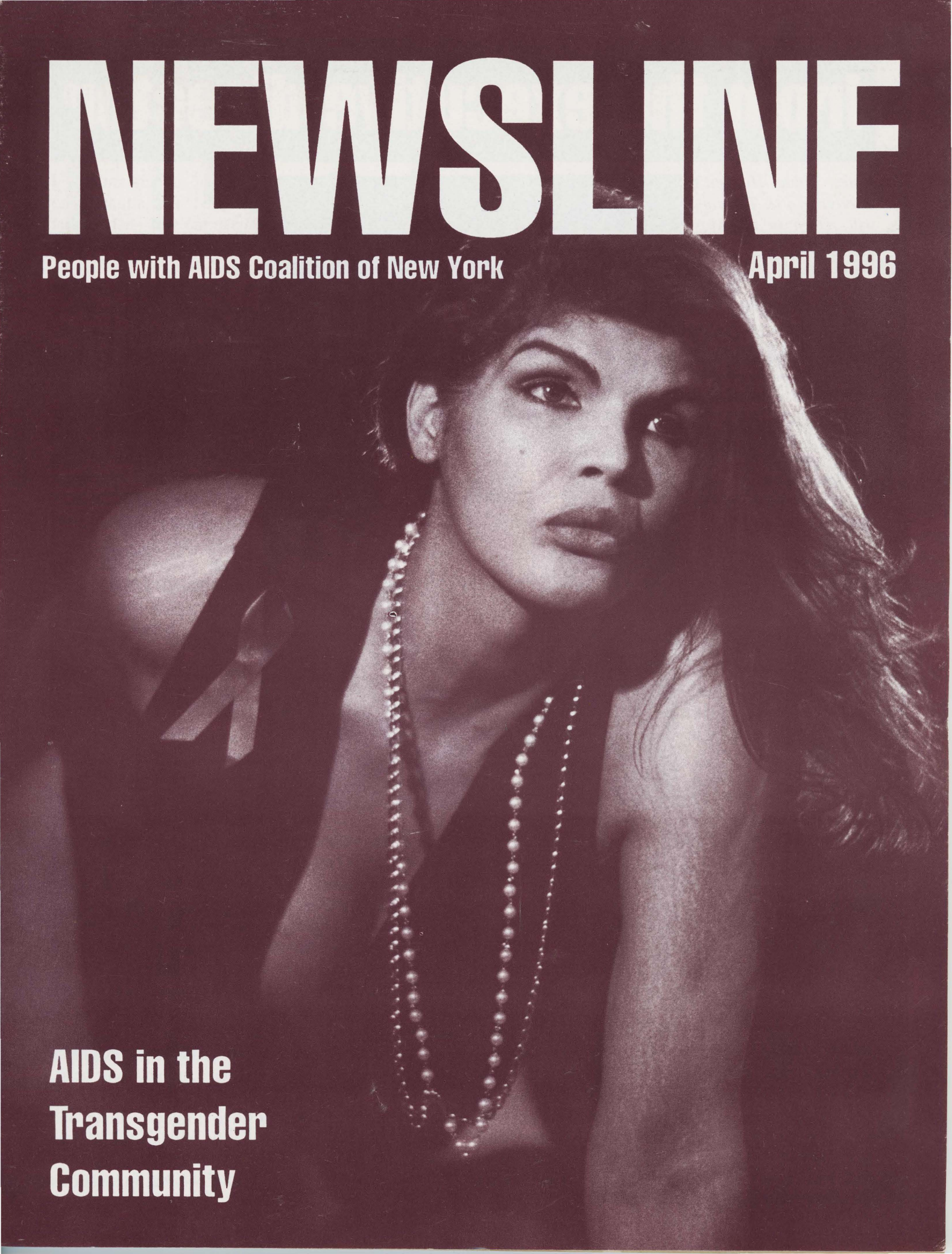


NEWSLINE

People with AIDS Coalition of New York

April 1996



**AIDS in the
Transgender
Community**

from the executive director

Note: John Hachett's *Surviving & Thriving* will return in the May 1996 issue.

When Becky and Mary informed me that this month's *Newsline* would focus on AIDS and HIV in the transgender community, I felt a slight twinge of insecurity. The topic of drag queens, cross-dressers and transexuals had always made me feel "uncomfortable."

I knew I was gay as soon as I entered puberty, maybe even before. Growing up gay in a small town, in a very athletic family, I always felt threatened by the more "flamboyant" gay role models the media choose to present to America in the 70's—I was not one of these people and they did not represent my identity of being gay. As

I grew older, got out into the world, and began to understand my own sexuality, I came to realize that the differences in others make life challenging, certainly interesting and define us as human beings.

I have had a few encounters in the transgender community (mostly in bars or cabarets) but I would like to share an experience that uniquely affected my perception. Last summer I had a surgical procedure at a New York City hospital. As I came out of my anesthesia-induced daze, I was cheerfully greeted by my nurse. Initially I was a bit uneasy as I tried to process whether my nurse was a man or a woman. As it turned out she was a woman, very active in the transgender community, and one of the most caring and compassionate healthcare providers who has ever cared for me. I had never met a transgender woman in a professional setting (that I was aware of), and due to my own ignorance and



lack of understanding, I allowed the situation to make me feel—here is that word again—"uncomfortable."

As I write this, I begin to register the words I have used in describing my feelings toward transgender issues—uncomfortable, uneasy, insecure and ignorant. These are the same words and feelings that people have used in their attempts to discharge homosexuals from the military and to continue segregation in our schools. These are words that fuel discrimination and give power to dangerously extreme factions as evidenced by the religious right. These are words that I am striving to eliminate from my vocabulary in hopes of not applying their meaning to people or situations I do not understand.

I learned a very important lesson. I used to

believe that what a person preferred sexually was how they identified themselves. I judged a person by what I saw on the outside, instead of who they were on the inside. Identity is not about preference; preference suggests a choice—I did not choose to be a gay man any more than anyone chooses their gender or sexuality. The transgender community should be embraced by the AIDS community, as well as the gay and lesbian community, in the same manner that we all strive to be included as a whole in "everyday" society.

So, do yourself a favor. Sit down, read this issue of *Newsline*, open up your mind and your heart, and learn! Only by embracing our differences can we all come together, in a positive display of unity, and make a difference in our own lives and the lives of those around us.

—Phillip Matthews

NEWSLINE

April 1996

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A collection of articles from transgender people living with AIDS, transgender care givers and service providers, and non-transgender people who work with the community. Also included a list of resources for further information and assistance.

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Newsline is intended as a forum for the AIDS/HIV community. We invite and encourage your submissions of writing, photography, and artwork. Please feel free to call us at 212/647-1415 with any questions or ideas you may have, or mail your submissions directly to:

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The deadline for submission to *Newsline* is six weeks prior to publication, e.g. an article or announcement must be received by July 15 to be published in the September issue. Please double space each submission, and keep a copy of your original; we will not return manuscripts.

Newsline will assume you want your real, full name used on any submission unless you clearly indicate that you want your name withheld or wish to use a pseudonym.

Newsline reserves the right to accept or reject any article at its sole discretion and to reprint any article that has appeared in *Newsline*, with appropriate credit to the author. The editor reserves the right to edit any submission for length and style. Every effort will be made to discuss major changes with authors prior to publication. Please include with your submission a phone number or other means of reaching you.

letters

Dear *Newsline*,

I just sat down to read the February issue of *Newsline*, and I must say that I feel better now than I did before opening the "yellow envelope."

The story on page 2 by John Hatchett is one of the funniest I've read concerning AIDS. It felt great to laugh at my killer.

Thanks so much for printing something that gave me the energy to write this letter, do my nails, give myself a facial, and the list goes on and on...

Thanks a million!

Linda Paisley, Monticello, FL

Dear *Newsline*:

Congratulations to the staff of *Newsline* for an intensive, well-presented and researched edition on AIDS and the Aging (January

1996). You really captured the face and essence of AIDS and the older adult. Many people have raised their level of consciousness on this issue because of your effort. As a matter of fact, I have received several calls in response to this edition and one AIDS counselor mentioned that she was not aware that this was such an issue among older adults, and that her agency will begin including older adults in their outreach. What a wonderful thing to hear! Thank you so much for your support, commitment, and interest in putting the word out.

Also, thank you for the many copies. I have distributed them as far as Chicago and Florida. The feedback from here and out of state has been very good and appreciative.

Marie Nazon, HIV/AIDS and Aging Task Force Coordinator, Brookdale Center on Aging of Hunter College, New York, NY.



from the editor

Each month I struggle with writing these editorials because I seem to want them to express the right things. Then I realize that it is me who must focus on the fact that I am just one single voice in this struggle to make sense out of a virus that takes so much from us. Now a stern voice from my childhood has crept into my mind that screams, "the Lord taketh and the Lord giveth". Oh shit, that religion crap does stick with you! Anyway, the virus does take , but it also gives. It has given me courage to embrace honesty.

Honestly, I have really been feeling terrible! I spent an hour or more on the phone a few days ago with John Hatchett talking about how damn hard it is living with AIDS. We both decided that sometimes you just have to put it in the back of your mind because it just overwhelms you. I struggle these days feeling like a failure because I have missed so much work staying in bed nursing some crud that my doctor keeps trying to kill with various antibiotics. All the while a voice in the back of my mind tells me, "what if it's something serious". I sat on the subway last week with that same voice telling me that this could be it. I could never feel good, just go along feeling tired and run down all the time.

Honestly, I am scared out of my mind! Honestly, I feel so much hopelessness at times I just want to scream! So, I scream and reach out to others who know the language this virus has forced me to learn. This virus does take so much. John couldn't do his monthly column *Surviving and Thriving* because he wasn't feeling well. These are the truths, this is some real and heavy hearted stuff to deal with. Not every day is so easy. But, it's these days that help me to be grateful for the



days that are fantastic!

Simply put, this is a magazine about HIV and AIDS. It brings to you, our readers, issues born out of the lack of a cure for HIV and AIDS. So, another issue of *NEWSLINE* has been created for you to become more aware of a community that this virus touches. This month's issue has been a struggle from the get go. Mary and I wanted to do this issue for the past four months but could not seem to come up with the time it would take to pull it off, or even find the voices.

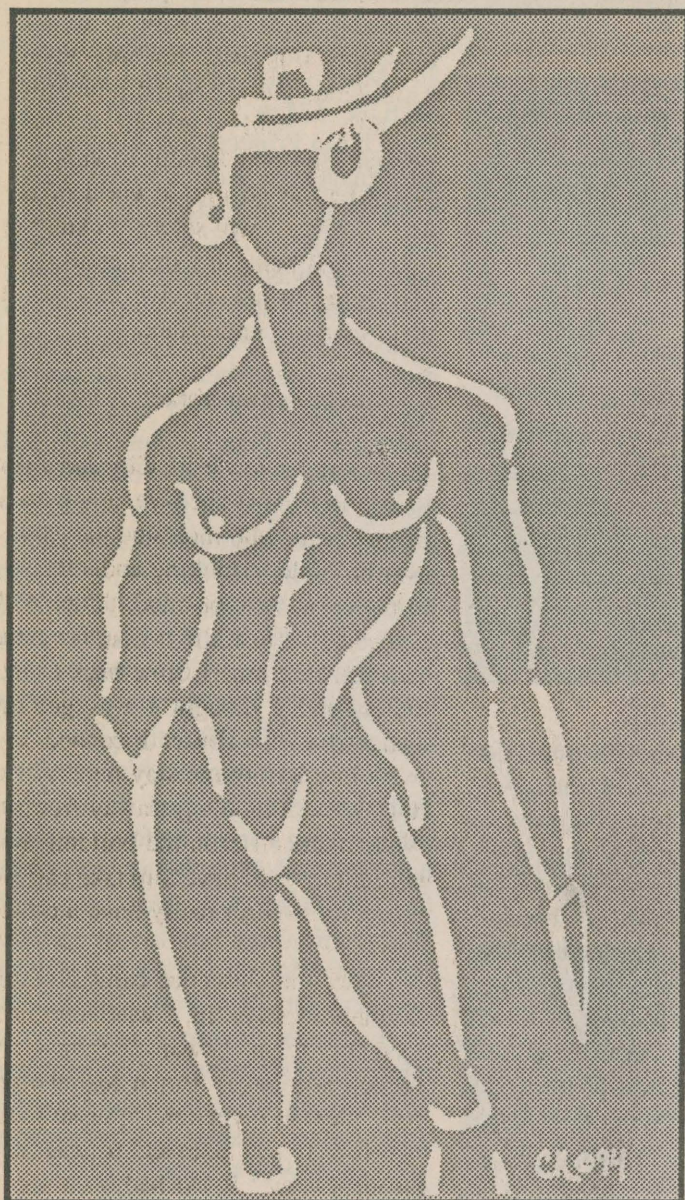
When the subject of transexuals was first mentioned as a topic for *NEWSLINE*, I first didn't want to do it. I struggled and asked myself why it was that I could not see clear the necessity to embrace this community. Then I realized that I had my own fears about the subject because all I knew of this community was what had been taught to me via the sensational TV talk shows and cheesy news programs. Instead of allowing my own ignorance to control me, I decided to look at this as an opportunity to heal and change my ideas.

Mary and I went to a forum at MOCA (Men of Color AIDS Prevention Project) five months ago on transgender and HIV/AIDS that bridged my understanding. Having the courage to be honest and ask questions was difficult but I could feel a part of me deep within begin to heal from a certain level of prejudice. You see, I believe that people sometimes would just as soon discount certain people than to try and understand them. I also believe that people are afraid of things that they do not understand and this threatens them. I believed that being queer was wrong because that is what I was told my entire life. I also believed that you're born with a sex, stick with it. Having the power of choice is a wonderful thing.

Now, I no longer allow the things that were programmed into me to define what I truly believe. What I have learned from doing this issue of *NEWSLINE* has been amazing! This community has a zest for life that not only do I envy, but I have begun to echo it. Living with HIV is a challenge. It takes tremendous energy and stamina. I can't imagine also having to constantly struggle with others discriminating against you because of who you are.

I cannot be a voice for this community, so I invite you to read on. Let the pages in this issue open your mind and give you even more knowledge about the people HIV and AIDS touches. I want to express many thanks for each and every person who helped make this issue possible. I can assure you that this is only the beginning and the future will present new information for us to share with you about the community. What an honor and a privilege it has been for me to network with so many amazing people who possess strength and bravery!

AIDS in the Transgender Community



struggling to understanding all the various lives that AIDS has touched, we went and were highly enlightened, educated, and moved by the voices we heard there that day. The impact of that event was so great that we decided to devote an entire issue of Newslines to AIDS in the transgender community, in the hopes that you, our readers, would be as touched as we were.

We spoke to transgender people living with AIDS, transgender care givers and service providers, and non-transgender people who work with the community. Their stories of unbelievable discrimination, harassment, support, love and survival will open your eyes to a population that has been discounted, overlooked and severely underserved.

We wanted to let you know that AIDS is a transgender person's issue and that the transgender community must be addressed by the AIDS community. The transgender population experiences the same risks as many other marginalized populations, because they are pushed to the side and have to survive any way they can. And whatever survival skills they can get very often put them at risk.

When people of transgender experience seek assistance for AIDS/HIV they are often ignored, mistreated, humiliated and left to die.

There are many, many stories here, and while it may seem confusing to some (it was for us at first), please be patient. We have also included a glossary of terms to help you make the distinction of the many people that fall under the transgender umbrella.

Since we are on the subject—we were able to identify several transgender women (male-to-female), but no transgender men (female-to-male) who are living with AIDS/HIV. We asked many of the people we interviewed why they feel this is so. If you are a transgender male, living with AIDS, or you know someone who is, we would love to hear from you.

If you are a transgender person living with AIDS, or would like to find out more about this subject, we have included a resource listing of services.

So please read, open your mind and your heart, and let these voices in.

One positive thing to come out of the AIDS epidemic is the incredible amounts of courage and determination shown by people struggling to live their lives to the fullest despite enormous obstacles and a "general population" that wishes people with AIDS would just go away. By naming our hardships and demanding to be heard, and listened to, people with AIDS have made remarkable progress in the fight for their lives. Here at Newslines, we try to chronicle some of those struggles and provide a space for those stories to be told and those voices to be heard.

In the fall of 1995, we attended a forum on AIDS in the Transgender Community. With curiosity, and
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Nora Gabriella Molina



is a Peer Educator and Substance Abuse Counselor with the Gender Identity Project at the Lesbian and Gay Community Services Center and also works with the NENA Health Center and the Lower East Side Harm Reduction/Needle Exchange.

How do you identify yourself?

I identify myself as a human being; as a transgender woman, but basically I

am a woman, or a woman plus. I'm 42 years old and I have AIDS. I was diagnosed with HIV in 1986. I went to get tested of my own accord. I had a feeling I was positive. I had help with my drug use and started to heal within myself, trying to find answers to questions such as: What made me go through this addictive state I was in? And it had actually taken me thirty years to set myself free from this incarceration that I had put myself in,

and I didn't know the answers because I had suppressed them for so long. There was incest in my family. I was raped from five years of age, but as far back as three, the people my sister and I were left with were abusive—towards me, not my sister, thank God. Being abused physically, mentally, and sexually—living through that and having to suppress that, I had to go into a world of my own for my own safety, talking to myself and being my own confidante and trying to just survive in a world that I couldn't understand.

Are you from New York?

I was born in New York City and went to Puerto Rico at age five, and there I had a cousin who molested me whenever he could. Thinking about it now, in my clean state of mind, things will come up, because I'm not suppressing anymore. At nine I came back to the States, and I thought I was getting away from the abuse. I coned my mom into letting me stay here. Little did I know I didn't get away from it. We had an abuser in the building and my mom would have him take care of me. So, I didn't really have a childhood.

When adolescence came and my hormones kicked in, I was very puzzled by what I was feeling—my attraction to men. But it had always been there in my nature. It wasn't just because I was abused, it was just stronger now. If I'd had a choice, I would've followed the majority and become a heterosexual male. But thank God I didn't because if that would've happened, with my abuse history, I know I would've abused my children, and the whole thing would have been passed on to the next generation. A lot of transsexuals tend to hurt themselves rather than hurt others, which is what I did.

That's my sexuality. I'm a heterosexual individual. Some people may be puzzled. Just so people understand, there are many different facets, just as there are many different facets in the

"...within I weep, because of how horrible society treats us."

gay community, the bisexual community... I happen to be a transgender heterosexual. Sometimes I get confused myself, but it makes for interesting talk! It's sort of like a third sex, and then there are hermaphrodites and people who have no sexual organs whatsoever. But that hasn't even really been explored yet. The point is, there's more than male and female.

Can you talk about how learning that you were positive interacted with your being a transgender person?

When the AIDS epidemic was starting, I said to myself, "Oh, this only happens to gay people, not to transgender people." But then I thought, I have sex with gay men, too... but that was just my way of dealing with it and protecting myself. Deep down inside I knew, as I started healing within myself, that I had to face reality, and that's what going to therapy and drug counseling did for me.

At what point did you seek support specifically for HIV?

From the beginning I had a real top-notch therapist. Through therapy and self-understanding, and going one addiction at a time, exploring different avenues of different addictions, different negatives—I had to see each of these addictions for what they were, analyze them, visualize them, see them, heal from them. It took years and years and years. It wasn't overnight. Even the acceptance of being HIV positive took me years. Like I said, I learn very quickly, but certain things, for my own protection, take me awhile. But for some reason,

trying to help myself has sped up my awareness of how to do things differently. It's sort of like once you see something good about yourself, you have that little tiny reward. You see that little tiny light at the end of the tunnel, and you see that light getting a little bigger and a little bigger and you sort of have the addiction of trying to find and feel that natural high, without trying to substitute it with something unnatural. I remember when I was an addict, I used to think, God, I wish I could just take a holiday, you know, having to primp up and go and do a trick in the street. But, by the grace of Goddess, obviously I was meant to do this because I was spared, not just that I was spared in this life not to die, but because this is what I was meant to do. This message has got to get through to people.

