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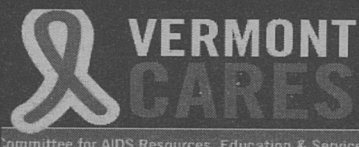
Oral HIV testing

Burlington
361 Pearl Street
Mondays 4-7 pm
802-863-2437

Rutland
27 South Main Street
Wednesday 10 am -1 pm
802-775-5884

Montpelier
73 Main St. Suite 401
Fri. April 1 and 15 2-5
800-649-2437

St. Johnsbury
1235 Hospital Dr. Suite 1
Wednesday 3-6 pm
802-748-9061



Committee for AIDS Resources, Education & Services

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Queer Sex, Straight Talk: Reducing Transphobia in HIV Prevention

At age 13, I told my dad I was gay, to some tears and anxiety. At 18, I let him know my mohawk-wearin' boyfriend would be my prom date, provoking nary a reaction. At age 20, I mentioned that for the long-term I might not be looking for a monogamous relationship, that maybe one partner wasn't quite enough, to which my dad replied he had pretty well picked up on that already.

Two years later, realizing I wasn't really the butchiest boy on the block, I shared that the way I wore my gender seemed a little arbitrary, and that I was exploring how to express myself honestly and comfortably. This line of discussion – hardly a shocker, really – caught him off guard. I'm still figuring myself out, and he's still talking circuitously around the day I came out as not-strictly-guy. To this day I grapple with why gender would be so domineering a concept as to cause anxiety in those we turn to for love and respect. How come our society's broader conversations about gender seem to progress so slowly?

As Vermont considers adding gender identity to its nondiscrimination law, I've been focusing on how Vermont provides, or doesn't provide, comprehensive HIV prevention to transpeople. These opportunities and barriers, systemic or otherwise, to effecting real change might be summarized briefly as follows:

▼ Many decision-makers lack the information, or even the language, needed to wholeheartedly incorporate transpeople into larger health promotion programs.

▼ Transphobia has been demonstrated to dramatically increase HIV risks, including transphobia from within and without the queer community. Transphobia, which for many serves to alienate, isolate, and stigmatize, may lead to an increase in other social pressures, including poverty, substance abuse, or unemployment.

▼ Word of mouth about which medical providers and social service organizations provide trans-



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friendly service spreads slowly, and it's challenging (though not impossible) to provide helpful resources when we're not sure where there might be service gaps, or where providers might be unknowledgeable or even hostile.

▼ Safer sex materials aren't always designed with transpeople's bodies in mind. Condom manufacturers, for instance, don't seem to design barriers for a variety of bodies having all sorts of fun sex: they're pretty well focused on penises.

▼ For transpeople anxious about partners' perceptions of genitalia or bodies generally, urging safer sex can be challenging, especially if appropriate barriers aren't readily available.

▼ Needle exchanges need to be sure they will readily accept syringes from people who may use them for hormones or silicone.

▼ Lastly, rates of HIV infection among transpeople nationwide are higher than average. According to the Surgeon General, rates may be between 14 and 69 percent in certain groups, though it's worth noting that many of the studies referred to are surveys of sex workers who are at increased risk regardless of gender identity. In some cities, HIV infection rates may be as high as one in four among transpeople, 90 times higher than the national infection rate of 0.3 percent.

A world discouraging nuanced conversations about gender would compound HIV risks exponentially. But fortunately, in Vermont we're having significant

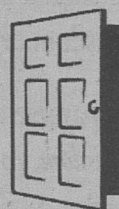
conversations about gender, and as a result HIV prevention can better provide comprehensive, compassionate, effective services.

I've attended a handful of conferences and workshops discussing positive health for transpeople, all of which have offered great solutions to the challenges listed above. From new solutions for barrier use and production to designing comprehensive research and needs assessments within trans communities, the messages are consistent. One recurring theme: communication is key. Our medical providers, legislators, bus drivers, social service organizations, and police officers will learn how to work with all of us given time, diligence, and thoughtful education. If you're uncomfortable having those conversations, ask a friend or neighbor to advocate on your behalf. Or ask Outright Vermont or R.U.1.2? Queer Community Center or Vermont CARES or the Vermont Diversity Health Project or Equality Vermont.

Furthermore, for all the "bad news" published by the CDC and other health authorities, you should know there's great news out there too. For instance, formal and informal studies show that sex drive increases as people begin taking hormones (estrogens and testosterone), sexual fluidity lends itself more easily to satisfying sex, and people more comfortable with their gender identity are more likely to have long-term relationships and better sex (see www.trans-health.com for more information).

Whenever you begin analyzing your gender, and whatever identity or expression feels most like you, please know that one of the many things we all deserve is access to appropriate healthcare and HIV prevention. Know also that there are people who are ready and able to support you, throughout Vermont. ▼

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