

# 2010

New Mexico Community  
Planning and Action  
Group

NMCPAG Transgender  
Taskforce



## **NEW MEXICO TRANSGENDER SUMMIT 2010**

In order for HIV/AIDS prevention, testing, and treatment for the transgender community in New Mexico, NMCPAG Transgender Taskforce sponsored the first Annual New Mexico Transgender Summit on May 7, 2010 in Albuquerque, New Mexico.

This summit was designed to bring together the transgender and professional communities in order to “Bridge Services with Community”. Our goal was to identify specific needs in the transgender community in New Mexico and brainstorm possible ways to address these needs.



There were more than 65 participants present at the summit representing multiple social-economic categories for the transgender community and multiple disciplines in the professional provider arena. Here are some demographics of the attendees (data was gathered from the registration and evaluation forms).

**Communities represented:**

- Albuquerque = 66,
- Edgewood = 1,
- Cedar Crest = 1,
- Farmington = 1,
- Gallup = 3,
- Las Cruces = 1,
- Moriarity = 2,
- Navajo = 1,
- Rio Rancho = 3,
- Santa Fe = 12,
- Tesuque = 1,
- Taos = 1,
- Out of state = 5 (Colorado = 2,  
California = 2, Texas = 1)

**Ethnicity/Race:**

- White (w) = 27
- Chicano = 1
- Hispanic/Native/White = 1
- Latina = 1
- Northern European Mix = 1
- White Puerto Rico = 1
- Celtic = 1
- Other = 1

**Gender Identification:**

- Transgender (TG) = 2
- Transman = 1
- Transwoman = 1
- MtF = 1
- FtM = 2
- Gender Queer = 2
- Female (f) = 17
- Male (m) = 5
- 2-Spirit = 1
- Natal F = 1
- Natal Male – Fluid = 1
- With labeled male at birth = 1

**Age:**

Youngest is 21 and oldest is 67.

- 20 – 30 = 4
- 31 – 40 = 12
- 41 – 50 = 7
- 51 – 60 = 6

- 61 + = 6

**Profession:**

- Educational Field (schools) = 2
- Health Educator = 4
- Social worker = 2
- Legal = 3
- Medical = 2
- Psychology = 2
- Accounting = 2
- Management (business) = 3
- Organizer/Coordinator = 2
- Consultant = 1
- Epidemiology = 1
- Technical = 1
- Advocacy = 1
- Marketing/Fundraising = 1
- Retired = 1
- No response = 3

There were 7 attendees that applied for Continuing Education Units (CEU) (from evaluation forms).

The morning program consisted of 3 main speakers and a basic transgender 101 presentation conducted by Stephani Patten and Mattee Jim both TGCPAG co-chairs.



**Dr. Jae Sevelius, Ph.D.**

We welcomed Dr. Jae Sevelius, Ph.D. and Danielle Castro from the Center of Excellence for Transgender Health. They gave a presentation that was most informative and pertinent to the process we are starting in New Mexico of coalition building. They were followed by Kim Pearson, founder and executive director of Trans Youth Family and Allies whose talk was emotional and thought-provoking. Lunch was provided to all the participants. This allowed more time for meeting each other, mingling and networking.



**Danielle Castro**



**Kim Pearson**

In the afternoon, we had breakout sessions that covered six topic areas the Taskforce felt were critical issues in the transgender community. The New Mexico Community Planning and Action Group's Transgender Taskforce decided that looking at the "whole" of the transgender community was needed in order to provide the best prevention services in New Mexico. The six topics that were examined in the breakout sessions included:

- **HIV/AIDS Prevention**  
facilitated by Mattee Jim
- **Healthcare** facilitated by  
Stephani Patten
- **Mental Healthcare**  
facilitated by Jane Davis
- **Housing and Shelters**  
facilitated by Amy  
LaFaver
- **Legal Issues** facilitated  
by Adrien Lawyer



- **Corrections** (including jails) facilitated by Jordon Johnson

We had two sessions on each topic so that the attendees would be allowed to give optimum input in two different topic areas. There was no methodology as to who attended which session. In fact, it was our understanding, that some participants attended the same topic for both sessions, to give and receive optimum input on that particular topic.

