possibility you could be pregnant before administering it? No. They inform the patient that, unless she has her period, they won't give her the vaccine.

If you go in with a broken finger or bronchitis or something else where they may want to take an x-ray I can understand some concern regarding possible pregnancy. But then why can't the intake person ask (as the x-ray tech does) if there is a possibility that you are pregnant? This would at least offer me the opportunity to choose my response carefully... I've said everything from "No" to "Not a chance" to "No way in heck". I've *thought* about saying "only if you believe Immaculate Conception is possible a second time", but decided it was too sacrilegious even for me. After all, the poor x-ray tech is only doing his job... no need to subject him to my personal issues.

I don't understand why the medical "community" has to be heterosexually oriented... as if every woman they see **must** be having sex with men who could get them pregnant. It's a closed-minded, even dangerous assumption on their parts. A door that could possibly be opened in the dialogue, a door that could enable people to get better treatment because their issues are heard and understood, gets slammed and locked right at the beginning. And all because of a simple question. "What was the date of your last menstrual period?"

Simple to them, maybe. But not to me, or to people like me. People who don't fit gender "norms" or sexual "norms". Or people like my boss, who answers that question with the date of her last menstrual period six years ago, just before her hysterectomy.

The next time someone asks me for the date of my LMP and I am at the doctor's or emergency room for something that has no relation to it, I think I will ask why they want to know. Perhaps it will get at least one medical professional wondering exactly *why* they need to know. And perhaps it will assist in opening those all-important doors of dialogue.

Or perhaps it will result in a psych consult because I'm being a defensive, possibly belligerent patient over such a simple (**very** personal!) question. That might be for the good, though. Then I can work to educate **two** medical professionals!

Nikken

A VISION OF WORLDWIDE WELLNESS

In 1973, Nikken founder Isamu Masuda visualized a company that would help people around the world achieve total wellness. Two years later, his vision became a reality with the formation of Nikken in Fukuoka, Japan.

Nikken - the company, the products and the business opportunity - is built upon a corporate philosophy which is centered upon Mr. Masuda's concept of "total wellness." This concept extends well beyond the scope of physical health, to encompass five key areas of life to be brought into a state of balance. These five areas are known in Nikken as THE FIVE PILLARS OF HEALTH: 1) Healthy Body 2) Healthy Mind 3) Healthy Family 4) Healthy Society 5) Healthy Finances.

A RECOGNIZED INDUSTRY LEADER

Today, Nikken is one of the largest, fastest growing network marketing companies in the world, with a state-of-the-art world headquarters in Irvine, California. Yet, for the millions of people worldwide who have been impacted by Nikken's pioneering product technology, exceptional business opportunity, and balanced living philosophy, Nikken is much more than a company. It is a way of life.

Office Care of Transgendered and Transsexual Clients, cont.

(Continued from page 4)

dressed. In private, you should use the client's preferred name and pronouns, and ask what name to use for mailings and telephone calls. If you're not sure which name or pronoun to use, it's not considered impolite to ask.

It's important to learn about other resources, so clients can be referred to other professionals. Fortunately, there are a variety of materials which can help to bring yourself and your staff up to speed on transgender and transsexual issues. AEGIS, the American Educational Gender Information Service, P.O. Box 33724, Decatur, GA, 30033-0724 [770-939- 2128; aegis@gender.org] can provide you with referral information and with educational materials.

Article reprinted with permission from "Transgender Treatment Bulletin," Vol. 1 No. 1, AEGIS, Atlanta, GA, 1997.

Medical Standards of Care:

Men Who Have Sex With Men (MSM) and Women Who Have Sex With Women (WSW)*

By Mark P. Behar, PA-C, MPAS

*[ed note: Some of the excerpts from this article have valid, useful points for trans+/SOFFAs. The use of the word sexuality is frequently used during this article. While the article was written primarily for lesbians and gay men, many issues pertain to transgender people as well. When the word 'sexuality' is used, think about how the sentence would read with 'gender identity' in its place.]

