



AT THE MARGINS OF CARE: The Need for Inclusive Health Care for Transgender & Gender Non-Conforming Latin@s*

At its core, the reproductive health and justice movements are about bodily autonomy for all, and particularly those whose gender is marginalized. Though this movement has traditionally been about women's control over their own bodies, we recognize now that this is not enough. As people whose genders have been marginalized, not just cisgenderⁱ women, but transgender and gender non-conforming people too are consistently and systemically denied full bodily autonomy.

As a reproductive justice organization committed to gender equity and LGBTQ liberation, we have spent a fair amount of time thinking about the language we use to advocate for reproductive health and justice for all. The fact is, reproductive health care is incredibly gendered. Our advocacy for the widespread and affordable availability of reproductive health care and services largely serves women; however, transgender men and gender non-conforming people also need access to these services. As an organization dedicated to ensuring the fundamental human right to reproductive health and justice for Latinas, we mean *all* Latina women—including transgender Latinas. Because of the historical exclusion of transgender and gender non-conforming people from feminist and other social justice movements, we have limited language that does not adequately express the needs of all Latin@s in accessing gendered care—and limited strategies as a movement for the legitimate inclusion and centering of transgender issues and voices.

Transgender and gender non-conforming Latin@s face myriad barriers in accessing reproductive health care. The National Transgender Discrimination Survey (NTDS) found that 28% of Latin@ transgender individuals live in poverty.ⁱ One reason for this is the high rates of job discrimination that LGBTQ individuals face. Lack of employment security can lead to sporadic, if not, non-existent access to health care. In a recent study, nearly half of transgender and gender non-conforming respondents postponed medical care due to the inability to afford it.ⁱⁱ Though reliable data rates of health care coverage among LGBTQ Latin@s do not exist, we do know that Latin@s in general are more than twice as likely not to be covered by health insurance than non-Hispanic whites.ⁱⁱⁱ Discrimination and prejudice in medical facilities also negatively impact the health outcomes of Latin@s, and in fact, the NTDS found that 23% of Latin@ transgender respondents had been refused medical care due to bias, and 36% reported having postponed care when they were sick or injured due to fear of discrimination.^{iv} Undocumented transgender respondents were found to be particularly vulnerable to

physical attack in doctors' offices, hospitals, and emergency rooms.^v Because of these systemic barriers, transgender and gender non-conforming Latin@s face an uphill battle to access reproductive health care, let alone general care.

The very gendered nature of reproductive health care and services also make transgender and gender non-conforming Latin@s particularly vulnerable. For instance, transgender or gender non-conforming people assigned female at birth are at risk of cervical cancer if they are sexually active and have an intact cervix. In fact, transgender persons who have not surgically removed breasts, uterus, ovaries or testicles are at risk for cancer in these organs, and must undergo screenings recommended for these cancers. However, because reproductive health screenings are heavily gendered, simple procedures such as pap smears and prostate exams are difficult to obtain without fear of humiliation and discrimination. Patients cannot trust that most providers will have any expertise in health issues that affect them, and there are documented cases of physicians refusing to treat transgender patients with reproductive cancers.^{vi} In fact, many physicians are not trained to provide care for LGBT persons at all, and they themselves report a lack of knowledge regarding the concerns of LGBT patients.^{vii}

Moreover, for those who have insurance coverage, arbitrary exclusions based on gender identity are common in health plans, meaning that necessary health care often goes uncovered.^{viii} Additionally, transgender and gender non-conforming Latin@s may need or desire contraceptives or abortion services, particularly given that they are at a heightened risk for sexual assault.^{ix} It is also fairly common for states to require surgery to change gender markers on identity documents, including surgeries which may render the patient permanently infertile.^x Due to the gendered nature of reproductive health care for trans and gender non-conforming individuals, they are excluded from these services.

It is past time for the reproductive health and justice movements to acknowledge that, in addition to cisgender women, transgender and gender non-conforming people face distinct barriers to obtaining the health care they need as a result of gender discrimination—and that these barriers often result in poor reproductive health outcomes. As movements based in social justice, we must center the needs and voices of transgender and gender non-conforming Latin@s and people of color. Our strategies must work towards the implementation of policies that improve the health and uphold the dignity of all of our communities.



POLICY RECOMMENDATIONS

Remove arbitrary condition-based exclusions from states' essential health benefit standards. The Affordable Care Act has the potential to transform Latin@s' access to health care, but as it stands now, the vast majority of states that have publicly reported benchmark selections have chosen plans containing transgender-specific exclusions.^{xi} These exclusions are arbitrary and have no sound medical or actuarial basis.

