

ISSUE 2 • 2018

HORIZONS

THIS ISSUE: LGBTQ+ HEALTH

Photo courtesy Steve Hoffard

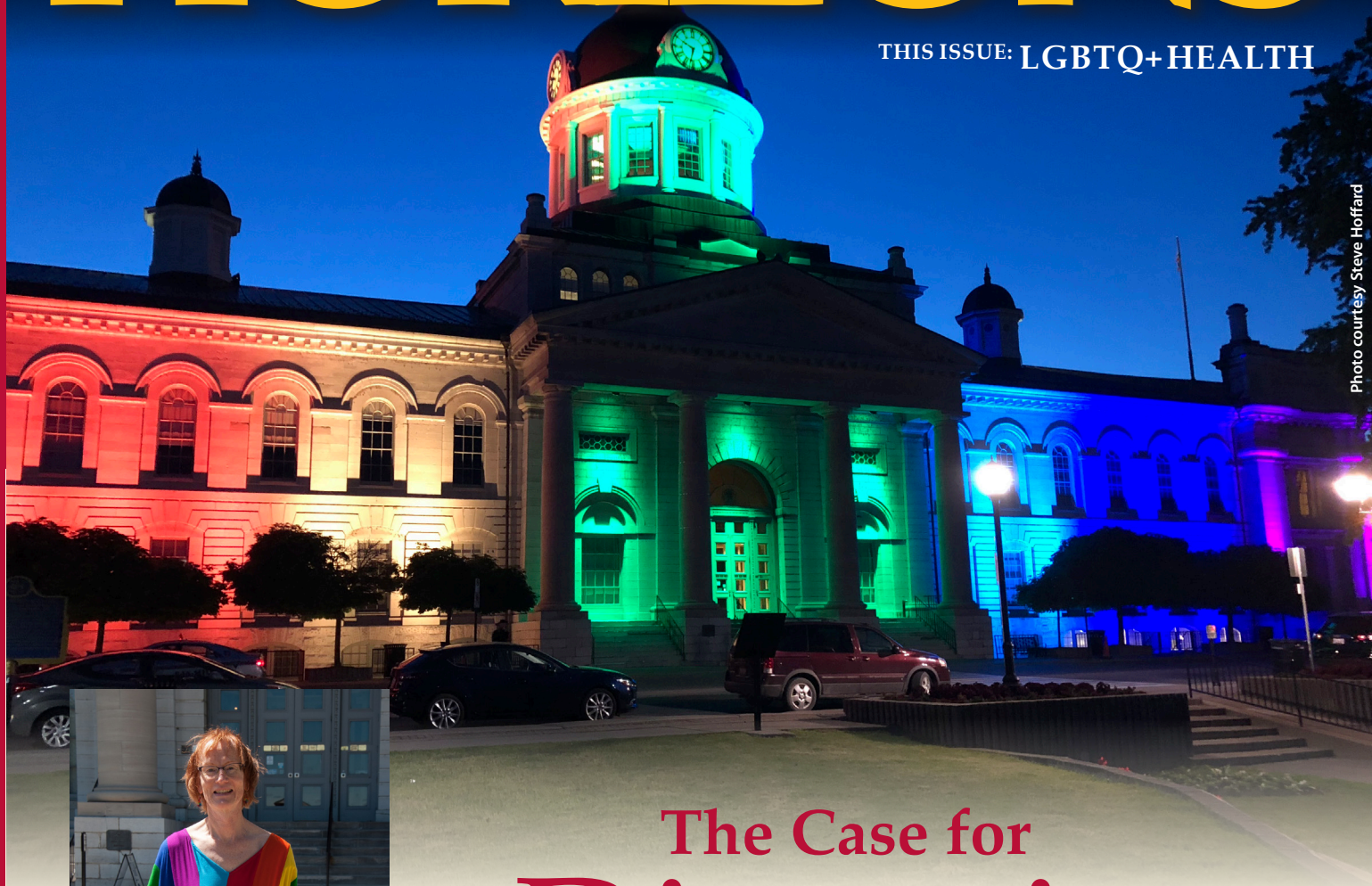


Photo courtesy Anne Wood

Ruth Wood walks the colourful crossing in front of Kingston City Hall at this year's Pride Parade.

The Case for Diversity

By Ruth Wood

I am a woman who requests that you use she/her pronouns when referring to me. I self identify as transgender and bisexual. That is the perspective from which I am writing this article. However, for the first 50-odd years of my life I appeared to be a man, and would have expected you to use he/him pronouns and to see me as a cisgender person in a heterosexual relationship. When I transitioned eight years ago, I lost the privilege that comes with being part of the hetero/cis normative in our society. However, I do not see my transition as a loss. I see it as life-saving.



Photo courtesy Steve Hoffard

Kingston's tour trolley joined in the celebrations at this year's Pride Parade.

I graduated as a mechanical technologist in the early '70s and began working for a large manufacturing company. I worked in the process engineering department, in essence finding ways to improve the company's manufacturing processes. This might not seem connected to LGBTQ+ health care, but it does open up a model of societal change for us to look at. Improving a manufacturing process meant changing the way things were done. Most of those changes affected more than one department, and that meant forming a team that represented all of the stakeholders to find the best way to implement the change.

During that era, the common practice when creating a team was to find people who were like-minded with the team leader, the theory being that if everyone on the team thought the same way, they would make decisions more quickly. By the '90s, there was a reversal in the way teams were created. Industry, the society in which I worked, had come to see the benefit of bringing a wide diversity of thought, opinion, and experience to bear when making decisions. A diverse team might take longer to make a decision but that decision, once made, was more sound. The implementation plan was less likely to have unforeseen problems. In also made my job easier.

The society in which we live can also benefit from making use of the gifts all of its diverse members have to offer.

But to do that, it first has to recognize that marginalized people have gifts to offer. And then it has to start consciously listening to those marginalized voices.

Our health-care system has an important role to play in ensuring that marginalized people are able to contribute to society. It should be clear that for people to contribute their gifts, they need to be healthy. It's hard for someone to focus on the common good while they are facing personal physical and / or mental-health challenges. We need to ensure our health-care system can meet the diverse needs of our diverse population.

There is an additional benefit to meeting those diverse health-care needs. The people who make up our health-care system are highly educated and respected. When they practise inclusivity, they also model inclusivity to the wider community. This leads the community as a whole to become more inclusive. While we need to be inclusive of all marginalized people, for the purposes of this article, I am going to address the needs of the particular marginalized voice I have the most experience with, and that is the trans and gender-diverse community.

I can't cover all the issues involved in making the health-care system trans-friendly, but I would like to address these three: transphobia and self-awareness, barriers to health-care access, and education on trans-specific health care.

TRANSPHOBIA AND SELF-AWARENESS

Anyone reading this article has at least subconsciously been shaped by this society in which we live. Our ideas, thoughts, and presumptions, even our feelings, are influenced by what we have read, heard, and seen about transgender people. In our conscious speaking to, or about, a trans person, we may be very understanding, open-minded, and friendly, but that level of understanding and openness may not be present at a subconscious level. I know that personally. The reason it took me 50 years to accept myself as a transgender person was because of my internalized transphobia. It did not concern me that other people were transgender, but every time the thought that I might be transgender came into my mind I would banish it. I could not accept that I might be one of “those” people. It was only when the internal struggle between who I was and how I presented became overwhelming that I actually dealt with the issue.