[The following Standards of Care were adapted from the Philadelphia Safe Guard Project, <http://www.critpath.org>. (and are reprinted with the permission of the author)]

Please consult with your health care professional to decide which of these standards apply most specifically to you.

Good Provider Checklist:

- Is your health care provider receptive to questions?
- Does your provider take a complete medical history and conduct thorough "hands-on" physical exams?
- Do you trust your provider?
- How does your provider handle issues of privacy and confidentiality?
- Will your provider respect your particular wishes for privacy?
- Does your provider explain their choices for treatment or non-treatment?
- Does your provider have experience working with gay, bisexual, lesbian, and/or transgendered patients?
- Do you feel your provider judges your sexual orientation or gender identity negatively?
- Does your provider consider your special cultural, racial, ethnic, language, religious needs and alternative family values?

Coming Out to Your Provider

There are benefits to being open about your sexuality with your provider. There may be benefits to locating an openly gay or lesbian provider as well, although it should be noted that just because a doctor is gay or lesbian, or that they may know about your sexuality, this doesn't mean they may be competent health care providers! He or she can give you better advice and support you in your health choices. You don't necessarily have to justify your sexual activities or gender issues, or spend a lot of time educating your provider about "gay/lesbian stuff" or sexual practices, such as our many subcultures (and the colorful language we understand)- cruising, leather, bear, circuitboyz, transgender, beefcake, drag, etc. Think about the pros and cons of coming out to your provider!

The Assertive History & Physical Exam

It's not hard to feel somewhat intimidated and fearful when talking with your health care provider, no matter how nice they are. Since the most important part of the clinical

encounter between doctor and patient is in the "talking" and history portion of the exam, it is essential that you not be afraid to speak up and ask questions.

It is important to honestly inform your health care provider about your sexuality and sexual orientation/gender identity as well as your past medical history. If you end up in the hospital with a broken limb, or some other condition unrelated to sex, wouldn't it be nice if your provider would advocate on your behalf, making sure your lover or significant other had hospital visitation privileges? Having one partner vs. multiple partners, or having never had anal sex puts a different "spin" on what tests you may need for an adequate assessment (such as anal Pap smears, e.g.). Inquiring about your vaccination status is also relevant.

The actual "laying on of hands" (and stethoscope, reflex hammer, etc.)-- the physical exam-- provides evidence to support or reject a particular diagnosis, and obviously requires touching and examining your body. Ask questions during the exam!

How to Pay for Your Care

If you don't have insurance, consider acquiring it. If you do have health care insurance, find out about your benefits. Whether your insurance is public, private, or an HMO, you have the right to a careful explanation of the benefits due you. You should especially consider coverage of:

- Routine Exams and Vaccinations
- Emergency Care
- Hospitalizations
- Mental Health
- Chiropractic/Acupuncture/Alternative Medicine
- Smoking Cessation or Gym Programs
- Access to Specialists (Including HIV Specialists)
- Rehabilitation
- Prescription Meds (which can be very costly!)
- Seeking a Second Opinion from Another Provider

If you can't afford insurance now but need medical care for an acute or chronic health care problem, many primary care providers will negotiate their fees, barter, or refer you to free health care in your community. Inquire!

Visiting Your Provider

See your regular health care provider every two years if you feel well and have no chronic health problems. If you're over 40, you may need more frequent visits. If you are HIV positive, you should see your doctor and appropriate specialists on a regular schedule. If you have a family history of certain medical conditions (e.g., cancer, hypertension, diabetes, prostate, breast or ovarian cancer), you may need to see your provider more frequently. You need to request a physical examination and ask your provider about the

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Medical Standards of Care, cont.