How do you think transgender people fit into the big AIDS picture?

There is invisibility. People don't think about transgender people in the picture of AIDS. In (Greenwich) the Village, for years, for decades there were transsexuals, male to female, which is what I'd like to talk about—the Village has always had tons of them. I mean tons. Basically on every block lived one or a few of them. Slowly, the AIDS epidemic came up, and it engulfed everyone. I have lived practically everywhere in the city and I can tell you that now that I've been living here, there is nothing, there is hardly anything. And I walk all over the Village, doing street outreach or doing what I have to do, my daily errands and I don't see anything. I used to work on 14th, 11th and 12th

streets as a prostitute, and the place was riddled with them. Now there is nothing. It's been quite a toll with homicides. The homicide rate with transsexuals is high, because they often have to sell themselves, their bodies; the ones who have a low self esteem, who don't know better or can't read or can't write or have just given up. They say, "I am no good, so I might as well do this and take my chances, out on the streets." You don't need to settle for that. You can be persistent like I have been. You can still make something of yourself if you really want to and not give up. It is so sad, what I see out there. For some reason I'm so strong that tears don't usually come out of my eyes, except on a very rare occasion. But within I weep, because of how horribly society treats us. It is unbelievable.

Why do you think the discrimination against transgender people is so strong?

I think people are just afraid of themselves. They are afraid of who they see in the mirror and having to live their lives through other people, which is very superficial. Why not live your own life, and let somebody else live theirs? Life is complicated enough. We basically don't have a voice. We live in secrecy, in a male dominated society, even though there's more women than men. It is a man's world, and some people see us as a so-called man going from a man to a woman, into a weaker sex. But in my experience, the ones who talk the loudest are the ones who want it the most. And they will pay you, too. And then they'll go to their little house with a picket fence and their 2.5 kids, screw their wives and vote Republican.

What are some of the barriers transgender people have to face in dealing with AIDS?

Health issues, regardless of whether you're pre-op or post-op. Trying to

receive health services and being judged by not what you feel or your illness, but by what is between your legs. You could be a lumber jack and have a vagina. So what? So we put her/him with the women. And someone might be very female and yet she has a penis, and so we put her with the men. That adds to her grief or makes her more ill. It's so demeaning and so humiliating. It's like we're operated on with dirty instruments. It's like, "We don't give a shit about this. We'll just wait until they die. Hopefully they'll die and we don't have to waste our time on this piece of crap." But they're not going to tell you that. They're going to leave you on the operating table, like they did with me when I had my appendectomy. They knew they should have operated on me. They knew what was wrong with me. It doesn't take three days to diagnose that, especially when it's ruptured, especially when you bring someone in an ambulance. At the time I was HIV positive. They knew that, and they said, "Well, I don't wanna touch that." People didn't want to change my bed, or give me food. They didn't want to give me methadone! So it wasn't until four days went by that I was actually operated on, and it was the most unbelievable thing. I know a lot of girls go through that and what helped me was that I knew the legal system, and even though I was somewhat on my deathbed, I was a bitch! And I think that's where a lot of my strength comes from—being persistent, being knocked down so much and getting up, and not taking any crap. Because there's no reason for me to take any crap, we're all in the same boat, and I'll be damned—you're no better than I am and I'm no better than you.

Transgender people are a small minority. We're shunned. We live in secrecy—but can you blame us? But this just makes me stronger, revealing

myself, because one way or another people have got to talk. This issue has got to be faced. We have to come to some better understanding, and I'm not afraid to say what I feel anymore. I'm tired of hiding, and I'm tired of being ridiculed and I won't be ridiculed, because all it takes is one person and more will follow, maybe not in this lifetime, but eventually...



There's such a lack of respect for people.

Oh, it's horrible!—calling someone a he rather than a she, instead of asking "What would you like to be called?" What do you know whether that's a man or a woman? It's not something that you can tell because of the size of their hands or feet or because they have a deep voice. How many women do you know who don't have a high voice, or men who have high voices who are heterosexual?! What does it matter?

How has your ethnicity played a part in all of this?

At times when I was growing up, I wanted to change my name to sound more white, because I thought I'd had it so bad as a transsexual Hispanic that my own family has ostracized me, and I was being picked on all the time by them, and it felt so bad that I just wanted to hide. Just having that last name Molina made me feel dirty because of what they did to me. Of course this is all in the past now. I do accept myself for being Hispanic, and I know that I'm not white and I accept myself for who I am now. But having them hurt you, physically and verbally, trying to beat you with their words, it's so demeaning. Let me just put it like this: when I was a drug user, living in the South Bronx, people were less accepting. I found a place where I could go hustle and make my money when I was dope-sick, and people got to know who I was. They'd say, "Here comes the faggot." They considered me a faggot. They'd laugh, and sometimes throw things at me. It didn't get really bad until I started to do something about my drug use. Then they really couldn't take it because as I started to clean myself off from the addiction, and they said, "Wait a minute, this one is starting to get better. We won't tolerate that!"

Are you saying that as a junkie they were able to write you off?

Yes. They couldn't stand the fact that I was getting myself cleaned up, that I wasn't in the gutter anymore. I saw past them. I went back to school. It was like a threat to them, because they may have their little shallow lives, and they say, "This one, she's surpassed us! How dare she! We won't have it!" So that's when the bottle-throwing and the real vicious name-calling started. That's when I knew that I had to get out of the neighborhood because I would wind up killing somebody, and then kill

myself because I knew that I could not go to jail. I knew what the consequences would be.

What are the specific health concerns for transgender people with AIDS or people at risk, including the use of hormones?

People should be monitored, especial-

ly for female to male. That's a different category. I am not too familiar with that, but it depends because there are some transexuals that are female to male, but look male and act male and you could never take them for a female, and yet like to be addressed as she at certain intervals. It varies. It sort of questions the whole issue of

"We're dying, and we need your help."

ly girls who don't have anywhere to turn to for their hormones. There should be more studies. Endocrinology is definitely a must. There's not enough research out there. When I was in the hospital, it seems that I was the only transgender person they ever had there! They had this endocrinologist and she didn't even understand what hormones would do to me. She suggested something which just had horrible side effects. Some physicians will just give you anything, and there are a lot out there who are just out for the bucks.

What does the term transgender mean to you?

Transgender goes into a spectrum, like a rainbow and in that sort of spectrum/rainbow comes the different categories—Drag Queens or Transvestites, Female Impersonators, Transexuals, Post-Op Transexuals, Pre-Op Transexuals or Trisexuals. There are many different lesbian transexuals, who don't have the operation and go out strictly with women. Transvestites are those who just live as a woman for a certain amount of time, to gratify whatever sexual feelings they may have, and heterosexual males, who like to dress as a women for their own sexual pleasure, or for whatever reason, but always go back to their original role. There is also the Drag King, which is a term they use

gender and what we call people. People should be called what they want to be called—whatever makes you feel good. We are all individuals, and that's what makes the world the way it is. And if God created us all, I'm sure that s/he created us all as individuals. Could you imagine if everything was the same, how boring that would be? I mean life is a bitch, but you have those moments that make it worthwhile. If you were to be happy all of the time, it would be so damn boring. But you have these little commercial breaks, I call them, that make it good; having a child, having a lover, recognizing who you are or accomplishing goals. These are periods of happiness, little windows that we face that open and shut. And that makes life worth living. If people could just recognize that and have more time to themselves, I think it would be such a better world.

Is there anything you would like to say to transgender people living with AIDS?

There are resources out there. You don't have to take the abuse that's being given to you because basically what they want to do is try and put you under ground quicker than the disease. Educate yourself! Basically you have to know the system, know your caseworker, if your worker doesn't work, know her supervisor, if the

supervisor doesn't work, go to the director, or go elsewhere. There are places out there that will fight on your behalf—go to the HIV Law Project, PWAC NY, GMHC, etc. Use it to your best advantage. You can be poor, but you can still go where there are programs that are funded to fight for you. Be patient, and be persistent, because basically the system is really, really pathetic. There are resources out there, but you have to let your fingers do the walking! There are so many, but it's not going to come to you; you have to go to it. That's a challenge in itself, going from one place to another, but there are places out there that will help you, believe me.

We have this myth that the AIDS community is supposed to be this big multicultural coalition that welcomes everybody and anybody, and that's not always true. There's a lot of discrimination that goes on, and I wonder if you could talk about that as a transgender person. What do you say to people in defense of transgender people with AIDS? What do you, as such a person, need from and say to the AIDS community?

Practice what you preach. If you say that you are a diverse community, that you help everybody and that you don't hold prejudice, then you should accept us for who we are. We are out there. We've especially been affected by this. We're dying, and we need your help. We are being killed. It's astronomical the way we're going, and it should not be that way. If you knew the people I knew that are no longer here, who have died under horrible circumstances, who, even in their caskets, looked like a woman, and yet had a man's attire...even in death you have to succumb to that. It's pathetic. It's really pathetic. Practice what you preach. Don't be a hypocrite. It's only going to come back and haunt you—and believe me it will, because what goes around comes around. With interest!



by Kevin Hertzog

Even though the last time I dressed in drag was almost a week ago, there still remains a trace of the "Divine Decadence" green nail polish on some of my fingernails. If you want to get it all off you've got to really rub hard with that putrid-smelling nail polish remover. Hours after the cap goes back on, the wretched fragrance lingers on my hands and in the general vicinity—so if a little bit of color is left I usually don't sweat it. Actually, nail polish is NOT the most difficult item to remove. Lipstick wins the prize in this category HANDS DOWN. When I am painting my face on, I favor a full, voluptuous mouth with generous and deeply colored lips...all well and good during the application process. However when it's time for the curtain to fall and the mask to come off, somehow that lipstick just doesn't want the party to end. It clings to my skin for dear life while we engage in a fierce battle that neither of us were designed for. Lipstick is made to stay on...women's lips. And the delicate skin of my face is never more assaulted than it is after an evening in drag. I actually use a paper towel soaked in Tilex straight from the bottle, and when the paper towel gives out (my favorite blood red shade *always* lasts longer than the paper towel does) I pour the Tilex onto the back of a kitchen sponge, hold my breath and scour until the only red left is coming from my veins. In addition to Tilex

and nail polish remover, reclaiming my manhood requires seven other household and personal hygiene products: *Ponds* cold cream, Noxema soap, lighter fluid (to remove the sticky residue left between my legs by the electrical tape - DON'T ASK!) and the post-shower products *Neosporin*, hydrocortisone cream (to reduce the excruciating razor burn that inevitably results from shaving ones' entire body) and *Blistex*. . .ahhh!

While I make these confessions I wonder to myself, "Why would anyone willingly put himself through all that?" Fortunately, I have Polaroid photographs of my alter-ego, Cheryl MacKensie, right here to remind myself of just how worthwhile dressing up is to me. Cheryl allows me to escape the humdrum routine of my regular life and cross over to a place where the spotlight is permanently *on*. When I reflect back over my adult life I can easily recognize, in retrospect, the other behaviors I have used as a means of escape. Drugs and alcohol immediately come to mind. Whenever things took a turn for the worse, or in celebration of some triumph, because I had just been paid—or for any reason, really—I would buy a big stash of whichever drug captured my fancy and take a little vacation from life. Eventually this took its toll and I realized that my "escape hatch" had somewhere along the line turned into a "trap door," and I had fallen right through without even knowing it. Sex was the other great escape for me. And there was nothing better in the world than combining sex and drugs in one package. My favorite times were when I would get back home and think "Is today Sunday or Monday?" and *truly* not be sure until I listened to the angry messages left on my answering machine by concerned friends wondering where I was, who I was with, was he cute and would I mind giving out his phone number? (Yes—I *do* mind.)

A Little Fantasy Goes A Long Way

So I cleaned up my act....God knows my act needed cleaning. That's when I tested positive for HIV. When I was getting high I knew that having unsafe sex was putting me at risk of being exposed to HIV, but *the rest of my life* had no real meaning for me then. I was depressed a lot and I just didn't care enough about my longevity to do anything to protect it. In a way, those drugs and that sex was all wrapped up in my goal of checking out. When I put the drugs down and learned my HIV status, many other things changed. Almost immediately I started looking for an alternative escape route. I wanted one that was not addictive or physically harmful in any way. The answer was clear. Cheryl Drag had always been in my life ever since I dressed as Dr.



Frank-N-Furter from the *Rocky Horror Picture Show* for a Halloween party in my junior year of high school. In fact, when I got clean and sober I was already a back-up girl on a drag television show called *Lovie TV*. Just about every other week the wigs and pumps would come out on camera and, believe me honey, TV has never been the same. It took a while to feel comfortable getting gussied up in girls' clothes without getting high, but actually it took a while for me to feel comfortable just walking down the *street* without getting high, too. Eventually, I got used to being a sober drag queen, and now I can even walk up and down a flight of stairs without getting my heel caught in the hem of my skirt.

Getting used to dealing with HIV/AIDS is another story. I've known that I'm HIV positive for about 2 years now. I've had no opportunistic infections—my T-cells fluctuate around 400. So far the only outward result of HIV has been that when I scrub my lips too hard with Tilex I get a big ugly cold sore at the corner of my mouth. I know...I know. Then stop rubbing your lips with Tilex, right? Well—It's not that easy. I mean cross-dressing is the only escape I have left. Rubbing Tilex on my face is not nearly as bad as snorting 3 bags of heroin—and it's 20 times prettier! And maybe those cold sores have nothing to do with HIV. But I've been using Tilex in this questionable way for years and years, and only lately have I been plagued by the pernicious herpes virus. I was complaining about this phenomenon in public to a friend of mine recently, when the person next to me—whom I did not know—turned to me and said, "Do you see this lesion on my nose? It's KS. It's the first AIDS related illness I've been diagnosed with. But you know what, girl? It's really O.K. This too shall pass." That shut me up fast.



If it weren't for the aforementioned electrical tape I would probably have to worry about combining drag with sex instead of drugs. But as a result of my overpowering desire to create a virtually flawless illusion I inadvertently eliminate the possibility of sexual activity (along with the possibility of relieving myself, I might add). Electrical tape is serious stuff and I *do not* recommend that you try this at home. It's not for beginners—only trained professionals like myself. Perhaps my "tuck" is doing me a favor in this respect. I can enjoy my trampy/vampy character without any apprehension about the act of consummation. Cheryl is drug, alcohol and sex free. She is pure, unadulterated fantasy. And in my life with all of my issues; HIV/AIDS, addiction, depression, etc., a little fantasy goes a long way, baby. I really believe that drag is one of the healthiest outlets available to me. It allows me to release a particular kind of creative energy that is almost unique and unto itself. And if the price I have to pay is a few blisters on my toes from my patent leather stilettos, some tender skin on my face from scrubbing and a little leftover green nail polish on my fingernails, well then..... where do I sign?



Ivan

is a Puerto Rican Stonewall veteran, and a New Yorker.

How do you define yourself?

As a human being that likes to have lots of fun. I am gay and proud of it. I am HIV positive. I would tell everyone, I don't care.

What does the word transgender mean to you?

People that like the other gender, or want to be the other gender or want to dress like the gender they are not. I am a drag queen, female impersonator, illusionist.

When did you test positive?

1984, I had a double pneumonia.

Do you dress in drag all the time?

No. I feel more comfortable in girl's clothes but I usually wear them at night. I dress in boys clothes during the day.

Do you feel like you get support from the gay and lesbian community?

No, not really. A few support me, but I don't really give a shit. I just do my thing and not let others bother me. Drag queens are not recognized for anything and are often looked down upon as the lowest in the gay community, and we are not. We need to support one another and try to stick together. It is important to be

honest with who you are and about your HIV status. I don't think people should hide it. It helps your mind and your life. Nothing comes easy. You have to fight. You have to have a lot of balls to wear a wig and a dress. It takes a real man to put on a wig and a dress.

What do you think about the AIDS community's response to the transgender community?

We are not getting very much

support. I know so many drag queens in New York with HIV. Most of them have AIDS.

Is there anything else you would like to say?

Just that all of us need to stick together. It's like this, "A single snowflake can do nothing, but a lot of them can create a storm. And a bunch of them can really fuck up a city. So, if we could all just stick together we can get somewhere".



TOSHA

is an HIV positive transexual. She is pre-operative, heterosexual, and a person of color. She is lives in rural Missouri.

That's a lot of minority issues to deal with. How has that been in such a small town?

I have only been here for 2 years. I moved here from Denver. I have a husband and a nine year old daughter.

What does the term transgender mean to you?

Well, to me it's just someone that is trapped in the wrong body.

As a transexual do you feel like you get support?

No, not here. But, I did in Denver. I get no support here in the midwest. None whatsoever. It is so difficult because no one seems to have enough comprehension to understand or even try to understand. I tell everyone that I don't care so much for myself, but I have a daughter. If something like this were to come out it would make life very difficult for all of us. My daughter didn't know, but she does now from someone's parents having loose lips.

Do you get support as a person living with HIV in a small town? Medically or emotionally?

No, but since I started with my doctor, who I drive three hours to see, I feel better. With the doctor here I felt like I was a guinea pig. I felt very discriminated against from the doctors here. They were very uncomfortable with me being a transexual.

What kind of support or services do you get?

Whatever my case worker can get me. Lately it has been very limited because of all the cuts in funding. Now we only get a little help with the rent. My husband is HIV positive also, but he works so that makes it hard for me to get services.

Do you feel supported by your husband?

Yes. It is hard here, but in Denver we both worked with people that had AIDS.

How is your health now?

Not as good as it was. It seems to be failing. It's hard, you know?

Do you get support from your family?

I guess you would say that they are ignorant, they just don't understand. As far as help and stuff goes, it's non existent from them.

When did you find out that you are positive?

A few years ago. I have known since the time I could walk that I wanted to be a woman. My family is supportive of that, though. They just realized that I just wasn't meant to be male. I grew up as a female. I went to school that way. I dressed that way; everything was female. I have never been in the closet. It never really has been that difficult; I have been fortunate. Well, it was difficult in the early 80's. I tried to get a job here in this small town. No one would hire me because at the time my name wasn't changed. I was going through some changes with myself. I was too young to

actually know what was going on, I hadn't heard of hormones, or what a transexual was. I thought that all gay people were supposed to be just like me. I thought I was gay and I was going through all these changes. I couldn't get a job as a male because I was too feminine and I couldn't get a job as a woman because I was to afraid to do something like that. When I moved to Denver I joined an organization called the Gender Identity Center and that made it a lot better.

Do you feel that you get support form the gay and lesbian community?

"It is so difficult because no one seems to have enough comprehension to understand or even try to understand."

No, I feel discriminated against. They don't understand. Most of them see me as a drag queen. They see me as someone who dresses up for the fun of it. They don't understand that someone can live their life this way. I live my life as a woman. They do not understand that.

How do you feel about the fact that doctors will not perform sexual reassignment surgery on people who are HIV positive?

I hate it because I want it done really bad and it's not possible. If I were not positive, it would have been done a few years ago. It causes a lot of stress in my life because I don't feel complete. I try to block it and put it in the back of my mind and just go on. But that's not fair to me either. I just try to get through it.

Valiza Slaughter

is an HIV positive transsexual woman of color who is heterosexual.

What does the word transgender mean for you personally?

To me it means being comfortable with myself. I feel that I was born this way because I have always been this way. Nothing I chose to be; it is something that was always there.

When did you test positive?

1989, but I am not going to let it stop me.

Do you feel supported as an HIV positive transsexual?

I don't think I get any type of support. It is hard to find a group that's just for transgenders. Some are for transvestites, and it is two different things. Someone who is a transsexual may want to obtain the change through surgery. I live my life as a woman, this is not something I do every now and then. I have learned a lot about AIDS and I go to support groups.

Do you feel supported in your HIV support group?

