Discrimination in Healthcare facing Trans and Non-Binary People in Georgia

Terminology: Transgender, or trans, is an identifying term for people whose gender identity, expression and/or behavior is different from or does not fully align with the traits typically associated with the gender they were assigned at birth.[1] Gender non-binary or gender non-conforming people are people whose gender expression differs from societal expectations, and the term may include people who identify as non-binary, genderqueer, genderfluid, non-binary, genderfuck, genderless, agender, non-gendered, third gender, two-spirit, bigender, trans man and trans woman. We use the term Transgender and Gender Non-Binary ("TGNB") as an inclusive term for discussion of the experiences facing people based on their gender identity, behavior and/or expression.

Moving through the healthcare system can be a difficult or traumatic experience for people who identify as trans and/or gender non-binary (TGNB). The health and overall well-being of TGNB persons in the United States, in the regional South, and in Georgia in particular, are disproportionately adversely affected by stigma and discrimination, which is perpetuated by various institutional and structural systems. The healthcare system is one such system.

TGNB members of SPARK Reproductive Justice Now! (SPARK) have anonymously discussed and shared their experiences accessing healthcare. One member of our community who identifies as a Trans man shared his struggle to find a local reproductive healthcare provider willing to provide him with a gynecological exam. Another member of the community shared the fact that she was unable to continue to afford hormone therapy because it is not covered by her insurance, and as a result she is experiencing difficult and harmful physical and emotional changes. [2] These stories are too common among people with marginalized gender identities. This report aims to uncover some of the foundations of that systemic inequality through a reproductive justice lens and suggest solutions and areas for progress. This report furthermore highlights the information gathered and work done by transgender-led organizations on the health disparities affecting folx who exist outside of cisnormativity.

Recommended Reading: The Reproductive Justice Framework and SPARK RJ Now! Policy Recommendations for 2019.

The healthcare needs and priorities of TGNB people vary from person to person, as do experiences navigating systems of care. Given the detail of research necessary to analyze experiences in healthcare with utmost accuracy, this report recognizes the need for more research into healthcare access for TGNB people and specific communities within that umbrella term. We furthermore applaud the efforts of the

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[1] Queering Reproductive Justice: A Toolkit, National LGBTQ Task Force (March 2017), available at http://www.thetaskforce.org/wp-content/uploads/2017/03/Queering-Reproductive-Justice-A-Toolkit-FINAL.pdf; *also see Glossary of LGBT Terms for Healthcare Teams*, National LGBT Health Education Center (March 2016), available at https://www.lgbthealtheducation.org/wp-content/uploads/LGBT-Glossary_March2016.pdf

[2] Interviews with TGNB community members (anonymous), conducted by Hebron Kelecha, Policy Fellow at SPARK Reproductive Justice Now! (Summer 2017).

organizations, individuals and institutions, whose work we cite below and who continue to work to fill the data gaps with inclusive, participatory, and community-based research.

The Magnitude of Disparities and Discrimination in Healthcare

Approximately 1.4 million (0.6%) of the U.S. population identified as transgender in 2016.[3] One recent study suggests the number of young people who identify as trans or gender non-binary may be closer to 2.7%.[4] Georgia is among the 5 states with the largest adult transgender community, meanwhile the data is lacking regarding how many young TGNB people reside in Georgia.[4]

TGNB people face discrimination, harassment, and violence in a variety of ways, with different levels of effect, intensity and duration, both across and within different service industries and systems: education, healthcare, labor, housing, banks, grocery stores, law enforcement, and the legal system, to name a few.[5] The TRANScending Barriers Survey-Georgia reports that nearly 95% of trans and gender non-binary respondents reported experiencing discrimination while being openly transgender or non-binary, while 48% of the respondents reported a history of violence and harassment while being openly transgender or nonbinary.[6]

Experiences of discrimination and injustice impact quality of and access to healthcare. Trans and gender non-conforming people require the same types of health care services as cisgender people. TGNB folx may additionally require gender affirming medical care, such as hormone therapy, genital reconstruction, or top surgery (breast or chest surgery), and may have unique gynecological or urological needs.[7] Regardless of the type of care sought, moving through a health system and seeing healthcare providers is riddled with barriers for people who identify as TGNC.