If a trans person can be transphobic, then it’s no surprise that others might be as well. Fortunately, it’s easier for a cisgender person to deal with transphobia than a trans person because there’s less at stake. If you’re aware that you have issues you need to take care of before your next encounter with a trans patient/client, education will likely take care of it. If your tendency to transphobia is internalized, just being aware of the possibility is often enough to bring it to the surface and, again, education can take care of it.

BARRIERS TO HEALTH-CARE ACCESS

No one would intentionally put up barriers to accessing health care, but unintentional barriers are another matter.

One of the most commonly asked questions on forms (second only to name and address) is “Gender,” followed by a box with an M and another with an F. It’s a simple question for those who are cisgender. It’s so ubiquitous that you check the appropriate box and move on without even realizing you’ve answered it. But for a trans or gender-diverse person, the question is filled with angst – especially so if their health card is not in sync with their gender identity.

This one question, along with the inevitable discussion that will come with it, is enough to keep some people from attending a clinic, even if they really need to be there. Think of the consequences of someone avoiding an HIV test just because of their fear of that “simple” question. If you feel it’s necessary to ask the question, phrase it as, “How do you self-identify in terms of gender?” followed by a box with enough space to write in “non binary” or “gender fluid.” Make sure all staff members know that if the box is left blank, you can deal with it; you don’t need to call the patient up and insist they fill it in.

Unfortunately, no matter how good and thoughtful your clinic, staff, and forms are, there is a general barrier to contend with. Many trans people have already had a bad experience in some other clinic or institution or with

some other care provider. To counteract their fear of being in your waiting room will take some up-front effort. A rainbow sticker on the front door won’t do it all, but it will at least show that you are not afraid to put it there. If you have a bulletin board offering articles of interest, include something about trans health. The same applies to a literature display. Even information about any other LGBTQ+ group will help to show you care and you are likely to be informed.

EDUCATION

“Informed” of course leads to the last topic, education.

Pop Quiz:

- 1) A trans woman has come in for her annual checkup. You can sense she is uncomfortable when you talk about needing to check her prostate. What can you do to make her more comfortable?
 - a) Tell her you are not all that comfortable about doing prostate exams, either, but “man up; it’s just something all guys have to put up with.”
 - b) Stop talking about a prostate exam and let her know you will be doing an anal exam as a routine part of her checkup.
- 2) A trans man who has had chest reconstruction surgery and a hysterectomy lets you know he prefers to use the term “front hole” when referring to the sexual anatomy he was born with. How do you respond?
 - a) Continue to use the term vagina and point out this is, after all, the correct anatomical name.
 - b) Use the term he is comfortable with and make a note to remind you for future checkups.

Great! You got 100 per cent. But what about all the other things you want to know about the health-care needs of trans and gender-diverse people? Visit [Rainbow Health Ontario](#) to find up-to-date, factual, and thorough information. There’s an FAQ page on transition-related surgeries and a trans primary care guide that covers topics such as feminizing and masculinizing hormone therapies and recommendations for surgeries, and offers further links to the [Canadian Professional Association for Transgender Health](#) and the [World Professional Association for Transgender Health](#).

Rainbow Health Ontario also offers training courses broken into eight, day-long segments covering a variety of trans health-related topics. You can pick and choose which one(s) are appropriate for you.

Thank you for caring.

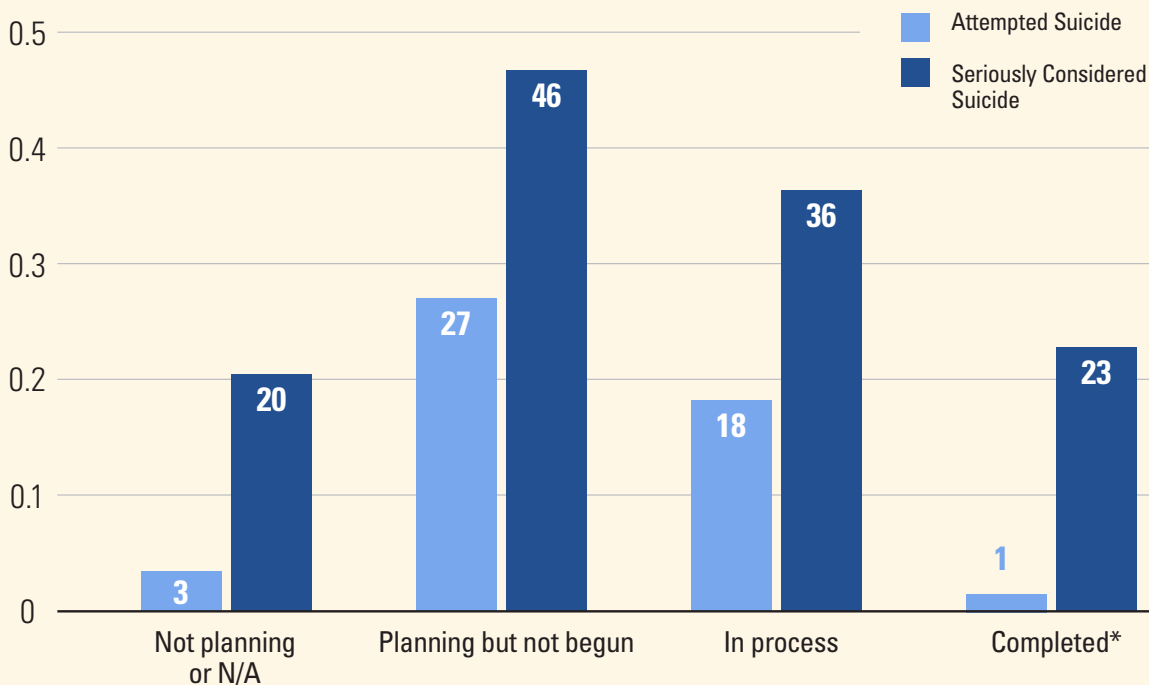
[Becoming Ruth Wood](#)

[How Transgender United Church Minister Ruth Wood Came Out to Her Parishioners](#)

Ruth Wood is a facilitator at [TransFamily Kingston](#), a peer-led support group for transgender people and their family members.

Trans / Non-Binary Mental Health

Composite Client Profiles Reflect Myriad Experiences



Medical Transition Status and Past-Year Suicidality
(Graphics courtesy Trans PULSE)

By Shannon Collins

When a client enters my psychotherapy office for the first time, I am keenly aware of the potential lack of trust with which they may be approaching me, especially if they have been marginalized in any way.

Clients who may be questioning their gender, are prepared to transition, have transitioned in some way or other, and/or identify as trans or non-binary and are in need of mental health support have heard stories and/or experienced being pathologized, disrespected, dismissed, rejected, or treated like specimens by medical and mental-health care professionals.

Another common occurrence for such clients is that health professionals assume their gender identity is “the problem.” The reality is that in most cases, if their problem is about their gender at all, it lies in others’ fears of them or the ways others have mistreated them.

The following composite client profiles were created to demonstrate the array of issues and experiences many trans and non-binary clients regularly face around their physical and mental health. To capture the wide variety of scenarios my clients have experienced, each of the six profiles created here represents a combination of a number of individual clients. Names are pseudonyms.