No, they really don't know. They think I am a lesbian. It doesn't make me feel bad.



Do you feel supported from the gay and lesbian community?

I feel more supported from the straight community. But most people don't really know.

Do you feel supported by your friends and family?

Yes. They accept that I am a

transsexual. I am very close to my father, and he and I talk about it.

Why is it so difficult to find any support from other transsexuals?

I don't think it would be hard if they are really into themselves. I am trying to become the best person that I can be. In order for me to do that I have to communicate to others. If other transgenders were open and communicated then there wouldn't be a problem unless they are confused.

What needs to happen to change things?

Education and open minds. People need to realize that there are different people, different races, different sexes, and different sexual orientation just like there are all kinds of different foods.

Is there anything else you'd like to say?

I was abused and neglected as a child but it didn't stop me from being the person that I am. I was always told it was bad to want to be a woman, and bad to be a woman. But I am OK and things are going well. I have brothers and sisters that are very accepting. I have built up a strong support network. It was hard, but I have done it. Being happy for me is being a transsexual.



Brenda Hussey

is an HIV positive, male to female transexual.

Are you heterosexual or homosexual?

I don't know...probably a little bit of both. It depends on the person at the moment. If I find one with a nice heart and a good attitude, who knows?

What does the term transgender mean to you?

It means that you basically living between sexes. You're not one; you're not the other. Right now I am trying to gather means for eventually getting the surgery. There are not a hell of a lot of doctors out there who are willing to touch people with HIV. So you get real real depressed. I found a doctor who works out of San Diego and does the surgery out of Taiwan. It is expensive though. It costs between 6 and 7 thousand dollars.

Do you find that your doctor is supportive with your decision to have the surgery?

Yes, very much so.

Do you feel supported as a transgender person?

Yes, except from my family. When I first started this other's said to be prepared that my friends and family might disown me. I said, "No. My family is going to be there for me." They were kind of open with the transgender thing, but when I got HIV... My mother calls me and writes me but she doesn't want me to visit her. I get support from my close friends. I want support from my family.

Do you feel you are getting your needs met as a person with HIV?

Yes. But I would like to see a transgender group in our own community. There is not a lot here. In larger cities there is more but in small to medium towns you end up having to start your own support group.

When did you realize that you didn't want to be a man?

I was about 14. I kind of knew there was something not quite right but, when I was growing up, my family kind of sheltered

me from the outside world. It wasn't until books came on the market, and TV talk shows that things were brought to the forefront.

When did you test positive?

1991 or so. It really didn't bother me. I thought, what goes around comes around. I think fortunately my way to deal with it was my sense of humor. I get real good medical support here. There are not a lot of support groups here in Kansas City. I need support groups for both my HIV status and my transgender issues.

Do you feel supported from the gay and lesbian community?

Yes and no. Sometimes the gay and lesbian community has a tendency to look the other way with the transgender community. However, when the gay and lesbian community needs fundraisers or want shows done or something they will call upon us to do the fundraisers and shows.

Do you feel that AIDS is an issue for the transgender community?

Yes. Because transgenders prostitute themselves. We put ourselves at risk. AIDS is definitely an issue.

"There are not a hell of a lot of doctors out there who are willing to touch people with HIV. So you get real real depressed."

Chloe Dzubilo

is an HIV positive transgender woman.

Do you want to tell me a little bit about yourself?

I grew up in Connecticut in a very WASP-y town. It was very damaging. I did grow up riding horses and that was good. I was a spoiled brat basically.

Who are you now?

I just had my name legally changed. I have been living as Chloe for like almost 3 years. When I got clean and sober that is when all this gender stuff really surfaced.

Did you have any ideas about your gender before you got clean and sober?

I had always been very trans phobic. Even queen phobic. If it wasn't really normal then ya know, if people went like, "girl" or "mary" I was pretty crazy.

When did you first test positive?

Actually I am a long term survivor. Nine years ago in 1987. Since I got sober, I started a band with another friend of mine who is also positive and my partner. I sing and write and she arranges and she sings a bit. The name of the band is TRANSISTERS. My other passion is working. I am trying to organize this trans-zine which will be like a fanzine for the transgender youth. It will be a fun project. In the transgender community, the youth are really

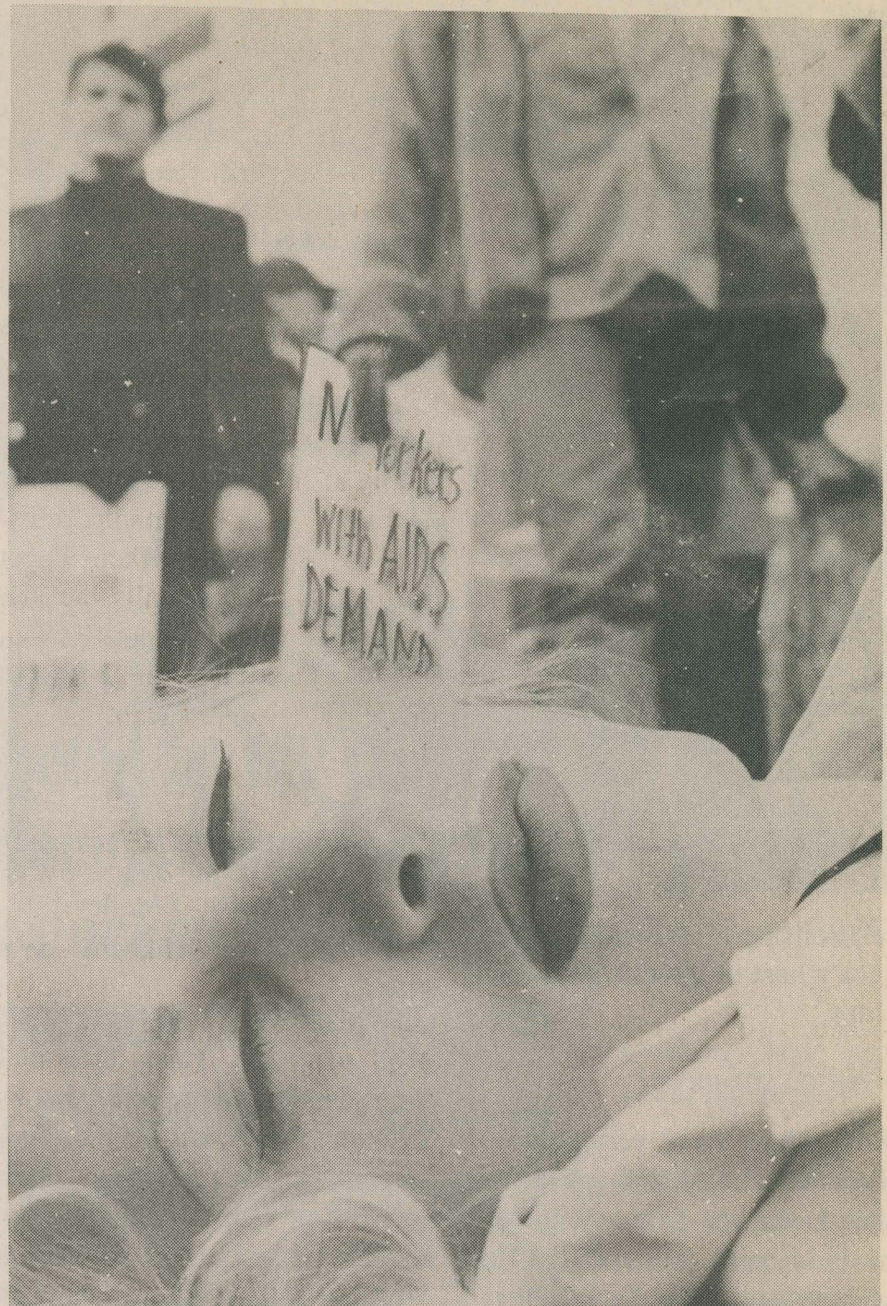


Photo: Alice O'Malley

hard to get to. This will be a healthy way to get through to them and have them show up for something healthy. It is really hard when they are out there turning tricks.

How old are most of these kids that you deal with?

They are under 20 mostly. We're trying to start something called The Neutral Zone. A place for transgender youth to go.

Who do you identify with, what community?

I identify with people. When it comes to gender I am trans. When it comes to health I identify with positive people. When it comes to music, punk rockers. When it comes to family situations, the Cleaver's at Bellevue. I even identify with my dog, I think all positive people should have a pet. One of the things about being transgender and having the virus, is how it affects



Photo: Alice O'Malley

relationships. Transgender has such a host of issues for relationships.

What do you mean?

People have to be very secure in their sexuality. My biggest thing that I recover from on a daily basis is being a transsexual. My parents deal with the fact that I have the virus, and that wasn't a big deal. And addiction was like, "oh my God, he's not crazy, he's an addict." Then the minute I said guess what and told them about my gender I might as well have committed a mass murder. The gender thing was something that was going to throw the neighbors over the top. They don't tell anyone because they are afraid that their house is going to get bombed or something.

What is your relationship like now?

Well, they try. There is a real deep dysfunctional voice that is all about what other people think of you. So, being an HIV positive recovering heroin addict, punk rocker transie who also adores working with youth, my thing to recover from daily is the shame. I have a head filled with what people think about me. I come from that world, but it is not about that anymore, it is about battling those voices every day. It is hard, because my brother just got married and I did not go to the wedding. They can't handle the gender thing.

When you came into recovery did you have any ideas about your gender?

It just hit me. Repression is a tricky thing. Denial is probably one of the strongest things the human mind can defend against. I thought for years I had a really great family. The message I always got was that we stick together, no matter what. Then all the sudden, I said "Mom, I am not dealing drugs and I didn't murder anyone, I am just a transie". She said, "well, you might as well have". My whole world changed when I claimed that I had a right to be who I am. Shit hit the fan and you find out what real love is. As difficult as it is, it has really enriched my life. It all just came out.

What has your experience been with the health care community as a transgender woman?

Well, at Bellevue Hospital, where I presented with a fever and gastro-enteritis, they kept getting the pronouns wrong. They said they couldn't put me in a men's room, but they also couldn't put me in a women's room. They tried to put me in a multi-bed men's room. They refused to call me Chloe. They asked me in a crowded public area if I had breast implants. It was really shaming. The nurse was calling me "it" and freaking out. So, they shuttled me around from one floor to another, until they brought me to this isolation room. And all this time I had a 104 degree temperature, so it took me like 4 hours after admission to get Tylenol and a blanket. A friend from "Tran-sexual Menace" heard about this and staged a demonstration outside the hospital, and as a result of this action it was promised to me that the staff would receive sensitivity training. A year and a half later I spoke with a staffer from Bellevue's patients' rights department and nothing had been done.

Have you had any surgery done?

Actually I had an orchiectomy (testical removal) and that was a decision I made based on my liver. I have chronic Hepatitis C and so the hormones were affect-

ing my liver. So, that is what my solution was. It was hard to find someone with me being positive, and dealing with the gender thing too. I haven't had any plastic surgery done, but I did have that done. It is amazing that my liver enzymes totally changed and they are the best they have ever been.

So, what kind of medical support do you use now?

I go to Community Health Project, and they're totally sup-

"So, being an HIV positive recovering heroin addict, punk rocker transie who also adores working with youth, my thing to recover from daily is the shame."

portive of the surgery I had, they understand about the hormones. They knew to put me on a hormone patch to by-pass my liver. They're great. You just have to shop around until you find health care you like.

What kinds of other resources do you use other than the 12 step program?

Music is a great place to take my

shit out. I go to therapy, and I have a trans-support group. Without the trans-support groups at The Center I do not know what I would have done. There are different groups there. My greatest support in recovery is my sponsor. I have a sponsor who is a transexual with long term recovery who has been amazing. I was at a loss, I thought, how am I going to do this, how will I possibly do this because I have to totally revise my whole thinking about God, and try to be the person I want to be. Then, in walks my sponsor, who is like no problem. I can call her up with all the stuff I can't take to the rooms. I have gained a lot of spirituality.

Anything else you would like to say?

Yes. Life is definitely too short to not listen to and not pay attention to who you really are. HIV has totally enriched my life. As much as it is difficult to deal with the health issues concerning it. The stress of being a transgender woman on a daily basis has also given me the license to live 24-7. Being a recovering person you are becoming the person you were always meant to be, and I think when it really comes down to it you say fuck it and do what you really want to do.

Michael Coker

is a transvestite who is now happy and comfortable being a man. She is 46 years old and in recovery.

Tell me about your background, your family, where you came from.

I had a good childhood. But when I was twelve, I was introduced to drugs. I snorted heroin. If I had known it was "dope" I would never have done it. I think it was peer pressure more than anything else that caused me to use drugs, at first. I wanted, needed to fit in. My parents weren't doing well together and they finally separated. I moved from the Bronx to Queens with my mom. I went to and graduated from nursing school as a Licensed Practical Nurse—I need to make up 36 credits to become an RN. I went to work at a hospital and resigned for personal reasons. I was "skin popping" then. I think I was 18 or 19. I left home when I was 19 and moved in with my dad. My brothers were around a lot and I was doing lots of drugs. I met a woman in the facility where I worked. She was an RN and my supervisor. We fell in love and got married very quickly.

How long after you met her did you get married?

Very fast, after about 2 months. We had two daughters. We separated when they were young, and my wife took them and moved to Boston. It was then that I met some gay and transvestite friends in Manhattan. I gravitated towards them. I finally felt happy, and comfortable in the transvestite/drag queen community. I felt fantastic. My personality caught up

with me. Suddenly I was receiving attention. I finally fit in. Then, I started taking hormones.

Where did you get the hormones from?

I went to a very good, well respected doctor uptown. I was getting regular hormone therapy. I always kept my appointments, and always followed-up. I was 24 or 25. Then I met a guy and fell in love. By that time I had grown breasts and developed other feminine characteristics. I started working as a prostitute—the money was very good. I went to jail a lot, but the money was too good to give up the work. My street name was Medea. Eventually I started stealing from my customers; I would just take money out of their pockets. One man saw me on the street the next day and called the police from a pay phone. He identified me, I was arrested for robbery and went to jail.

Was that more difficult for you because of your feminine characteristics?

Well, at first, I lived in segregation with other transgender people, but after six months I moved into the general prison population. I was treated really well, taken care of. I did two years.

When did you test positive for HIV?

In 1982 (sic) the doctor who was prescribing my hormones asked me to take a test for a "new virus," and I tested positive. He said he wanted to treat me with an experimental drug. I'd always been a model patient, so I agreed. I don't know what the medication was, but I was never sick, and I think it was because of the doctor's giving me that drug. I started prostituting again. Again, I was arrested for robbery; I got 2 to 4 years. I was well treated—men liked me, I was treated like a lady. I was never raped. When I got out of prison I got involved in drugs again and got another eight

months in jail for prostitution. I stopped prostituting then, because it was very, very dangerous for me. If a customer found out I was a man, there was no telling what he might do to me. I resorted to welfare, then I got on DAS (Division of AIDS Services). I lived in a hotel for a year. It was not a nice place; there was a lot of stealing, and it was grubby. In 1995 I got a bronchial infection and was admitted to Cabrini—a really nice hospital. My HIV and substance abuse counselor there got me connected with Robert Mapplethorpe House (a residence for PWAs in Manhattan). I live there now. I look and feel better. I'd really like to get my own place, eventually.

How long have you been in recovery?

I've been in recovery since last June, so it's almost a year now. I feel that God has brought me to this place in my life safely for a purpose.

My daughters are grown-up and successful. One, Sheneacqua Marie is 24 and a lawyer. Michelline Antionette is 22 and a dancer with the New York City Ballet. My wife did a great job with them and even though I'm scared about seeing them again, I want to re-establish my relationship with them. They are in Boston right now, but I don't have their current address. I am searching for them with the help of Sister Julianne here at Mapplethorpe. When I do find them, I want to mail them a copy of this article in the hope that it helps to explain things.

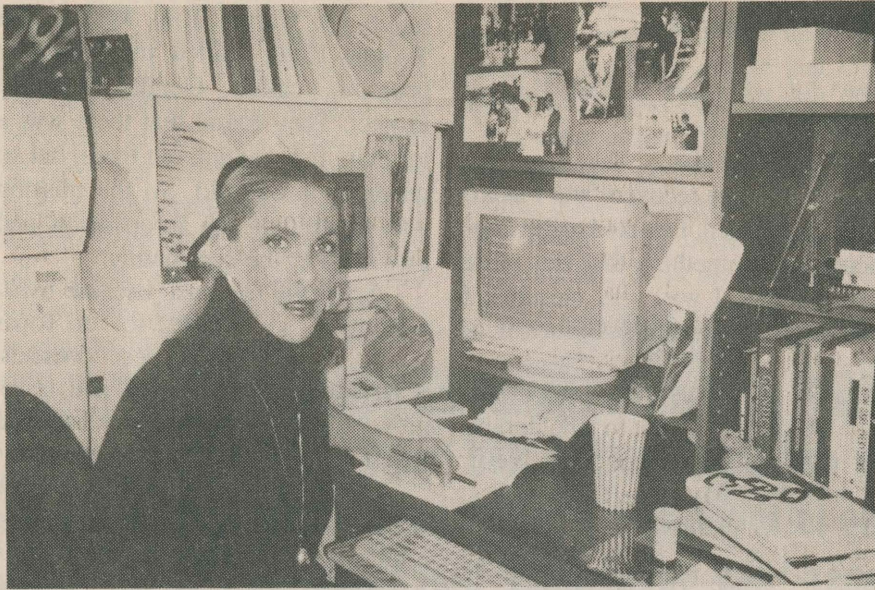
Who do you identify with?

I identify with all people. I see myself as a compassionate humanitarian. I'd like to get involved with GMHC, with the possibility of getting back into nursing. Perhaps I'll return to school to get my R.N.

What would you like to say to the HIV positive transgender community?

To all those suffering: the Lord sees all. There will be a cure, hang in there.

Rosalynne Blumenstein



is the Coordinator of the Gender Identity Project of the Lesbian and Gay Community Services Center. Also, she is currently a student of the psychology of addictions and sexuality.

Can you tell us what the Gender Identity Project is?

It is a peer based program under direct supervision of Dr. Barbara E. Warren who is the Director of Mental Health and Social Services here at the Lesbian and Gay Community Services Center. Dr. Warren has a doctorate in psychology and is a Certified Alcoholism Counselor. The focus of having the program peer based is because in the past transgender people who sought some sort of assistance with the issues they were facing would meet with just the medical profession who would put a judgment of pathology on what they were going through. People would internalize that. They are looking for assistance and the only people out there were the medical profession and psychologists and they would get a diagnosis of pathology. When you use the word *disorder* people tend to label themselves. For many years, especial-

ly with transexual people, they would have surgery to get themselves more comfortable with who they were but they were told go on with their lives and forget about the past. The only way for people to get connected with who they are in any type of population is to love who you are and embrace who you are and not forget who you are. Most people who have had surgery go on and live a certain type of lifestyle whether they identify as heterosexual, gay, or bisexual. They never quite feel any connection because they were told to go onto the next level and not look back.