(Continued from page 8)
following:

- Blood Pressure
- Complete Blood Count
- Cholesterol (serum lipid profile)
- Blood Glucose for Diabetes
- Vaccinations
- HIV and STD Testing
- Chest X-Ray, Skin Test for TB Exposure
- Stool Guaiac for Blood
- Colonoscopy or Flexible Sigmoidoscopy
- Digital Rectal & Prostate Exam and PSA test for Men and Male-to-Female Transsexuals
- Breast Exams and Mammography for Breast Cancer for Women and Transsexuals
- Pap Test and Pelvic Exam for Women and Female-to-Male Transsexuals
- Anal Pap (cytology) to Anyone with History of Anal Warts or Anal Sex Especially if HIV Positive

Do It Yourself Exams in the Shower

None of the following self-exam techniques should replace your provider's exam for cancer.

- Breast-- Men and women get breast cancer! Feeling for breast lumps in the shower is quick and easy because the skin is wet and slippery. Anything noticed that doesn't go away after a week or two, and is not present in the mirror image of the other breast must be examined by a professional.
- Skin-- Especially if you like sun tanning and especially if you have a ruddy (reddish) or fair complexion! Check your skin in the shower for colored or darkened areas that haven't gone away after a week or so!

Smoking and Tobacco Use

Using tobacco of any kind (cigarettes, cigars, pipe, chewing) is responsible for the early deaths and much illness of many men and women including cancer of the anus and cervix. It's also expensive!! If you don't use tobacco, don't be tempted to start. It's neither butch nor femme! If you do smoke or chew, get help to stop. New treatments are now available to make stopping easier. An excellent web site to help you manage your tobacco addiction: <<http://www.becomingnicotinefree.org>>. Ask for smoke-free meeting spaces, bar & restaurant spaces!

Mental & Emotional Health

Counseling and mental/emotional health professionals include therapists, social workers, psychologists and psychiatrists. They can give you a different perspective and sometimes greater clarity on some of the many emotional challenges and developmental issues among men who have sex with men and women who have sex with women:

- Coming Out
- Depression
- Anxiety

- Grief and Guilt
- Anger & Resentment
- Stress Management
- Relationship Issues
- Violence
- Spirituality
- Risk Seeking
- Self Esteem
- Aging and Midlife Crisis
- Homophobia and Other Fears
- Family Dysfunctions, Abuse & Sexual Coercion
- Sexuality, Love, Intimacy, Promiscuity, "Bare-backing"
- Inter-racial, Inter-generational, Inter-religious Relationships
- Addictive Behaviors-- Alcohol, Drugs, Sex, the Gym, Eating, Tobacco, Gambling, etc.

Acute & Chronic Illnesses

Although these Standards address mostly preventive health issues, please remember that it's easier to treat problems early in their course, than after waiting. Fear and denial are two of many defense mechanisms that may be harmful if you ignore symptoms of disease! Many conditions, including cancer, can be cured if detected early. If you have any unusual pain, bleeding, fever, weight loss, or other persistent signs or symptoms that do not respond to over-the-counter medications, you should see your provider immediately. And if necessary, seek a second opinion!

Anything You Need to Know That We've Missed?

Please let us know! Contact Lesbian, Bisexual, Gay Physician Assistant Caucus of the American Academy of Physician Assistants, Inc.: LBGPA Caucus, c/o 1803 N. Warren Av., Milwaukee, WI 53202, Web page: <http://www.aapa.org/caucus/lbgpa>, E-mail address: mpbehar@facstaff.wisc.edu. Founded in 1979, the LBGPA Caucus is a n IRS 501(c)(3) tax-exempt non-profit organization (EIN 39-1731476).

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Getting What You Want Out of Therapy , cont.

(Continued from page 5)

organizations. My second program was about psychological development, mental disorders, psychological testing, and theories of personality and development, psychotherapy and psychotherapeutic theory and technique. In the first my internship was in an advertising agency, in the second my internship was in a psychiatric hospital. I could have marketed myself to the trans community as a licensed psychologist with my doctorate in applied research but that would not have been ethical. (Even though I had been involved in the trans community for eight years at that time and was a licensed psychologist.) I completed a three-year full-time program in clinical psychology in order to obtain the training I considered ethically necessary in order to see people as a psychotherapist. Someone else might have thought that experience as a member of the community and an advanced degree was enough. Different individual professionals have different standards reflective of their personal values. As a consumer you need to understand that professionals have very different levels of training and areas of expertise. You need to find a person who can best fulfill your requirements

Busted !