We asked four questions for each topic. These questions were:

- What resources are currently available?
- What are the challenges and barriers to this topic?
- What are the needs for the Transgender Community?
- What recommendations can be made to provide proper and adequate services?

Our findings include a number of issues that overlap into each of the topic areas, while there were also unique issues for each of the topic areas.





Here is a summation of the information collected:



- **Commonalities among all of the topics** - There are a number of issues identified that are shared with each of the topic areas.
  - **Stigma** of being transgender was identified a number of times with each topic area. It was agreed upon that stigma, in turn, creates a sometimes desperate, poverty stricken social economic status with challenges in employment, taking control of one's healthcare and housing issues. Confidentiality regarding records and treatment is needed in order to abide by the HIPPA laws. Unfortunately, this relates more to the medical field than is does to other areas of the community.
  - **Education** is another area touched upon.
    - **The lack of knowledge** where HIV/Hepatitis and STD testing, syringe exchange sites, prevention, and treatment services were located throughout the state. The same can be said about the professionals in the field. The professionals that are providing services do not have the knowledge to gain access to information about the transgender community.

- **Training and education for providers** and for transgender people about available services was also identified as a need. It was decided that varied education and training should be provided to reach the maximum number of service providers and the community as well.
  - This could be accomplished through web based sites, education materials, and direct training.
  - Another area captured was to create an accurate data base of providers, testing sites, and clinics that have been verified as transgender friendly.
  - This information should be easily accessible and be easy to navigate to find referral information and prevention information.
- **Data Collection** changes should be made to capture the transgender community in EPI data, documents and forms.
- **Coalitions** within the transgender and/or professional community being created that supported greater information and an ongoing dialog of this process that would enhance services provided.
- **Community Centers** was also talked about that would be a gathering and information space for serving the GLBT or specifically the transgender community.

Listed here are the findings from each session.

- **HIV/AIDS Prevention –**
  - **Resources** that are currently in place include testing and syringe exchange sites throughout New Mexico. Prevention services outside of the metropolitan areas are spotty at best. Services are provided by a number of agencies (NM Health Department Health Sites) and organizations (CBO's). You can currently gather the information you need at [NMHIVGUIDE.org](http://NMHIVGUIDE.org) and click on Transgender resources. You may also find help at The Transgender Resource Center website: [TGRCNM.org](http://TGRCNM.org)



- **Outreach** programs are mostly in the urban areas and are geared toward the LGB and heterosexual community. The only outreach program that is transgender specific is a collaboration between Albuquerque Healthcare for the Homeless and transgender volunteers. There is a need for recruiting transgender people for outreach programs in other cities and communities outside of the Albuquerque area.
- **Education** for both the transgender community and the service providers is lacking. Even though there are various websites that provide information on testing and prevention programs, the information can be a challenge to find and not all inclusive for information on the transgender community. This is especially true for the rural and frontier areas of the state. There is an abundance of service providers, their staff, and other professionals (case workers, police, fire and EMT, teachers) that do not have the exposure or access to information regarding the transgender community. This includes materials for outreach, awareness pamphlets, and educational materials for health department employees and service providers and their staff. The internet could be used for interventions about risk behaviors. Project Echo could be utilized to work with service providers to help educate and assist in treatment.
- **Black Market Hormones** in New Mexico creates challenges regarding the abundance that can be had through the internet and black market drug connections. There is also the sharing of equipment for injecting both hormones and non-surgical grade silicon at “Injection or Pumping Parties”. This behavior is enhanced through peer pressure. This behavior crosses all social economic area of the state.