What our program does is allow people who are looking at their gender questions to come in, sit down and talk to a peer counselor. It may be the first time, besides a talk show, that they get to meet someone with the same experience. Our peer counselors are trained and supervised. Some of us are in school, getting our degrees. We have a woman who is in the clergy and she is a counselor running a group. We also have nurses, scientists, teachers, parents, and political activists who work with us who are of transgender experience and it just gives transgender people the opportunity to see their peers at work

and it gives them role models. It gives them a whole different outlook from what was there in the past. This is not to say that transgender people have not been part of society; we were, but we were invisible. We are becoming very visible and we are challenging the judgement that we should be closeted. It is a fight and groundbreaking work is being done. We also have a variety of groups that are set up. We have co-ed groups for both men and women of transgender experience. We have a woman's support group for people that are more connected with their feminine side. We have a harm reduction group which is focused on substance, alcohol, and food addictions and sexual compulsions. This is not an abstinence model; it is a place where people can look at these issues and see what they might feel like changing to feel more connected with who they are. We also have forums that go on throughout the year and we have a health, education and empowerment conference that will be meeting for the second time. This is when we get medical professionals together with consumers to talk about what is going on and what is going to change how we can better work together. Consumers need to have more of an input as to what is going on, especially with women's issues. Besides that we have been doing a lot of work with AIDS organizations—sensitivity training and positive health training. We are available to various programs that may have a transgender client and not know how to work with them. That is where we are available; not to take the client off of people's hands, but to go there and do sensitivity trainings, and educational forums so that people will have a better understanding of the needs of transgender people. There are a ton of men and women out there who are at high risk for HIV or have never been tested and they are caught up in a lifestyle that subjects them to getting this virus and they will not use the services or they won't feel comfortable walking thru

the door just because of the lack of sensitivity people have regarding these issues. This is a population that some people think they can get together and laugh at. The bottom line is there are a ton of people dying, because they never hear that there is something available for them. We just started this past year to do more outreach. We have also put together the first ever HIV educational video geared toward the transgender community.

Can you define the term transgender?

Transgender is an umbrella term that covers men, women, Drag Queens, Drag Kings, Pre-ops, Post-ops, New Women, New Men, Cross Dressers, etc., and all of these populations are very different from each other, but what they have in common is not fitting into the gender box that one is born into. The point is that is what connects us, and putting all of us together empowers us. When we separate, we don't have as much power. We are all coming from very different places and ideas but we all need to connect. We are all in this to help people who are not a part of the community and don't know there is a community out there, and to get those people connected to various trans-friendly resources. It has helped save peoples lives.

Regardless of how you classify yourself, there is shame sometimes involved in not taking care of yourself because of the fantasy of ignoring certain genitalia you might have. It is so important for us to rid people of the shame. The risks are high when you are in fantasy with a partner and not slipping a condom on because you want to ignore the fact that you have a penis. We try to help people love themselves. If you learn to love yourself the way you are you are going to want to take better care of yourself.

There is no literature in the world that covers a pre-operative transexual putting a condom on her penis. But we have it, in a safer sex kit with a condom and lipstick.

How did you start in this kind of work?

I was in my own recovery and I heard about Dr. Warren. I wanted to get connected with something that was more trans-positive. I was very closeted. I always felt a tremendous amount of

"This is a population that some people think they can get together and laugh at. The bottom line is there are a ton of people dying, because they never hear that there is something available for them."

shame about my personal history. Getting involved with Dr. Warren, doing volunteer work, internship, then part-time work and finally working full-time really empowered me. I used to talk about hating my history. Now I'm more accepting, empowered, angry, outloud and proud. I've been on national T.V. and I came out at school last year.

How did the Gender Identity Project get started and why is it here at the Center?

Riki Anne Wilchins, Rachel Pollack, Yvonne Ritter, and Antonia Gilligan, along with Dr. Warren were the fore-runners of the GIP. Riki had some problems at a lesbian support group. She came out about her history in the group and she was asked to leave. The Center was not connected, at that time, to the transgender population. Dr. Warren had some transgender friends and was working with them with Project Connect, which is a substance and alcohol prevention program at the Center. Riki approached Dr. Warren about the need for something, anything. That started STA—

Survivors of Transexuality—which was an anonymous 12 step program that lasted for a few years, then just disintegrated. Out of that original group, Dr. Warren, Riki, Rachel, and Yvonne Ritter started the volunteer program called Gender Identity Project. They found that there was a lot more information out there, but so much of it was old. So the mission was to up-date the information and provide it to the community.

Soon the response became overwhelming, so I started to do some peer counseling and training for the program. What I saw from getting involved was that there were so many wonderful people out

there who were educated transgender people. That is a big issue. When you are young, the stigma starts. You get thrown out of school. You get involved in a certain lifestyle because you're not educated, and you might be homeless and have no place to go. When I got involved in this program I saw a lot of people who transitioned late in life, and they were educated and working as professionals. That gives other people the incentive to go forward and do what they need to do. Then your option is not just going to the (prostitutes') stroll. But when you are young and uneducated, unless you come from a privileged background, that's your only option to get hormone therapy, and to get all the things you want to get. Also, if you transition later in life, you don't look a certain way that you may want to look. There's always a trade-off. But the focus of GIP is to promote self-love, so it is not so important what is on the outside. A lot of transgender people get caught up in that, because that is where the self-esteem lies, especially if you are young. You are not getting the nurturing from family, school or anywhere, and sometimes it is all someone has.

Why should the AIDS community embrace transgender people's issues and concerns?

I don't want to say that transgender people who are educated or privileged are not going to come into contact with the virus because we know that everybody comes into contact with the virus, but the population that is really marginalized and invisible is the trans-population that are exploited and exploit. The working men and women who are looking for ways and means to make money for different surgeries are at high risk for alcohol and substance abuse, and are not taking the best care of themselves. They are scared to death to go to any services that are out there that are free of charge or on a sliding scale. For example, a male to female who has a Medicaid card which says her name is Harry but she identifies as Sue and she has had breast augmentation goes for an anonymous HIV test. The counselor calls her "he." Then she never comes back for the results because she is humiliated. When you hear the shame that HIV positive people have, or the humiliation they have gone through from meeting with different doctors, I identify with it from my transexual history. There are a lot more people who are HIV positive coming together and fighting that oppression. I mean, these are service providers! I am not saying that there are not professionals who are wonderful and are willing to learn. They are out there too. But when you are so marginalized and you are caught up in the sex industry—I am not putting a judgement on the sex industry—but it does make you feel more defensive. You are seeking some sort of help because you want to take better care of yourself, and you are humiliated. It just brings you that much more into that hole. We really need to reach out and take care of these people and nurture them and not keep them so invisible. For PWAC NY to know how important it is to do an issue on this or on a

population most people don't even want to think about is so necessary. When I saw the issue of *Newsline* on AIDS and the Aging (January 1996), I thought "God. I never even thought about that population." It made me think! It made me realize that I am not as educated as I'd like to be. And it got me educated. When you do an issue like that people are going to be a little more understanding. When I have a client come in, no matter what they look like, I ask the person "How



do you identify yourself?" Why should I judge them? Why should I figure it out? Why don't I give you the power and you tell me what you are? That is how I'll respect you and you'll feel more comfortable to come back to me, because I was more understanding as to who you are, and I do not have the attitude that I am here to fix you. You are here to fix yourself. I am just here to give you the tools. That is how the medical profession should be. We have to take care of ourselves, but there are people who have more knowledge and can give me tools about how to do that, how to take care of myself. If I go someplace and they are understanding, that will make me want to go back, and get more nourishment out of them.

Putting this magazine out on these issues is going to get more AIDS organizations to connect with the GIP and we will be able to go out there and do some sensitivity training so they will be open when they have a transgender person walk into their office. GIP will go anywhere and train people to deal with these issues, so transgender people will use the services. There are a ton of people out there who are dying of AIDS that no one knows about. There is no research.

Are there any specific medical concerns for people who are of transgender experience and HIV positive?

What I have seen in my personal experience for guys who are HIV positive, when they have taken steroids they've done a lot better. Women that have had hysterectomies and have taken hormone therapy have been weakened to a certain extent. We suggest that transgender women who are on hormone therapy go with the patch as opposed to taking something orally because it will affect the liver a lot less. For people who are HIV positive, there is no doctor who will preform sex reassignment surgery because it is viewed as optional. I have seen non-transgender HIV positive women who have had pieces of their bodies removed, and been under the knife for hours. But if there is someone who feels that they want to remove their penis to feel more content with who they are, their stress level when they still have their penis is way up there. One of the biggest things we try to do with people who are HIV positive is to try and reduce the stress in their life. A two-hour surgery will help people to do that, but doctors won't even consider it. It's so outrageous. And that's why a lot of people are dying.

Jason Farrell

is the Project Director of Positive Health Project.

Tell us about your organization.

Positive Health Project is a comprehensive harm-reduction education program that includes HIV prevention, education, and support services for substance users and people who are at risk, sex workers and transgender people.

What kind of support services?

We have support groups, advocacy, referrals, counseling, acupuncture, and syringe exchange.

What is your clientele?

Walk-in, primarily. The support groups are just starting to get together. We're really just getting started, and now we're getting the collaboration of other agencies. We have linkages with many other organizations in the area such as Roosevelt Hospital, Minority Task Force on AIDS, Gender Identity Project, the Lesbian and Gay Community Services Center.

What is the history of the organization?

I started years ago doing needle exchange, when it was illegal, with ACT UP on the Lower East Side. I was part of a group of people that help formulate the

Lower East Side Needle Exchange program. I was a volunteer there while was working at Body Positive and NENA Health Center as a peer educator and outreach worker. In 1993, I decided to start support services for positive substance users in the Hell's Kitchen area of Manhattan, because there were no services available. Basically, I'd found, working with substance users at the needle exchange, and being a positive, former substance user, there was a big gap in services for people who identified themselves as substance users and were HIV positive. And unfortunately, there's homophobia among a large percentage of substance users and therefore a lot of them were not accessing the advocacy and education they need to obtain services at traditional AIDS organizations, like GMHC, for example. So I felt that there needed to be an advocacy group formed for this group of people. Not that they are all heterosexual, but the fact of the matter was they were substance users, whether they were gay, straight, bi, or transgender. That's what Positive Health Project was initially designed to do. We had space at the Manhattan Plaza AIDS Project donated to us (43rd & 10th). They were our fiscal sponsor. We started a weekly harm-reduction support group to talk about safer sex, safer drug use, and preventing relapse—for people who

were using drugs to not relapse into unsafe habits and for people who were in recovery to not relapse into drug use, or as the result of progression of the disease, because that's how some people cope. We documented the need for services in this area—the Chelsea-Clinton area, which has for years had the highest incidence of AIDS cases in the New York area. And there was nothing for positive substance users and something was needed. We started doing street outreach twice a week, and during that time we came across transgender individuals. That's when I realized, these people are at high risk and nobody's doing anything for them. These people inject hormones. They're HIV positive and do not have any medical care, nor do they have access to it because of prejudice and discrimination that is extremely high. Doctors want to treat them for sexual dysphoria, for example, rather than getting them primary care. So there was really no advocacy or safe place besides the Gender Identity Project then.

Could you tell us about the hormone using population?

Hormone use is similar to heroin and cocaine and other illicit drugs—they're bought and sold on the black market. The same with the syringes. So most people who are buying hormones are doing it at the clubs and the bars, from black market sources, and they can be tainted. They could not even be hormones. Syringes are bought and sold,

and people share syringes and inject themselves in bathrooms and parking lots and alley ways down in the meat market. There are doctors and pharmacies in the city that do provide hormones for people who need them for cash, which is great, but what's important is the need for cash. This puts people at risk because the sex industry is a very competitive market and people will do things that can put them at risk of HIV in order to get the hormones from a more legitimate source than an unidentified source at a club, or a friend of a friend. But if they want to purchase them in cash from a doctor or from a pharmacist who doesn't give a shit whether they've got a prescription, they need money, they need to buy syringes, they need to learn how to inject themselves correctly without causing other health problems and they need to learn to take care of themselves. If they want to start hormone therapy, there's a lot more responsibility that goes with that than just injecting yourself with hormones to attain the qualities desired.

What are the other kinds of health problems?

There are liver, kidney problems, pulmonary embolism—the risk of blood clots that can be fatal and there is an increased risk of pulmonary embolism for hormone users who smoke. People think

that the more they inject, the faster the results. But what actually happens is you put more strain on the liver, and you can cause liver failure. People who don't go to doctors for their hormones and/or checkups don't know this.

So you're also educating people who use hormones and who don't have the information that they would if they were in a supervised situation with a clinic or physician.

Yes, we also try to plug people into physicians that we have linkages with, as well as agencies we have linkages with such as the Gender Identity Project and the Community Health Project, which also has a transgender health clinic. For people who are HIV positive, we can plug them right into primary care at gender friendly health care services—and that's really important.

It seems that this population is at very

high risk of contracting HIV, but also, for people who are already HIV positive, there is an enormous risk in terms of accessing services. There just doesn't seem to be much. And it sounds like you are trying to address both those

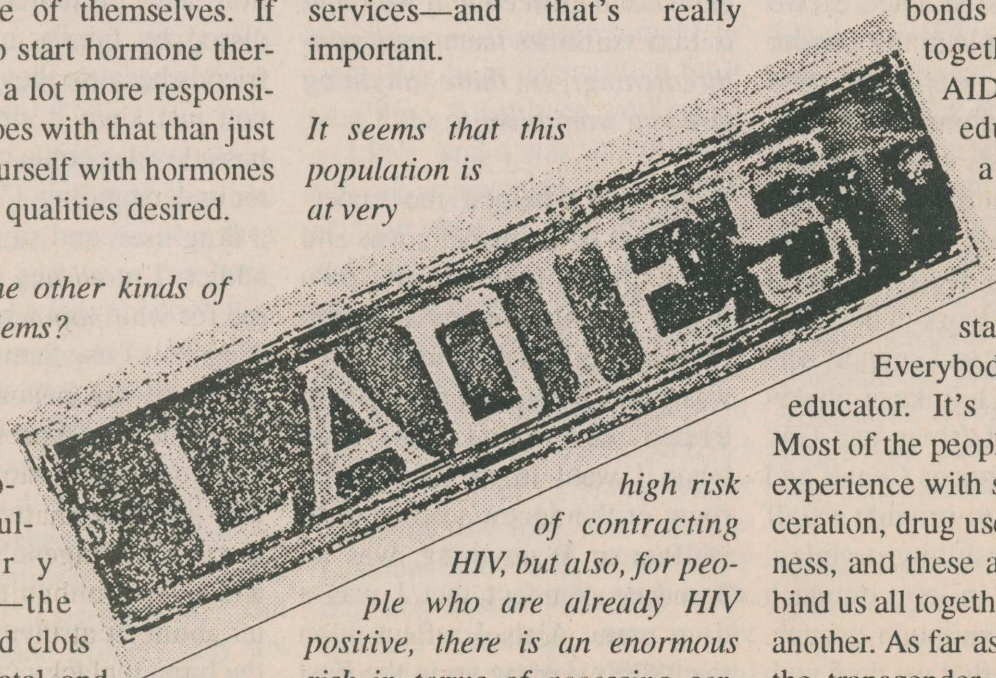
things—trying to get people hooked into services as well as provide some kind of preventative education.

Yes. If they are going to do hormones, let's make sure they get them from a doctor. Let's get them on Medicaid or ADAP so they can see a doctor and get monitored whether they get the hormones from a doctor or get them on the street. As long as they are plugged into some services and get monitored then they can reduce the risk they can cause to themselves by not knowing.

How do you incorporate transgender people into your program in practical ways?

We don't identify ourselves as a gay and lesbian organization. Sexuality is not an issue. It's freedom of choice, and what bonds people here together is simply AIDS prevention, education, and advocacy. Everyone here is a current or former substance user.

Everybody here is a peer educator. It's all peer-based. Most of the people here have had experience with sex work, incarceration, drug use and homelessness, and these are issues which bind us all together in one way or another. As far as reaching out to the transgender community, we enlist their support. We have had the opportunity to have transgender individuals volunteer with us



and now we have hired some and worked with them. Being the director of the program, I am not an expert and I admit that. That's why I hired transgender individuals to do that work. And I just supervise and make sure that they keep me informed on what's going on. It's their baby and they run with it and they know how to meet the needs of that population and to do what is necessary. What is also very important is that there are issues and certain things that have been needed to be taught to my staff.

Such as?

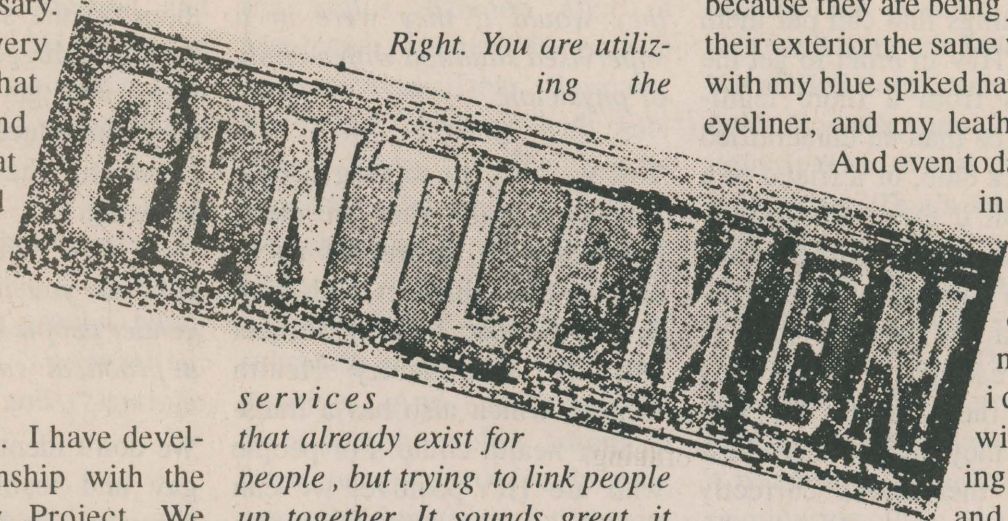
Sensitivity issues. I have developed a relationship with the Gender Identity Project. We needed a linkage to send people of transgender experience. So we would send people to the Gender Identity Project; we would send them to the Robinson Institute which is a rehab within the gay and lesbian community, but they are very gender friendly, and also St. Clare's Hospital. So it was a lot of footwork in developing the linkages and support services. We have a linkage of services with the Lesbian and Gay Community Services Center and we asked them to provide a staff training, a sensitivity training. We collaborate in joint outreach services and support groups. We've realized that we deal with people on a different level so that they can go back and forth from our agency to their agency and

still be plugged in one way or another.

It sounds like a great deal of coalition building and cooperative work is going on which, I am assuming, makes your program very successful.

I hope so. We are not operating in a solo operation, trying to wing it by ourselves.

Right. You are utilizing the



services that already exist for people, but trying to link people up together. It sounds great, it sounds like people are able to get what they need in a way that is accessible to them and non-threatening. Is there anything else you would like to say?

What really helped me understand and be empathetic was and is looking at issues in my own life. I realized, in my personal experiences as a drug user, how I was discriminated against. Being treated like a second class citizen when I went to the emergency room or the doctor's office or to welfare or to anything, was all based on the fact that I was a drug user. Also, I reflect upon the 1970's. I grew up in the East Village and I was very much a part of the punk rock movement. I was a musician and I per-

formed, and people would judge us on how we appeared. Today it is socially acceptable—green hair, the earrings. But back in the 1970's we were outcasts, and I remember how I was treated. And I remember later on when I was not really into the scene, but I was still a drug user, a heroin addict. I can somehow empathize with how some Transgender individuals feel, because they are being judged by their exterior the same way I was with my blue spiked hair, and my eyeliner, and my leather jacket.

And even today, people

in the gay and lesbian community can identify with coming to terms and coming out, and dealing with discrimination and prejudice and being dissed by family members and friends because they came out. If you just keep it simple, to that basic level, people can get a better understanding. Coming out as a drug user, and saying, "I'm an addict. I'm a drug user. Accept me for what and who I am. I use drugs but I use them safely and I go about my business." I think that's the whole premise of harm reduction education programs, non-judgmental treatment, trying to build people's self-esteem and self-worth, so they feel better about themselves, and reduce the harm that they cause to themselves as a result of their lifestyle.

Yvonne Ritter

is a Registered Nurse and works at Lenox Hill Hospital in Manhattan, at the In-Patient AIDS Center Program. She will be 45 years old this year. Yvonne grew up in Brooklyn and has a very mixed ethnic background.

How do you identify yourself?