I recently had reason to check someone's references because they applied for listing in the FTM International resource guide. I had seen the person's advertisements in a number of transcommunity periodicals and I went to her website which described her training and experience. These were my findings: The person claimed to have been in supervision with a person who had never seen her for supervision (Me!), claimed membership in one organization that did not exist and in another organization which existed but did not list her as a member. She claimed to teach in a place which did not exist and claimed to have "studied with" a person who turned out to be a correspondence course taken on the internet. Lastly, she worded her experience so that the reader would assume that she had graduated from a program in which she was still a student (though not currently registered). This taught me to check up on any provider I see advertised! I did this research on the internet and the telephone. So, I encourage you to check up on the claims made by professionals; but do so respectfully. I have had people ask me in challenging and belligerent ways to prove myself to them. This was not a good tone to begin a relationship with. You are entitled to know someone's professional credentials, but do it from the point of a respectful informed consumer. It is not productive to put the provider on the defensive.

Training your providers. When your therapist is not a specialist

There are advantages to seeing a therapist who has experience working with gender issues. A therapist who has this experience will be able to provide guidance, make

referrals to resources and share past experience. However not everyone has access to an experienced therapist and some excellent therapists don't have experience with gender. It is also true that many professionals who pride themselves on their expertise in gender issues have very little experience with FTM and Queer realities. Many people complain that they know more than their providers and must educate them. Unfortunately this may be inescapable. The advantage is that you may have extra control over your treatment because the provider may defer to you. On the other hand, a therapist who wants to work in this area may choose to connect with a gender specialist for consultation or supervision, read books on the subject, attend workshops for professionals, get involved in the transgender/transsexual community, or attend transgender conferences. It is reasonable for a client to suggest some of these options to their therapist if they feel that it would be helpful to them. It is also understandable that therapists who are not specialists may not be willing to pay for the training and experiences they need in order to become truly knowledgeable. Supervision, conferences, courses and the unpaid time away from work to attend them make education expensive and most therapists don't see enough transgendered clients to justify the expense. If someone claims to be a gender specialist then I would expect them to do all of those things.

So, what if you know more than your therapist? The exploration of possibilities can still be a focus of work in therapy as you discuss your research and the pros and cons of different options. As with any major life decision, the therapist's job is not to direct you to choose one option over another. S/he has been engaged to help you to make better decisions and feel more satisfied with life.

"The Letter"

Physicians who require a letter from a mental health professional prior to prescribing hormones or performing surgery are engaging in responsible medical practice. The current Standards of Care state that in some circumstances an individual may not need psychotherapy and an evaluation prior to surgery may be sufficient. The evaluation will usually involve a written report to the treating physician, usually referred to as "the letter".

A therapist writing such a letter should be familiar with the process the client is about to undergo and with outcome research. Though our knowledge is limited, we do have some indications of what circumstances are most favorable for transition. One need not be the perfect candidate but it is important to be fully informed in order to have realistic expectations. (See the Standards of Care for a complete discussion of the content of letters.)

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Getting What You Want Out of Therapy , cont.

*(Continued from page 10)
Transfriendly environment*

Perhaps this goes without saying. A transfriendly environment has gender neutral bathrooms. Unfortunately even doctors and therapists sometimes work in environments in which they can't control everything. However, the receptionist, the office staff, the general environment must be respectful to you. If you have a preferred name and pronoun that does not match the name on your insurance or medical records, discuss this with the office staff. Initial mistakes on their part are probably due to ignorance, so they must be educated to understand that it is a sign of respect to call you by your proper name and pronoun and they are being disrespectful if they do not. It is up to you to do the educating. After you have made a good effort to educate them they should not have to be continually reminded and you should not stay anywhere you feel disrespected.

