

Reflections on trans health and HIV: Lessons from the past, challenges for the future

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HIV seroprevalence among MTF trans women and transvestites

- **Chicago: 14%** - Kennedy and Bostwick 2001
- **Puerto Rico: 14% (2005)**
 - Rodriguez-Madera and Toro-Alfonso, 2005
- **Houston : 25%** - Risser et al. 2005

HIV seroprevalence among MTF trans women and transvestites

- Washington: 32%, trans women of colour

- Xavier et al 2005

- San Francisco: 35% in general,
63%, black trans women

- Clements-Nolle, K. et al 2001

- Atlanta: 68% - Elifson et al. 1993

81%, “low track” sex
workers

- Boles and Elifson 1994

HIV seroprevalence among MTF trans women and transvestites

- Amsterdam: 24%

Gras et al. 1997

- Sydney : 21%

Alan et al. 1989

- Vancouver: 70% (estimate, downtown eastside)

Laframboise et al. 1999

- Montréal: 54%

- according to community documents, 1985 à 2000.

HIV seroprevalence among MTF trans women and transvestites

- Madrid:
 - 22% overall
 - 16% people who do not use drugs
 - 58% drug users
 - Belza et al. 1998
- Madrid:
 - 38.2% - Spizzichino et al 2001
 - 65.6% Brazilians

HIV seroprevalence among MTF trans women and transvestites

Buenos Aires: 62%

- Berkinsy Fernandez 2005

Rio de Janeiro: 63% - Inciardi et al. 1997

63.8% - Surratt et al 1996

Lisbon: 46.4% sex trade workers

- Bernardo et al. 1998

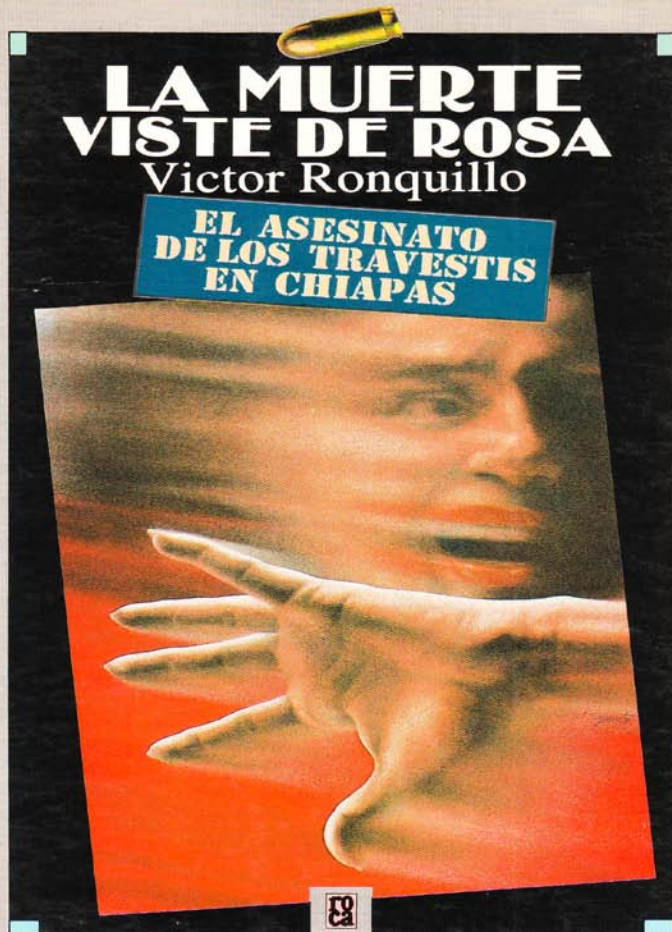
HIV seroprevalence among MTF trans women and transvestites

- Rome: 65.7% - Gattari et al. 1994
22.5% - Spizzichino et al 2002
21 % - Verster et al. 2001
- Rome:
74% IDU sex workers
100% after being in the scene 4 years
- Gattari et al. 1992

Individual risk factors

- Violence
- Drug use
- Risk behaviours, sexual relations

Individual risk factors – violence



- Violence
Sydney – 42,4% sex
trade workers victims
of rape (Perkins 1994, 40)
- Violence committed by
individuals, but also
the state (police)

Individual risk factors - drogues

Drug use, trans vs. general population

Droque	trans'	pop. gen.	place
Cocaïne	15%	2%	Paris
Heroin	8,1%	2,6%	Paris
Cocaïne	19%	3%	Sydney
Heroin	15%	2%	Sydney

Drug use and acceptance of gender identity ...