I'm a woman of transgendered experience. I also work with the Gender Identity Project as a volunteer, in addition to working at Lenox Hill. GIP has been working with transgender people to help them towards getting sex reassignments, and they also do a lot of harm reduction, like prevention and intervention from alcoholism and drug addiction, and AIDS prevention. AIDS prevention from using needles seems to be one of the big issues.

Are you referring to injection drug use, or hormones, or both?

Actually, the people who seroconvert and become HIV positive often don't have a clue how they got that way and when you question them about their history, they say that they never injected drugs, that they were very careful, always used condoms, that they get their hormones from a doctor or by prescription. And then you ask them if they share needles, and they say, "Well, sometimes we can't get a needle so we'll sterilize one." But the sterilization process may not be as good as they think it is, although at one point health care providers were teaching injection drug users how to sterilize their

needles with bleach and boiling, and that may not be as effective as some people think. They may also share needles with people whose history they think they know. They might say, "I share it with my girlfriend. I know her. She's clean." And they don't get the implication that they don't know who girlfriend has slept with.

Tell us about the work that you do.

It involves hands on care of AIDS/HIV treatment in an acute care setting, treating different opportunistic infections or different conditions like failure to thrive, fevers of unknown origin, and doing work-ups for that kind of thing.

How did you get involved with the Gender Identity Project?

I had sex reassignment surgery in 1987. I've been in transition for a long time. I had been working as an LPN, and it was very difficult to work as a woman, so I was sort of "part time." I was living half and half. I was working as an LPN and going to school to get my RN license and after that I got into different types of support groups. There was one twelve step support group that was called STA—Survivors of Transexuality Anonymous—that met at the Lesbian and Gay Community Services Center. We spoke to Dr. Barbara Warren, who is the Director of Mental Health and Social Services at the Center, and she told us she would supervise us, and help us to start this project that

would help people who were going for sex reassignment surgery. People who wanted to, in different stages of transition, would come and get individual peer counseling and referrals to professional counselors, etc.

Do you do outreach?

Yes, we do outreach. We do sensitivity training. We do education on transgender issues. I do everything from individual peer counseling to co-facilitating groups with professionals, usually a non-transexual person, like a social work intern. I've only done women's groups, but we do have men's groups. I don't know as much about them, but they do use needles. They have to inject hormones, and I'm sure that they have the same problems. They are more private, actually. They tend to be very private, marginal, and use their own needles. They live very closeted types of lives.

What are the risks of HIV for transgender people?

Needle sharing and a lot of unsafe sex. I'm not trying to stereotype, because there are so many of them, in so many walks of life, but there are still the old feelings that the only thing you can do as a transgender person is sell drugs or be a prostitute. If you've got the looks you can be a prostitute and if you don't you can deal drugs, and that's also a shame-based issue.

Is this because the heavy marginalization forces people to survive in any way they can?

Yes, any way they can. Now it's becoming very much more open. When I was coming up there

weren't any groups and I got involved in a lot of things that I really don't want to come out about. I did get involved in a lot of unsavory aspects of transgender life and I'm not too proud of that, but I found a better way. I found a way to develop some self-esteem and that's so important for people to do.

What are the concerns of transgender people in relation to their health care?

I'm also working at THE (Transgender Health Education) Clinic at the Community Health Project, as a volunteer. We're trying to get more complete health care, including affordable hormones to people of transgendered experience, both male and female. People of transgendered experience tend to shy away from health care; transgender men really tend to avoid issues of gynecology.

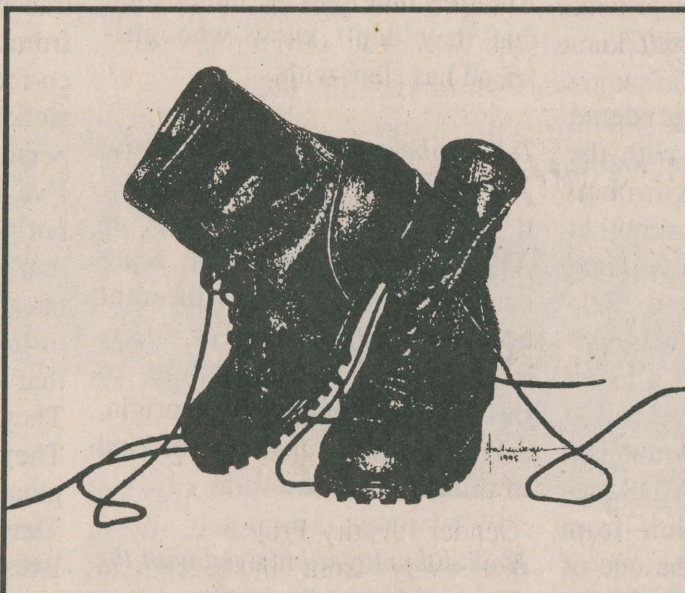
Why is that?

It has to do with not wanting to deal with that part of their body, sort of trying to deny that it even exists. When they have been on hormones long enough they stop menstruating, due to the testosterone, but there are still cancer concerns, uterine tumors, cervical cancer—preventable stuff, but in many cases they won't go and get a Pap smear.

Does that also occur with transgendered women?

Transgender women also shy away from health care in general. I had to go for a physical recently

for a home care agency I'm going to be working for soon. They had to ask me if I had ever had any surgery, and I said, "Yes. Not in the past couple of years, but, yes." And they asked me what kind, and I told them. They looked at me oddly, and said, "Do you mind if we put that down?" And I said, "Well, if you have to." The home care agency happens to know, already. But that kind of thing



tends to put people off, because you are asked these embarrassing questions, that in many cases have nothing to do with the physical issue that you are dealing with. And although it's nice to be an educator, some people just don't feel like educating the world. Personally, I am very open about it, but other people don't necessarily want to get into all that—being asked things like, "Can you have an orgasm?"

What do you think the health care community's "take" is on people of transgender experience these days?

I still think that they are very uneducated, and very backward. They are in need of education and sensitivity training. I hope that this arti-

cle will open people's eyes so they can realize that we're people, too, and in addition to that, we get AIDS, we need health care, but sometimes basic things like health care become big issues with us, because we're afraid of being shamed. And we're shamed enough. I had an experience at a private hospital where there was a young transgender person with AIDS who had castrated herself

because she thought she wasn't going to be able to get the surgery, and now was in the hospital presenting with opportunistic infections. She was in a very debilitated state and one of the orderlies was showing some of the nurses aides her condition and they were laughing and making jokes. I was appalled and said, "If you are not working on this floor you'd better

get off of it, now, before I have to write you up, because I never want to see that kind of behavior again." I just freaked. This was very early in the epidemic. That is one of the big reasons why people don't want to get involved with health care.

What has been your experience in regards to transgender people living with AIDS/HIV seeking support from the "AIDS community?"

I think when people turn up positive and they go for help they get the same general kind of help that everybody else gets. I don't think it's differentiated. I think once they say, "Look, here I am. I need this help. I'm HIV positive. I have to deal with this the best way I can. I need health care." Many PWAs

tend to take all their issues and say, "Hey, screw you. This is the big one. I don't care if I'm gay, if I'm straight, how I got this, I have it, now. I don't care what the rest of my life is about, whether you like it or not, here I am, I need the help. Will you help me?" And most agencies will respond, "Yes." Which is positive. Also, transgender people do go to hospitals with HIV and it may be a little bit freaky for the health care provider at first because they don't know what to do, they really don't know.

"Although it's nice to be an educator, some people just don't feel like educating the world."

Do you think that AIDS is an issue for the transgender community?

I definitely do, as a matter of fact, AmFAR (the American Foundation for AIDS Research) has given the Gender Identity Project a grant so that they can pay people to do this kind of prevention and intervention within the transgender community. It's a big issue for women and men of transgendered experience who decide to go for surgery, find out they're HIV positive, and have surgeons who won't operate on them.

We have heard that in some states there are laws that prevent people who are positive from having sex reassignment surgery. Is that true?

I believe it's the individual surgeon's or physician's opinion and most surgeons feel that people

with lowered immunity are not good candidates. So for something like a splenectomy, where their spleen is playing "Pac-man" with their blood cells, that's a different type of surgery and they have to weigh the risks, but this is something that the medical community, and as far as insurance is concerned, consider cosmetic. And, HELLO, we don't do this to be pretty! There is a body image integrity that goes along with this, the way you envision yourself, that has to be met. And the

surgery is the only way to do it, seemingly, as far as society is concerned. At the

Gender Identity Project we try to get away from the idea that surgery is the be-all and end-all and that Pre-ops who are unable to go for surgery or choose not to go for surgery, for whatever reason, are just as valid as any one else. It's a philosophy we've developed, because gender has nothing to do with genitalia—that's biological sex.

How has your experience as a transgender woman informed your work with PWAs?

People with AIDS and HIV—they respect honesty and most of the time even as I'm honest with them about my own personal life, it's also important to be honest with them about their care, their disease process, and what's going on with them when they ask questions. I answer questions honestly. I'll say

"This is just what I think and this is what I see from my experience. It doesn't necessarily mean that is what it's going to be. You should discuss it further with your doctor." If I honestly believe something, whether I believe certain medications will work well for you, whether a doctor orders it or not—I have issues with a lot of the medications that are out there, and I think some of them are kind of toxic, and if a person says to me, "I think this medication is making me sick. Do you think I should refuse it?" And I'll tell them, "Well, if it's making you sick then maybe it's something that's not working for you." And I try not to play doctor, because I'm not licensed to be a doctor.

What do you have to say to the medical community, and to service providers?

Health care professionals should know there are places that they can go for sensitivity training. It doesn't necessarily have to be from the Gender Identity Project, but the GIP will either talk to you individually on the phone, or will go out to your organization and do a sensitivity training. Because transgender people tend to aggregate within gay and lesbian groups, gay and lesbian clubs and schools and universities should be made aware of the fact that people can get HIV from injecting hormones and put that information out to members who might be of transgendered experience. Outreach to young people is crucial. I'm a real advocate in this area, because it's really important to me. HIV nursing seems to be my niche, it seems to be something I can do well, and somebody needs to do it.

Lee White

is the Transgender Services Coordinator at Positive Health Project.

How do you identify yourself?

I am a transgendered woman. One thing I want to say before we begin is that it's hard to speak for the whole community because there will be people who won't agree. I would just like that to be included.

Fair enough. How did you get started with Positive Health?

The transgender-focused program was an idea of Jason Farrell's (Project Director at Positive Health Project), and he'd been pushing for a month to have it started. I was working at Harlem United Community Center, which is an AIDS community center in Harlem, and we had a new outreach program. It's a year old now, and I integrated transgender services in that program. He had called me one time to refer this young lady to me and we tried to assist her. A few weeks later he called me to tell me that he knew they were having a position open, so that's how I heard about it.

Tell us about the program itself, how it operates, and what you try to accomplish.

Basically, it operates the same as the rest of the needle exchange program does: just drop in, and for one needle we'll give you two—this is whether you're using it for hormones or drugs. I have two peer educators that go to places where there are transgender people, like the Port Authority, bars, the meat market area, etc. We disseminate condoms, literature about the program and HIV prevention materials. We register people for our program, for the needle exchange, and

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we're also putting the word out about the support group starting for transgender people. It's going to be a weekly drop-in group, and we'll have a topic each week. We'll have food available, so a lot of the girls on the street could just come here as a place where they could get away from that environment, and into a safe space. We will have the needle exchange set up especially for transgender people. Some of the topics we're going to have will be: *Introductions—Who are We? Who are You?; Designing One's Self—Labels, Labels, Labels; Who Do I Look Up To?—Role Models; Hormones & Use—Domestic or Foreign?; Surgery—The Pluses and Pitfalls of Sexual Reassignment and Plastic Surgeries; Passing—Is it Necessary? and Trick or Trade—Discussing the Men in our Lives.* I'm really looking forward to it. What we're going to do is really recruit heavily, through the mail, and from the girls we meet on the street during outreach.

Could you explain for people who may not know the importance of these programs.

These programs are necessary because this is a community that has been overlooked, and has basically had to work underground, at night, in the shadows. A large percentage of the population are sex workers and drug users, and virtually all of them inject hormones. They share needles to do this, which is unsafe as far as HIV is concerned. Most of the older transgender people are not around anymore because they've died of AIDS—and this isn't really understood because their deaths are counted among the male population. You don't hear how many men, women, and transgender people died, you just hear women and men, and if you have a

penis you're counted with the men, and so this isn't really understood. And this is a community that's threatened by HIV.

What is the connection between the transgender and the gay/lesbian communities with regards to AIDS?

I think a lot of transgender people may have started in the gay community because they assumed they were gay. Also, I think society tends to think of transgender people, even post-ops, as gay. They are forced into that group, and a lot of them reject the gay and lesbian community in a very derogatory way, because they are being grouped with that community that they don't necessarily feel any identification with. And many gay people themselves feel that transgender people are just fucked-up gay people. It's kind of a love-hate relationship. I know that a lot of transgender people won't go into the Lesbian and Gay Community Services Center, because they don't like having that connotation. Also, a lot of transgender people, especially older ones, went through their transition, had the operation and crossed over into the straight world, and completely left behind the fact that they were even transgendered. This is a secret that they don't tell their husbands or their stepchildren, so it's really scary all of a sudden to be thrown back into being thought of as gay. But there are a lot of transgender people who are gay, pre-op or post-op, male-to-female who are attracted to women or female-to-male who are attracted to men and those transgender people are more comfortable identifying themselves in the gay community. With regards to AIDS, all I know is that as a young transgender person, there are very few older transgender people, or even people in their thirties, that I can look up to, because of the epidemic. And those numbers have been counted with males.

I have heard some horrible stories

about incarcerated transgender people with AIDS who are severely discriminated against. Do you deal with any incarcerated transgender people?

Well, let me say this, that is definitely something that I will get involved with, because it really is a problem. The way the system seems to work is as long as you still have a penis, no matter how long you have been on hormones, no matter how big your breasts are, you are still considered a male. We also find this problem in therapeutic communities for people who are trying to rehabilitate themselves, addicted people. That is also a huge problem. Unfortunately they are dealt with in the same way. That is something that we definitely plan to address.

What other issues of identity, such as race or class, come into play with the transgender community you are dealing with?

I think race definitely plays an important part, because we do reach mostly African-Americans, West Indians and Latinos/as, and a few whites as well. I am also a peer educator at the Gender Identity Project and a co-facilitator of their support group. And some of those girls are Caucasian and they may have gone through their transition later, so they lived as white men longer, and that creates a dynamic that's different than someone who started hormone injections when she was thirteen and had to runaway from home and work on the streets.

Why do you think that the AIDS communities needs to embrace transgender issues?

People should be open-minded and realize that just because they might not see transgender people every day does not mean that they are not there every day. In fact they are there, but a lot of times it's only at night or in certain places. They are shuttled or made to stay in certain areas, where they

have some semblance of safety, emotionally and physically. But they are still there, carrying on with their business, sometimes with destructive habits. This is traditionally the way it's been. But there are transgender who are breaking this cycle. It's all about the way you are made to feel about yourself in this society. These are not things transgender people did to themselves. They are victims of this society and are made to stay in these positions. But there are transgender people who are empowering themselves and are trying to empower their community to stop destructive behavior and the spread of HIV.

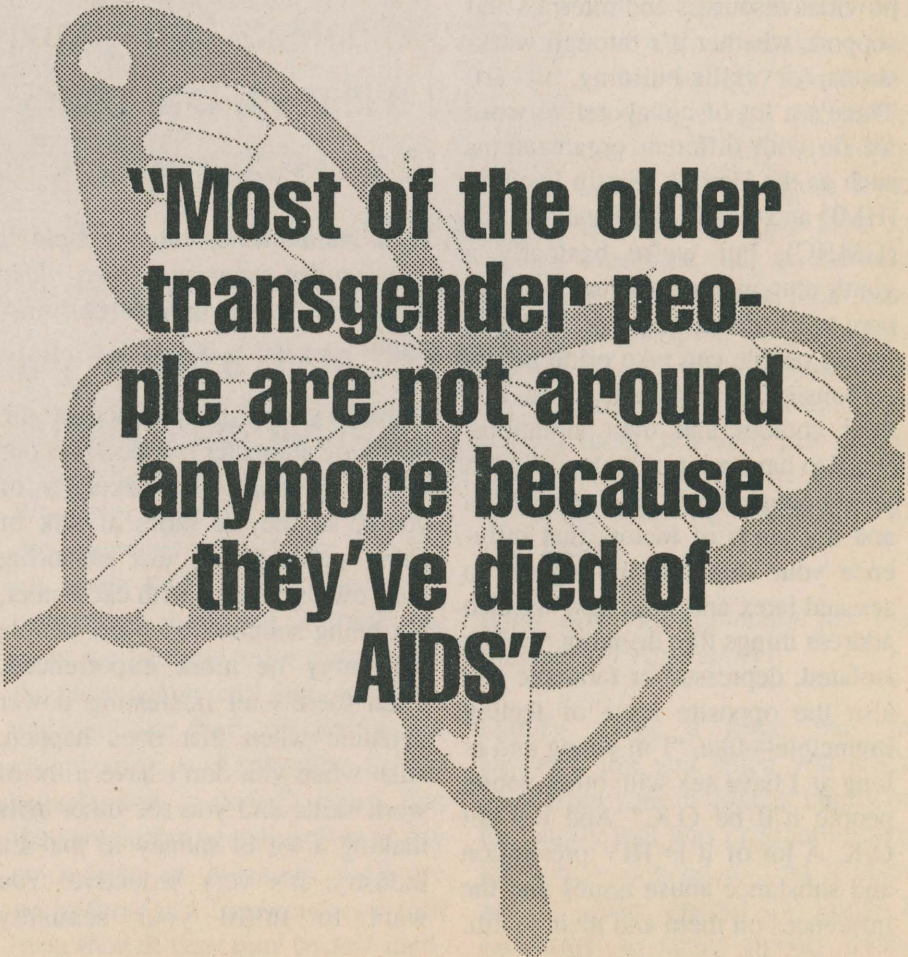
Is there anything else you would like to say?

Yes. I think we also have to look at those men who are in relationships with male-to-females. This population is ignored. These women have mates and relationships and efforts should be made to reach those men. If

they are only hit with HIV prevention messages that are geared towards "heterosexual male" and biological females, that's going to miss them. A lot of guys who are in prison engage in activity with transgender people, and they are left to fall between the cracks. I would like to see some type of support for this group. There is no name for them. They are not gay men, they are not bisexual men. And I would like to see them mobilize to do something for themselves.

So once again, it's about what you are, not who you are—behaviors, not identities.

Yes. It's not about names. They don't really have a name. And they are a community that, because they don't want to be ostracized from family and friends, keep that secret and, once again that is a major contributor to the spread of disease.



"Most of the older transgender people are not around anymore because they've died of AIDS"

Kim Iwamoto

is the Youth Coordinator for the Youth Enrichment Service program of the Lesbian and Gay Community Services Center, which provides services for the bisexual and transgender communities as well. Kim is 27 years old and of Japanese-Hawaiian descent.

How do you identify yourself?

As a gender transcendentalist! People describe themselves differently—as a woman of transgender experience, a transgendered woman, a transexual woman, a drag queen—and it may be all the same thing, they may be talking about the same person.

Tell us about Youth Enrichment Services.

Youth Enrichment Services (YES) provides resources and referrals and support, whether it's through workshops, or skills-building, or art. There's a lot of collaborative work we do with different organizations such as the Hetrick Martin Institute (HMI) and Gay Men's Health Crisis (GMHC), but we're basically a youth empowerment agency. We're here to create an atmosphere where young people can take pride in and responsibility for their lives and their choices and their situations. We also have a lot of dialogues with young people about HIV prevention and the kinds of factors that influence your decisions in regards to sex and latex and safer sex. We also address things like drinking, feeling isolated, depressed or fatalistic and also the opposite issue of feeling invincible—like, "I'm young and as long as I have sex with other young people it'll be O.K." And it's not O.K. A lot of it is HIV prevention and substance abuse issues and the influences on them and their health.