Trust your intuition

Your comfort and sense of safety and trust in the provider is paramount. I recommend that people give therapy at least a few sessions before deciding how they feel about the therapist. But if you are very uncomfortable or really don't like something about the therapist or the office set up, then don't go back. It is helpful to therapists if you give them honest feedback about your decision.

When looking for a therapist you need a good match. Your personality, beliefs and goals in life all impact who you'll find to be a good guide and partner in the therapy process. The therapist's personality is as important as any stated theoretical orientation. Hopefully your therapist can work with you on all kinds of issues in your life. In order to be most helpful with gender issues the therapist must be capable of accepting any self-definition that feels true to the client. The client is best served when the therapist has a positive attitude towards variation in gender identity and expression and when s/he knows that transgender variations are possible, real, and inevitable for some people and that they are in no way negative, wrong, or unhealthy.

There is much more I could say, but this article has become quite long. Good luck if you are searching. I think that the Kink Aware Professionals (KAP) list is a good source for cool therapists. Check it out at <http://www.bannon.com/kap/mainlist.html>.

W. Meyer III (Chairperson), W. Bockting, P. Cohen-Kettenis, E. Coleman, D. DiCeglie, H. Devor, L. Gooren, J. Joris Hage, S. Kirk, B. Kuiper, D. Laub, A. Lawrence, Y. Menard, J. Patton, L. Schaefer, A. Webb, C. Wheeler. (February 2001). The Standards of Care for Gender Identity Disorders – Sixth Version. IJT 5, 1, http://www.symposium.com/ijt/soc_01/index.htm.

Partners Interfacing with Healthcare Professionals, cont.

are partnered (and what the gender of our partner is).

Another pervasive issue in working with any provider is when our partners are genderqueer and not expected to medically transition. Many providers are not able to understand the gray area of gender identity or expression. Most of us partnered with genderqueers are very careful in our language, often NOT using pronouns. It becomes difficult when the provider presumes a pronoun (even when one has not been used) and starts consistently using that pronoun. A provider may make this determination of pronouns based on what you look like. While this is very looksist, providers may assume that you are a gay man sitting in front of them, so you must obviously be partnered with a man/person who uses male pronouns. Other providers may perceive you to be a straight man and thus start using female pronouns to refer to your partner. Do we insist they use gender-neutral pronouns for our genderqueer partner? No pronouns at all? Do we continue to use the opposite pronoun of whatever they use, just to keep them on their toes?

Mainstream/Western Medical Issues

One of the most common issues that arise for female partners of FTMs+ occurs when she visits her OB/GYN, Internist, or General Practitioner. A question frequently asked of women in "reproductive" years is what they prefer as their method of birth control. While this question presumes heterosexuality, this question may be difficult for both partners of trans clients, transclients, and lesbians. This question also presumes that heterosexual women are engaging in penile/vaginal-oriented behaviors that could result in pregnancy. When confronted with the question of what form of birth control is used (or desired), we need to decide how much we wish to reveal and how out we want to be. Some female partners wish to allow their physician to believe they are partnered with a biological male partner. Some prefer to maintain that they are lesbian-identified and that their partner is happily female, as well. When we choose not to reveal that our FTM+/transmasculine partner is transgendered, physicians may press harder for the woman to select a birth control method (if she states or it is assumed she is partnered with a man) and it may also place this woman in a higher perceived risk category for various forms of gynecological diseases and cancers that are more prevalent in women who have sex with biological men.

For those who choose to tell their physician that they are partnered with a "woman", this may be stressful to her and feel disrespectful to her partner. Of course, partnering with a non-biological man also changes some risk factors for gynecological diseases.

Partners Interfacing with Healthcare Professionals, cont.

(Continued from page 11)

Some may choose to claim a status of being single to avoid the issue all together. Once again, this may cause a lot of stress due to lack of honesty – for both partners. Physicians may also change their assessment of patients if they believe them to be unpartnered, or not sexually active (i.e. they may not realize that their patient may be at risk for sexually transmitted infections).

