

First Year Report: Transgender Health Program

submitted to Vancouver Coastal Health by
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Introduction

The Transgender Health Program (THP) was launched by Vancouver Coastal Health in June 2003 to coordinate the shift from a hospital-based system of care to a community-based system of care. The THP seeks to provide information, referrals, advocacy, and support to transgender community members in BC; coordinate training for people who provide service to transgender community members in BC; and initiate and participate in research and evaluation relating to transgender health.

Prior to May 2002, services for transgender people in BC were provided by the Gender Dysphoria Program at Vancouver Hospital (also known as the "Gender Clinic"). The Gender Dysphoria Program, established in the early 1980s by Dr. Diane Watson, focused on the assessment and treatment of people who met psychiatric criteria for "Gender Identity Disorder". As part of the Centre for Sexual Medicine, the Gender Dysphoria Program offered endocrinological, urological/gynecological, psychiatric, psychological, and social services, and was the sole gatekeeper for public health coverage for transition-related surgeries.

In May 2002, as a result of budget constraints, Vancouver Hospital made cuts throughout the Department of Psychiatry, including several staff positions at the Gender Clinic. The remaining staff felt the Clinic could not continue to provide service and announced the closure of the program. The closure of the Gender Clinic left people unsure where to get care, and unable to apply for public health funding for surgery.

In July 2002, representatives from the BC FTM Network, the Cornbury Society, Trans/Action, Trans Alliance Society, Transcend Transgender Support & Education Society, the Women/Trans Dialogue Planning Committee, and the Zenith Foundation started working with health planners from Vancouver Coastal Health and Vancouver Hospital to redesign services. In September 2002, a province-wide survey was launched to get feedback from transgender people and loved ones, with over 180 people responding.

In December 2002, Vancouver Coastal Health announced it had hired a consultant, psychiatrist Dr. Lili Kopala, to create a framework for the implementation of a new transgender service. In April 2003, Dr. Kopala completed a report summarizing the results of the survey; focus groups and individual interviews with service users and service providers; and a review of literature on transgender health needs, standards of care, and models for service delivery. In June 2003, Vancouver Coastal Health launched a new program based on Dr. Kopala's *Recommendations for a Transgender Health Program*.

Documents relating to the creation of the Transgender Health Program are available on the program's web library, at <http://www.vch.ca/transhealth/resources/library>:



Lili Kopala, *Recommendations for a Transgender Health Program* (April 2003)



Joshua Goldberg, *Transition and Crossdressing Service Delivery: A Review* (February 2003)



Joshua Goldberg, Nicholas Matte, Mellissa MacMillan, & Maria Hudspith, *VCHA/Community Survey: Transition and Crossdressing Services in BC – Final Report* (January 2003)

Summary of First Year's Activities

Program Infrastructure

In its first year, the Transgender Health Program laid the groundwork to shift from a centralized, hospital-based program to a decentralized network of community care. Dr. Kopala's recommendations 1-3 and 7-17 have been completed or are well underway. Specifically:

- 1, 3 a community-based coordinating centre has been created, and a values framework outlined for the development of the program
- 2, 17 a multi-stakeholder advisory committee and education working group has been established
- 7 client data is analyzed monthly and yearly to assist in program evaluation
- 8 a resource list of over 180 community-based service providers with an interest in transgender care has been developed
- 9 a website has been created
- 10 a province-wide toll-free line has been created and advertised
- 11-12 guidelines for mental health assessment prior to hormones/surgery have been written from a harm reduction perspective; endocrine protocols are underway
- 13 outreach strategies to reach underrepresented populations are being discussed by the Advisory Group
- 14 monthly workshops have been provided for peer support volunteers
- 15 an independent complaints mechanism has been established
- 16 a grant has been obtained to create a Continuing Medical Education training program in transgender medicine

Staff

The Transgender Health Program has 1.5 FTE staff positions. Joshua Goldberg, a transgender community member active in the consultation process, was hired in June 2003 to coordinate the startup of the new program. In November 2003, Dean Brown was hired as the Community Counsellor; after his move out-of-province he was replaced by Lukas Walther in April 2004. Wynn Buchwitz was hired as the Office Administrator in June 2004. Soma Ganesan, head of the Department of Psychiatry at Vancouver Hospital, is the Medical Director for the program.