Health care providers and staff at institutions often lack cultural intelligence and knowledge about gender identity, including use of and training on respectful and affirming gender nonconforming language and communication. In the most severe yet all-too-common scenarios, healthcare providers and systems may refuse to provide care to people who do not conform to cisnormative societal standards. In response, due to previous experiences with or expected discrimination, TGNB people often withhold or deny accurate and relevant information from health care providers, or postpone medical care due to actual or expected refusal of care. The outcome is curtailed access to care for TGNB folx, who then experience disproportionately high rates of illness and disability.[8]

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[3] Flores, et al., *How Many Adults Identify as Transgender in the United States,* Williams Institute, 2016, *available at* https://williamsinstitute.law.ucla.edu/research/how-many-adults-identify-as-transgender-in-the-united-states/

[4] G. Nicole Rider et al, *Health and Care Utilization of Transgender and Gender Nonconforming Youth: A Population-Based Study,* March 2018, available at https://pediatrics.aappublications.org/content/141/3/e20171683

[5] *2015 U.S. Transgender Survey: Georgia State Report.* (2017). Washington, DC: National Center for Transgender Equality.

[6] TRANScending Barriers Atlanta, Inc. Living in A State of Despair-Survey. (2018), available at https://docs.wixstatic.com/ugd/e5f054_370e5b6fe0da425cb590c129a5456094.pdf.

[7] Stroumsa D. The state of transgender health care: Policy, law, and medical frameworks. American Journal of Public Health. 2014, available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3953767/.

[8] *2015 U.S. Transgender Survey: Georgia State Report.* (2017). Washington, DC: National Center for Transgender Equality.

USTS findings

The U.S. Transgender Survey (USTS) is the largest survey that centers the lives and experiences of transgender people, with over 27,000 respondents in the United States. Conducted by the National Center for Transgender Equality (NCTE), the 2015 USTS provides significant insight into the disparities and injustices faced by transgender persons throughout many facets of life and society. The USTS serves the critical role of filling in gaps of knowledge and understanding for advocates, policymakers and healthcare providers. The expertise, narratives, and lived experiences represented in the survey are inclusive, representative of and responsive to a diverse range of trans and gender non-binary persons.[9] The 2015 findings revealed pervasive experiences with rejection, maltreatment, negligence and violence by transgender survey respondents, in comparison to the general U.S. population.[10]

Summary of main points from NCTE USTS

o   Transgender communities cannot be expected to eliminate or mitigate the experiences they experience on their own. This is particularly true for people living at the intersections of multiple overlapping and reciprocating systems of oppression, coercion, discrimination, and stigma, across both private and public social spaces and relationships,.

o   Disruption and destruction of social networks and stable housing, limited and unstable economic and employment opportunities, and psychological and physical harm and health disparities require immediate attention and action.

o   The lack of accountability and responsiveness to address injustice, inequities, and illnesses is no longer acceptable.

o   We must call out and dismantle the roots of institutional, structural, and provider level violence that maintain power differentials and inequities and stifle the equal achievement, liberation, health, and happiness of people who exist outside of heteronormativity .

o   The increased amplification of all of gender identities, narratives, and experiences through increased visibility and participation is necessary to generate knowledge that is authentic and representative of the strengths, needs, and priorities of transgender and non-binary persons.

Social Determinants of Health and Patient-Centered Access to Healthcare

Social determinants of health are the conditions in which a person is born, grows up, lives, works, plays, and ages.[11] They are the factors in a person's life that impact overall access to health and wellness including sexual and reproductive health, access to nutrition, financial stability, environmental hazards and pollution, and aspects of government and the economy, including policies surrounding education,

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[9] For more information, go to http://www.ustranssurvey.org/about/.

[10] *2015 U.S. Transgender Survey: Georgia State Report*. (2017). Washington, DC: National Center for Transgender Equality.