Andra

While she has courageously socially transitioned over our year working together, Andra, a 20-year-old trans woman, has yet to come out to her self-described “hyper-conservative, right-wing” roommates – friends from her first-year undergrad program. While she guesses that some may be starting to figure it out, she is terrified of telling them. She admits that she used to make offensive jokes and comments about trans people along with them in the past. I note the lack of safety in her living environment and the potential for work around internalized transmisogyny and transphobia.

Gwen

Gwen, 55, is a high-ranking member of the military who, along with dealing with the near crippling symptoms of complex PTSD (related to military tours and childhood abuse), is describing how her fear of transitioning while still working in the military has her planning an immediate release. Still a year or two away from retirement, however, she’ll lose much of her pension if she leaves now. She is isolated and lonely, exiled from her family, and distanced from friends. In fear she will be outed, she refuses to see the military doctors or mental health services, and therefore cannot make use of the resources available to her as a member of the military.

Over the last two years, Gwen has been trying to find a doctor to help her and has been turned away many times. So, she admits, she has found a source for estrogen and an anti-androgen in the underground market. I assess for current suicidality as I silently recall the distressing statistic that correlates medical transition status and past-year suicide. TransPulse 2016 found that for people who were planning but had not yet begun medical transition, 46 per cent had seriously considered suicide and 27 per cent had attempted suicide. This does not even touch on the risks of suicide for military members and veterans diagnosed with PTSD. I am sadly in awe that through everything Gwen is facing, she has kept herself from suicide despite the self-described temptation.

Ahmed

Ahmed, a 24-year-old non-binary film student, describes how their childhood was mostly positive after immigrating to Canada at the age of four, and how their family is very supportive of them. They question how their experience of oscillating depression and anxiety may connect with the vociferous backlash stew of racism, Islamophobia, transphobia, and homophobia they regularly experience online, in part for their role as a leading trans activist on campus.

Today, Ahmed is discussing the dilemma that summer presents; they need to wear chest binding to avoid dysphoria and the associated anxiety. However, binding will cause heat rashes, make it difficult to exercise, and exacerbate their already problematic panic disorder, in that it constricts the chest cavity so their body often interprets the constricted breathing as a tip-off into a full-fledged panic attack.

Campbell

Campbell, a white 45-year-old car mechanic who transitioned to male at age 25 after becoming estranged from his family of origin, describes himself as “stealth,” a term referring to trans people who go about in the world largely passing as their chosen gender. He reluctantly comes in to discuss his relationship with his wife, and how it has been tense and conflictual since her parents moved in with them. He expresses how he is struggling to adjust, and how angry and hurt he feels by the

transphobia and homophobia her family has regularly espoused without being called out for it.

I ask Campbell if, over the years, he has cultivated a chosen family who knows his background and affirms the complexity of his experiences. I note that much of our work together will be regarding attachment trauma and the serious ruptures that occur in families when a child is not affirmed in their chosen gender expression and identity.

Siobhan

Siobhan is an athlete and graphic designer. For six months, we have been working through her PTSD and depression around growing up in severe neglect and abuse. She decided, early in our work, to transition to female. She reports that her female partner is supportive of the transition and nonplussed by the subsequent transition she, herself, is making, from being in a “straight” relationship to being in a “queer” relationship.

Much of our work is around learning and practising emotional regulation. Since starting on estrogen four months ago, she has been reporting the joys and pains of feeling more of everything, as well as fewer depressive symptoms. Hormone replacement therapy causes shifts in people’s emotional landscapes and, like most clients, Siobhan reports feeling generally calmer since starting on hormones. Today, however, she is describing the severe social anxiety and gender dysphoria that comes in the days between electrolysis, when she must grow her facial hair for the hair removal to be successful. She is also riddled with fear she will not have enough money to continue with her hair removal, as her employment has been somewhat precarious since she came out.

How common are discrimination, violence and structural barriers for trans people?

58% could not get academic transcripts with the correct name/pronoun

31% of those who changed their legal names and lived genders have not changed sex designations on any legal ID

20% have been physically or sexually assaulted for being trans

13% were fired for being trans (another 15% were also fired, but were unsure if this was why)

10% of trans emergency room patients reported having care stopped or denied

Talia

Talia, a black social worker/policy analyst and mother of two, has been socially transitioned for 10 years. Now that things are settling with her family and her job, she is looking for some support towards a surgical transition. She needs a secondary referral letter from me. In our session, she notes how her doctor, in his wise humility, has come a long way from his original reluctance and lack

of knowledge on trans care. She explains that, given the shortage of family physicians in Kingston, she has had few other options but to stay with him and self-advocate. She's been educating him on how to be respectful with her, and has directed him to a variety of resources. I take down his name, desperate for more GPs to refer clients.

Depression and anxiety are often relieved when people come out socially and, often more so, when they start on hormones if they choose to take them. While anxiety, depression, and suicidality often lift as people begin to access what they need, they can also increase around the fear of social judgement and /or not being affirmed in their gender.

Many family doctors around Ontario are working with the trans community, which is relatively simple. Dr. Blair Voyvodic, a family doctor practising in Northern Ontario and trainer for Rainbow Health Ontario (RHO), describes prescribing for trans patients as considerably less complicated than prescribing for patients with diabetes.

Hershel Russell, registered psychotherapist and RHO trainer since 2006, assures doctors considering trans care that a large majority of trans patients' medical needs are quite uncomplicated, the situation is usually clear very quickly, and clients are often very appreciative that they can finally access care that is respectful and responsive, and does not pathologize.

Shannon Collins is a registered MSW practising psychotherapy in Kingston. She works with people around gender and sexuality issues as well as trauma, depression, anxiety, and compassion fatigue, and relationship and family of origin issues. Visit Shannoncollins1.wordpress.com or email therapy.collins@gmail.com.

Family Physicians' Role Vital

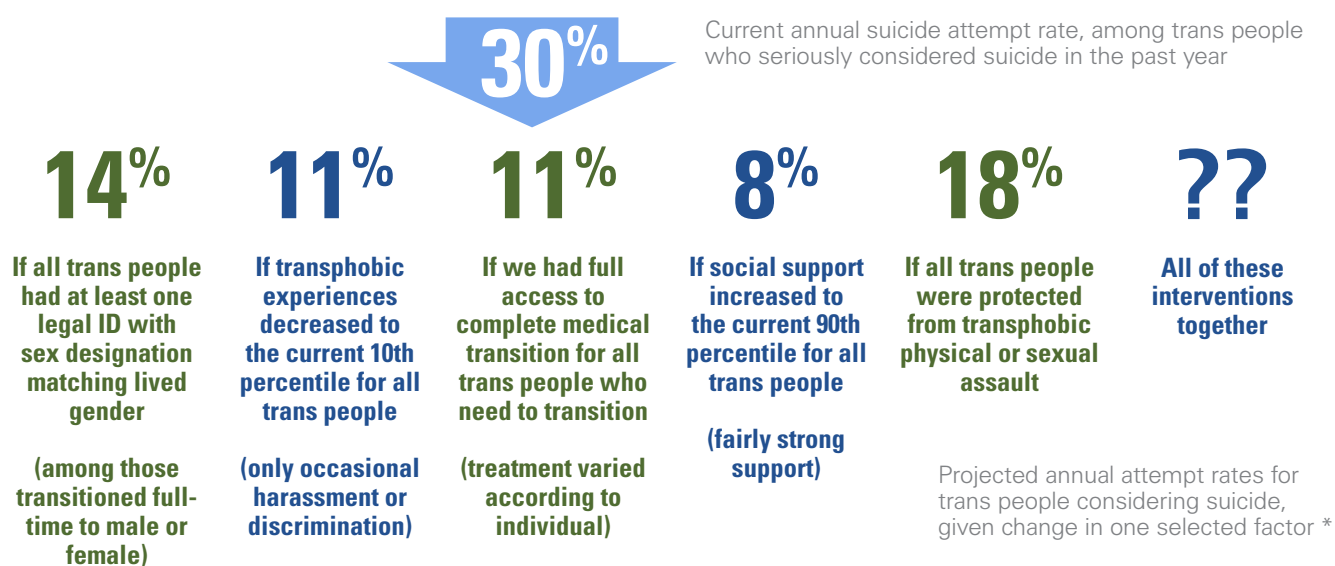
By Queen's Family Medicine Global Health Staff