Stakeholder representation and involvement

Transgender community members comprise at least 50% of the Transgender Health Program infrastructure in both planning and service delivery. In addition to core staff, transgender people, loved ones, service providers, and health planners are involved as volunteers in the Advisory Group and working groups to guide program planning, identify community concerns and ideas on a particular area of the THP, and helping the program staff problem-solve.

The **Advisory Group** guides the overall development of the Transgender Health Program, giving advice on policy and program directions, participating in hiring of core staff, and generally making sure the program is on track. The **Education Working Group** oversees program planning and service delivery relating to education and training – developing a plan to systematically educate health and social service providers; providing input on the creation of print/web education materials, best practice guidelines and standards of care; and discussing strategies to determine the health education needs of trans community members.

Current Advisory Group members:

- Devon MacFarlane
- Donna Lindenberg
- Doreen Littlejohn
- Gail Knudson
- Gareth Llewellyn
- Gayle Roberts
- Giselle Rogers
- Jeff Gauthier
- Kathy Wrath
- Keenan Pinder
- Lili Kopala
- Lucretia van den Berg
- Robena Sirett
- Sadie Kuehn

Current Education Working Group members:

- Ben Owens
- Dammy Albach
- Fiona Bayley
- Guninder Mumick
- Jacqueline Allan
- Jael Emberley
- Joey Daly
- Julian Young
- Marshall Dahl
- Sharon Burrows
- Trevor Corneil
- Willow Arune

In the program's first year, to ensure community input and facilitate updates on the program's development, community forums open to transgender people, loved ones, and service providers were held in Vancouver (5), Victoria (3), Abbotsford (1), and Nelson (1). Attendance has ranged from five to 30 people, with stronger attendance at the start of the program's development.

Service Development

The development of core services follow the recommendations of the Kopala report. Core services are available to individuals who have a transgender health question, and can be obtained in person, by phone/TTY, or by email. Core services are:

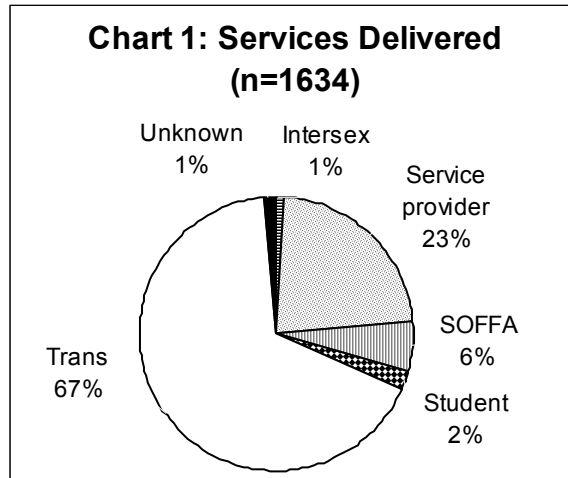
- a) *peer counselling*: exploration of gender identity, gender expression, and life stresses; support for family members, partners, friends, and other loved ones
- b) *information/referrals*: assistance finding appropriate health and social services and help to navigate health and social service systems
- c) *education*: training sessions and best practice guidelines for health and social service providers
- d) *case consultation*: assistance in care planning for clients/patients who are transgender, questioning their gender, or the loved one of a transgender person
- e) *policy consultation*: assistance with development of trans-inclusion policies and procedures for health and social services

Client Services

In the first year, the Transgender Health Program provided support, information, referrals, and advocacy to over 450 clients (for a total of 1,634 client contacts). Any time a person receives service from the Transgender Health Program, the means of contact (phone, appointment, email, etc.), the reasons for seeking assistance, and the type of service provided are tracked. In contacts where the client self-discloses demographic information, the following information is also tracked:

- health region client is in (Fraser, Interior, North, Vancouver/Coast, Vancouver Island, outside BC)
- whether client is seeking service as a transgender person, loved one (aka significant other, family member, friend and ally – SOFFA), service provider, student, or intersex person (the last is tracked only if the client self-identifies as intersex but not transgender)
- where relevant, self-identification as MTF (male-to-female) or FTM (female-to-male)

As the chart below shows, approximately 2/3 of all client contacts were by a transgender person seeking service for themselves or for a loved one, with approximately 1/4 of all contacts by service providers.