Individual risk factors – sexual behaviour

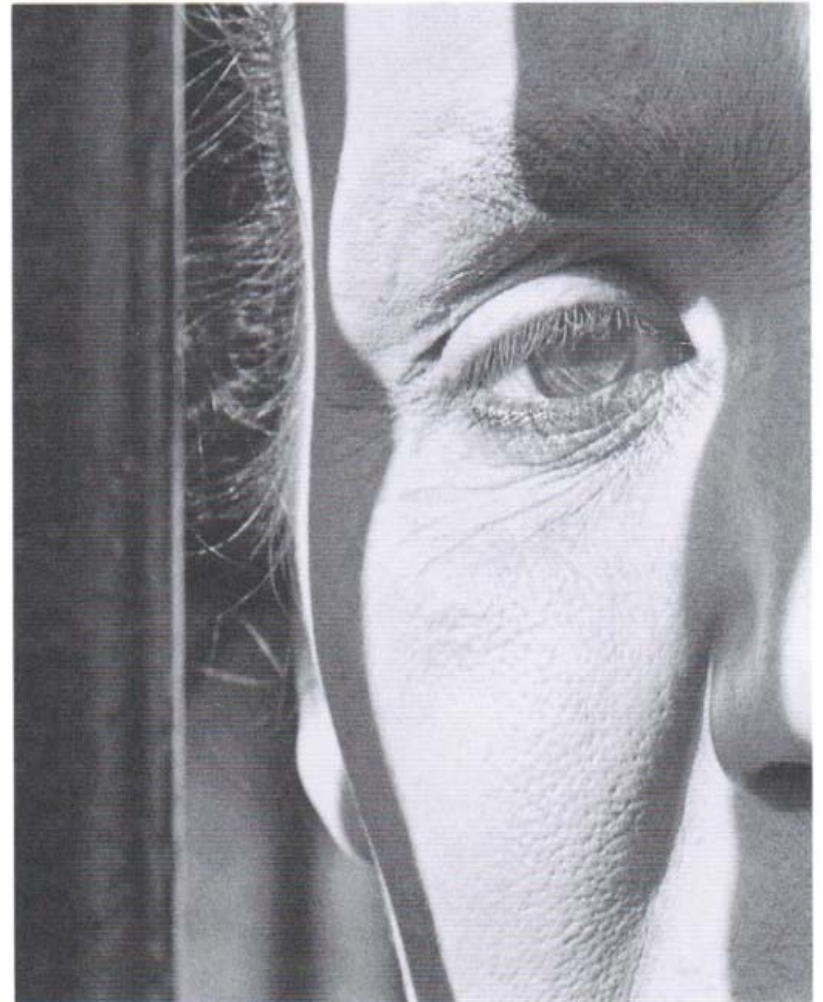
- In Sydney, 19% never use condoms for sex (Perkins 1994, 33).
- In Paris, among well-educated non-sex trade workers, 50% do not use a condom with their regular partner (d'Almeida Wilson et al. 2008)

Social risk factors

- Civil status, identity papers, social integration
- Access to health care, hormones, surgeries, body modifications. Discrimination, economic and administrative access...

Social risk factors

- Migrant population – often without papers, access to health services
- Prisons – criminalization of drugs and prostitution – vicious circle of prison and getting out ...



Social risk factors

- Unemployment twice as high among trans people as members of general population
 - US National Lesbian and Gay Task Force, Dec 2009
- Lack of stable housing
 - US National Lesbian and Gay Task Force, Dec 2009
- Poverty

Community action – Sydney

AN AUDIENCE WITH

Diana Alan.