Gay bio-male partners may face similar issues. Their physician may perceive them to be at a higher (or lower) risk for certain conditions based on what gender they are partnered with (i.e. there is a perceived increased risk assessed for men partnered with other men including, for example, HIV and sexually transmitted diseases; while there is also a perceived increased risk for men partnered with women for conditions such as UTIs and HPV, etc.).

Of course, men who reveal they are partnered with another man (regardless of whether revealing if their partner is trans or non-trans) may, unfortunately, face discrimination and homophobia by their physician(s) or their office staff.

A partner of any gender may experience social challenges if they wish to bring their trans-partner along to medical appointments. Some physicians may not welcome unmarried partners of any gender. Some may only allow married partners into the room, or perceived same-sex/gendered partners into the room for genital-focused exams, etc. (i.e. they may only allow someone they perceive to be a female to accompany their female patient for pelvic exams, or someone they perceive as male to be present for their male patient's prostate or testicle exams). Some may respect heterosexual-looking partners and treat them differently than what they perceive to be more queer or gay/lesbian looking partner. (Of course, this doesn't take into account how the couple identifies, but only the healthcare provider's *perception*.)

Some female/FTM+ or male/FTM+ couples wish to have children. Issues of pregnancy can be difficult for anyone who is not able to get pregnant the "old fashioned way". It is common for many people to need "help" in getting pregnant – either through insemination, fertility testing, or other aspects of becoming pregnant. While queer couples have long faced issues regarding becoming pregnant, trans people have some unique, specific issues. It is probably the most similar to queer or "single" parents, when a female partner of an FTM+ wishes to be pregnant. However, things get a lot more challenging (socially) when a male/FTM+ partnership wishes to conceive. It may be possible for the biological man to inseminate the FTM+. The FTM+ may appear male/masculine or possibly still have some androgynous or butch appearance. The biological male partner may not be able to inseminate the FTM+, and other routes of insemination may still need to be pursued. Of course, most of the issues with pregnancy,

regardless of who wishes to become pregnant, revolve around social issues and discrimination, not medical issues and safety. For example, some OB/GYNs may not wish to deal with what appears to be two men sitting in their waiting room – one notably pregnant – and having to "deal" with the consequences of the women in the waiting room who may be uncomfortable with a pregnant man in their midsts!

One of the most obvious medical situations that many partners of transpeople may experience is interfacing with hospital and/or surgical staff if their partner has opted for chest surgery, hysterectomy, vaginoplasty, metaoidioplasty, phalloplasty, or other surgery. Since we are often the ones caring for our transpartners during their early recovery, medical staff need to interact with us, telling us what we need to do and how we can medically care for our partner who has just had major surgery. Fortunately, most surgeons who work with trans+ clients are very eager to interact with partners, if only because they want to assure their patient has the best results and healing possible – so they might be more open to interacting with partners to assure the best aftercare for their trans-patient.

Emergency medical situations

There are many ways that partners may have issues in emergency healthcare settings. The first might be if the partner of a transperson is injured and is in the emergency room (or other emergency setting). Questions may arise as to the nature of the relationship between hir and hir partner. Again, some emergency practitioners (EMTs, nurses, ER physicians, psychiatric intake workers, etc.) may not acknowledge partnerships that do not appear heterosexual and/or married.

Another area of concern for partners in an emergency setting is acting for the trans person. For example, if the trans person is unconscious, the partner may need to act on hir behalf. It may be important to alert emergency medical personnel that if they are cutting off the clothes of the unconscious transperson's body, they should expect to find x-genital configuration, or breasts, or other aspects of a body they might not be expecting. It may also be important to answer medical questions about the transperson's body; for example, that the scars on their chest are from chest contouring/breast removal not from any pathology or other thoracic surgery.

In cases where a trans person may have been raped or physically assaulted, it might be very important to medical staff to know if the FTM+ has had any surgery to remove ovaries, etc. so they can better assess the damage to their body. It might also be really significant for the partner to

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Partners Interfacing with Healthcare Professionals, cont.