Trans	1096
Service provider	373
SOFFA (loved one)	94
Student	37
Unknown	22
Intersex	12

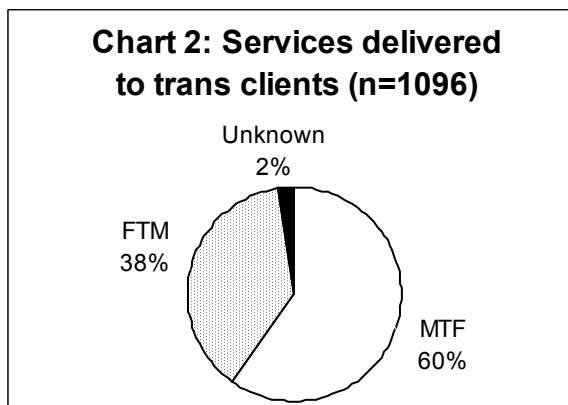
note: "Intersex" only noted if client identified as intersex but not transgender

Although 2/3 of client contacts were made by self-identified transgender people seeking service for themselves or a loved one, more than half of the 551 people who became clients in the program's first year (293, or 53%) did not self-identify as transgender. Conversely, although only 23% of client contacts were made by service providers, 49% of the people who contacted the Transgender Health Program in its first year were service providers. The disparity between percentage of clients identifying as transgender/service providers and percentage of client contacts made by transgender people/service providers suggests that there are more multiple contacts by transgender people than by service providers or loved ones.

Table 1: Proportion of Client Types

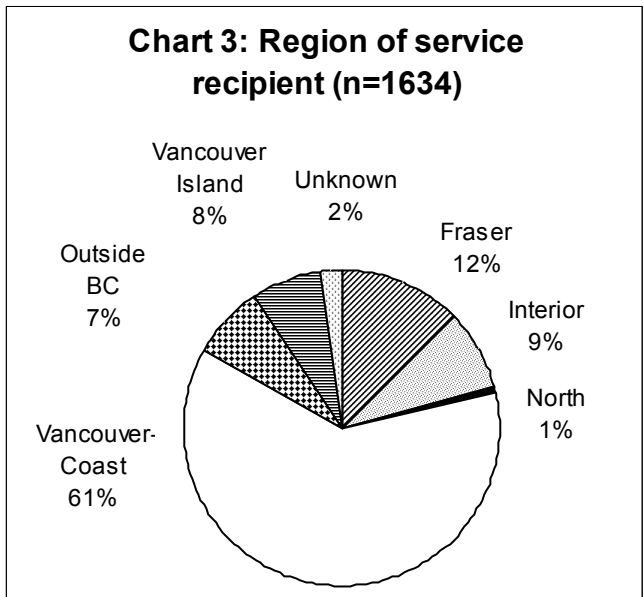
	Transgender	Service provider	SOFFA
Numbers of clients	258 (47%)	272 (49%)	103 (17%)
Number of client contacts	1096 (67%)	373 (23%)	94 (6%)

Of the 258 transgender people who became clients in the program's first year, 110 (43% of trans clients) self-identified as female-to-male (FTM) and 147 (57% of trans clients) self-identified as male-to-female. For numbers of client contacts, MTFs appeared to access the service more frequently, with 60% of the transgender contacts being MTF and 38% being FTM.



MTF (male-to-female)	659
FTM (female-to-male)	411
Unknown	26

Regionally, 61% of services were delivered to clients in the Vancouver/Coastal region, with 12% from Fraser, 9% from the Interior, 8% from Vancouver Island, and 1% from the North. For clients outside BC (7% of contacts), referrals were made to services in their region.



Vancouver/Coastal	1006
Fraser	202
Interior	139
Vancouver Island	123
Outside BC	117
Unknown	37
North	10

Regional patterns tended to be consistent whether measured by percentage of people who became clients in the program’s first year or by percentage of total client contacts. People in Vancouver/Coast tended to contact the program more frequently than people from other regions – perhaps because the service is located in Vancouver – as did people in the Interior (for reasons that are not known). People outside BC tended to have fewer multiple visits, as the program’s function for people outside BC is to refer to services in the person’s area.