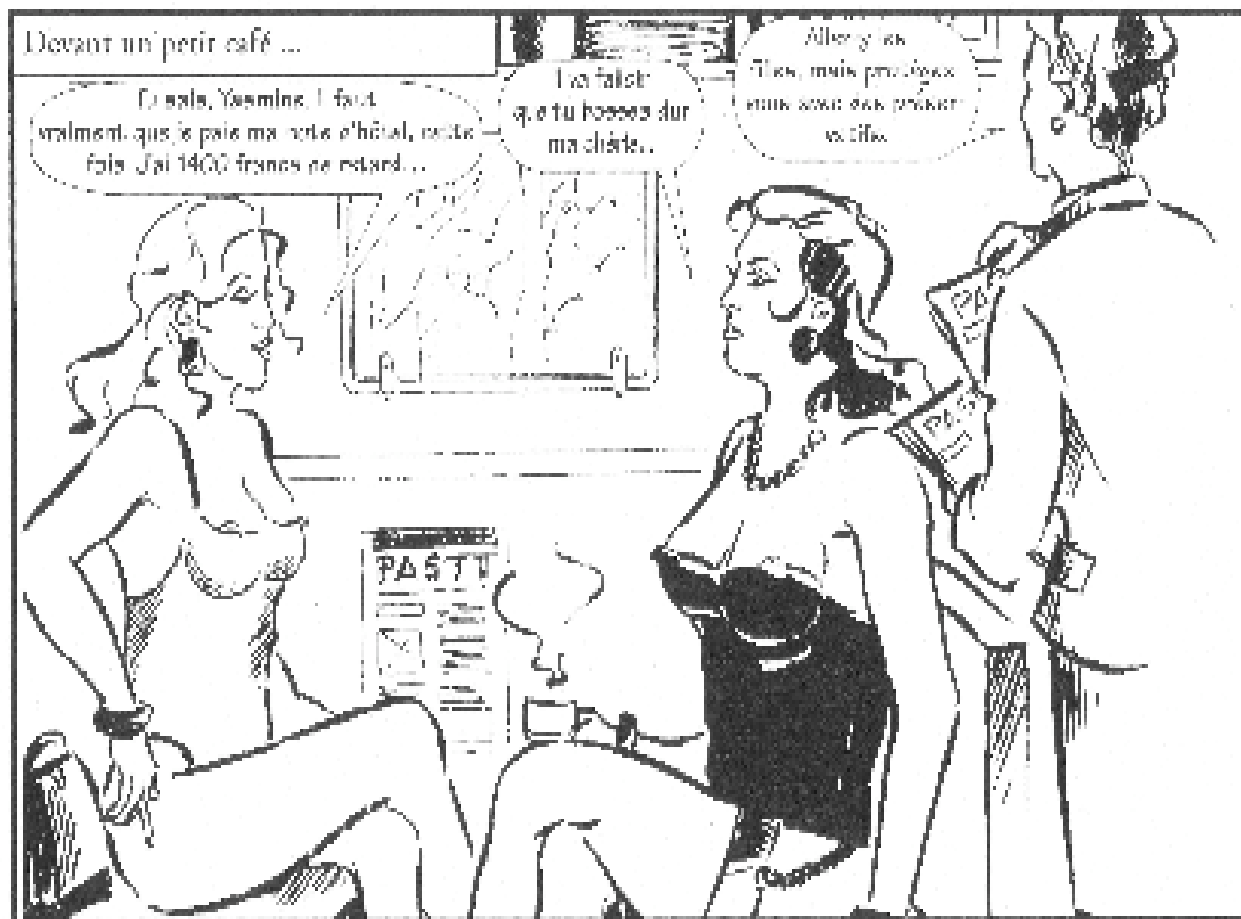
Prostitution, Transsexuality and HIV

During the national conference, we made fairly close contact with a woman who works on the Albion Street Centre Outreach Programme in Sydney. Diana, a transsexual herself, had some very interesting things to say about issues of prostitution and HIV infection amongst the transsexual population. Seeing the need for more discussion on this issue we invited her to return to Melbourne and spend a week with us.

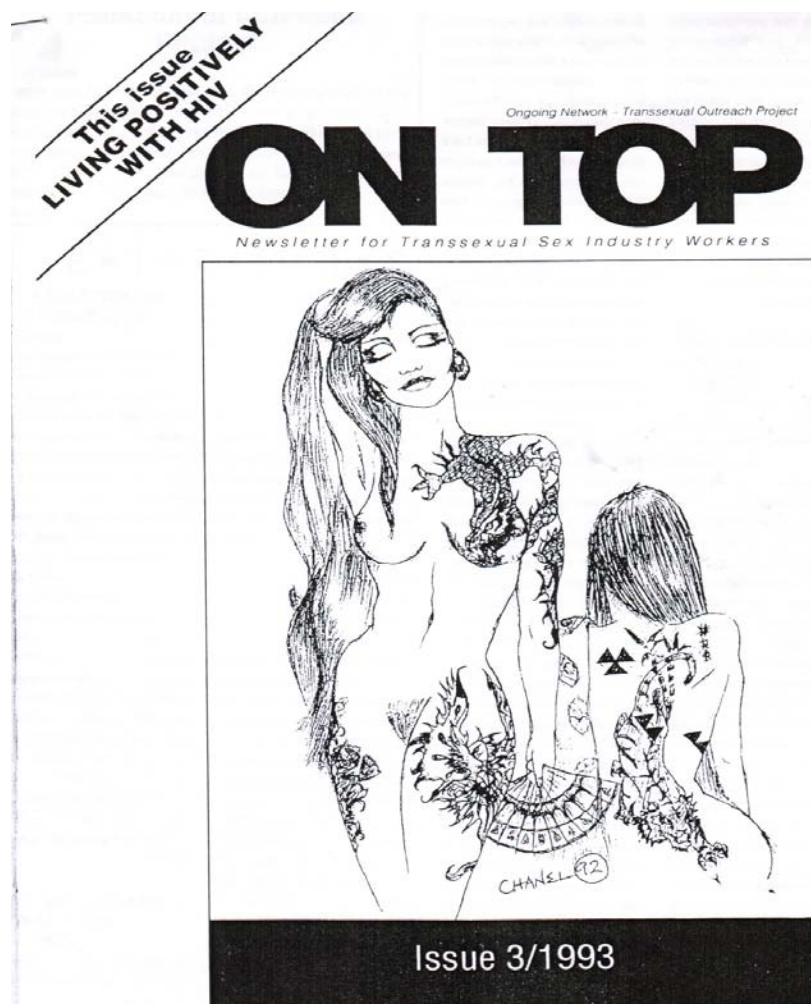
Diana presented a paper and facilitated a workshop on "Prostitution, Transsexuality and HIV". She quoted some tragic statistics that have become evident to her in her work in Sydney and the lack of legal recognition and support services that transsexuals have throughout Australia. Sex work rates of 75%, I.V. drug usage of 46% and HIV seroprevalence double the rate of any other group.