[11] World Health Organization, About Social Determinants of Health, available at
http://www.who.int/social_determinants/sdh_definition/en/

transportation, and housing. Social determinants of health consider how cultural and societal constructs like classism, sexism, racism, homophobia, transmisogyny, and HIV stigma can have a profound impact a person's overall health and wellbeing.[12]

For people who identify with multiple marginalized identities, the effect of systemic inequality on health can be compounded. For example, young Black people who also identify as transgender are one of the most at-risk and marginalized groups in the nation. As a result, young Black trans people also experience significantly worse health outcomes than their white, cisgender peers, particularly in terms of exposure to HIV.[13]

TGNB Folx and HIV

Trans and gender non-binary people as a group are disproportionately affected by HIV.[14] A 2017 study interviewed 92 trans women residing in Atlanta; of the respondents who knew their HIV status, 60% self-reported as living with HIV.[15] According to a recent report by TRANScending Barriers, nearly 38% of the TGNB respondents reported not being tested for HIV in the six months prior to taking the survey. Additionally, 29% of the respondents reported not having knowledge of places in the state where they could get tested. [16] And yet, trans and gender non-binary people continue to experience barriers to preventative HIV care. This is due to experiences of stigma, discrimination and social exclusion that many TGNB folx continue to face in society today, as well a lack of research and engagement of TGNB people in the healthcare system.[17] These data points suggest that access to HIV testing, care and information remains lacking for TGNB people.

Reproductive Justice at play in Healthcare: The Access to Healthcare Framework

Access to healthcare is the opportunity for an individual or community to reach and obtain appropriate healthcare services in situations where a need for care is perceived. Access empowers individuals and

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[12] Commission on the Social Determinantsof Health, Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health, World Health Organization, available at http://apps.who.int/iris/bitstream/10665/43943/1/9789241563703_eng.pdf ; Intersections at the Grassroots: A Reproductive Justice Analysis of Atlanta's HIV Epidemic, SisterLove, Inc., available at http://www.sisterlove.org/wp-content/uploads/2017/01/Intersections-at-the-Grassroots-final-1.9.2017-11.pdf

[13] CDC: HIV Among transgender people

[14] *HIV Criminalization Beyond Non-Disclosure: Advocacy Tools on Intersections with Sex Work and Syringe Use*, The Center for HIV Law and Policy and the National LGBTQ Task Force, 2017.

[15] Salazar LF, et al., *Contextual, experiential, and behavioral risk factors associated with HIV status: a descriptive analysis of transgender women residing in Atlanta, Georgia*, available at https://www.ncbi.nlm.nih.gov/pubmed/28081681, *also see* TRANScending Barriers Atlanta, Inc. *Living in A State of Despair-Survey*. (2018), available at https://docs.wixstatic.com/ugd/e5f054_370e5b6fe0da425cb590c129a5456094.pdf

[16] TRANScending Barriers Atlanta, Inc. *Living in A State of Despair-Survey*. (2018), available at https://docs.wixstatic.com/ugd/e5f054_370e5b6fe0da425cb590c129a5456094.pdf

[17] CDC: HIV Among transgender people

communities to make decisions that allow them to then engage with the health system in order to obtain healthcare.[18]

Disparities in access to healthcare depend on the following factors: a person's or community's ability to recognize their healthcare needs; to seek healthcare services; to reach or obtain healthcare services (or to delay in obtaining them); to utilize those services; and, finally and crucially, to engage in the health system in a manner that results in being offered services appropriate to the person's needs.[19]

The access to healthcare framework represents RJ in healthcare by applying an intersectional analysis and centering the most marginalized people and their experiences within healthcare systems. More specifically, it contemplates accessibility in terms of the *characteristics of the health system.* The concept of access to healthcare is viewed in the context of dynamic and interconnected interactions and relationships between the individual, household, and community characteristics; social determinants of health; and the characteristics of the health systems, organizations, and providers. For example, an evaluation of accessibility would consider the various forms of gender inclusive language, communication and signage; use of multilingual consent forms and services; evening and weekend appointments; the professional values and norms of the healthcare provider; what type of treatment is available in a given geographic location, and whether a healthcare environment is physically accessible to a disabled person.[20] With the application of the access framework in the evaluation of health and healthcare disparities, one can better understand the process of healthcare utilization from the perspective of the individual or the community. The current access framework is considered to be patient-centered, as the analysis is centered on the patient's experiences and movement along the continuum of healthcare seeking.