Table 2: Proportion of Client Regions

	Vancouver/Coast	Fraser	Interior	Vancouver Island	Outside BC	Unknown	North
# of clients	314 (57%)	70 (13%)	28 (5%)	42 (8%)	60 (11%)	32 (6%)	6 (1%)
# of client contacts	1006 (61%)	202 (12%)	139 (9%)	123 (8%)	117 (7%)	37 (2%)	10 (1%)

Note: percentages are rounded to nearest whole number, so sum does not equal 100%.

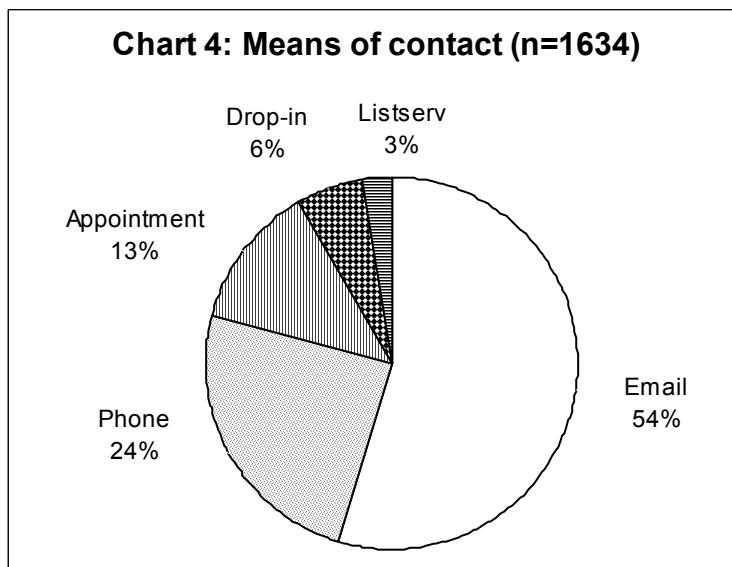
Compared to the regional distribution of participants in the 2002 transgender community survey that was instrumental in the creation of the Transgender Health Program (see Table 3 on next page), there is an increased proportion of clients from the Vancouver/Coastal area and those outside BC who are accessing the program, and a decreased proportion of clients from Vancouver Island, Fraser, and the Interior. This is likely in part indicative of access barriers to people outside Vancouver, but may also relate to decreased need for the Transgender Health Program’s services (for example, there is already a well-established network of peer and professional supports in Victoria, so potential clients may be getting their needs met elsewhere).

Table 3: Client Region Compared to 2002 Survey Participant Region

	# of THP clients	# of participants in 2002 survey	difference
Vancouver/Coastal	57%	47%	+ 10%
Fraser	13%	20%	- 7%
Interior	5%	7%	- 2%
Vancouver Island	8%	21%	- 14%
Outside BC	11%	1%	+ 10%
Unknown	6%	3%	+ 3%
North	1%	1%	--

Note: percentages are rounded to nearest whole number, so sum does not equal 100%.

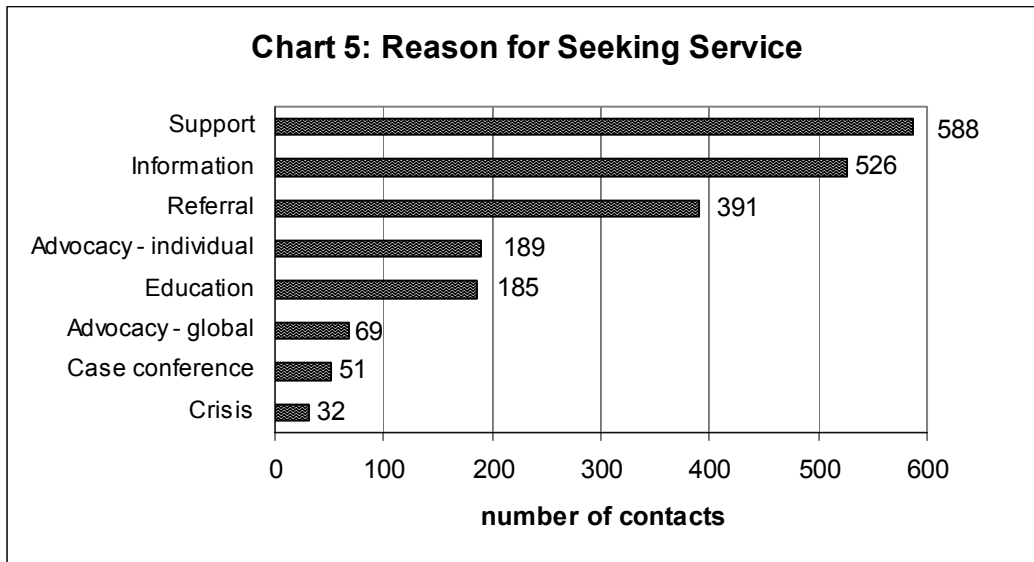
Transgender Health Program services are available in person, by phone/TTY, and by email. As the following chart shows, email is the most popular means of client contact, with over half of services received by email (54%). Also note that here “drop-in” refers to clients dropping in to see an individual staff member; in outreach done at three drop-ins accessed by trans people (Boys R Us – twice a month, PACE – weekly, trans youth group – once a month), very few clients made contact through the drop-in itself (some did later seek service at the program office). The category “listserv” refers to transgender health requests made to one of the BC-based email lists that program staff are subscribed to.