- **Access** to testing and prevention in the rural and frontier areas of the state are challenging with most services being provided in the larger urban and rural communities. There is very little outreach, so it is up to the individual to find a prevention and testing site. There normally is travel to these sites that can inhibit the visit in the first place. Having access to free condoms is minimal outside of the urban areas. Having drop in prevention and testing sites that are transgender specific would give a more inclusive climate.
- **Stigma** of being transgender creates unique challenges for both the individual and the service providers. Both the church and the family/community mores can be a major barrier for anyone being openly transgender. This can lead to employment, self esteem, housing, and legal issues for the transgender individual. Again, this is especially true in the rural and frontier areas. This can lead to a transgender individual (especially male to female) to become homeless, living on the street, and increasing their risk to HIV/AIDS infection.
- **Data** has not been collected that is transgender specific. The epidemiology department in New Mexico is currently working on changes that will include the tracking of transgender individuals who come in for testing and prevention services.
- **Healthcare**
  - **Resources** regarding the healthcare service providers is currently being collected, verified, and put up on several websites in New Mexico. These service providers including the NMDOH Health Offices are being educated about the transgender community. A data base on verified transgender inclusive service providers and the type(s) of service provided should be both unified and accurate regardless of which website provides this list. You can currently gather the information you need at [NMHIVGUIDE.org](http://NMHIVGUIDE.org) and click on Transgender resources. You may also find help at The Transgender Resource Center website: [TGRCNM.org](http://TGRCNM.org)
  - **Access** to quality healthcare can be challenging in all areas of the state. The few service providers that are transgender friendly or provide specific services are limiting the number of clients they have. Endocrinology is very much in need to help with hormone care and monitoring. The perception of Primary Care and Managed Care (HMO, PPO) as being “gate keepers” that restrict the access to hormone therapy can cause trauma to the transgender individual. The service providers’ office needs to be a “safe zone” for the transgender community.



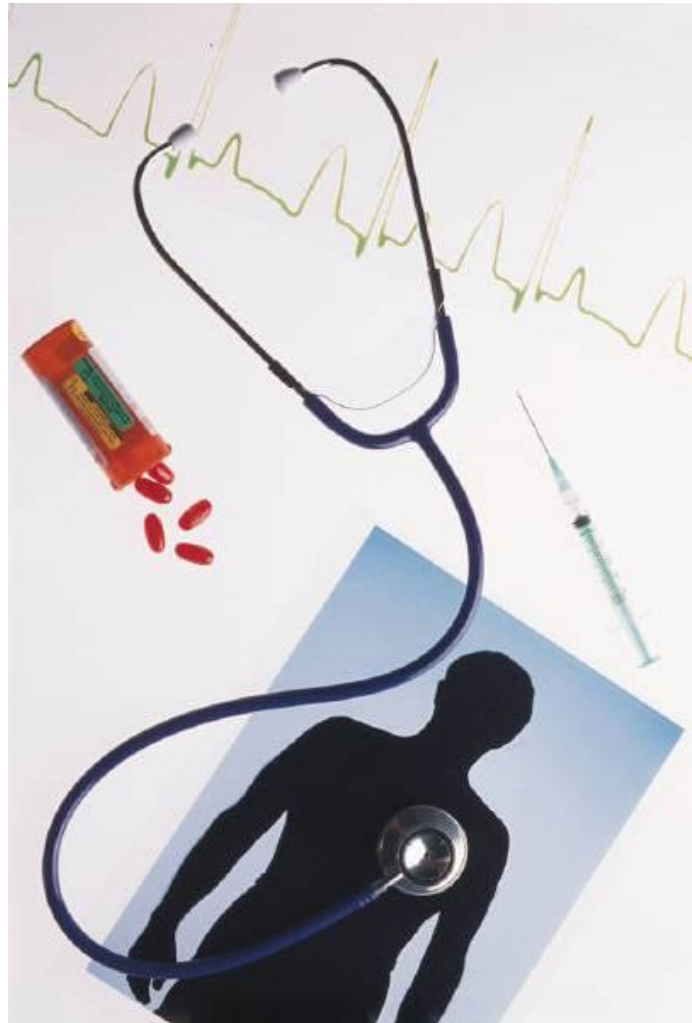
- **Education** continues to be needed in the healthcare fields. In part, the large differences in cultural and language throughout the state make reaching those communities for healthcare services a unique challenge. Policies should be explored in the health care industry that can become part of the agency/organization/service provider's Standard Operating Procedures.