Health Systems vs. Healthcare
It is helpful to differentiate health systems from healthcare:
Healthcare is the services provided to individuals or communities by health service providers for the purpose of promoting, maintaining, monitoring or restoring health.
Health systems are the people, institutions and resources, arranged together in accordance with established policies, seeking to impact the health of the population they serve.[21]

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[19] Levesque et al., *Patient-centred access to healthcare: conceptualising access at the interface of health systems and populations,* International Journal for Equity in Health 2013, available at http://www.equityhealthj.com/content/12/1/18.
[20] Levesque et al., *Patient-centred access to healthcare: conceptualising access at the interface of health systems and populations,* International Journal for Equity in Health 2013, available at http://www.equityhealthj.com/content/12/1/18.
[21] *A Glossary of Terms for Community Healthcare and Services for Older Persons*, World Health Organization (2004), available at http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1154048816360/AnnexLHNPStrategyWhatisaHealthSystemApril242007.pdf

For TGNB people, social determinants of health like transphobia, transmisogyny, and racism structure the relationships between health systems and individuals or communities resulting in multiple threats and experiences of violence and harassment. These experiences lead to barriers, delays, or inappropriate healthcare, instigating or exacerbating poor health outcomes.

For TGNB people of color, addressing the interacting effects of systemic transphobia and racism is essential to ensuring that Trans and non-binary people of color have the necessary resources and power to make informed decisions about their bodies and lives. The access to healthcare framework thereby empowers TGNB individuals and community members, advocates, healthcare providers, policymakers and other stakeholders to recognize that the path to health equity for TGNB people begins by transforming cultural norms, policies, practices, and programs that inform values, language, and behavior in our homes, schools, workplaces and other social environments, as much as it does in healthcare settings.

What is stigma? Stigma is generally defined as an identifying mark or characteristic that discredits and shames. But in the context of evaluating health and wellbeing, the definition of stigma encompasses societal factors that have been utilized to oppress and disenfranchise certain people and communities. According to the former Health Policy Project, stigma is a "*social process of devaluing people or groups based on a real or perceived difference, such as gender, age, sexual orientation, behavior, or ethnicity. Discrimination follows stigma and is the unfair and unjust treatment of an individual based on that socially identified status.*"[22]

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[22] Melliah, M. 2011. Stigma and Discrimination. Retrieved from https://www.healthpolicyproject.com/index.cfm?id=topics-Stigma, February 20, 2018.

(Infographic from Article: Fig.1: A definition of access to healthcare.)

Figure 1 A definition of access to health care.
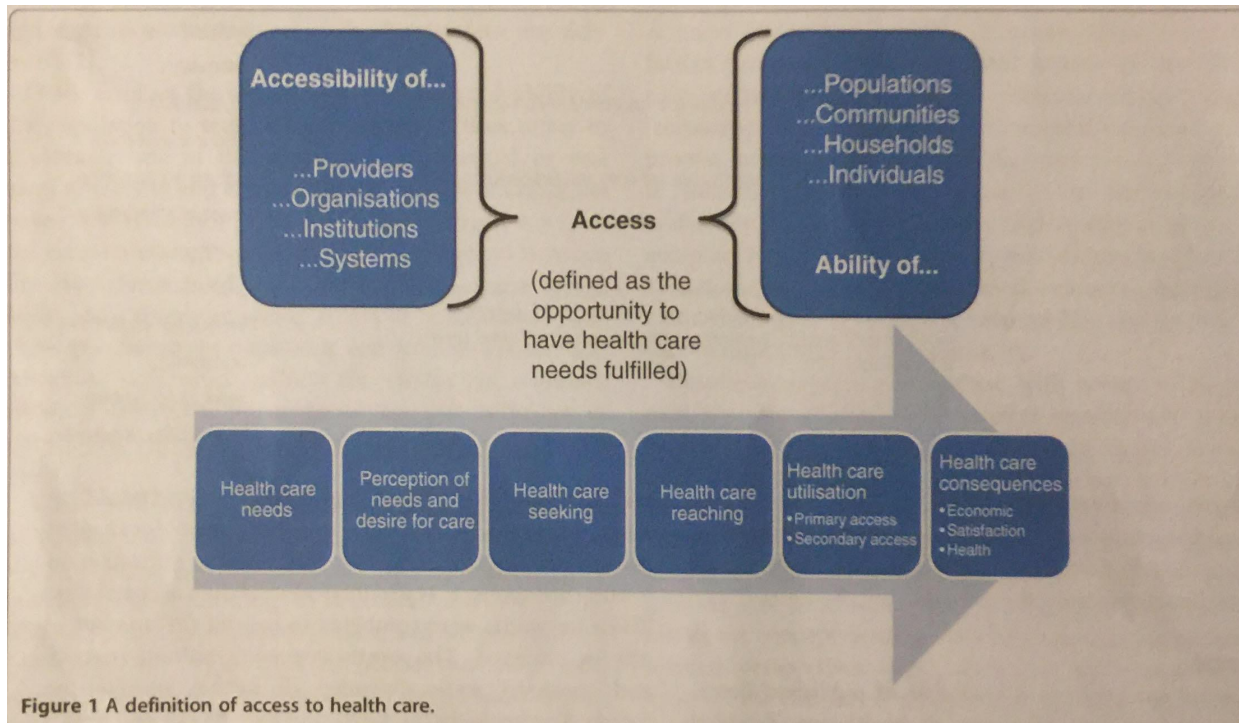
Interconnections and Inequalities in Health & Healthcare