Community action – Paris

**Les filles
aiment se
retrouver
dans le bus
pour se
détendre.
L'équipe du
P.A.S.T.T. les
accueille,
répond à leurs
questions et
complète leur
information
sur le sida.**



Community action – Wellington



T. O. P. 'S

Wellington • PO Box 11-412, Manners Street, Phone: 04-382-8791

Auckland • PO Box 68-509 Newton, Phone: 09-3666-106

Community action – Argentina

La Valeria Bravo era mandona y estricta. Se organizaba y organizaba a las demás. Fue secretaria de OTTRA y participó de la toma del Hotel Gondolín. Falleció en 2004.



Community action – Montréal

STATISTIQUES POUR LES PERSONNES TRAVESTIS. POUR UN PROJET D'HÉBERGEMENT EN DÉSINTOXICATION.

DATE _____

SEXE H ☐ F ☐ AGE 13 - 17 ☐ 18 - 25 ☐ 26 - 35 ☐

TOXICOMANIE ☐ PROSTITUTION ☐ HORMONES ☐

IDENTIFICATION ANGLAIS ☐ FRANCAIS ☐

DÉPISTAGE VIH ☐

OPÉRÉE ☐ DE GARÇON EN FILLE ☐ DE FILLE EN GARÇON ☐

NON-OPÉRÉE ☐

EN DÉMARCHE POUR SE FAIRE OPÉRER ☐ NE VEUT PAS SE FAIRE OPÉRER ☐

VEUT ÊTRE EN DÉMARCHE POUR SE FAIRE OPÉRER ☐

SUIVI PAR UN PSYCHIATRE ☐ CONTACT FAMILIAL OUI ☐ NON ☐

SUIVI PAR UN PSYCHOLOGUE ☐

SUIVI PAR UN MÉDECIN ☐ LES 2 COMPATIBLES G. EN F. OUI ☐
NON ☐

RÉINSERTION OUI ☐ NON ☐ F. EN G. OUI ☐
NON ☐

AUTRES DÉTAILS: _____

TYPE D'ACTIVITÉ: (maquillage, cuisine, esthétique, garagiste) etc.