What distinguishes young people of transgender experience from older people and are their risks really different?

I think young people across the board are at greater risk because our society propagates a sexuality of youth, so they're more at risk of being pursued, not just exploring their own sexuality with each other, but being solicited by older people who may be more experienced. Then there's an interesting power dynamic when that does happen. Also when you don't have a lot of work skills and you see other girls making a lot of money in the sex industry, it's very seductive. You want to fulfill your sexuality

Photo: Anthony Ledbetter

anyway. If someone likes you, and likes you for being transgender, when you're young that's a very powerful feeling. Then because they're not willing to offer a relationship you might think, "Well then why shouldn't I take some money?" It can start like that, just by looking for someone to care about you, and you can cross the line once you start making money. It's so easy. Also I think they don't see a lot of role models of people who are successful and visible. I think that's also why there is a stereotype of transgender people being only in adult entertainment or the sex industry. The visibility isn't there.

Why is AIDS a transgender person's issue?

I think HIV and AIDS is everyone's issue—anyone who's sexually active, anyone who has to make decisions and negotiate how they're going to engage in sexual activity. I think what's really been happening is that the transgendered community has been overlooked. Maybe it's because the people making decisions about outreach didn't know how to access this community. But I think once transgender people started taking a more active role in different agencies and organizations, flags started going up and people would bring their experience into that situation. Also I think it's important because for many transgender people there are huge body image issues. I think anyone who has a lesser body image will probably not take care of their body. It's a part of distancing from yourself. I think what happens then is that you may not value your body; you may not see your body as being vulnerable. You may own the strength but not want to own the vulnerability of your skin. Also because of the way our society is structured and the way oppression works, a lot of transgendered people are literally forced to put themselves in high risk work situations, whether that's prostitution or being in the club scene where there might be more drug use—which not every transgendered person is in, but there is a huge percentage involved in those industries. I was in a position where I had a job as a director of a design house and my employer, due to pressure from a buyer who found out I was transgendered, put pressure on me to leave the position, and that really sucked! And if a lot of transgendered people are facing this, where

do we go? What do we turn to? If the New York fashion industry isn't open to me and my experience as a transgendered person... You'd think that that would be one of the more liberal environments! And the whole society creates this situation where people are put in this objectified sex worker position or where it's just entertainment, and that also plays a large role in someone's self-esteem.

Why do transgender people need to be included in the conversation on AIDS?

We've learned throughout history that silence equals death. And the more we ignore the existence of the concerns of the Transgender experience, the more we're going to make them feel like they're not counted.

"We've learned throughout history that silence equals death. And the more we ignore the existence of the concerns of the transgender experience, the more we're going to make them feel like they're not counted."

Whenever I see the word transgender somewhere, I feel like "Oh it's my home too!" It means and says something about me. I think the more we hear the word transgender the more people will feel identified, and feel like they can access that organization, and by going to that organization it doesn't mean that they are declaring themselves as gay or lesbian or bisexual; they are going there as a Transgender person, even though they may be self-iden-

tified as heterosexual.

What about the impact of race and class on transgender people?

Economics is a huge issue in transgender lives, especially in health care. I've been very lucky. My parents have been supportive of my life, whether it's education or medical attention, because they don't want me to be at risk. They didn't nurture me for 18 years to have me destroy my own life out of desperation, but not everybody has that kind of relationship with their families or that kind of financial, medical coverage. If I didn't have that it would be much more difficult and I'd think twice about seeking medical attention.

[With regards to race,] I think what happens is you layer one set of oppressive tools with another, and another, and how can that not affect your outlook on your life and your outlook on your value in that society? And how do people not internalize that? In any situation, unless they're given from the very start the tools to overcome that or the role models to show them how to navigate through this sticky web of depression and discrimination. For them it's not just about remembering to breathe, it's about knowing when to hold your breath.

What does family mean for the transgender community?

Family plays a huge part in anyone's life and when you don't get it from your biological family or the family that was originally there for you, you need to find it elsewhere. Also, one of the things I encourage by being openly trans-

gender and experiencing positive reinforcement from my family, is that maybe one of us will be a parent someday and we'll know not to detach and isolate and throw shame around this issue but to feel pride that we do have someone who's special and who has something to contribute to society, like any child. If you abandon that child it's going to be harder for him/her. There were rocky times with my family. That was more scary to me, the fact that they could've abandoned me, than someone on the street discriminating against me. When someone close to me can hurt me that's more detrimental. These are the people who instill in you from an early age your sense of value, so when they start devaluing you, how can you not take it in? It's a powerful force that a family has and you can either make it a negative experience or a positive one, and you have to really evaluate what your role as a parent is.

Do you think your family's acceptance came as a result of your being very open with them?

No. It was the opposite. I was very open with them because I could be. They created an atmosphere where I was able to express myself. But they weren't always 100 percent there. It was scary for them. The whole idea of "Well how do I explain the fact that I had five sons, and now I have four sons and a daughter? What does it say about me?" I would tell them not to think of it as blame but as who gets the credit? I try to turn it around with language. My father said to me, "I love you. You're my child and I want you to be whatever you choose to be in life." And I think he meant that in terms of doctor, artist, woman, man, transgender, whatever. After that, no matter who

calls you a name or whatever kind of thing happens to you on the street, you shall overcome it, because your foundation is strong. That is a huge tool of empowerment. I was really, really blessed.

Tell us about the Transsexual Menace.

The Transsexual Menace is an activist organization. It's about people who are dealing with confronting oppression, whatever gender they identify as and however people try to oppress other people. We've done a lot of work around employment discrimination. In October 1995, over 100 transgender people from around the country gathered on Capitol Hill and lobbied

**My father said to me,
"I love you. You're my
child and I want you to be
whatever you choose to
be in life."**

every single office of the Congress and the Senate. We talked about employment opportunities and the fact that we are taxpayers, and why are we paying to uphold laws that oppress us? We also talked about the medical community and what kind of laws and policies are being set forth to accommodate transgender people, people of transgender experience, inter-sex people or hermaphrodites, or anyone who is marginalized by this rigid dichotomy of what is male and female and the fact that we need that in order to function as a society or that myth that we do. Also, what the Menace does is give transgender people a voice and also shows role models. Unless you can

see someone else sticking up for themselves as a transgender person, how do you know that you can do it? That is part of the reason why the Menace tries to be so visible in its actions. We want to show other transgender people that there is a group doing work around a lot of things, like fighting for inclusion within the AIDS/HIV service providing community, to demand that we be counted and that our needs be addressed.

What are some of the issues or barriers for transgender people who are living with AIDS/HIV?

Being uncomfortable accessing medical services and finding service providers that will not project their own views but respect your identity. That is the biggest obstacle. Once you have that trust, you can access what you need. You are in a very vulnerable state, and you don't want to fight or explain who you are or what you need. Also, the issue of maintaining hormone therapy once your body starts shutting down is huge. What happens there? What is more important? The quality or longevity of your life? The dignity of your existence or the length of it? There comes a point where you wonder how you want to look. You should be able to make those decision for yourself, with someone giving you the options and then you choose, not your doctor or service provider, but you.

Like any other person with AIDS...

Yes. That is where the power comes in. You're victimized by the disease, and you don't want to be victimized by the service providers or the institutions.

Patricia Nelson

is the Volunteer Services Coordinator at the Community Health Project (CHP) of the Lesbian and Gay Community Services Center and the Acting Coordinator of Transgender Health Education (THE) Clinic at CHP.

Birgit Pols, M.D.

is the Medical Director of the Community Health Project.

Can you tell us first about CHP and how THE Clinic got started?

Patricia: CHP started 13 years ago, from an amalgam of two programs. Now there are 8 programs which are part of CHP and they range in services from an HIV assessment program, the Bellevue satellite program, which is also known as our daytime program, and the general medical program, which does physicals, TB testing, STDs, walk-in services. We also have the Lesbian Health Program, which provides specific care for women who sleep with women, exclusively or not, Gyn care, breast self-examination, and health education services. We have the HOTT (Health Outreach to Teens) program, which is for teenagers ages fourteen to twenty-one with services on-site. We also have a (thirty foot) van to reach out to young people. We have a peer counseling program for someone who needs answers to questions or needs a referral. We have the education program, which is building right now, and that will do outreach. People want to talk about access to health care in the gay, lesbian, bisexual, transgender community and we'll talk about those issues. Of course, we also have Transgender Health and Education. One of our unique qualities is that all our evening programs in THE Clinic are "99.9%" volunteer driven, from providers to front desk staff to lab techs.



Birgit and Patricia at CHP

What exactly is THE Clinic, and how did it get started?

Patricia: I came on board in January of 1995, as Volunteer Services Coordinator, and I was brought in to try to start to get volunteers for THE program. There were some already committed, but we needed a full staff to get it started. Through word-of-mouth, advertising at the Center, also through America OnLine, we got people interested to serve. We also had patients who were interested. We had an open house in our first clinic on June 10, 1995. At present, we have 15 volunteers, and 5 staff members.

Why did THE Clinic find itself at CHP?

Birgit: I started at CHP in September, 1994, as the first full-time medical director and there was already a movement well before I got there. It was a working group that had been meeting for more than a year, trying to determine how CHP could provide better services to transgender people. CHP has always provided health care to transgender people as part of our other program. Folks would come in for STD screening, Pap smears, and peer counseling through our different programs. The feedback that we got was first folks were very gracious and grateful for any services they got,

regardless of how difficult or how awkward, no matter what. I have letters from early patients, who even if they were a little uncomfortable with the provider's lack of knowledge about transgender issues, they still spent half the letter talking about how grateful they were, that they were able to get their health care issue dealt with at CHP. We've had a long history of doing that. I talk often with transgender folks about why they are in lesbian and gay community, and how that connection came about. What I hear is that folks have shopped around, and tried other avenues. And although they didn't naturally assume that their issues were parallel with the lesbian and gay community, they tended to find a more receptive environment there than elsewhere, or at least folks willing to learn and willing to educate themselves and be inclusive. So, we had always been serving transgender people, but not providing the kind of comprehensive targeted services that we might have wanted to.

That was identified in 1992-93 by the medical affairs committee, who at that time were serving the in medical director function, reviewing patient comments and reviewing charts, that sort of thing. So they started looking first to see what else was out there in the community and they came to the same conclusion that most of our transgender patients had—that there

was nothing out there in the Tri-State area that provided any kind of transgender-specific health care, without regard for ability to pay.

There are plenty of folks in New York City who will see people, and many who provide very good care. I'm not even slighting the prices—it's expensive to run a medical office in New York City, so, it's expensive. So the health care is out there, but not without regard for ability to pay. We were seeing patients who were getting hormones on the streets, which presented a number of different concerns—you don't know what you're getting. There are repackaged needles in the city, so even folks who think they're buying clean syringes and needles are often buying repackaged ones. We looked at it from a harm reduction perspective, and certainly within CHP at all levels there was a healthy discussion about the same question you asked—Why CHP?, Why should CHP be providing transgender health care services? And the discussion sort of stopped there. There was nobody willing to take whatever risk; folks were concerned about potential medical liability. What if we start someone on hormones who's not really transgender, particularly youth? So there were folks who were not really willing to take the risk for the organization. Part of my being here for CHP was to allow some continuity, by being the same person seeing this patient over a 3, 4, or 6 month period, it added greatly to the information we had and it made CHP much more comfortable in terms of providing these services. We looked at what the harm was to not providing these services, having folks continue to use injectable hormones unsafely, perhaps, or at risk on the streets and balancing that with whatever potential risk there would be to CHP. It was overwhelming to go ahead with it, in a pilot project which is sort of where we are now.

Are CHP and the Gender Identity Project are pretty closely linked?

Birgit: Yes. GIP and maybe two or three folks from CHP were the transgender working groups. The group that met and they looked at collecting data, how they might run a clinic, treatment protocols, and they learned to be honest from a medical perspective. CHP has learned more from GIP than the other way around. It's not like I taught health care to GIP, but they've taught it to me. Which fits with most of CHP's programs, which are very patient centered and patient driven. There is no practice environment that I've ever been in where you learn more from your patients than you do at CHP, which is wonderful.

Patricia: And also, 85-90% of the volunteers at THE Clinic are transgendered, and identify as such, which makes it even more of a wonderful place to be.

How many people coming into THE Clinic are living with AIDS or HIV?

Patricia: We get a lot of people, and sometimes that's not even identified, they're just worried about gender issues.

Birgit: It would 10 to 20% of our patients who living with HIV, that is who've told us. There are many that I'm working with on testing issues who are very afraid, who have risk behaviors in their past, many years in the past. They are relatively well along in their transition, and are just struggling with, "Do I want to test? What will that change?" They feel they are "safe" now, or in a supportive relationship.

Patricia: Those general issues that anybody would question are compounded with their transition.

Can you talk about the people that you see at THE Clinic who are living with AIDS? What kind of medical problems do they have?

Birgit: We have not referred anyone for HIV care. Most of the folks who come to us have HIV care that they really enjoy, and that they feel connected to. I expected to refer some. We've held some spaces in our HIV primary care program, at Bellevue. We hold an appointment slot each month, figuring there would be someone who came in who was not pleased with their care and we could help them through our system. People come from all over the place, so they have HIV primary care that is closer to home, and I think in general they're very pleased with their HIV care. The issues I have seen that have come up have been more around things like dealing with the fact that it's going to be difficult for them to get any kind of surgery—not even sex reassignment surgery—but breast reduction, breast augmentation, any of what are labeled cosmetic surgeries that have greater clinical significance for transgender people. So they come to deal with those issues, or to see whether that's possible. We've dealt with one person—it was very difficult and very sad—who pursued a surgery that was not recommended by their HIV care providers or by us and had a bad healing coming out from it, because of HIV. Both programs tried to work with the client afterwards, but it was very unfortunate and difficult. Other issues that I talk to clients about have to do with if they "out" where they're receiving care. Most are, some are not. Regarding the whole issue of hospitalization—many people are just terrified. Most of the people we see are pretty healthy and so have not had to be hospitalized for HIV-related conditions yet, but are very concerned or have heard horrible things about hospitalization and who get almost fatalistic about going into the hospi-

tal. I get the feeling from these patients that they are hoping for short hospitalizations. They've seen what's happened to transgender friends of theirs in the hospital and how difficult it has been.

What kinds of difficulties?

Birgit: Things like room assignments and not being able to dress in the gender that they identify with, to the laughter and the giggles. These are things that these folks have dealt with all their lives, but now have to deal with when they are sick and it's just horrible. Routinely we hear about folks who are not allowed to dress in the gender of their choice, who are placed in multi-bed rooms in hostile environments—a transgender woman placed in a four-bed male room, and being asked in a large waiting area,

"You need to be treated as the human being that you are..."

"Do you have a penis?" That's how they're admitted and how they're treated in a hospital.

Patricia: When people call us for appointments they'll ask, "Do you discriminate?" I say no, just come in. And I'll ask them, "How do you prefer to be identified?" or "What do you prefer to be called?" We just had someone who was becoming a Transgender female, so I asked, "Which name do you prefer?" And that's the name that we address them as.

Are they any medical problems that are specific to Transgender people living with HIV/AIDS?

Birgit: There is not great or abundant literature. I will tell you that one of our providers, a transgender physician, believes very strongly, has a philosophical position and is looking for the literature to bear it out, that one of the reasons that the health course of women with HIV is so much more accelerated is estrogen. There is no literature to support this yet, and he's hypothesizing that Transgender women who are now taking estrogen supplementation might also experience an accelerated HIV course. Again, I can't say that that's my position and I can't say there is any literature to support or refute it. But, it certainly is worth thinking about, on some level. I think it is also about access to care. If you look at a parallel, where there is more literature to support it, one of the reasons that HIV in woman acts in such an accelerated fashion is poor access to care. Certainly that's going to be paralleled in the transgender community, where these are folks who are not likely to have a family doctor, or likely to have a clinic relationship, because they probably had horrible health care experiences in the past.

Patricia: And then they'll wait, and wait, until the condition gets to a state that they have to go.

Why is there a need for transgender-specific health care?

Patricia: I want somebody who respects me as I am, as I present myself, and I would like, ideally, to have someone who looks like me, and who reflects who I am. As we've talked about, in a lot of instances that does not happen. You need to be treated as the human being that you are, and proof of that, at least for THE Clinic is that people, after their physical exam, hang out, literally, talking,

visiting with old friends.

Birgit: Nobody ever complains when we're running behind. That's amazing. *You mentioned the van that you use in conjunction with the HOTT Program. Do you use it for transgender outreach?*

Patricia: We use the van primarily for the HOTT Program, however, in the past few months, we've been having many more HOTT patients coming in to THE Clinic, and they feel comfortable. Which is a pretty major achievement, because you're talking about kids and adults mixing and being together. You see the older patients taking them under their wing and it's nice. As far as outreach, it's a double-edged sword because we do have limitations on space, so as much as we want to serve everybody, we can't. We don't turn anybody away, either. Outreach is usually by word-of-mouth, through GIP, or through our own patients. I think we're two months ahead on appointments.

Birgit: The need is so great and we are limited. If we let them, the volunteers would stay there all night. The volunteers will spend two hours with each new patient, doing the initial history and physical, which is necessary because most of these folks have not had that kind of health care, even if they're receiving great HIV primary care. Without exception people like the HIV primary care that they're getting. I met one patient who was very happy with her HIV care, but who had anal warts for five years that had never even been identified, examined, or treated. The patient never brought it up, because they didn't think it was part of the HIV care. So, that was someone we referred to a dermatologist who was able to treat her.

Patricia: Also, people who have primary care, are amazed at what happens at THE Clinic. They've never had a physical as thorough as the one they receive here. We literally get four to six new patients every session. We're growing all the time.

Resources, Resources, Resources....

The following is a listing of services in the New York area who are trans-friendly and also provide some kind of AIDS/HIV-related support. If you live outside of New York, you may want start looking for services in the phone book, or by contacting your local gay, lesbian, bisexual or AIDS organization.

Gender Identity Project

The Lesbian and Gay Community Services Center
208 West 13th Street
New York, NY 10011
(212) 620-7310
Support groups, outreach, counseling, referrals, workshops.

Harlem United Community AIDS Center

207 West 133rd Street
New York, NY 10030
(212) 491-8863

Supportive services

The Hetrick Martin Institute

2 Astor Place
New York, NY 10003
(212) 674-2400 Lourdes
Support for young people

HOTT

(Heath Outreach To Teens)
The Lesbian and Gay Community Services Center
208 West 13th Street
New York, NY 10011
(212) 255-1673
Free medical services, information and education for youth.

Positive Health Project

Transgender Services
301 West 37th Street, 2nd Floor,
New York, NY 10018
Phone: (212) 465-8304
Support groups, needle exchange

and outreach.

SafeSpace

133 West 46th Street
New York NY 10036
(212) 354-7233
Support groups, outreach, counseling for youth.

THE Clinic

(Transgender Health Education)
Community Health Project
208 West 13th Street
New York NY 10011
(212) 675-3559
Low cost medical care and supportive services.

YES

(Youth Enrichment Services)
The Lesbian and Gay Community Services Center
208 West 13th Street
New York, NY 10011
(212) 620-7310
Support groups, outreach, workshops.

Glossary of (Some) Terms

Sex: who you are biologically as male or female due to your external sexual anatomy (i.e. male penis & testicles, female vagina and clitoris).

Gender: who you are as male or female due to your own personal and society's perceptions.

Gender Identity: how you perceive yourself as male or female.

Gender Role: the combination of everything one does and says to indicate to others and to oneself that one's gender identity is male or female.

Sexuality: the combination of your personal and social experiences based on

your sex, gender, gender identity, gender role, and other unique personal traits.

Sex Reassignment Surgery: operation that involves the changing of male genitals to female genitals or vice-versa.