Email	884
Phone	396
Appointment	203
Drop-in	91
Listserv	42
Fax	5
PACE	3
Boys R Us	2
Letter	2
not recorded	2
Web request	2
Youth drop-in	2

less than 1%: Fax (0.3%), PACE (0.2%), Boys R Us (0.1%), Letter (0.1%), VCH web request (0.1%), Youth drop-in (0.1%); 0.1% not recorded on client contact sheet

Chart five (next page) shows the reasons clients sought service. Support was the primary reason (36% of services received), with information (32%) and referral (24%) following. In tracking reasons for seeking service, “information” refers to a request for information about the transgender health system or a specific transgender health question (e.g., “risks of breast cancer relating to hormone use”), while “education” refers to a request for a workshop or print material on a general transgender health issue (e.g., “hormones”).



Note: may be more than one reason for seeking service, so total is > 100% of client contacts

Within the support, information, and referral categories, service areas were further broken down into requests relating to a transition/crossdressing specialty service and requests for general service.

Table 4: Trans-specific Information/Referral/Support Provided in First Year

	Total provided		2002 survey*
Surgery info/referral	292	18%	32%
Hormone info/referral	214	13%	68%
Peer support	124	8%	54%
Assessment referral/info	97	6%	32%
Counselling referral/info	87	5%	53%
Post-op referral/support	52	3%	--
ID change	47	3%	--
SOFFA support	34	2%	--
Employment/school issues	30	2%	--
Hair removal info/referral	30	2%	39%
Transfer of care	26	2%	--
Support re sexuality	17	1%	--
Speech therapy referral	13	1%	23%
Appearance	10	1%	25%
Cultural community issues	5	<1%	--
Total:	1078		

* Note: Listed as "current need" in 2002 community survey

Table 5: General Information/Referral/Support Provided in First Year

	Total provided		2002 survey*
GP referral	89	17%	--
Mental health referral	83	16%	39%
Family counselling referral	63	12%	--
Employment/school issues	58	11%	26%
Housing info/referral	48	9%	15%
General medical referral	33	6%	--
Support/referral re abuse	32	6%	12%
Addiction support/referral	27	5%	12%
Legal info/referral	22	4%	--
Reproductive info/referral	16	3%	9%
Immigration info/support	15	3%	--
Social/recreational referral	13	2%	--
Welfare info	12	2%	--
Support re sexuality	8	2%	24%
Intersex-specific referral	7	1%	--
HIV/AIDS info/support	4	1%	12%
Support re body image	2	<1%	--
Food service referral	0	0%	12%
Total:	532		

Within the advocacy categories (individual & global/systemic), the 258 client contacts involving advocacy were tracked by the institution or area assistance was sought with. For each category, the advocacy service may have involved assisting when a transgender person or loved one felt they had been unfairly treated by an individual or by system-wide policy, or a request by a service provider for assistance in reviewing/changing existing policy and procedures to become more trans-inclusive.