Information in various forms about the transgender community should be available to service providers.

- **First Responders** should be educated about the transgender community. This includes EMT's, law enforcement, fire departments, ambulance staff, and emergency/urgent care units.
- **Patient Advocate** comes from both the individual and from community help. Self-esteem and self advocacy with regard to one's own healthcare should be provided to the transgender community.

There is also the need for transgender advocates to help members of the transgender community navigate through the healthcare system.

- **Healthcare Insurance** should be available to the transgender community. For those on insurance plans, there should be policies in place that cover transitioning expenses.



## Mental Healthcare



- **Therapists** that are transgender friendly have been identified and included on various websites. However, the number of therapists is limited mostly to the urban centers of the state and even then; there is a shortage of therapists with knowledge and training to deal with transgender clients and their needs. A need

for verified quality therapists is needed so that they can be included in the referral service for transgender clients and other service providers. You can currently gather the information you need at [NMHIVGUIDE.org](http://NMHIVGUIDE.org) and click on Transgender resources. You may also find help at The Transgender Resource Center website: [TGRCNM.org](http://TGRCNM.org)

- **Organizations and Agencies** that are transgender friendly also have been identified and added to various websites. There is a challenge to get information on organizations, agencies and therapists as a general rule.
- **Quality of Care** is spotty in that the cultural competency level is low for many therapists with the exception of those that the transgender community uses and refers others to.

- **Stigma** of being transgender or having the perception of being transgender in the school system has proven to be very traumatic to the individual. Staffs at schools (nurses, councilors, principles, and teachers) are in need of cultural competency training based around the needs and issues of the transgender community within the school system.
- **Crisis** for the transgender person can be damaging if not deadly. There is virtually no place for a transgender individual to go when they are in a crisis mode. Hotlines, clinics, doctors, and hospitals are not trained very well, if at all, regarding issues that face the transgender community. Even if they are, they do not have a



referral system in place that is the right fit between the transgender individual and the service provider.

- **Housing**

- **Access** to shelters is problematic for the transgender community. There are a number of shelters in the urban areas of the state. There has been no verification for being transgender inclusive. Since the majority would turn a transgender individual living on the street away, the likelihood of becoming a victim, the risk to HIV/AIDS infection, and crime increases dramatically. There is a need for policies being developed for shelters on how to work with the transgender community.
- **Stigma** regarding the transgender community runs high in New Mexico. This creates discrimination and harassment towards the transgender community.
- **Safety** of the transgender individual living on the street causes some unique as well as common issues for anyone living on the street. Risk is much higher for crime, weather, discrimination and to the health of the individual.
- **Protection** for the transgender individual is minimal statewide. The cities and towns do not protect the transgender community. The State of New Mexico does not investigate any abuse or discrimination issues; however, there is a non-discrimination law in place for the LGBT community. There has recently been passed a National Hate Crimes bill that provides some protection with regards to hate crimes enacted on the transgender community. A national employment discrimination law has yet to be put in place to provide federal protections for the transgender community. There are no protections for transgender renters other than the Landlord/Tenant Relations Board. For the laws and protections in place, there should be an increased awareness of the protections for both the transgender community and the service



providers. Along with awareness, the enforcement of these protections should be consistent.