MOYENNE DE TEMPS: _____

TYPE D'APPROCHE: _____

Community action – Toronto

MEAL-TRANS

A drop-in for



Transsexual/Transgendered
people to socialize, share resources,

and eat a **FREE MEAL!!!**

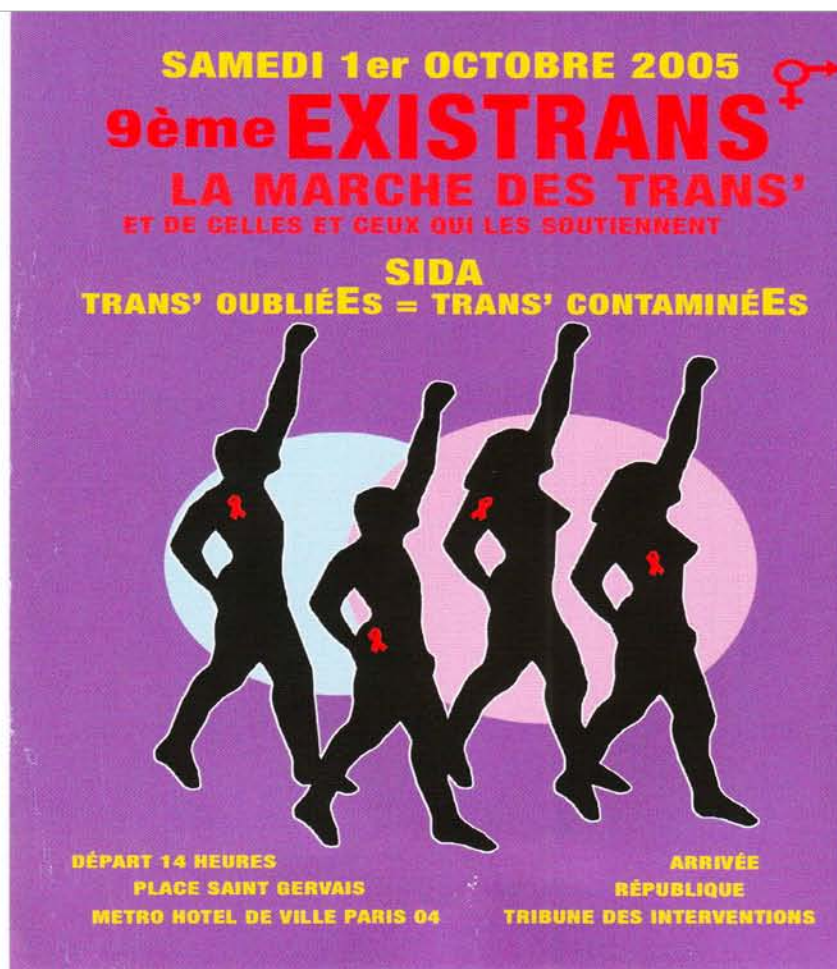
Weekly activities such as films,
speakers, workshops, etc.



Every **MONDAY, 6-10PM** at the
519 Church Street Community Centre
For general info or to find out how
you can get involved call: **392-6878 EXT.34**

*MEAL-TRANS is a project of the 519 Community Centre

Invisibility, public health



Why ?

- invisible population
- lack of access to health institutions
- migrant populations
- lack of epidemiological surveillance

Another explication of this invisibility: The silence of psychiatrists

“Yes, we can and should say that psychiatrists destroy the lives of trans people when these psychiatrists fail to alert public authorities as to the impact of AIDS on trans people, while these doctors are on the front lines to be able to see the first signs.”

- ACT-UP Paris, 2008.

Some Montréal history

“Over 80 per cent of the patients come from lower socio-economic backgrounds and are not highly educated. The majority of them have had problems with unemployment, work in various “club” atmospheres.... There has been a high degree of hormone intake prior to first assessment.”

- R. J. Gardiner. H.C. Brown, H. Warnes, responsables de la clinique d'identité sexuelle, Hôpital général de Montréal, 1973.

Un peu d'histoire montréalaise

“ some of them ... give a bad image to the transsexuals when they go on Ontario street soliciting sexual relationships, this is not the typical kind. The typical transsexuals are people that we, we have clients who are sur(geons), who are physicians, who are lawyers, uh, all kinds of social strata.”

- Pierre Assalian, Chef de la clinique d'identité sexuelle, Hôpital général de Montréal, 1999.



And in Toronto ?

“Well that’s (prostitution) a problem because it can’t be documented... We don’t say that “This is something that cannot be done” because they’re (prostitutes) going to do it anyway. But it doesn’t meet our criteria, and if you want to meet our criteria and go through this program you have to get a “regular” job”

- Représentant de la clinique d’identité sexuelle, Clarke Institute of Psychiatry (Toronto), 1995.

Lessons from the past, challenges for the future

- Need for coordination of research on trans' and HIV internationally
- Need for research on drug use and HIV among trans'
- Different networks of trans people and implications for research



Lessons from the past, challenges for the future

- Vulnerability to HIV linked to certain social policies, legal identity, social integration
- Public policies should facilitate access to institutions
- Develop policies in collaboration with invisible and migrant populations

Lessons from the past, challenges for the future

- Integrate issues of prostitution and drug use in health services
- Integrate trans' people in services for people without papers



Lessons from the past, challenges for the future

- Implications of a gap between community responses to HIV and trans' people, and institutional management (or lack thereof) of these issues
- General context in which discrimination against sex trade workers and drug users is considered acceptable and is not challenged
- We are a far cry from a social justice perspective

Lessons from the past, challenges for the future

- Importance of going beyond an individualist perspective
 - Services
 - counselling, mental health
- How can your work facilitate the development and growth not only of an individual trans' person, but also the development of trans' communities?
- What kind of training do you need in terms of community development and community organizing?