Family physicians provide care for a wide variety of medical issues, and hold holistic information on their patients. They often know their patients better than any other provider, from their medical health to their social and psychological health and well-being. Family physicians develop trusting relationships with their patients, and often serve as advocates and buffers between their patients and the larger medical community.

Transgender patients fall within the broad realm of "equity-seeking" populations: people who have been traditionally ill-served by the medical and social services community, who have been marginalized, experienced discrimination, and otherwise had barriers erected to prevent them from reaching their full health potential. Family physicians' skills around advocacy and sensitive, person-centred care, in addition to their role of medical expert, are particularly important for this population.

A 2017 study seeking to assess trans clients' experience of primary health care found that trans patients want their primary care provider to provide the bulk of their care, but frequently need to educate their providers and to engage in substantial self-advocacy to receive their care (Justin Bell, Eva Purkey, accepted to *Canadian Family Physician*; publication pending). In addition, respondents described ongoing stigmatization from health-care providers when accessing primary care, emergency care, and specialist care. Participants were generally very generous with their providers, recognizing a lack of expertise, and were happy to engage in a shared journey with a provider who was supportive, engaged, and open to learning about how to provide care to trans patients.

Potential additional impacts of social interventions for trans people on the suicide attempt rate (among those who seriously considered suicide)



* Projected using model-adjusted risks, adjusting for non-intervenable socio-demographics and background risk factors (e.g. major mental health disorder, childhood abuse)

“Coming Out” at Work

Acceptance, Calm, Support, Key to Process

By Erin LeBlanc

“I am writing to you to share something that is deeply personal that is occurring in my life.”

That is how it started. The email to the more than 300 faculty and staff members at Smith School of Business to inform them of my transition. It was one of the most difficult and terrifying, yet easy and liberating, things I have ever had to write or, for that matter, do. To come out as transgender.

Suffering from gender dysphoria is incredibly stressful and, at times, debilitating. The associated anxiety and depression make every day a challenge. This was something I was born with and battled my entire life, waking up trying to figure out how to make it through another day, not being my authentic self. And at some point, I hit a wall – a really big one – and I had to make a decision. A decision to survive. As I decided to survive, I knew there was only one way to do that.

Photo courtesy Suzy Lamont





Erin LeBlanc presents a three-hour session addressing diversity in thinking at the Queen's Innovation Centre

Transition. To come out as who I really am. Which brought me to the conversations leading to that email, which literally saved my life. Make no mistake about that.

Fortunately, in my case, the amount of support I received was nothing short of stellar. And I needed every bit of it. Not because I anticipated a lot of problems, but for my own peace of mind and, in fact, sanity.

As is the case for most things in life, there was no manual for such an undertaking. I was making this up as I went along. Many sleepless nights on how to approach this, and thinking about how it would be received. Would it be a positive reaction? You never really know.

You hear the horror stories of others who have “come out” at work, and it’s easy for your mind to go down that rabbit hole. People have lost their jobs, their accommodation, and, yes, even their families when they tell them they suffer from gender dysphoria and are transgender – that they are going to transition to the gender they were born with. So, it’s no wonder that’s where the mind goes. Fortunately for me, my declaration fell upon compassionate ears.

After my somewhat tearful declaration, the first words I heard were, “Great. What do you need from us?” It was at that point I knew I was going to be OK and I started to breathe again. The hardest part was done. Now came the heavy lifting – creating a plan to communicate this to everyone in the school, and to others I interact with throughout the university.

A daunting task.

There was so much to think about and so many things that had to be addressed. However, the support of so many people made it easy. And that is the key. Support. No judgment, no disrespect; just acceptance, calmness, and a

true desire to listen, learn, and help. I was completely in command of the process, but with amazing support.

The first thing was to decide on a date when I would “come out.” I knew there were a lot of details we had to think about. And I say “we” because from that point forward, it was, in fact, a team effort. I knew a lot of changes were required, and they weren’t going to happen overnight.

Some things were obvious: office signage, profiles on staff and faculty web pages, and a new staff card, as examples. Other things, not as much: web pages that had a photo of me, logins to various services, and software packages, payroll, financial services, insurance and benefits, to name but a few. So, I knew we needed time to figure all that out.

On top of that, I wanted to speak personally to key people within the school, colleagues, and friends I had known in my 23 years there. I didn’t want them to learn of this via email. I wanted to have private and personal conversations with them, to provide them with the opportunity to ask questions and adjust to the idea of my transition. All this to say we decided on a date five months out.

To say the Smith Human Resources department and the Office of the Dean worked hard on this is an understatement. They moved mountains to get things done, and to provide the necessary information to external departments to facilitate changes and to assist them in figuring out the process. We had the policies, but the process was, at times, not completely documented.

“... all I wanted to do was live my life as me. To do my job and contribute to the community.”

I want to be clear that the support and compassion the various departments offered regarding the required changes was simply amazing. On several occasions, people didn’t know what the process was for changing information in a system, for example, or which systems talked to other systems, etc. But the willingness to assist was never in doubt. It just took time.

And then there was the creation of the email to the entire school, notifying everyone of my transition. That was a bit of a daunting task, too. I wanted it to be honest and heartfelt, while at the same time educational. To inform people what it is like to be born with and suffer from gender dysphoria, that being transgender is not a lifestyle choice. That all I wanted to do was live my life as me. To do my job and contribute to the community.

When the time came, the email went out. I left the office at 3 p.m. on a Thursday. The email from Dean David Saunders dropped at 3:01. That was a key decision, to ensure people would open it. Within hours, my inbox exploded with over 100 responses of support. It was overwhelming, in a good way. I knew I was going to be OK. More than OK. I was finally going to be accepted for who I am, my authentic self. Just like everyone else.

So the time came, Monday morning, when I walked through the doors at Smith to the suite of offices. The sign on my office had been changed to my correct name. New business cards and name badge were on my desk, and my login and email had been changed. It was surreal, and perfect all at the same time. It quickly became another day at the office. Everyone was so accepting and calm about it. I was so fortunate. And that is important to note.

Unfortunately, my story is not the norm. There is still work to be done, even within my organization. We have great policies, but the processes are not complete. Fortunately, my experience brought this to light, so those who follow will not have to reinvent the wheel, so to speak. The changes that have been made so far, and the lessons learned, will have a huge impact on the lives of so many.

