

SEATEC Transgender Focus Group (4/19/2013)

Where Tested?

Private Doc (Atlanta)

FCHW

Cobb

Military Installation Base

Experience When Tested?

Already at hospital due to suicide attempt, then tested positive when asked to take HIV test, treated well

Current Treatment?

Grady IDP

Emory Midtown

Absolute Care

Private Doctor

Out of care for >1 yr

-Health department experience → Degrading, humiliating, due to staff treatment and other people in clinic, ostracized and felt less than. Devastating experience, stayed out of care for 7 years (1987).

-Diagnosed through military exam → Told she was positive, then no further services offered, no supportive conversation, just walked out of room. Did not seek care until 10 yrs later, no assistance getting into care, got into care after being in a coma.

-Previously chose not to get into care, then moved to Atlanta, met a friend that helped her get into care then began to seek care and treatment.

- 3 or 4 months out of care because they lost job and lost insurance, lost private doctor and did not know where to go until a friend directed her to care

Comfort at care provider now?

-Bad experience receiving care at AA (2013)→ Young girl working there was inexperienced with dealing with TG community, supervisor told and situation handled, but client felt very disrespected.

-Dr. Lee Diamond in Clayton County, formerly Southern Crescent, referred to Dr. from ER at hospital. Without genotype, was told to get off of certain meds and listened, T-cells dropped more than 700 in span of 6 months. Dr. was very dismissive and client attempted to have a conversation with Dr. about treatment then brought nurse in room to overhear conversation. Treatment stayed the same then went to Absolute Care where care is better.

-Found Dr. in gay yellow pages, went to see him and told she was HIV positive. Private doctor did not give information just told her to return every 3 months. Never went back. Moved on to AA, when asking Dr. questions was told that she did not have time for her questions (Dr. is currently at Absolute Care).

-While at Grady and receiving care outside of HIV, resident that was conducting rounds for the day gave her a diagnosis for a UTI and asked if she had performed anal sex as a top recently that would lead to this UTI (unnecessary conversation in regards to why she had a UTI)→2008 or 2009

-Atlanta community has many great doctors and many that are part of the LGBT community, but not that are specifically TG

-Had a great Dr. that was a good HIV Dr., but did not want to deal with her TG issues. After conversation with Dr. decided that he was not comfortable with treating her as a whole person and had no interest in learning more. New Dr. has informed her with many TG issues.

-Had a Dr. that made a pass at her and did not realize that she was TG.

Barriers?

Transportation

Culturally competent provision of care

Educated providers on how to treat the body of a TG person

-Many Drs. do not give a thorough physical exam (only had 1 in 25 yrs as a TG woman)

-Mammograms are often not offered

Stigma

-Within community do not want to be associated with HIV because the TG community is so small

-If sex workers, could impact way of living

-Already a heavy burden to deal with being TG, already stigmatized, do not want an additional burden of stigma, so will not get tested or tell others (knew I was positive before I was ever tested) (I wasn't surprised... Did not want that added "X" next to my name)

Did you have an AIDS diagnosis when you were tested? If yes, why do you think you waited and why do you think others wait so long to be tested for HIV?

- Diagnosed with TB and AIDS, waited due to first experience with trying to get health care at Fulton County Health and Wellness. (I knew my time was coming because of all the deaths around me)
- High percentage of black TGs that are in sex work and if other TGs working find out that you're positive, it will become known and now business is lost.
 - o Many have to decide if they are going to get tested or treated when other sex workers that find out may spread the word and lead to loss of financial support.
- Criminalization of HIV prevents ppl from being tested because as long as they don't know they can keep working and not risk going to court because a John or someone could sue them
- Many TG sex workers have limited education and few job opportunities and Johns require that a condom not be used and with little money and few options, many choose to put themselves at risk.
 - o Also, TGs often find out that services can only be received once a person is positive. The message is, become positive then we can help you. So the risk is worth it.
 - o I'll be able to get healthcare, housing, food, and other services.
- Many TG don't want to get healthcare because they are treated differently and may not be given both HIV meds and hormones, which is what they need.

How are local TGs receiving their hormones?

- Advocating for herself and received a prescription
- Majority of TG receive street hormones
 - No insurance is a barrier to receiving street hormones
- My doctor asked me when I was hesitant to ask

Employment within the TG community?

- There many in the TG community that are able to get jobs or have jobs but the money is in prostitution.

Incarceration

- No services for HIV were offered after release
- They basically ignored me. It was really horrible. → They knew status and it was kind of cutthroat.

What would have helped you access services after incarceration?

- The medical unit in the prison could have been a start to getting linked to care.
- While incarcerated they could've started counseling to get my head right

What would make you and others in the TG community more comfortable at service provider offices?

- Cultural competency in the office→ Referring to a person as they identify, not as you read on the paper that identifies them biologically.
- More inclusive medical forms, that include TG as an option
- Include more literature and information on TG and their health in the office of providers
- Days set aside for TG patients

Transmen

- More stigma
- Taboo against them for medical care is greater
- Many do not want to be exposed as previously being women

More barriers

- Housing
 - o Homeless facilities often do not want to deal with the TG community and once one is found out to be TG, may no longer be welcomed
 - o Some residential housing facilities don't know where to place TGs so they find loopholes to not place you within their facility
 - Many in the TG community have criminal records, so this is the first things mentioned to block TGs from entering facilities
 - o Having a criminal record is a major barrier for housing in GA