(Continued from page 12)

speak for the FTM+ during such a traumatic experience and/or explain the possible additional stress for the FTM+ if a pelvic exam is needed.

Mental health issues

For partners who transition with their transgendered partner and are part of the exploration process, many may seek out mental health professionals for support and/or for gaining clarity about their own lives. Some mental health providers may not have had any experience with trans issues, so the partner may have to educate the provider or even, in some cases, *defend* trans existence. Some providers may encourage partners to leave their transpartner, since it may be causing them distress. These same providers, though, may not be so universal when suggesting that one partner leave another. For example, they may encourage partners to work out their differences when one partner spends too much money, has an affair, works too many hours, doesn't spend enough time with the spouse or children, etc. ad infinitum. Other mental health providers may need hours of explanation and discussion before they are able to get to the heart of the issues the client presents with.

Some therapists may not understand that not all issues that a client may bring to them center on trans issues. Oftentimes a couple or individual may be experiencing difficulty, challenges or lack of clarity in their life that stems from work, family, or other stressors. Some therapists may wish to pin all of the clients' issues on their trans-partner.

Some providers may be confused with some issues surrounding pronouns and names. Often, early in transition (or pre-transition or non-transition), partners may consistently use female pronouns to refer to their transpartner. Sometimes both female and male names might be used to refer to the partner. Sometimes pronouns will flip flop. This may prove disconcerting to some therapists and distract them from hearing the *real* issues the client wishes to discuss (which might be frustration at work or something totally unrelated to the partner's gender/pronouns/name).

It may prove equally difficult for both the client and therapist if one is using masculine pronouns and the other is using feminine pronouns. This, of course, can become especially difficult for partners and transpeople who use non-gendered pronouns that most therapists are not familiar with.

Some therapists may work within the gender community and may have experience working with SOs. Unfortunately, some therapists stereotype partners, often equating experiences of partners of MTFs with partners of

FTMs. Many do not understand some of the historical differences (i.e. FTM SOs possibly coming from a lesbian history, possibly having gender issues themselves, having a greater queer sensibility or activism interest, etc.). Some therapists, who may frequently work within the trans community, also don't recognize issues that are specific to SOs, but assume that the SO is struggling with similar issues as their trans-clients.

Mental health may present huge issues for partners – for us to acquire good therapy for *ourselves*, focused on the needs and issues that are important to us. Recently I heard a partner discussing hir therapist's questions about hir partner's gender and hir sexual orientation. This therapist asked his client if s/he identified as a 'lesbian'. When s/he responded that s/he preferred "queer" to "lesbian", he pressed on with, "so you like women, then"? When s/he indicated that s/he did have a desire and liking for women and for FTMs+, he then noted that s/he must like hir partner because s/he looks like a man but thinks like a woman. Both the client and the client's masculine appearing trans-partner (who was also present), cringed at this provider's inability to understand the complexity of non-bi-polar gender, and his failure to grasp the concepts of gender, sexual orientation, and love within a relationship.

Partners interface with healthcare professionals for their own care, as well as in helping assure appropriate medical care for their transpartner. We are often in a vulnerable position when we seek out medical care – being sick, weak, not feeling well, or under emotional stress, or in an emergency medical situation. We frequently need to inform our medical providers at times we wouldn't necessarily want to reveal such personal information. It is difficult to balance getting the care we need and deserve, weighing the potential consequences of being out as part of a trans-partnership, and how that knowledge may adversely (or positively) affect our healthcare outcome.

FORGE+ /FTM+ /SOFFA Website

www.execpc.com/~dmmunson/forge.htm

The website is getting a "make over". Check out the new information (calls for submission, newsletter organization, calendar, and more to come) and new easier-to-navigate layout. I welcome any feedback you care to share!

FORGE
PO Box 1272
Milwaukee, WI 53201

Next Event
April 7, 2001
Milwaukee, WI