Pass humanitarian and comprehensive immigration reform. Immigration status affects access to public benefits, including Medicaid, and access to employment that may provide health coverage. For instance, legal permanent residents must be in the country for five years before they can qualify for Medicaid. Additionally, the Affordable Care Act excludes undocumented immigrants from most of its provisions. Humane reform that provides a reasonable path to citizenship will improve the health of all Latin@s, including transgender and gender non-conforming people.

Increase funding for community health centers. Because LGBTQ individuals, as well as Latin@s, disproportionately lack health insurance, these centers are vital lifelines for our communities who would have nowhere else to go for treatment and preventive care screenings, such as pap smears. Many of these facilities have taken steps to ensure that providers are culturally competent with regard to LGBT patients.^{xii}

Pass the Health Equity and Accountability Act, which seeks to build upon the foundation set in the Affordable Care Act to dramatically reduce health disparities.

Increase funding for data collection efforts to help close the health disparities gap in Latin@ communities. Data collection is needed to ensure that all communities within the LGBTQ population have access to fact-based health care.

* *Note: The authors of this fact sheet, conscious of the importance of gender equality in the production of educational materials in the English language, have incorporated neutral terms throughout this document. Specifically, we have used the "@" sign to represent the diversity of our community and to include persons who do not conform to traditional gender identities.*

¹ *Cisgender is a term that indicates that a person's current gender identity matches the one assigned to them at birth, and is used to contrast with transgender. A cisgender woman, for example, is a person who was assigned female at birth and currently lives and is comfortable as a woman.*

ENDNOTES

- i *Injustice at every turn: a look at Latino/a respondents in the National Transgender Discrimination Survey.* National Center for Transgender Equality, National Gay and Lesbian Taskforce and LULAC; 2012: 1. Available at: http://www.transequality.org/Resources/Injustice_Latino_englishversion.pdf. [Accessed December 10, 2012].
- ii Jamie Grant, Lisa Mottet, Justin Tanis, et al. *National Transgender Discrimination Survey Report on Health and Health Care.* Washington, D.C.: National Center for Transgender Equality and the National Gay and Lesbian Task Force; 2010.
- iii Megan Thomas, Cara James. *The role of health coverage for communities of color.* Kaiser Family Foundation; 2009.
- iv *Injustice at every turn: a look at Latino/a respondents in the National Transgender Discrimination Survey.* National Center for Transgender Equality, National Gay and Lesbian Taskforce and LULAC; 2012: 3. Available at: http://www.transequality.org/Resources/Injustice_Latino_englishversion.pdf. [Accessed December 10, 2012].
- v Jamie Grant, Lisa Mottet, Justin Tanis, et al. *National Transgender Discrimination Survey Report on Health and Health Care.* Washington, D.C.: National Center for Transgender Equality and the National Gay and Lesbian Task Force; 2010.
- vi Kate Davis. *Southern Comfort.* HBO; 2001.
- vii IOM (Institute of Medicine). 2011: 65. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding.* Washington, D.C.: The National Academies Press.
- viii Baker K., Cray A. *Ensuring Benefits Parity and Gender Identity Nondiscrimination in Essential Health Benefits.* Center for American Progress, 2012. Available at: <http://www.americanprogress.org/wp-content/uploads/2012/11/BakerHealthBenefits-2.pdf> [Accessed December 12, 2012].
- ix Keith J. Conron, Matthew J. Mimiaga, Stewart J. Landers. A population-based study of sexual orientation identity and gender differences in adult health. *Am J Public Health.* 2010;100(10):1953-1960.
- x National Center for Transgender Equality; 2013. *Driver's License Policies by State.* Available at: http://transequality.org/Resources/DL/DL_policies.html [Accessed December 12, 2012].
- xi Baker K., Cray A. *Ensuring Benefits Parity and Gender Identity Nondiscrimination in Essential Health Benefits.* Center for American Progress; 2012. Available at: <http://www.americanprogress.org/wp-content/uploads/2012/11/BakerHealthBenefits-2.pdf> [Accessed December 12, 2012].
- xii Burns C., Cray A. & Fitzgerald E. *Caught in the budget battle: how the 'fiscal showdown' impacts gay and transgender Americans.* Center for American Progress and The National Gay and Lesbian Task Force; 2012: 13. Available at: <http://www.americanprogress.org/wp-content/uploads/2012/11/LGBTFiscalCliff-5.pdf>. [Accessed December 10, 2012].