Table 6: Advocacy Services Provided

	Total provided	% of advocacy services		Total provided	% of advocacy services
Medical Services Plan	66	26%	Peer support individual/group	6	2%
Health/social service agency	39	15%	Employer	5	2%
Individual care provider (e.g., GP)	38	15%	Vancouver School Board	5	2%
ICBC	13	5%	School: secondary	4	2%
Housing	13	5%	Corrections Canada	3	1%
MCFD	12	5%	Court/legal	2	1%
Vital Statistics	11	4%	Pharmacare	2	1%
School: post-secondary	11	4%	HRDC – EI	2	1%
Hospital	9	3%	Union	2	1%
Ministry of Human Resources	8	3%	Health insurance plan	1	0%
Citizenship/Immigration Canada	7	3%	Total advocacy services	258	

Education and Training

Individual requests for education (e.g., a service provider seeking materials on transgender health basics) are tracked as client contacts. In addition to the statistics for individual client requests discussed earlier, the Transgender Health Program provided ongoing supervision and mentorship to two 3rd-year Nursing students, and co-supervised two others in their work on a transgender education project.

In the first year the Transgender Health Program delivered 33 presentations or workshops requested by:

1. Vancouver Coastal Health programs

- Addictions: clinical supervisors; all-staff inservice (including contracted agencies)
- community health centres: MOAs at Three Bridges, primary care staff at Evergreen and Pender; Adult/Older Adult staff at North
- mental health: Midtown, South, Strathcona, West End, and West Side teams; children & youth staff (all teams); SAFER
- youth clinics (all staff)

2. Health/social service providers external to Vancouver Coastal Health

- BC Children’s Hospital: Rounds hosted by Psychology, attended by staff from multiple departments (Adolescent Medicine, Eating Disorders, Endocrinology, Psychology, Psychiatry)
- Boys’ & Girls Club – Nexus program
- Cornbury Society
- Family Services of Greater Vancouver – staff of Street Youth Services
- Options for Sexual Health
- Reach Community Health Centre

3. Interagency

- Downtown South service providers
- LGTB Health Matters gathering: VCH, community nonprofits, professionals in private practice
- Parenting & Mental Health Group (VCH, MCFD, BC Children's Hospital, community members)
- Pride Health Services: participants from AIDS Vancouver, Gayway, Immigrant Services Society, The Centre, Three Bridges Community Health Centre
- Richmond service providers (Chimo Crisis Services, RADAT, Touchstone)
- rural roadshow: interdisciplinary workshops in Nelson and Castlegar
- Vancouver Aboriginal Council
- Yaletown/West End service providers' gathering

4. Schools

- students, staff, and school board administrators at a Vancouver secondary school where a student is undergoing gender transition
- Vancouver Community College: students and faculty in psychiatric nursing class

5. Other

- management and co-workers at agency where a staff member was undergoing gender transition
- Medical Services Commission
- Resolutions and Ruptures: Lesbian/gay/bisexual/Two-Spirit/transgender/intersex conference
- Vancouver Island Public Interest Research Group: research workshop series

Drs. Gail Knudson (Psychiatry) and Marshall Dahl (Endocrinology) were contracted to work with the Program Coordinator to develop best practice guidelines for assessment of hormone and surgery eligibility, readiness, and appropriateness, and for hormone prescription and maintenance. The assessment guidelines have undergone the first stage of peer review and are currently being revised; the endocrine guidelines are still under development.

Projects

In addition to core services, the Transgender Health Program has been involved with numerous projects (both time-limited and ongoing). In the first year, the following projects were initiated:

1. *Learning and Education to Advance Peer Support* (January-June 2004): Monthly workshop series for peer support volunteers in LGBT community groups. Done in partnership with Out on Campus and The Centre: A Community Centre Serving and Supporting LGBT People and Their Allies.
2. *Youth drop-in* (ongoing): A social drop-in for trans youth and loved ones age 23 and under meets twice a month. The group is organized and facilitated by trans youth and loved ones.
3. *Pride Health Services Trans Drop-in* (ongoing): A weekly transgender drop-in formerly facilitated by a Three Bridges staff member was transferred to the Transgender Health Program (with funding for the facilitator's time shared equally by all Pride Health partners). Done in partnership with AIDS Vancouver, The (LGBT) Centre, and Three Bridges Community Health Centre.
4. *Rainbow Health initiative* (June 2004-November 2005): development of clinical training resources for primary care providers, including a best practice model, guidelines for care, and curricula for training service providers. Done in partnership with Transcend.
5. *Changing Keys* (September 2004-November 2004): Voice feminization pilot group. Done in partnership with speech therapist Shelagh Davies.