Even though I was terrified initially, I knew I had to do this. Knowing that the support is there, and will be there for the next person, is so important for me and others in the community. Because it's not a matter of "if" someone else comes out, but "when."

I have so many people to thank, but specifically, Dean David Saunders; Laurie Ross, Executive Director, Dean's Office; Michael Fisher, Smith Human Resources Manager; April Wallace, Smith Organizational Development Specialist; and of course, Jean Pfleiderer, Human Rights Advisor and Sexual and Gender Coordinator, Queen's Human Rights Office, whose unrelenting support made this a good news story.

A great debt of gratitude. To have congruency as your authentic self is an amazing gift.



Erin LeBlanc is the Director of Strategic Program Development & Accreditation, Office of the Dean, and an adjunct lecturer at Smith School of Business. She and Michael Fisher earned the Queen's Equity and Human Rights Offices' 2017 Employment Equity Award for their work in initiating the development of Transgender Transitioning Guidelines for the Smith School of Business. Foundational to the process of developing these guidelines was the goal of identifying and removing barriers for individuals transitioning in the workplace, both now and in the future. Through speaking opportunities and community engagement, Erin continues to be an advocate in the areas for gender identity and gender expression at Queen's and beyond.

Erin co-hosts a CFRC radio program, Gender Talk, discussing issues that impact the LGBTQ+ community, every Tuesday at 5 p.m.

Read Erin's guest blog, [*Being Who You Are, Inside and Out*](#), published by Queen's University's *Together We Are*.

“*I was finally going to be accepted for who I am, my authentic self. Just like everyone else.*”



POSITIVE SPACE

Celebrating
Sexual and Gender
Diversity
at Queen's

Positive Space

Creating a
welcoming,
inclusive
environment

By Jean Pfleiderer

On doors, walls, backpacks, and laptops across the Queen's campus, Positive Space stickers, with their rainbow colours, are displayed with the words: "Celebrating Sexual and Gender Diversity at Queen's." The intent to be inclusive and welcoming is obvious, but what does that mean with regard to sexual and gender diversity? What is a "positive space" for a member of the LGBTQ+ community?

In recent years, public awareness that not everyone identifies with the gender assigned to them at birth or is sexually attracted to the "opposite sex" has been growing. Recent public acknowledgement is embodied in our human rights codes and equal marriage legislation. There is not, however, quite as much awareness that it is not just active discrimination and harassment that can make a place less than inclusive and welcoming. Sometimes there are cultural blinders that lead us to expect or assume certain things in terms of gender and sexual orientation, and those very assumptions can make people uncomfortable.

Our world is steeped in assumptions that effectively "other" anyone who does not conform to expectations.

Examples of these assumptions include:

- innocuous-seeming phrases like "ladies and gentlemen" or "boys and girls;"
- washrooms labelled for one or the other of only two genders; and
- clothing and manners considered to be masculine or feminine.

In disrupting these kinds of unconscious biases and systemic discriminations, stickers or other outward symbols are not a bad place to start because they signal, at least, an awareness of diversity and an intention to recognize it. Seeing such a symbol posted on the door of an administrative office, in a residence hall, or in a health-care waiting room can provide a boost at just the right moment for someone who has been feeling isolated or fearful. It can also encourage that person to seek additional resources and connections.

On the campus as a whole, it is also important to assure that:

- gender-neutral washrooms and change rooms are available;
- residences are able to accommodate diverse gender identities
- administrative systems are revised to allow relatively simple name and gender changes;
- data forms collect information about sex and gender only if it is for some genuine purpose, and provide better options than "M" and "F;" and
- people are trained and processes are in place to meet LGBTQ+ needs.

Many opportunities to signal welcome and inclusion also present themselves in the classroom. Even before the first class meeting, good pedagogy requires a review of course content and texts with an eye to what voices might need to be added. A syllabus might contain a statement about expectations for the respectful conduct of class discussions, or students might be invited to inform an instructor if they want a particular name or pronoun used. And, of course, a positive classroom is one in which an instructor is conscious of the ways in which people sometimes have been marginalized, and is willing to challenge disrespectful behaviour and ensure all voices are heard and respected.

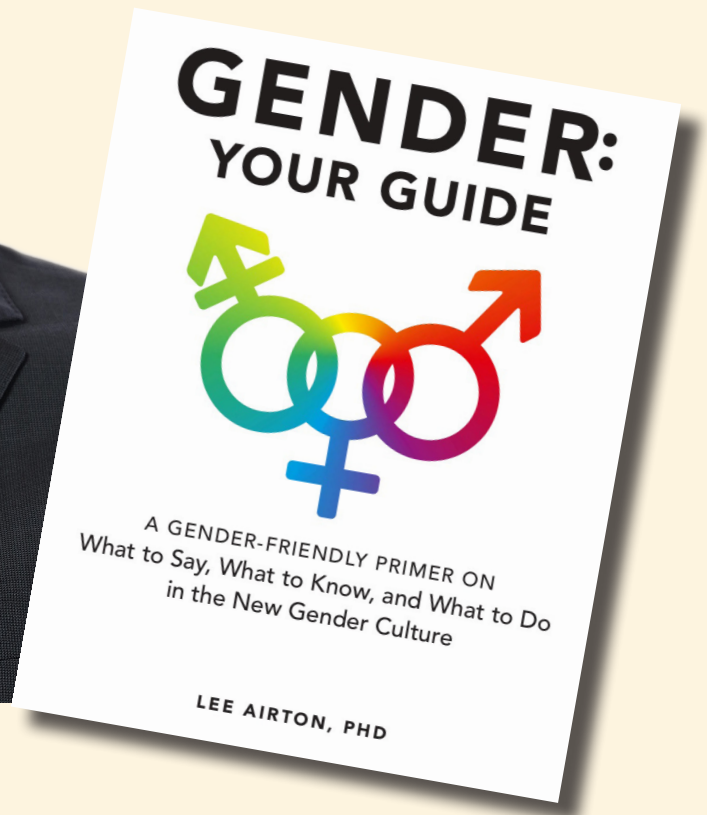
In a health-care context, where accurate answers to gender-specific questions and questions about sexual activities may be vital to successful diagnoses, it is particularly important to signal openness by not assuming answers based on appearance and social expectations. Certainly, it contributes greatly to a sense of welcome and inclusion when a family medicine practitioner has an understanding of medicine of particular relevance to the LGBTQ+ community, such as hormone treatment therapies. And, of course, a poster or a sticker in a waiting room or examining room helps to set the welcoming tone.

The Queen's [*Positive Space Program*](#) is one of many such programs on campuses across Canada. It facilitates a two-hour "information session" as a prerequisite to obtaining a Positive Space sticker. In addition to offering information about sexual orientation and gender identity and presentation, the session explains the program's expectations of its participants. These include being a willing listener who is aware of resources across campus and in Kingston. And perhaps most important, the participant is expected to post the sticker in a space under their control, where they will do their best to challenge negative behaviours and to establish and maintain a welcoming, inclusive, "positive" space.

Jean Pfleiderer is the Human Rights Advisor and Sexual and Gender Coordinator for the Queen's Human Rights Office.