Transsexual: a state of being in which you believe and feel that your biological/anatomical sex is not correct and you may want surgery to correct this conflict; some use this term to mean only a person who has had sex reassignment surgery.

Cross-dresser: someone who wears clothes that society has deemed as that of the other gender: some use this term in place of transvestite

Drag Queen: some use this term for a "flamboyant" male-to-female cross-dresser who identifies as a gay man.

Drag King: some use this term for female-to-male cross-dresser who may

identify as gay, straight or bi-sexual.

Female Impersonator: some use this term for a "flamboyant" male-to-female cross dresser who may or may not identify as a gay man but does this for entertainment purposes.

Gender Dysphoria: clinical term used to explain the "unhappy" conflict experienced by transgender/transsexual persons.

Gender Identity Conflict: used by some professionals in the field to describe and/or diagnose a person who is experiencing discomfort or dissatisfaction with his/her gender.

Androgyny: blending of male and female characteristics, mannerisms, and behaviors in one individual.

Note: These terms are culled from various sources. For a complete list, please contact Newslines. Thanks to GIP for help with this listing.

spirit n. 1 soul, anima, life force, élan
 vital. 2 psyche, mind, ego, person-
 ality, selfhood, humanness, id
 est, seer, shade wraith, spot
 lashed, dolo, a parition, re
 mot, phatom, phanasm. mov
 disposition, temper, temperament,
 frame of mind, humor, tendency,
 proclivity, bent, warp, pulse, tenor 5

VOICES

by James K.

I'm a 32 year old man learning to live in the age of AIDS. I learned that I was positive in 1989. I don't question in what form I contracted HIV because I was in 2 risk factor groups. I've been an active IV drug abuser since I was 13 years old as well as being an extremely promiscuous homosexual. When I first tested positive, my T-cell count was 346—at that time I was told that I could considerably prolong my life by getting clean and sober. I intellectually understood this, but it was difficult to get serious and motivated about it. I went through rehab a few times over the years, but my after-care didn't go too well. When I recently got retested, I found out that my T-cell count had dropped drastically to 129. At that point, the intellectual knowledge became an emotional reality for me. I've seen many of my friends just rationalize "Well, I'm going to die anyway, so why change anything now?" I decided that I wanted to live, and that I was finally going to do something about it.

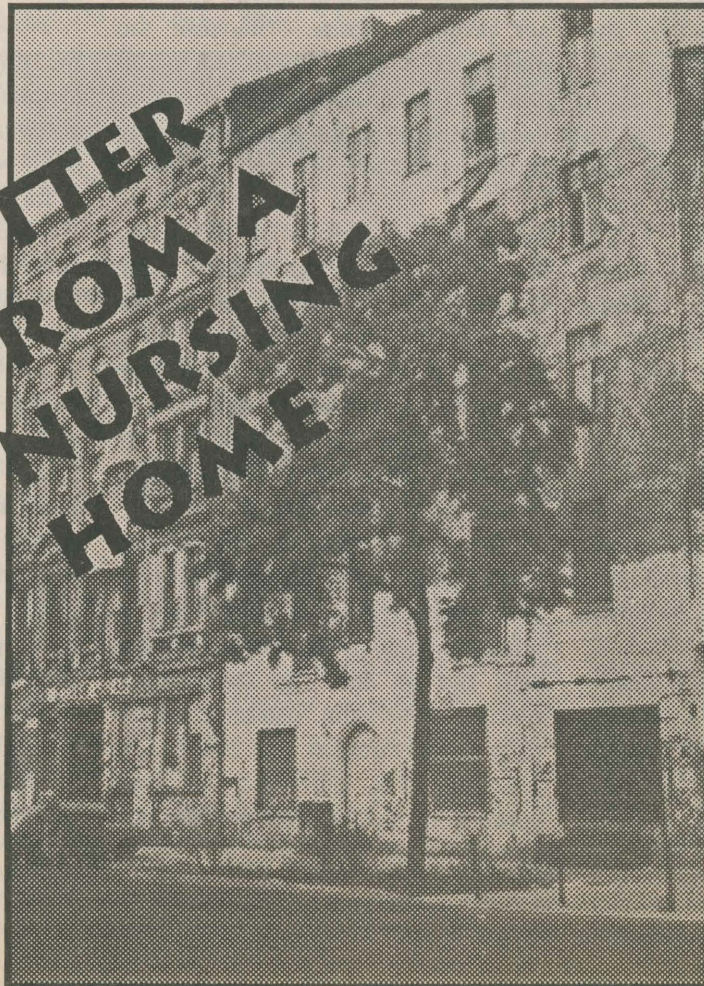
I completed a detox and rehab program and I really felt much better. However, I was concerned that I was still in danger of returning to drugs, and I felt strongly that I still needed to get some "clean time" under my belt. Through an interesting series of circumstances, I ended up in, of all places, a nursing home! There was a time when people thought of nursing homes as the type of place you put elderly people

when they could no longer take care of themselves. Well, times have changed. Who'd have thought that at 32 years old I'd be living in a place like this?! But I consider myself lucky, because there aren't too many places out there where someone like myself can turn for support. I'm one of the fortunate ones because now I'm in a place where I'm learning to deal with being ill, as well as learning how to live my life without drugs. You see, in my opinion there's no way you can have one without the other, and the people here have helped me in dealing with both of these issues. Frankly, I have gone through rehab in the past, but I found I wasn't able to stay clean for any great length of time. Here I have around-the-clock support if and when I need it. They are teaching me how to live for the first time in my life,

and I know that in the near future I'll be well enough to leave here and return to a responsible and productive life. It has not been an easy journey, and believe me, it continues to be a struggle. But as a result of my persistence I'm quite sure that I've added some time, and quality, to my life.

James welcomes correspondence, and can be reached at: Bronx-Lebanon Special Care Center, 1265 Fulton Avenue, Bronx, NY, 10456.

The Special Care Center is a long-term care facility which provides services for PWAs. For further info, please call (718) 579-7008 or 7065.



LETTERS FROM PRISON

by Amanda Bentley

"If you could see what's goin' on around here, so many people hangin' on the edge cryin' out for revolution, retribution—the odds come out even when you give up believin' in a cold law" (Tina Turner, "Steele Claw")

It's not easy to see the madness when you're a part of it, yet I can't ignore what I see either, even though I'd like to in the hopes of preserving what's left.

HIV and AIDS are tricky and malicious because they attack the afflicted in a wide range of invasion (e.g., pneumocystis, KS, CMV, etc.), but the one way that scares me most is dementia. To have my ability to think, rationalize, and learn altered or destroyed would for me be worse than death.

AIDS dementia is, literally, the virus attacking the brain cells, and although I'm no physician, I see cases of this around me every day. And it simply goes untreated and ignored. 'Here' is Corcoran State Prison's Segregated Housing Unit (SHU), an isolated unit within the prison that confines us 20 or so prisoners with HIV/AIDS. Normally we're kept at the California Medical Facility at Vacaville (the men's prison hospital), however, when we receive a disciplinary which results in a SHU term, we're sent here to a non-treatment facility.

CMF staff have over the course of five years utilized SHU as a dumping ground for inmates they can't handle and simply would rather not have around. This is how they do it: Every

inmate upon arrival to the California Department of Corrections is placed into a category depending on his/her needs. CMF houses inmates who are Category: F=psychotic in remission; I=acute psychotic; O=medical; B=effeminate homosexual, transvestite, and transexual; V & X=stress;

SURVIVING THE CORCORAN SHU

GP=general population. Once an inmate tests positive for HIV she becomes Category O and is sent into the segregated AIDS Wing. F & I categories are thrown in, totally ignoring her program needs. Because the inmates aren't receiving mental health care, they snap and act out. Because their category is now O, once they show aggression CMF staff can transfer these inmates. They slap these ludicrous SHU terms on them and ship them here to the dungeon, aka Corcoran. So here are these mentally ill prisoners with AIDS now being kept like potatoes in a root cellar; here in this hell hole with no treatment or care. Because they're mentally ill, they don't know they're being abused or how to help themselves.

Enter AIDS dementia. On observation one can detect that these inmates aren't quite regular in comparison to other prisoners by the way they yell at staff and act out. Yet the officers' reaction is to taunt, ostracize, physically harm, threaten, and place these prisoners in a "quiet cell" (a small concrete room) for days. Is it the offi-

cers' fault? No! Security is their objective and they have no training to deal with people with AIDS, much less those with a mental illness. Corcoran is not qualified to house either HIV positive or mentally ill people!

I've been here in the SHU since March 1992 (!) and I've watched numerous inmates, who should have never been sent here, decline and break-down mentally. These inmates

clearly display all the symptoms of dementia: lack of concentration, poor coordination, withdrawal, irritability, anger, depression, memory loss, mania, and psychosis.

Now, if I, an untrained person can see this, then why not Corcoran's medical staff? Two reasons—they are not trained in AIDS care, and they don't want to know! Out of sight, out of mind.

Suffice to say, in the three plus years I've been here, I've grown to hate this staff with a fire of passion, yet I try not to let their ignorance and incompetence hinder me. It gets hard though. Too many times I've seen in print that Corcoran Prison is a "death camp." It certainly applies to PWAs being kept here. To keep these former mental patients here untreated and improperly cared for is their slow death, but add to that those 20 of us HIV positive inmates who have untreated dementia, and you have a death camp that holds us in this warehouse until our numbers run out.

Frustrating as it gets, I try to push on and bring change, but Corcoran

Dear Readers: Newslite is committed to providing a forum for all people living with AIDS, and we are especially interested in hearing from those who do not have the opportunity to make their voices heard. We have received a huge amount of letters from prisoners and although space restrictions have permitted us from printing all of them right away, we will publish everything we receive in upcoming issues. So, if you have sent in a letter or article, please be patient, we will get to you!

puts the walls a little too high for me to get over. When I utilize the inmate appeal system, I'm answered negatively. But of course it is their system. They designed it and it's hard to win the war when they've got the guns. For instance, I filed an appeal to obtain a proper diet for HIV positive prisoners using nutritional guidelines from a book put out by the San Francisco AIDS Foundation. In the

appeal, I requested a meeting with the food manager, the program administrator, and the AIDS specialist. The appeal was denied. It's this lack of cooperation that angers me, and it's this way on every issue. In private conversations I've had with unit officers, I've brought to their attention the fact that Corcoran is a dumping ground for mentally ill inmates and inmates with AIDS/HIV and demen-

tia. These officers feel animosity toward CMF for sending mentally ill people here, yet no one does anything. And it's the inmates who endure the destructiveness of the situation.

My feelings on AIDS in general are that it's not so much the quantity of time we have, but the quality of life we have left that should matter. And in that, this is not living. It's making it from day-to-day—surviving.

SILENCE = DEATH

May this new year truly find all of my incarcerated brothers and sisters well and striving to stay strong in the struggle that means "LIFE."

Sitting back, re-reading several back issues of Prisoners' Perspectives really brought a smile and a lot of satisfaction.

The satisfaction comes from seeing the positive changes which could be seen in some of the writings contributed by my Latina sisters, and seeing the many new writings contributed by brothers and sisters from all over the country.

It was satisfying because the contributions express and share our struggles with the world. This is something I really encourage since Prisoners' Perspectives is supported by *Newsline*, which provides us with the space as an avenue for us to contribute, so that our voices can be heard. Additionally, sharing our struggles may serve to help other prisoners by giving them the knowledge, courage and strength to pick themselves up and carry on with their lives, seeing and knowing that they are not alone, understanding that this is the struggle of LIFE. It's a struggle we should all engage in, reaching out to each other, and for one another. So,

let's all make some noise and contribute to *Newsline* so that our voices can be heard, letting the world know about our struggle for LIFE.

As of my last writing, I've been transferred to Otisville Correctional Facility where I had set out (prior to

Center, and our fearless staff advisor Eugene Bormann.

It was a day enjoyed by all who participated, giving us the opportunity to remember all of our fallen soldiers who have passed on in this struggle. It was a day in which we all

reaffirmed shared rights, shared responsibilities, and commitment in this struggle for LIFE, coming together as an army with

the strength and courage of a million to face yet another year together in battle.

A battle for LIFE we should all engage in throughout the year, bringing our struggle onto the pages of *Newsline*, letting it reflect our casualties and triumphs.

The struggle is not and never was easy. It has been long and painful. Let us hold our heads up high, taking a stand as we march on into yet another year of life with struggle and triumph set in our minds and hearts. To all my incarcerated brothers and sisters, especially Carmen, Spike, Leo, Shakoore, Carrie and the rest, stay strong. One Love. Peace...

By Danny Diaz
Chairman, PACE
BOX 8,
Otisville N.Y. 10963

**WE'VE COME A
LONG WAY BABY**

transfer) and accomplished my goal of becoming the Chairman of the PACE program, which lacked sincere leadership. My work with PACE, although overwhelming at times, has been very fulfilling.

After being temporarily suspended, as a result of a proposal to better PACE, the program was recently reinstated and started out with a loud Bang which was a result of our World AIDS Day event, put together with only two weeks of planning. The event was attended by Juan Rivera (former prisoner) from the Hispanic AIDS Forum, Romeo Sanchez (former prisoner) from Latino Commission On AIDS, Cesar Louca & Margarita Rivera, both PACE sponsors from ARCS-Newburgh, Brunilda Desjardin from the Middletown Community Health

medical matters

by Lawrence M. Prescott, Ph.D.

At the recently held 3rd International Conference on The Macrolides, Azalides, and Streptogramins, investigators presented the results of several studies pointing to the benefit of new generation antibiotics for the prevention and treatment of opportunistic infections in AIDS. Listed below are a few of the highlights of particular interest to people living with HIV/AIDS.

Innovative Approaches To Prevent and Treat Opportunistic Infections

Roxithromycin for Cryptosporidiosis

Results from an open study suggest that roxithromycin (Hoechst Marion Roussel) is of value in preventing the diarrhea caused by *Cryptosporidium sp.* associated with AIDS,

according to Dr. David E. Uip, Clinics Hospital of Sao Paulo University, Sao Paulo, Brazil.

Roxithromycin administered at 300 mg twice daily for four weeks provided positive results (cure or improvement) in 77% of participants treated, with 50% being cured and 27% showing improvement. All of the participants had a positive stool examination for *Cryptosporidium sp.* prior to treatment but following roxithromycin therapy, stools were clear of any sign of the organism in 61% of the participants.

Clarithromycin for Multiple Prophylaxis

In a large-scale, multi-national clinical study designed to assess the safety and efficacy of clarithromycin (Biaxin^R, Abbott) prophylaxis of *Mycobacterium avium* complex (MAC) infections in people with AIDS, three separate substudies demonstrated that clarithromycin administered for MAC prophylaxis also helped to prevent the development of *Pneumocystis carinii* pneumonia (PCP), community-acquired pneumonia (CAP) and *Giardia lamblia* diarrhea, reported Dr. J. Carl Craft, Abbott Laboratories, Abbott Park, Illinois.

Participants either were treated with clarithromycin 500 mg twice daily or placebo for between 8.2 months (placebo) and 10.6 months (clarithromycin). Regarding *Giardia lamblia* infections, the opportunistic infection was only seen in 0.9% of patients receiving clarithromycin compared to 2.9% of those on placebo. In addition, clarithromycin-treated persons had fewer bouts of diarrhea than did those in the placebo group. This is particularly important since the diarrhea can increase wasting and has been linked to malabsorption of many anti-HIV drugs as well as agents used to treat other opportunistic infections. Similar positive benefits were seen with CAP prophylaxis (14% contracted CAP in the placebo group vs. 7% of those on clarithromycin) and with prevention of PCP (5.3% of participants receiving clarithromycin contracted PCP compared to 10% of those on placebo).

Azithromycin for MAC Prophylaxis

Weekly treatment with azithromycin (Zithromax^R, Pfizer) alone is an effective alternative to daily rifabutin (Mycobutin^R, Pharmacia Adria) for the prevention of MAC bacteremia in people with AIDS and the combination of the two drugs is better than either alone, asserted Dr. Diane V. Havlir, University of California, San Diego Medical Center, San Diego, California.

In a comparison study, Dr. Havlir explained, azithromycin 1200 mg administered weekly to people with AIDS resulted in significantly fewer episodes of MAC bacteremia compared to rifabutin 300 mg daily (8.8% vs 11.8%), while azithromycin combined with rifabutin resulted in a lower incidence of MAC bacteremia (2.5%) compared with either agent alone. The most frequent side effects seen in persons on azithromycin-containing regimens were gastrointestinal in nature and of mild to moderate severity.

Of particular significance, Dr. Havlir stated, was the fact that resistance of MAC isolates to azithromycin was not seen after combination therapy. In subjects on azithromycin monotherapy, however, 10.7% of the isolates were found to be resistant to azithromycin.

MEDICAL BRIEFS

HELP FOR TESTOSTERONE DEFICIENCY

Recent research shows that many men with AIDS and HIV have lower than normal levels of testosterone, an important male hormone. Testosterone is produced in the testicles and is responsible for developing and maintaining male characteristics.

Testosterone deficiency is the condition of testosterone absence or deficiency in men. While some of the following symptoms are often associated with AIDS and other chronic diseases, they can also be signs of lower testosterone levels: include decreased sex drive, impotence, decreased energy level, depressed mood, loss of facial/body hair, and muscle weakness.

The latest treatment option available to testosterone-deficient men, the Testoderm® Testosterone Transdermal System CIII, a patch manufactured by ALZA Pharmaceuticals, delivers four or six mg. of testosterone continuously upon daily application to the scrotal skin.

The most common side effects in association with Testoderm® therapy are local itching, discomfort and irritation. Cholestatic jaundice, alterations to liver function tests, and suppression of clotting factors have also been reported with some forms of androgen therapy.

For more information on Testoderm®, call Alza Pharmaceuticals, at 1-800-634-8977.

FDA CLEARS NORVIR FOR MARKETING

The Food and Drug Administration (FDA) has cleared for marketing Abbott Laboratories' protease inhibitor Norvir™ (ritonavir) in combination with nucleoside analogues or as a monotherapy to treat HIV when therapy is warranted. For people with advanced HIV, this indication is based on the results of a study that showed a reduction in both mortality and AIDS-defining clinical events for people who received Norvir. Median duration of follow-up in this study was six months. The clinical benefit from Norvir therapy for long periods of treatment is unknown.

For those with less advanced disease, indication is based on changes of surrogate markers in those receiving Norvir alone or in combination with other antiretrovirals.

In clearing Norvir for the treatment of HIV infection, the FDA reviewed efficacy and safety data from trials that showed the agent to have substantial antiviral activity and to reduce the risk of disease progression and mortality.

Norvir should not be used in combination with many highly metabolized medications known to produce serious or life-threatening adverse effects. Specific information is available in the prescribing information. Some side effects include nausea, diarrhea, vomiting, asthenia and others. For more information, contact Abbott Laboratories at 1-800-688-9118.

MORE PROTEASE NEWS

An advisory committee of the FDA recommended that the FDA, under the provisions of the accelerated approval process, clear for marketing Crixivan® (Indinavir sulfate) for the treatment of adults with HIV.

Crixivan is an HIV protease inhibitor manufactured by Merck Research Laboratories.

Merck submitted a New Drug Application for Crixivan on January 31, 1996. The application was based on improvements in surrogate markers for HIV disease (viral load and CD4 counts) seen with Crixivan when taken alone or in combination with other antiviral medicines.

Crixivan has been generally well-tolerated, with nephrolithiasis (defined as flank pain, blood in the urine or kidney stones) occurring in 2-3 percent of participants in clinical trials. Clinically significant drug interactions have not been seen in many drugs studied for interactions, except with rifabutin and ketoconazole. These interactions have been managed with dose adjustments: a 50 percent reduction of rifabutin when taken with Crixivan, and a 25 percent reduction of Crixivan when taken with ketoconazole.

For more information, contact Merck at 1-800-994-2111.