6. *Transgender Mental Health training intensive* (October 2004): Two-day intensive for mental health professionals and primary care providers, covering transgender mental health concerns and mental health assessment prior to initiation of hormones/surgery.
7. *Drop-in for transgender sex trade workers* (under development): Funding has been partially secured for a weekly drop-in for transgender sex trade workers living or working in Vancouver's Downtown Eastside. Proceeding in partnership with PACE and Vancouver Native Health Society.

Publications

Internal (relating to Transgender Health Program infrastructure):

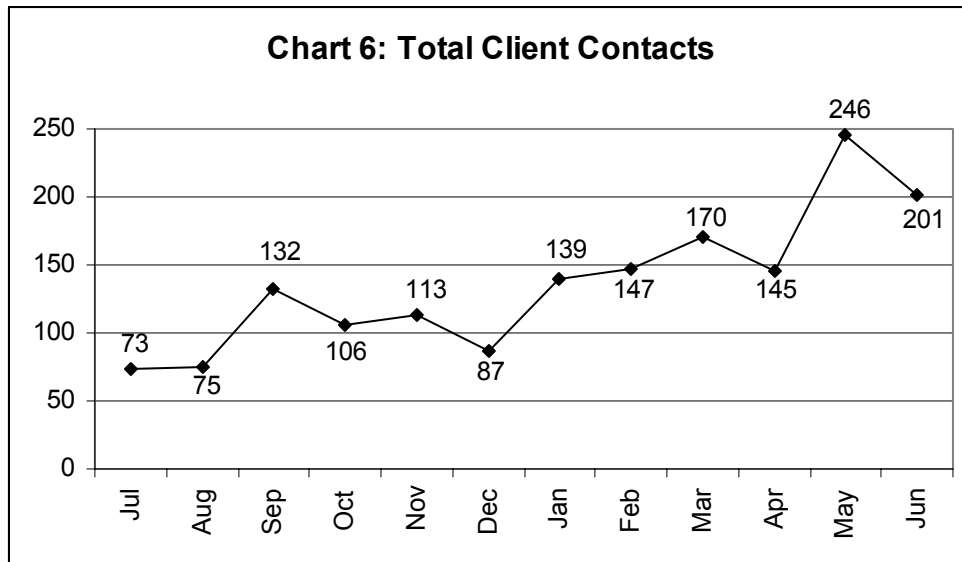
1. *Principles, Guidelines, and Standards for Support of Transgender Community Members*. Protocols for peer support volunteers, core staff, and contractors hired on a temporary basis to support vulnerable clients whose needs can't be met by THP staff.
2. *Transgender Health Program Administration "How-to" Manual*. Procedures and protocols relating to communication, documentation and information management, finances, office equipment, and other administrative areas, to facilitate training of new staff and volunteers.

External (for public audience):

1. *Transgender Health Resources: A Guide for Transgender People, Loved Ones, and Service Providers*. First edition published February 2004; updated continuously via website, <http://www.vch.ca/transhealth/resources/directory>. BC-wide resource list of 180+ community-based service providers with an interest in transgender care. Searchable web database is nearly complete (anticipate launch in July 2004).
2. Thinking Past Two: Gender Diversity and Trans Space. Invited article for *Ubyyssey Pride* issue, February 6, 2004. Online at <http://www.ubyssey.bc.ca/article.shtml?/20040206/prideTrans.html>.
3. Expanding our Understanding of Gendered Violence: Violence Against Trans People and Loved Ones. Invited article for *BC Institute Against Family Violence Newsletter*, Summer 2004. Online at <http://www.bcifv.org/resources/newsletter/2004/summer/trans.shtml>. Co-authored with Caroline White.
4. HIV+ and Trans. Invited article for BC Persons with AIDS Society's *Positive Living Manual* (3rd ed.).
5. Articles about the Transgender Health Program were published in the Carnegie Centre newsletter, *The Long Haul* (End Legislated Poverty's newspaper), *Xtra! West*, and *Monday Magazine*.
6. A program website was created. The website includes information about the history, services, and structure of the Transgender Health Program; an on-line version of the resource guide; a BC-wide list of transgender peer support groups; a detailed links page; an online library of transgender health articles; and sample care protocols used by other programs.