Getting to Know Them

Photo by Bernard Clark, courtesy Queen's Alumni Review



*Dr. Lee Airton's book, **Gender: Your Guide – A Gender-Friendly Primer on What to Say, What to Know, and What to Do in the New Gender Culture**, will be published this fall.*

Creating a Gender-Friendly Climate in Medical Settings

By Dr. Lee Airton

How can medical settings welcome gender diversity and people on the transgender spectrum whose gender identity and/or gender expression do not match expectations for the sex they were assigned at birth? This all depends on what we mean by “welcoming.”

In this moment of increasing public awareness about the barriers many transgender people face, your initial thoughts may run to things like clearly signed gender-inclusive washrooms for patient use. While this is important, it's not the end of the story. Apart from physical barriers like gender-exclusive washrooms, ordinary interactions among patients, clinic staff, and medical staff can add up to a welcoming or unwelcoming environment for transgender-spectrum people, long before anyone asks

for a washroom or is asked for identification. How patients are greeted and received, including body language, terms, titles, and (of course) pronouns, adds up to a clinical space in which a transgender person can remain and remain well, or not. The trouble is that clinic staff often have to greet, receive, and talk about patients long before they have reliable information about a patient's gender.

I am an assistant professor in the Faculty of Education at Queen's and the author of *Gender: Your Guide – A Gender-Friendly Primer on What to Say, What to Know, and What to Do in the New Gender Culture*, forthcoming from Adams Media and Simon & Schuster in the fall. In *Gender: Your Guide*, I draw on current research as well as many years of educational work and advocacy around everyday barriers for people who step outside of gendered norms and expectations.

In recent years, my advocacy has focused on gender-neutral pronoun usage and user support, including the [No Big Deal Campaign](#), which I launched with partners in 2016. The campaign has created infographics and a badge that

help those who post and share show their support for transgender-spectrum peoples' right to have their pronouns used in everyday life. Similarly, *Gender: Your Guide* offers concrete strategies for enacting openness to the many ways in which others live and experience their gender, whether they are transgender or not.

In what follows, I share an excerpt of *Gender: Your Guide* on singular they pronouns. Singular they is the most common gender-neutral pronoun used by nonbinary people, or people under the transgender umbrella whose gender identities do not fall into one of



the binary boxes (i.e., man or woman). While it is important to learn and use singular they when it is someone's personal pronoun, staff in clinics and elsewhere can use singular they pronouns more generally to help create a welcoming clinic environment for patients of all gender identities and gender expressions. The excerpt contains the verb "misgender," a word that has emerged from transgender communities to describe an action in which someone applies a gendered pronoun, title, or other term that does not match another person's gender.



Excerpt



Imagine my doctor's receptionist needing to ask the doctor a question about my care. While we're in second-person (you/your) territory — where the receptionist is speaking to me — the risk of misgendering is very low. But with the shift to third person — where the receptionist is speaking about me to the doctor — we're in the misgendering red zone. Suddenly pronouns come into play. My androgynous gender expression, gender-neutral name,

gender-neutral Dr. title on my patient file, and the lack of any sex marker on my Ontario health card (standard on the latest version) aren't helping the receptionist decide what to say. This is where a more general use of singular they would be helpful. Instead, however, most people in this situation just choose a (wrong) binary pronoun (he or she). Imagine now that I called my doctor's office to make an appointment or ask questions about my prescription. On the phone the receptionist has no gender information to go on other than my voice, which is higher in pitch than the average "man's voice" and about average for a "woman's voice," whatever that means. From the sound of my voice alone, then, the receptionist unconsciously "knows" my gender, and likely selects she/her pronouns. And voilà: I am misgendered based on my vocal pitch.

I usually offer a gentle correction in these situations (and in most other situations, too) because I'm an educator, and because I know I'm not the last person who'll need this individual to notice and change how they use gendered language. But wouldn't it be lovely if I didn't have to?

At this point in the book, you now know a little bit more about transgender people and how we're often called into question — sometimes with horrible consequences



— because our gender expressions and/or our bodies aren’t thought to line up with expectations for people in the M/boy/man box or the W/girl/woman box. You know that some trans people choose or are able to “pass” seamlessly as cisgender men or women, and that some trans people choose not to or can’t. You also know that some transgender people are nonbinary, like me, and that there isn’t just one way to “look like” a nonbinary person. All this is to say that the truth of someone’s gender identity doesn’t lie in whether a perfect stranger can mindlessly tick one of the binary boxes based on how that person looks or sounds. What you think you know about someone else on the basis of what you see or hear might not actually reflect who they are. When you presume otherwise, you welcome only some people into your space: people who are or who seamlessly pass as cisgender. But when you understand that what you see or hear might not be the whole story of a person’s gender, you can make more gender-friendly choices that work for everyone.

If singular they is used for everybody who walks into your office, and if people see this happen for everybody, then you can’t make a particular person stand out. The challenge is that the more we think we “know” about a person’s gender — which, in person, includes what we see and what we hear — the harder it is to remember that our “knowledge” is unreliable. And so, you’ll be most successful in making the shift to general singular they usage if you do it with others in your life. For example, a doctor’s office could make it a policy to use singular they for patients, or to look at a patient’s file before using any gender pronouns. This last suggestion would work best if the office’s electronic records software had a pronoun box that just got filled in as part of patient intake.

Overall, any effort that you devote to not misgendering trans people, including general singular they usage, stands to benefit others too. You don’t have to be trans to be misgendered, and trans people aren’t alone in getting hurt when it happens. For example, there are cisgender (or non-transgender) men and women whose voices don’t line up with expectations for “how men should sound” or “how women should sound.” Another example is names. We commonly come across culturally unfamiliar (to us) names and can’t tell if they’re gendered. Using singular they can be a good strategy here, too, as it very often goes completely unnoticed because it is already a part of Standard English that we all say every day for people we do not know.

Even if a gender-neutral pronoun or other language policy is impossible in your clinic, or if you aren’t in charge there, you can make the decision on your own to use singular they as a rule for people, whether in person or on the phone. Another option for short-term interactions is to avoid using pronouns at all. In the following table

(top of page), I give some suggestions for how a medical receptionist could talk about a patient, first using singular they, and then avoiding gender pronouns altogether.

Less Gender-Friendly	More Gender-Friendly
He wants to know if he’s able to get a prescription refill.	They want to know if they’re able to get a prescription refill. The patient is asking about a prescription refill.
Can she decide herself when to take off the bandage?	Can they decide themself when to take off the bandage? Can the patient decide when to take off the bandage?
When does he need to come back for a follow-up?	When do they need to come back for a follow-up? How long after a [procedure] before a follow-up is needed?

In addition to using general singular they language, any clinic can also adopt a policy that patients are not to be referred to with gendered terms, titles, or pronouns, at least until this information is located in a record of some kind. Here are some gender-neutral alternatives to statements commonly used in clinic and other front-line office settings.

Less Gender-Friendly	More Gender-Friendly
There’s a lady here to see you.	There’s someone here to see you. Your twelve o’clock appointment has arrived. Are you ready for me to send in your visitor?
Can I get your name, Mr....?	Can I ask your name? Whom should I say is waiting?
This gentleman needs assistance.	I have someone who needs assistance. Do you have a moment to assist someone?

For more information on Dr. Airton’s forthcoming book, their research and teaching, visit leeairton.com.

