

## **The Future of Trans Health**

### **Community discussion forum sponsored by TAS**

#### **Vancouver, July 7, 2002**

We started by generating a list of topics people wanted to discuss. These were:

- status of Gender Clinic
- MSP
- welfare
- alternatives to Gender Clinic
- advocacy
- resource guide
- how do the most marginalized community members get what they need?
- youth
- resources outside the Lower Mainland
- outreach

This wasn't an agenda that we followed in a linear way – discussion was on many topics, including some not mentioned above. The main themes were:

#### **1) Information about cuts and status of health care services**

A handout outlining government cuts to health care and to other programs affecting health (welfare, employment, legal, etc.) was made available, and summarized briefly. (These handouts will be available on the TAS website.)

Info on the status of the Gender Clinic was shared. It was participants' understanding that the clinic is effectively closing in terms of no longer providing gender transition services (some docs will continue to see patients in their private practices). There were many questions about protecting privacy and confidentiality in terms of the Clinic's records:

- where are the Clinic's records going? - to our GPs, to VGH, or...?
- how can we access our records?
- can we separate the Clinic records from our general health records (so that if anyone needs to go to VGH for a non-trans related reason, we won't be outed?)
- can we have input into what the Clinic sends to our GP?

Nobody knew when the Clinic would be officially closing, but there was some sense that it would be winding down over the summer, with the last groups to be held in October.

## 2) Actions taken thus far

The letter writing campaigns to the Clinic, VGH and the Vancouver Coastal Health Authority (VCHA), and MSP were briefly explained. The upcoming meeting with VGH and VCHA was announced and everyone invited to participate both in sharing thoughts on strategy and attending the actual meeting.

## 3) Discussion about future directions

### a) Exclusivity of trans groups and divisions about what health needs should be priority

Concerns were raised about the urgent health needs of marginalized trans people who may not be able to attend meetings such as this, and are facing struggles with basics such as housing and food more than ever as a result of all the cuts. While the decreased access to transition services is a blow to trans people across all economic groups who no longer know how to find those services, transition services are not the sole or most urgent health need for many trans people.

Specific concerns included:

- what are existing groups doing to get perspectives from people who have urgent financial and health needs, and don't necessarily have the resources to access trans groups or the internet for information?
- how are existing groups helping isolated people get hooked up to peer support (e.g., trans women in the sex trade are not sure where to go)
- how are existing groups getting information to and from people who have significant barriers to accessing information sources such as the internet?
- who is determining the priorities that are being set and the strategies that are being taken? who can participate in this decision making process?

### b) Use of the internet as a tool for organizing

Concerns were raised about using the internet as a main source of discussion and information, because the internet is not accessible to everyone. Several people mentioned the internet as a very positive tool for getting a good perspective on the gains that are being made by trans people around the world. It was suggested that people with computer access could print web news and resources and post them in public places within poor communities and at services that are working with marginalized trans people. It was also suggested that trans groups make efforts to help people access public free internet resources (e.g., public libraries).

**c) Poverty, unemployment, and employment discrimination**

Many people felt that poverty, unemployment, and employment discrimination were huge issues affecting the health of trans people. Suggested strategies included educating employers, increasing poverty law advocacy skills, and developing mutual aid networks to collectively pool our resources and share the wealth within our communities.

**d) Resources for organizing**

Several people expressed the desire for money to put together a resource guide and to have paid staff working on these issues. It was felt that lack of paid staff was a huge barrier in accomplishing what is needed.

Suggestions included ongoing discussions to clarify priorities, and approaching allied communities (e.g., gay/lesbian/bisexual communities) to share their resources with trans people.

**e) Drop-in centre and information clearinghouse**

Several people wanted a drop-in resource centre: a physical place where trans people could go to get the information they need and find referrals to health care practitioners (GPs, psychiatrists, etc). Some people suggested developing this at The Centre; there were some concerns that this might not be comfortable for trans people who don't identify as queer. Community health centres (e.g. 3 Bridges) that already provide services to our communities were also mentioned as a possible resource.

TAS is, potentially, an information clearinghouse. People were encouraged to promote TAS. TAS was asked to put information from this discussion on the website so that people throughout the province could read it.

**f) Lobbying government**

Suggested strategies included: lobbying each health region to contribute money to services for trans people and putting the onus on the regions to collect information about what resources there are and what gaps exist; letter-writing campaigns; improving our unity and putting forth a stronger united position to politicians.

### **g) Building a network of practitioners**

With the Clinic gone, there is a need for people to have a way of finding out who they can go to. Building a network of practitioners has been used by people in other provinces who haven't had Clinics. It was suggested that the Gender Clinic and VGH be pushed to build a referral list that is available to our communities.

There is also a need to educate health care professionals about the needs of our communities.

### **4) Resources and options within our communities**

As part of developing mutual aid, people offered specific skills they had or resources they had access to. Names were not recorded as the intention was not so much to put individuals on the spot for offering resources, but to get a sense of what resources we already have. These included:

- volunteering to provide aftercare when people have surgery
- contact Ingersoll to find out more about how they got started
- Video Inn can be used as a meeting/fundraising space
- Queer FM is a trans-friendly media outlet
- PR experience and media connections
- compile lessons learned from prior organizing: the good, the bad, and the ugly
- using teleconferencing, videoconferencing, and other technology to enable people outside the Lower Mainland to participate in future discussions

## Immediate actions

- People will meet on Wednesday, July 10th, at 11:30, at Max's Deli (beside Gender Clinic) to discuss strategies for meeting with VGH/VCHA (1-3 that day). Joshua offered to collect written statements from anyone who wants to offer feedback but can't go to the daytime meeting.
- Ask clinic to mail out the list of BC trans organizations to all their patients.
- TAS will plan a followup meeting for early September, with notices to go out in early August. WG will coordinate this.

## Topics for further discussion

There are many outstanding questions that require further discussion, both by email (e.g., through TAS.Advocacy, community forums, etc.):

- What direction do we want MSP to go in? How will the letter sent to MSP be followed up?
- Who do we want to work with in the broader community to find and improve services, and make them more accessible to the diverse range of people within trans communities?
- Who can take on the specific tasks that were identified at the discussion? (e.g., who could work on a resource guide?)
- How will existing groups be more inclusive and accountable to people who are not able to be as vocal in meetings such as this one?