Looking Ahead to Year Two

As the chart below shows, the number of client contacts varies greatly from month to month. However, over the last year, contacts have risen from 73 in the program's first month to 200+ in the most recent months. Maintaining this level of client service will be a challenging goal for the second year of the program. It is hoped that with the recruitment and training of mental health professionals to provide assessments prior to hormones and surgery, the need for assistance to find appropriate referrals for this process will decrease. Partnerships with other service providers for joint support initiatives will also be explored.



Note: Decline in numbers in April was result of 2-week gap in service during hiring of new Community Counsellor.

To fulfill Dr. Kopala's vision for the Transgender Health Program, it is not sufficient solely to maintain what has already been created. Specifically, her report recommendations 4-6, 16, and 18 need work in the next year:

- 4, 18 endeavour to provide all services identified in the HBIQDA Standards of Care; work with other health governance bodies to ensure access to essential medical and surgical services
- 5-6 require members of the community network of care to follow the HBIQDA standards, along with specific clinical guidelines developed by the THP for specialty crossdressing/transition services
- 16 provide ongoing continuing education in transgender medicine

Dr. Kopala's recommendation was that the Transgender Health Program coordinate (but not directly provide) specialty clinical services relating to crossdressing and gender transition. This includes counselling, assessment, endocrinologic and surgical services, post-operative care, speech therapy, and hair removal (electrolysis/laser). To ensure quality care in these areas, the Transgender Health Program must:

- reduce current gaps in service (e.g., assessment) by recruiting and train practitioners
- create detailed evidence-based guidelines for care to guide those already in practice
- work with the Medical Services Plan to improve access to essential services

The first two tasks will be addressed by the *Rainbow Health* project that started in June and will continue to November 2005. This project, funded by the Canadian Rainbow Health Coalition with money from Health

Canada, will create a best practice model and training resources for primary care providers and mental health professionals. Three additional staff will be hired by the partner organization, Transcend, to carry out the project.

The Transgender Health Program currently receives more requests for general transgender health education than can be filled. There has been discussion about training volunteers from the Education Working Group (or other interested community members) to teach the program's "transgender health basics" workshop; curriculum has already been developed for the workshop itself, but not for a "train the trainer" series. To strengthen the ability of grassroots organizations to provide basic sensitivity/awareness education, there has also been discussion about training volunteers who do education on basic presentation skills, adult teaching methods, use of audiovisual aids, etc. Development of a "train the trainer" component will be discussed by the Education Working Group as the program's 2nd year progresses.

The health of transgender people and loved ones is significantly enhanced by peer support. In the last year, three new transgender peer support groups have started in rural areas (Kamloops, Nelson, and Prince George); the Transgender Health Program should seek to actively support these and other community-based peer support programs by sharing resources and training materials. The Advisory Group should also discuss how the program might address the peer support needs of partners, parents, and transgender people who experience multiple barriers in accessing peer support services (including people of colour, Aboriginal people, sex trade workers, and people with disabilities). To assist in evaluating the program's success in reaching marginalized populations within the transgender community, a client survey will be developed both to expand the demographic information and to assess client satisfaction with the program.

As per Lili Kopala's recommendation, a newsletter will be published on a regular basis to inform practitioners of developments in the Transgender Health Program, report on new research findings, etc. Community forums should continue in Victoria and Vancouver every 4-6 months to update the community on the progress of the Transgender Health Program's development (community forums may also be arranged in other regions if travel funds are available and partner organizations will help with logistics).

Closing Thoughts

The decentralized, community-based, peer-driven framework for the Transgender Health Program articulated in the community survey and in the Kopala report is a significant change from the centralized, hospital-based, professionally-driven service that operated prior to 2002. Given the magnitude of the changes proposed, there is tremendous satisfaction in reviewing activities conducted and seeing the breadth and depth of work done to shift the approach and structure of the transgender health system. With significant projects already underway and a high level of client engagement in the program, the second year should be a very interesting one.

Many thanks to the volunteers, staff, community members, and VCH managers who have supported the program, and particularly to the program's clients, whose everyday acts of survival, resilience, and courage are small miracles.