THE
SEX
YOU WANT



TheSexYouWant.ca

Image courtesy thesexyouwant.ca (Gay Men's Sexual Health Alliance of Ontario)

Pre-Exposure Prophylaxis for GBMSM

Improving Access to an Emerging Sexual Health Strategy

By Gilles Charette

Pre-Exposure Prophylaxis (PrEP) is an evidence-based, Health Canada-approved strategy for preventing HIV infection in individuals at higher likelihood of exposure to the virus. When taken regularly, PrEP reduces the likelihood of HIV acquisition by more than 90 per cent. Family physicians can easily prescribe this safe and effective primary prevention strategy.

In Ontario, HIV is concentrated in priority populations for whom PrEP could be beneficial as part of a combination approach to HIV prevention and sexual health care. Health Canada approved Truvada® in February 2016 for use as PrEP. Generic versions of Truvada® became available in July 2017, decreasing the medication's cost considerably and therefore making it more accessible for people who want to incorporate it as part of their sexual health strategy. As PrEP does not protect against acquiring other sexually transmitted infections (STIs), it is intended to complement condom use.

I promote sexual health among gay, bisexual and other men who have sex with men (GBMSM) in South Eastern Ontario through the work of [HIV/AIDS Regional Services \(HARS\)](#), a local AIDS service organization. The agency's catchment area covers three regional health units, and includes Belleville, Kingston, and Brockville, as well as a number of small towns and rural communities.

With no full-time LGBTQ+ spaces in the region, GBMSM tend to socialize and cruise for sex using online sites and smartphone apps. As such, I co-ordinate a small group of online outreach volunteers who answer sexual health questions, make referrals to testing sites and help to connect people to other local LGBTQ+-friendly resources.

As knowledge of PrEP has increased in the GBMSM community, and more affordable generic versions of the medication used for PrEP have become available, questions about PrEP now represent the second most commonly asked question of our online outreach team. (The first is where to access HIV/STI testing).

Specifically, guys want more information about PrEP and how they can access a prescription.

The first line of access would ideally be the patient's primary care physician or nurse practitioner. This poses a couple of challenges. Individuals living in smaller communities, or those who are younger and may have the same physician or nurse practitioner as their family members, may not feel comfortable disclosing their sexual history or making the request for PrEP, as it might require them "coming out" to their doctor.

Those who have had conversations with their doctor about PrEP have reported that awareness of PrEP among their health-care providers seems low. GBMSM have said that when broaching the subject, physicians acknowledge

limited awareness of, and comfort with, prescribing. We've also heard that some local physicians who have prescribed PrEP aren't accepting new patients.

Some individuals interested in PrEP are being referred to the Infection & Immunology Clinic at Hotel Dieu Hospital in Kingston. This process causes long delays and is unnecessary, as any family physician can easily prescribe PrEP.

As a result of these challenges, HARS is taking a three-pronged approach to improving access to PrEP.

Working with Sexual Health Clinics

The first strategy involves working with local health units' sexual health clinics. Since patients are disclosing their sexual history to the health unit staff in order to be tested for HIV, and as discussions of sexual health strategies are common in this context, it seems appropriate that PrEP be available via sexual health clinics. Many GBMSM get screened for HIV/STIs at these locations, where the staff is highly skilled and works hard to provide affirming, inclusive care to the LGBTQ+ community. Although the sexual health clinic's capacity is a legitimate concern, there would be great benefit in having this priority population accessing testing and treatment regularly, as keeping GBMSM engaged in care can reduce numbers of new HIV/STI infections.

Promoting Self-Advocacy

The second strategy is informing potential patients on how to advocate for themselves with their health-care provider. There are many places patients can learn what PrEP is and how to ask for it from their physician. Websites like thesexyouwant.ca have a [printable resource](#) patients can provide to their physician about PrEP. In addition, Toronto's St. Michael's Hospital is conducting a study on Decentralizing PrEP Delivery, which asks patients to complete a [questionnaire](#) that will give them an access code to an online module on PrEP, which their physician can complete in order to receive a Mainpro credit.

Increasing Awareness among Physicians

Lastly, we are working on increasing awareness among physicians about PrEP via a targeted mailer, which we sent to 300 primary care physicians and nurse practitioners at local family health teams, community health centres, and health units. This communication included a letter introducing PrEP; a CMAJ article about how to prescribe PrEP, [Canadian Guideline on HIV Pre-Exposure Prophylaxis and Nonoccupational Postexposure Prophylaxis](#); and a link to the [Decentralizing PrEP Delivery Physician Baseline Questionnaire/Online Training Module](#). This strategy has yielded a small number of inquiries from physicians related to PrEP, as well as some inquiries about how a physician can identify when they may have a GBMSM patient and how to create a practice that would be conducive to patients coming out.

This work is beginning to yield some encouraging results. Recently, a team from KFL&A Public Health's infectious disease clinic, Hastings & Prince Edward Public Health, and HARS met to come up with strategies to improve local access to PrEP – in particular, how to increase awareness among physicians about this tool and the process of prescribing it. We are also meeting with Kingston Community Health Centres/Street Health to explore the possibility of creating a community-based PrEP access clinic. Finally, we are creating "PrEP School" workshops for GBMSM who would like to learn more about this emerging sexual health strategy.

It is our hope that this work will help ensure our community has access to accurate information and resources to make informed choices about their sexual health. PrEP presents an enormous opportunity to reduce new HIV infection rates in our communities and expand available sexual health strategies.

Gilles Charette is the M4M Sexual Health Coordinator at HIV/AIDS Regional Services (HARS) in Kingston.



RESOURCES

The following is a compilation of some of the myriad of local, provincial, national, and web-based resources available that address LGBTQ+ health.

Canadian Professional Association for Transgender Health

The Canadian Professional Association for Transgender Health (CPATH) is the largest national multidisciplinary, professional organization in the world, working to support the health, well-being, and dignity of trans and gender-diverse people (trans). Among the professionals included in the association's membership are family physicians, endocrinologists, pediatricians, surgeons, social workers, psychologists, psychiatrists, speech therapists, educators, and lawyers, as well as organizational members that provide front-line services and support to trans people across Canada.

FUSE Youth Group

A youth outreach initiative of HIV / AIDS Regional Services, FUSE is a group for queer, trans, gender queer, two-spirit, lesbian, gay, bisexual, pansexual, and questioning youth under the age of 19. It provides an opportunity to meet friends, get support, foster empowerment and self-reliance, build community, share knowledge and skills, and access resources, all while having fun in an inclusive space.

HIV/AIDS Regional Services

HIV / AIDS Regional Services (HARS) provides comprehensive services including education, prevention, and support for people living with, at risk of, or affected by HIV / AIDS and sexually transmitted blood-borne infections, and advocates for broader social change to reduce stigma and discrimination.

Inclusive at Queen's: Gender and Sexuality

Inclusive at Queen's offers resources, programs, and new initiatives that are helping to build a campus that embraces diversity and empowers all members of the Queen's community to thrive. Gender and sexuality resources include:

Education on Queer Issues Project (EQuIP): EQuIP works to create a positive space for all sexual and gender identities at Queen's University.

Levana Gender Advocacy Centre: This student-funded organization is committed to creating and nurturing a radical community of Kingston students and residents. Devoted to fighting gender oppression and advocating for broad ideas of gender empowerment for those of any or no gender, Levana operates on anti-oppressive practices. The centre is open to all residents of Kingston, and offers a free lending library.