- **Legal**

- **Legal Services** are available to the transgender community. The challenge remains to either get the right information or a referral to a quality attorney or councilor that is knowledgeable about the issues relating to the transgender community. You can currently gather the information you need at [NMHIVGUIDE.org](http://NMHIVGUIDE.org) and click on Transgender resources. You may also find help at The Transgender Resource Center website: [TGRCNM.org](http://TGRCNM.org)
- **Inclusion** remains a barrier for the transgender community even with legal services that support the gay/lesbian/bi-sexual community. Including all transition elements, especially, pre-op, post-op, and non-op in the legal language so that the legal system will both understand and be able to rule in the best interest of the transgender community.
- **Restrooms** and the proper use of have been and continue to be a challenge for the transgender individual. This is an area where setting policy for such use would be beneficial for both the transgender community and the general community.

- **Legal Documents** such as wills, end of life decisions, and inheritance can be challenging for the transgender community. More work needs to be done to protect the individual in the transgender community.

There is also the issue of



having legal documents that do not match with the gender marker. Social Security records being different than the driver's license. The cost for legal services is out of reach for many in the transgender community and therefore increasing the stress for the individual. This includes both a legal name change as well as having the gender marker changed. One note of importance is that the Motor Vehicle Department of New Mexico just developed an application for name and gender

change for the driver's license. It remains a challenge to effect the changes with Social Security, passports, and birth certificates partly in light of the federal non-inclusive attitudes toward the transgender community.

- **Legal Precedent** has not been established regarding the unique issues for the transgender community. The transgender and legal community will need to be vigilant for any cases that will help to set a precedent.
- **Foster Care** remains challenging for the transgender, as well as parenting law regarding disagreements on treatment and name/gender change for transgender children and transitioning parents.
- **Gender Recognition Act** which covers legal, healthcare, marriage, law enforcement/corrections issues is much needed for a statewide uniformity of policies regarding the transgender community.

- **Corrections / Law Enforcement**

- **Resources** for services are provided within the New Mexico Corrections Department, but are limited or not available in the jails. This includes hormone treatment, addiction treatment, case management, as well as several outreach programs for the transgender community. You can currently gather the information you need at [NMHIVGUIDE.org](http://NMHIVGUIDE.org) and click on Transgender resources. You may also find help at The Transgender Resource Center website: [TGRCNM.org](http://TGRCNM.org)

- **Placement** of a transgender individual within the jail or corrections system remains a challenge for both the individual and the system. There are no policies that are in place to give direction for where to place the individual. Will it be in the affirmed gender, the physical sex at birth (except post-op), or isolation. All three have their challenges if the general population of either group finds out that there is a transgender in their community, and then the risk for the transgender individual is high for physical harm. If put into isolation, then the risk







of mental issues is increased, but the individual will be physically safe. Part of the solution would be both educating the law enforcement, jail, and corrections staff on transgender cultural competence and having policies put in place that will protect the transgender individual that is in one of these communities. The need for a transgender ward is in very much in need, however due to budget challenges, this may be a long term goal.

- **Workshops** for transgender women in the corrections would help to lower the risk of both physical and mental harm. Having workshops on life skills, job training, skills building and self esteem building would benefit the transgender individual that is coming to the end of their sentence to help with the transition into the public community.
- **Transitioning** from a life in the corrections environment to one of a public environment is challenging for the transgender individual. There is the need of a transition team or coalition of agencies and organizations that can help with the transition. The establishment of a half way house that can assist in the transition process would be most helpful. Mentorship, support groups, financial assistance, referrals all would assist the transgender individual to transition into the larger community. Identifying employers that will hire transgender individuals coming out of the corrections system would be beneficial.
- **Poverty** becomes an issue when a transgender individual is released from corrections. It becomes very difficult to secure employment with having a record and being transgender. The transgender individual resorts to living on the street and is at risk for crime, drugs, sex work, and alcoholism.



Special Thanks to

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