In the US Transgender Survey the authors found that "transgender people of color experience deeper and broader patterns of discrimination" than those experienced by white transgender respondents and the general U.S. population. Trans people of color were more than three times as likely as the U.S. population to be living in poverty. More than 1 in 2 Latinx persons (43%), American Indians (41%), and Black persons (38%) compared to 1 in 8 persons in the overall U.S population were living in poverty. One of the likely causes of the disparity is the four-fold disparity in unemployment between Trans persons of color and persons in the general U.S. population.

The USTS also illuminated the fact that undocumented respondents survived various types of economic and housing instability and violence at higher rates when compared to other respondents. Furthermore, according to the 2018 TRANScending Barriers Survey-Georgia, over one third of TGNB respondents reported being homeless at the time of the survey. Additionally, 68% of respondents reported having a history of homelessness, and 65% reported not having knowledge of resources to assist them with any of their housing needs.[23]

Respondents with disabilities faced significantly higher rates of economic instability and mistreatment. Nearly one-quarter were unemployed, and 45% were living in poverty. Transgender people with

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[23] TRANScending Barriers Atlanta, Inc. *Living in A State of Despair-Survey*. (2018), available at
https://docs.wixstatic.com/ugd/e5f054_370e5b6fe0da425cb590c129a5456094.pdf.

disabilities were more likely to be currently experiencing serious psychological distress (59%) and more likely to have attempted suicide in their lifetime (54%). They also reported higher rates of mistreatment by healthcare providers (42%).

When considering the intersections of racism, sexism, gender discrimination, HIV, and health, the inequities in healthcare quality, access, and utilization become more apparent. Trans persons of color are five times more likely to be living with HIV than their white peers. The data in the survey revealed that 6.7% of Black respondents and 19% of Black transgender women were living with HIV, a twenty-two-fold disparity in HIV rates compared to the general U.S. population living with HIV. The indication of higher rates of HIV is that in turn trans people of color have lower rates of access to HIV prevention mechanisms, including PrEP, PEP, comprehensive sex education, and the structural and financial agency that is in many cases necessary to experience full bodily autonomy.

Limitations and Implications for Future Work

We acknowledge the limitations in creating a report authorship by TGNB persons specifically from the state of Georgia and city of Atlanta. In an effort to create a more intentional and inclusive space, we commit to creating a subsequent participatory and narrative-based policy report where TGNB lived experiences and stories are centered and lead the design, content, analysis, writing, and dissemination of the report. We commit to manifesting theory in the flesh by anchoring our analyses of health and healthcare discrimination and disparities and solutions towards health equity in the reproductive justice framework. In Part II of this report, we will seek to support the organization and amplification of TGNB voices and re-imagine the possibilities and promises of moving towards sexual and reproductive liberation, safety, dignity, and respect in health, healthcare, and healthcare access for all humans.