Positive Space Program: This program encourages the celebration of sexual and gender diversity at Queen's so that all members of the university's community are affirmed and supported.

Queen's University Association of Queer Employees (QUAQE): This group for LGBTQ-identified staff, faculty, and their partners includes current and former Queen's employees, as well as postdoctoral fellows. The group provides opportunities to socialize, discuss relevant issues, raise the visibility of LGBTQ issues, and address barriers for queer employees.

Sexual Health Resource Centre: This centre is a confidential, non-judgmental, feminist, queer-positive, pro-choice, sex positive, and non-heterosexist information and referral service.

Student Wellness Services: A staff counsellor with significant experience working with LGBTQ+ students and intersectional identities is available to provide confidential guidance and support through Queen's Counselling Services.

Kingston Pride

Kingston Pride's mission is to inspire, educate, commemorate, and celebrate our diverse community.

No Big Deal Campaign and Lee Airton, PhD

The No Big Deal (NBD) campaign is a positive and affirming response to the recent conflict around transgender peoples' pronouns, including gender-neutral ones like singular they/them and ze/hir (instead of she/her or he/him). Dr. Lee Airton is a professor, blogger, advocate, and speaker on gender and sexual diversity.

Ontario Human Rights Commission:

Gender Identity and Gender Expression

Under the Ontario Human Rights Code, discrimination and harassment because of gender identity or gender expression is against the law. Everyone should be able to have the same opportunities and benefits, and be treated with equal dignity and respect, including transgender, transsexual and intersex persons, cross-dressers, and other people whose gender identity or expression is, or is seen to be, different from their birth sex.

Ontario Human Rights Commission:

Policy on Preventing Discrimination Because of Gender Identity and Gender Expression

Under the Ontario Human Rights Code, people are protected from discrimination and harassment because of gender identity and gender expression in employment, housing, facilities and services, and contracts; and membership in unions and trade or professional associations.

outin.ca

Out/in.ca is an event portal for LGBTQ+ events in Kingston and the surrounding area.

PFLAG Canada

PFLAG Canada is a national charitable organization that speaks for a more accepting Canadian society by providing support, education, and resources to all people who wish to grow in their understanding of sexual and gender diversity. The organization actively assists in the recognition and growth of gay, lesbian, bisexual, transgender, transsexual, two-spirit, intersex, queer, and questioning persons and their families and friends, within their diverse cultures and societies.

Pride at Work Canada

Through dialogue, education, and thought leadership, Pride at Work Canada empowers employers to foster workplace cultures that recognize LGBTQ2+ employees as an important part of a diverse and effective workforce.

[Queen's Equity Locator APP](#)

This application is a free download for iPhone and iPad. It offers maps of all three Queen's University campuses, with crowd-sourced equity-related points of interest including accessible entrances, gender-neutral washrooms, elevators, and more.

[Queen's Human Rights and Equity Offices](#)

The Queen's Human Rights Office provides confidential advice to Queen's community members on human rights issues and a variety of educational programming. The Equity Office provides leadership, information, and liaison on equity matters throughout the university.

[Rainbow Health Ontario](#)

Rainbow Health Ontario (RHO), a program of the Sherbourne Health Centre, works to improve the health and well-being of LGBT2SQ people across Ontario, and to increase access to competent and LGBT2SQ-affirming health-care services across the province. RHO provides education and training to providers, advocates for public policy change, and consults with service providers and organizations. The RHO website is a source for up-to-date, evidence-based health information and resources for LGBT2SQ community members, service providers, and anyone interested in LGBT2SQ health. Rainbow Health also facilitates a weekly mentorship call (Wednesdays at 12:10 p.m.), during which experienced trans health-care providers answer questions regarding trans clients. Email RHO at info@rainbowhealthontario.ca for more information or to register on the mentorship call distribution list. All individuals on the list receive the weekly Q&A notes from each call, including those who do not attend calls.

[ReelOut Arts Project](#)

The Reelout Arts Project in Kingston celebrates queer media arts and contributes to community vitality by offering an annual festival that offers films and videos with a focus on issues of sexuality, race, culture, religion, class, gender, ability, health, and age. The project purposefully draws together and initiates challenging dialogue among disparate members of the queer communities in Kingston and the surrounding area, and between the larger Kingston and queer community.

[SPARKS](#)

A weekly social support group open to everyone between the ages of 19 and 29, SPARKS focuses on mental health and LGBTQ issues. Participants choose and discuss topics important to them, and host social events and activities to help build lasting friendships.

[The Sex You Want](#)

Getting from here to there looks different for everyone. This site, offered by the Gay Men's Sexual Health Alliance of Ontario, offers information to help individuals figure out how to have the sex they want, and to help them and their partners think through the decisions that can impact their health.

[Together We Conquer Mountains](#)

The mission of Together We Conquer Mountains (TWCM) is to empower transgender families, children, and youth to live life fully, surrounded by the support of those who have come before them, lifted by timely and adequate resources when needed, strengthened through education, and protected fully by law.

[Trans PULSE Project](#)

The Trans PULSE Project is a community-based research project investigating the impact of social exclusion and discrimination on the health of Ontario's trans population. The group aims to provide the information necessary to change policies and practices to improve the health of trans communities.

[TransFamily Kingston](#)

TransFamily Kingston is a diverse group of transgender people, family members, friends, and allies in Kingston that gathers monthly to share stories and experiences, provide peer support, and assist each other in navigating the various barriers trans people and their supporters often face. The group seeks to combat the loneliness and isolation trans people and those sharing their journey often experience.

[World Professional Association for Transgender Health](#)

Formerly known as the Harry Benjamin International Gender Dysphoria Association, the World Professional Association for Transgender Health (WPATH) is a non-profit, interdisciplinary, and educational organization devoted to transgender

health. Professional, supporting, and student members engage in clinical and academic research to develop evidence-based medicine and strive to promote a high quality of care for transsexual, transgender, and gender-nonconforming individuals internationally.

[GUIDES / GUIDELINES](#)

[Canadian Guideline on HIV Pre-Exposure Prophylaxis and Nonoccupational Postexposure Prophylaxis](#) (Canadian Medical Association Journal)

[Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender-Nonbinary People](#) (Center of Excellence for Transgender Health)

[Guidelines and Protocols for Hormone Therapy and Primary Health Care for Trans Clients](#) (Sherbourne Health Centre)

[Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People](#) (The World Professional Association for Transgender Health)

[Trans Primary Care Guide](#) (Rainbow Health Ontario)

[HELP LINES](#)

[LGBT Youth Line](#)

[The Lifeline Canada Foundation](#)

[Trans Lifeline](#)

[KGH Transgender Clinic](#)

Kingston General Hospital's Transgender Clinic offers hormone counselling and prescribing, surgical referral, and pre- and post-op care. Referrals are accepted for patients from peri-pubertal to seniors. (Pre-pubertal patients should be referred to pediatrics.)

The clinic does not have a psychologist or psychiatrist on staff, so cannot accept referrals specifically for counselling.

Staffed by two gynecologists – one with additional training in adolescent gynecology – and one family doctor, the clinic is interested in recruiting more physicians who have an interest and experience in this area.

Referrals can be faxed to 613-548-1330, directed to "Transgender Clinic."

The clinic currently has a 12-month wait list, and is working to create a new clinic model that will enable shorter wait times.