NOTE: While recommendations of the advisory committee are not necessarily indicative of final FDA decisions to market a drug, Crixivan is likely to be approved by the time you read this.

Newsline does not endorse any particular health regimen, medical treatment or drug; rather, we are committed to informed choices regarding treatment for all people with AIDS/HIV. Always read everything you can, ask questions, and speak to your doctor, healthcare provider and/or fellow PWAs, before deciding on a treatment course. You can also call PWAC NY's Hotline at (800) 828-3280, Monday-Friday, 10am - 6pm or the National AIDS Hotline, 24 hours a day at (800) 342-2437 for more information.

Memorials

Anita B. Rosa

October 21, 1951 - March 3, 1996



On March 3rd, 1996, Anita closed her eyes to a peaceful and eternal sleep with God at Montflore Hospital in New York City.

She graduated from high school and attended Borough of Manhattan Community College. She was a tireless advocate for all people living with AIDS/HIV to whom she gave time and energy through her work at Health and Hospital Corporations, Gay Men's Health Crisis, Enter Halfway House and as a volunteer for People with AIDS Coalition of New York's Speakers Bureau.

Anita leaves to mourn: a seventeen year old daughter Nephertiti Rosa, a mother and stepfather, two brothers and one sister. Also many aunts, uncles, cousins, nieces, nephews and a host of friends.

Anita we love you deeply and will miss you immensely. Thank you for the love you gave me, I will always treasure it. Until that day when we will meet again in heaven, you will be remembered deeply and lovingly.

God bless us all...

Thank you, Rochelle

Peter Michael Duffy Heslin

December 8, 1958—February 14, 1996

by Barbara Ann Mohr

Who can convey the essence of a man like Peter Heslin? It is as futile as the attempt of the blind men in the fable to describe an elephant. Each was hindered by the limitations of the part he touched. None could perceive the whole. There were so many facets to this wondrous person that no one of us really knew him completely. Part contemplative and part comedian, he was a poet, a writer, an artist, a dancer (who studied under Twyla Tharp) and always and in every way, creative. He was probably most noted as an advocate for people

living with AIDS because of his pioneering efforts with both the Gay Men's Health Crisis and Body Positive. As the Associate Director of the AIDS Program at Bellevue Hospital he literally poured his life into the attempt to make it a center of quality care and compassion.

He told me early in our relationship that in order to be holy, one must be whole and spent his life in pursuit of that unity of self. It was a holiness that reflected the immense and unconditional Love of our Creator, Mother/Father God. My friend was a forthright defender of the rights of the Gay and Lesbian Community, the poor, the homeless and all the disenfranchised. His inspiration and example motivated me to be more outspoken and involved. We both had tried to live a formal consecrated Religious Life. Inevitably we



learned in our separate times that was not what was required of us. Ours was a different road and for over six years we walked it together.

There were three things more than any others that bound us: an unquenchable thirst for the Divine in our lives, the passion to indicate that immutable Love to others and an outrageous sense of humor that helped us to see both life's absurdities and joys. The biggest difference was that he succeeded in his quest. I am still on route.

He is still teaching me. His beauty is imbedded in the strands of my consciousness. His wittiness

bubbles up inside me even when I am in pain. His earthly presence has been taken from me but his idealism impels me to labor even harder in this never ending battle. Our enemy is not only AIDS but the even more deadly indifference of a society that sits in judgment and turns away from the truth. The greatest legacy of this man is the reality that we are all brothers and sisters. No matter our ethnicity, sexual orientation, beliefs or non-beliefs, infected or affected we have a common humanness. If one of us is deprived then we all suffer deprivation. We must move forward with the same determination and passion that motivated those who can no longer do battle. Peter Heslin lives on in those he touched and cared for. None of us who loved him can falter. He won't rest if we do!

The Seamless Garment

A Tribute to Peter

The woof and warp
of your raiment
are not intertwined with
silk.

No purple linen
weaves within its nubbinness
No golden threads
of weighted jewels
adorn your robe,
my friend
Yes you wear it royally,
As befits one of regal lineage.
You wear it casually
considering it an inconspicuous
garment.

Few know the cost of your apparel,
Thinking it an easy possession
with which you adorn yourself.
Its beauty confuses
those who behold its radiance.
Many mistake its elegance for simplicity.

Yet there is nothing simple in its construction.
Interwoven in the strands are patterns
of struggle
of pain
of triumph.

You have taken the threads of rejection,
of suffering
of misunderstanding
and woven a seamless garment
to which there is
no beginning
and no

end.
The comeliness of your attire
is but a pallid image
of your heart
and your strong valiant soul
that has equipped itself
with bravery
and rushed into
the Battle of Life.

Oh, the radiance of your being!
Oh, the treasury of your love!
Oh, the gallantry of your journey!
And the rapture to behold you arrayed
in
the goodness that holds your life
and mine together!

January 16, 1996

Love,
Babs

You may never know who you are in my life. You, like so many of the women who die from the virus. Women who came into my life because I could "answer phones and open the door" (thanks Aida). People I may never have met if I had taken another job.

My life is fuller for having known all of you... and sadder. I have not lost as many of my friends from high school or college. Yet in my sphere of work each month is shadowed by the passing of a "larger than life" character who crossed the entry to my office. Women whose connection to me connects me to sons, daughters, lovers, husbands and their lives. I have memories and recollections of times I have never witnessed but lived in the exchanges of our days.

I have been trusted with tears from strong women who find their strength slowly ebbing away or fright at the onset of their first opportunistic infection. I have been blessed with the laughter of times so stressed that in the recounting we have exhausted all other emotions - the best medicine being loud and tear drenched. I have been privileged to the private loves and hates of women who may never have spoken to me or I to them if not for a job which requests that I do not "get too involved."

Amina we didn't meet before Bedford but we met after. We hugged and exchanged stories and I promised to give your love to the women of ACE. I remember the smile that went from ear to ear and the

Good by Amina

February 18, 1996

and hide all conductors....Allah be praised.

I remember when you went for the test. I remember the result. I remember the gravely voice and the sessions we had so that you could calm yourself when life was just not working.

Amina I remember your strength and resolve. I loved your humor, your directness and your gift to me of trust in those times when we silently honored our vulnerability...never exposing the pain and joys we knew of life. We spoke of our sons, our parenting and our mistakes and celebrations.

Amina, my strength is starting to weaken. I know the faces, names and lives of the women who pass now. It's not like before. In three years time the statistics are people I know...that I lived with from 9 to 5. In all my spiritual knowledge I still find myself crying for a life turned around and now over. I cry for who it was I knew and who I knew she had become and could go on to be.

Say hello to all the sisters who have gone before you Amina. I feel that hug we shared with you as a free woman.

Good by Amina. You are remembered.

Rev. Liz
Bedford Hills Correctional Facility
ACE Coordinator

please subscribe!

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Please mail this form to: PWAC NY, 50 West 17th Street, 8th floor, New York, NY 10011

change of address

Moving? Bulk mail is not forwardable, so if you are moving (or have just moved), please fill out this form and mail it as quickly as possible to:

PWAC NY, 50 West 17th Street, 8th floor, New York, NY 10011.

Be sure to include your old address!

Name: _____

OLD ADDRESS: _____

City: _____ State: _____ Zip: _____

NEW ADDRESS: _____

City: _____ State: _____ Zip: _____

Announcements

Lesbian Health Fair

The New York City Lesbian Health Fair will take place on Saturday, May 4, 1996 from 9:30 am to 5:00 at the Lesbian and Gay Community Services Center, 208 West 13th Street in Manhattan. Free health care services and body work including mammography, massage, acupuncture, podiatry & chiropractic screenings and reflexology; free self-help materials & educational materials including safer sex kits and speculums; demonstrations, information stations & screenings including breast & cervical self-examination, stress reduction, safer sex, blood pressure screening, bone marrow screening, living with HIV, nutrition, clitoral anatomy & female ejaculation, herbology & more; and youth services including health care screenings and pap smears are all available free of charge. Spanish, Creole and Cantonese translation, sign language interpretation and child care available onsite. Limited wheelchair accessibility. For more information, call (212) 462-9189

Stress Management

Learn stress management and immune building skills in yoga/stretching/meditation classes for people with AIDS/HIV. Taught by Roberta Schine, Certified Kripalu Yoga Instructor and Second Degree Black Belt, Tae Kwon Do, the free class is held on Thursday from 3-4:30 pm at Gouverneur Hospital, 227 Madison Street (between Clinton and Jefferson Streets on the Lower East Side), Room 1224 on the 12th Floor. For more information call (212) 238-7558.

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Spanish Support Group for Latinas

PWAC NY is providing a new support group for women in Spanish. The group will be held on Mondays from 6-8pm at ACE OUT, 103 East 125th Street, Suite 602 in Manhattan. Tokens and refreshments are available. For more information call (212) 647-1415.

Former Prisoners Needed as Peer Educators

Former prisoners are needed to work as peer educators for AIDS Center of Queens County. Peer educators will be trained to lead presentations about AIDS/HIV transmission and prevention in rehabilitation centers, prisons, T.C.s, hospitals and other neighborhood locations. Peer Educators will be paid for every presentation they lead. For more information, please contact David Miller at (718) 896-2500.

Psychological Study of Children & Adolescents

A graduate student at Fordham University's Department of Psychology is conducting a study of the psychological development of children and adolescents affected by AIDS. Participants will be interviewed for approximately one hour about their thoughts, feelings and behavior and about important relationships in their lives. Participants must be 8-18 years of age, aware of their mother's AIDS/HIV diagnosis, and English-speaking. You will be compensated for time and travel expenses. For more information, please contact Susan Reyland at (212) 663-6436.

Attitudes Towards AZT Use During Pregnancy

If you are a white, African-American or Puerto Rican women with AIDS/HIV and are pregnant or considering pregnancy, you are wanted for an interview about your knowledge and attitudes concerning the uses, risks and benefits of AZT by HIV positive pregnant women and their newborns. This study is conducted by Memorial Sloan-Kettering's Department of Social Work under the direction of Dr. Karolynn Siegel. You will be asked to take part in a single 2 to 2 1/2 hour confidential interview, compensated \$25 for your time and reimbursed for your travel. Call (212) 639-3793 for more information. Hablamos Espanol.

Testing and Counseling Sites

The Bureau of Maternity Services and Family Planning presently offers AIDS/HIV Testing and Counseling at four of its sites located in the boroughs of the Bronx, Brooklyn, Queens and Manhattan. For additional information, please contact the borough site Supervising Public Health Advisors at: **Central Harlem**—Ms. Patricia Rodriguez (212) 368-9600; **Mott Haven and Bronx**—Ms. Beth De Pue (718) 367-2450; **Brooklyn**—Mr. Woody Brown, (718) 398-5005; **Jamaica East, Queens**—Ms. Margarita Aiken-Averett, (718) 526-4333/ 4434. This service is offered to women and their significant others (i.e. partners and family members).



GOD'S LOVE WE DELIVER

Free Meal Delivery

Is it difficult for you to shop or cook for yourself because of an AIDS-related condition? Are you restricted to your home more than you'd like because of your health? You may qualify for God Love We Deliver's (GLWD) free meal delivery program. GLWD can provide you with two hot delicious meals daily for as long as you need them. And if you are a parent, GLWD will also deliver meals to your children. All meals are delivered in plain brown bags and GLWD's delivery vans are unmarked. GLWD delivers in all five boroughs of New York and Hudson County, New Jersey, Monday through Friday. Call GLWD at (212) 294-8102, en espanol (212) 8122. If you qualify, you will receive your meals within 24 hours.

Emotional Response Newsletter

Aids Emotional Response Newsletter consists of the voices of mothers, fathers, sons, daughters, brothers, sisters, lovers and friends whose lives have been forever changed because of AIDS. It is a source of support and strength through other people's experiences. It is an opportunity to express yourself about the trauma of AIDS. For those who would like to send their correspondence to be printed in an upcoming issue and/or be on the mailing list to receive a copy, please send your name and address along with \$1.00 fee to cover postage, copy, etc. to: Emotional Response Newsletter, P.O. Box 2372, Wilkes Barre, PA 18703.

Couples Support Group

Every Thursday at 1:PM, Positive Health Project will offer a couples support group for couples where one or both partners are HIV positive. Staff from the Minority Task Force on AIDS and Positive Health Project will be facilitating. A light lunch will be available. For more information, contact Positive Health at (212) 465-8304.

Community Forums in Westchester

AIDS-Related Community Services (ARCS), at 2269 Saw Mill River Road, Building 1 South, Elmsford, NY, announces the following forums in April. On April 3, Carlos Arboleda, ARCS Community Educator, presents "Between Men: Safer Sex In The '90's"; on April 10, Anne McDonald, Esq, Westchester/Putnam Legal Services presents "Legal Issues: Public Benefits and Entitlements"; on April 17, Carlos Arboleda presents "HIV/AIDS 101 & Safer Sex"; and on April 24, Holly Elliott, Chiropractor, presents "Boosting Your Immune System Through Chiropractic Care." All forums are on Wednesdays from 7:00-8:30pm, free of charge and open to the community. For more information, call (914) 345-8888.

Dream Study

Gay and bisexual men between 25 and 47 with HIV but not AIDS, are needed to participate in research on dreams. Volunteers will be asked to keep a record of their dreams for two weeks and fill out a few questionnaires. You must have a high school diploma or GED and be able to read and write English fluently. Participation will be kept confidential. For more info, contact Sari Kessler, MA, a doctoral candidate at the California School of Professional Psychology, at (212) 802-9343.

NOT ALL
BATTLES
ARE FOUGHT
WITH A
SWORD.

OCTOBER
11-13, 1996

AIDS MEMORIAL
QUILT DISPLAY
WASHINGTON
DC

NAMES Project
415-882-5500

Travel Info:
800-926-2631



UNITED AIRLINES
is the official airline of the event

PWAC NY PROGRAMS

PWAC NY NATIONAL HOTLINE

The PWAC NY Hotline is staffed exclusively by and for people living with AIDS/HIV. Hotline volunteers can provide peer support, alternative and traditional treatment information, take *Newsline* and *SIDAahora* orders, and give you referrals to social and medical services where you live. Written information on HIV related conditions and treatments are also available at no cost. Mothers of adult children with AIDS, and/or moms who have lost a child to AIDS, are available to talk on Mondays, Wednesdays, and Fridays from 2-6pm EST. Inside NYC call (212) 647-1420. Outside of NYC call (800) 828-3280. All calls are toll-free and confidential. Our hours are 10am - 6pm EST, Monday- Friday.

HIV HELP CONNECTION

HIV Help Connection hotline counselors can provide New Yorkers with referrals—from a comprehensive computer database—to HIV related medical and social services. Services are available to all New York City residents, including people who are “undocumented,” and/or without insurance or Medicaid. Of course, people living with AIDS/HIV are always available to speak with callers. People are also welcome to call back for further support and/or referrals. From New York City call (800) HIV-2775, Monday-Friday, 10am-6pm. *Hablamos Español*.

HIV Help Connection is a joint service of the People With AIDS Coalition of NY and AIDS Treatment Data Network.

VOLUNTEER DEPARTMENT

At PWAC NY, all our programs are maintained by a diverse volunteer staff. Join us!! Come volunteer your time by doing **reception**, street **outreach** and **education**, research for our **publications** department, or other special projects. Or, connect with PWAs in prison by joining our **Prison Pen Pal Project**. People living with AIDS/HIV can also volunteer their expertise in our **speaker's bureau** and/or on our national **Hotline**. Come share your ideas!! Help empower all people affected by AIDS!! For more information or to volunteer, please call (212) 647-1415 and ask for Elliott Rivera.

SIDAahora

A bi-monthly Spanish/English magazine written by and for Latinos/as affected by AIDS/HIV. Call (212) 647-1420 for subscription information or (212) 647-1415 for information about submitting articles.

The following peer facilitated support groups are open. If you are interested in joining a PWAC NY group, call Sharon Favors @ (212) 647-1415 for more information.

BROTHER TO BROTHER

Weekly support groups for men of color living with AIDS/HIV. Brooklyn: Mondays, 6pm. Harlem: Wednesdays, 6pm.

SISTER TO SISTER

Weekly support groups for women of color living with AIDS/HIV. Brooklyn: Tuesdays, 6pm. Brooklyn: Wednesdays, 6pm. Manhattan: Wednesdays, 6pm.

CARE PARTNERS GROUP

Weekly support group for people caring for a loved one. Manhattan: Mondays, 5:30pm. Brooklyn: Mondays, 6:30pm.

MOTHERS' SUPPORT GROUP

Bi-weekly support group for mothers of adult sons and daughters who have AIDS/HIV, or who have lost a child to the disease. Manhattan: Tuesday evenings.

GAY MEN PWA GROUP

Weekly support group for gay men living with AIDS/HIV. Manhattan: Friday, 6pm (Men of color). Manhattan: Tuesdays, 4:30pm (Mixed).

SPANISH SPEAKING GROUP

Weekly support group for Spanish speaking people living with AIDS/HIV. Location and time to be announced.

WOMEN'S GROUP

Weekly support group for all women living with AIDS/HIV. Manhattan: Thursdays, 6pm.

LESBIAN GROUP

Weekly support group for lesbians/women who partner with women living with AIDS/HIV. Manhattan: Mondays, 6pm.

MEN & WOMEN'S GROUP

Weekly support group for men and women living with AIDS/HIV. *On hiatus*.

MEN'S GROUP

Weekly support group for all men living with AIDS/HIV. Manhattan: Wednesday, 6:30pm.

AIDS MEDICINE & MIRACLES

AIDS, Medicine and Miracles is a national non-profit organization coordinating holistic retreats for all of us living and working with HIV/AIDS. For nearly a decade, we have been presenting regional retreats promoting an aggressive integrated approach to HIV management.

With a strong emphasis on caring for the whole person, there will be treatment updates covering alternative and complementary therapies, as well as creative experiences designed to touch the heart and soul. In a supportive, empowering environment we invite you to join us for information, insights, tears and laughter as we explore what holds promise for all of us affected by HIV/AIDS.



Ninth Annual
HIV/AIDS Holistic
Conference
May 30 - June 2, 1996
Omega Institute
Rhinebeck, New York

WHAT HOLDS PROMISE

Featured Speakers

Sean Strub

"Hope, Purpose and Survival"

Sally Fisher

"Life Mastery"

Karen Williams

"Humor and Healing"

Cal Cohen, M.D.

"A Whole Person Approach to HIV Management"

jacki galloway and Elliott Rivera

"Moving Toward the Light Within"

Sharon Lund

"Taking It Home"

Panel Discussion

"Our Strength: Families Living with HIV and AIDS"

Workshops

AIDS and Laughter, Bereavement, Spirituality and Connectedness, Serodiscordant Couples, Long-term Survivors, Poetry and Writing, Acupuncture, Massage, Recovery and Harm Reduction, Storytelling, Hope and Healing, Permanency Planning, HIV Prevention, and Movement.

A one-day Women's Institute will also be offered on Thursday, May 30.
Contact AM&M for more information.

For brochure and scholarship information
please call toll-free

1-800-875-8770



GOD'S LOVE WE DELIVER

PWAC NY
PEOPLE WITH AIDS COALITION OF NEW YORK, INC.

PWA
HEALTH
GROUP

O u t
M A G A Z I N E

POZ

MOTHERS MARCH AGAINST AIDS

A black and white photograph of the New York City skyline at night. The lights from the buildings are reflected in the water in the foreground. The Empire State Building is prominent on the right side of the skyline.

IS MARCHING IN
NEW YORK CITY
ON SUNDAY, MAY 5th. 1996.

WE INVITE **EVERYONE** TO MARCH WITH US;
PLEASE
CARRY A PICTURE OF SOMEONE LOST TO AIDS.
FOR MORE **INFORMATION** PLEASE CONTACT MMAA. AT
[718] 934-1758 OR FAX [718] 648-7360