

Episode 145 - Jorien Brock and Siobhan Fitzgerald-Cushing: Meeting the Health Needs of Transgender People

[00:00:08] Welcome to in social work. The podcast series of the University of Buffalo School of Social Work at www.insocialwork.org. We're glad you could join us today. The purpose of social work is to engage practitioners and researchers and lifelong learning and to promote research to practice and practice to research. We're so sure Hello this is Charles Syms and I am one of your host in social work. In this episode we will look at a group of marginalized and often ill treated members of our society. People who identify as transgender are estimated to comprise about one quarter to 1 percent of the U.S. population according to the National Center for Transgender Equality. A 2011 report by the Williams Institute of the UCLA Law School puts the estimate for adults at three tenths of one percent accurate figures for this group are difficult to obtain for a number of reasons. Transgender people are frequently the target of the Staind and or overt discrimination as a result a transgendered person may rightly feel the need to protect themselves from the intolerant or rejecting responses they are subjected to. This protection of self may serve them well in many arenas except the area of health the need to be engaged and open is critical to ensure that one receives appropriate health care to respond to the unique needs of transgender persons. The Pride Center of western New York developed the Transgender Health Initiative. The mission of the Pride Center is to work with the community to make Western New York a safe and satisfying place for lesbian gay bisexual and transgendered people to live work and raise their families.

[00:02:09] The Transgender Health Initiative is a program to address the health care needs of transgender communities. Jorien Brock and JD MSW is a senior director of the Pride Center of western New York Siobhan Fitzgerald-Cushing B.A is the outreach coordinator for the transgender health initiative. Ms Brock and Ms Fitzgerald Cushing were interviewed by Steven Halady a member of the in social work team. Their discussion covers a wide range of topics that includes defining the terms used to identify the different members of the transgender community how poor experiences with health care providers have left transgender people with few options regarding appropriate healthcare. Additionally Ms Brock and Ms Fitzgerald Cushing identified the cycle social issues that can impact the ability of transgendered people to access and engaged with health care providers. They explore the consequences to persons when perceived health care options are severely constrained or unavailable. Our two guests also offer instructive comments on how professional social workers in general and health care professionals in particular can be responsive to the unique needs of transgendered people. Finally if you pay careful attention to the discussion you will hear that the five basic components of trauma informed care are addressed by our guest. This podcast was recorded in May of 2014. Hello I'm Steve Halady and I'm here with Jorien Brock and Siobhan Fitzgerald-Cushing and we're here to talk about the pride center of western New York's Transgender Health Initiative. So to begin if you would please tell us a little bit about yourselves and about the pride center and about the transgender health initiative.

[00:04:10] I'm Jorien Brock and I'm the senior director of the Pride Center of western New York the mission of the Pride Center is to work with the community to make Western New York a safe healthy and satisfying place for LGBT people. Lesbian gay bisexual and transgender people to live work and raise our families. And we have a number of programs that are part of the work that we do. And in particular we have our transgender health initiative. Yes I I'm the outreach coordinator for the transgender health initiative. My name Siobhan Fitzgerald-Cushing. I got my sociology bachelor's from St. Lawrence University and I had a minor and gender and sexuality studies as soon as I graduated I knew I wanted to work with this population. So it's kind of been awesome. Right. And I've also always been really interested in sex education because my mother did a little bit of

that work. So I kind of had a lifelong background in that. So kind of what propelled me into the field. Now oftentimes when people hear the term transgender they're not entirely sure what that means or how gender relates to sexual orientation. So can you please tell us a little bit about some of the differences between or among gender identity gender expression and sexual orientation. Sure. I'm Jorien. Language is really important especially in this context and you know not only do our words have power but it also reflects how we interact with one another and we do a lot of trainings cultural competency trainings around sexual orientation gender identity and gender expression. And overwhelmingly our experiences that people want to be knowledgeable they want to be affirming and they don't want to be offensive.

[00:06:03] And so in trying not to be offensive sometimes what happens is people just won't interact or they won't address someone because they're not sure of what's appropriate and what terms to use and what things mean. And so it really is important to start with just some very basics around language around definitions. So we'll run through the few truly basic definitions and then we'll go from there. First we can start with defining sexual orientation and really when we're talking about sexual orientation that is looking at one's emotional romantic sexual attraction which may be towards the same sex maybe towards the opposite sex both sexes or neither. And some examples of sexual orientation include heterosexual asexual bisexual and homosexual which may mean gay or lesbian. Then when we talk about transgender really what we're talking about is an umbrella term. OK. And that is describing people who challenge defy play with or consider themselves different from the culture sex and gender categories or gender norms. Often those gender norms limit acceptable gender expression to masculine behavior by biological males and feminine behavior by biological females. So it's important to know that there are a lot of terms that fall under that umbrella and you may hear different people using different terms to identify themselves. But one of the key considerations is to note the difference between using the term transgender and using the term sexual orientation when we're talking about transgender we're talking about how someone identifies their gender or their gender identity or their gender expression. And that has nothing to do with one's sexual orientation or who ones are attracted to and that can be misleading when it's included in that LGBT acronym.

[00:08:04] So I think that's where a lot of the confusion arises for some people trans that must be I don't know maybe they're gay maybe they're know because they're just kind of lumped into that orientation and the LGB but we don't like have another way to include them in these marginalized communities. So it's kind of what ends up happening. Yeah absolutely. And when we talk about gender identity sometimes that's a new term for folks we're really talking about the gender one feels oneself to be how somebody identifies what gender they identify with. So it's my own concept of my gender and it may or may not match what my physiology says what my biology says. And so that's important to remember in terms of gender expression. That's the outward expression. All right that's the communication of gender or one's gender identity often through behaviors for appearance and how we express and you gender are really heavily influenced by our societal definitions and the constructed norms that we have around gender. And then the last definition we want to talk about is just gender that C I S G E N D E R. And that also may be a new term for folks and when we're using the term cis gender we mean that someone's biological sex matches their gender identity and gender expression. All right so more and more I think folks are starting to hear that term but it's important that we understand that in the context of this discussion as well I'm Siobhan.

[00:09:50] And we also kind of use that as a way to try and socialize people to the more sensitive kinds of questions and how you approach people and that when we talk to people we ask what their preferred pronouns are when we meet them and we tell them what our gender identity is. I prefer pronouns right away. We're not assuming that just because of their name or just because of the way they're presenting or expressing their gender that we know what's going on up in their brain. Yeah and it's really important not to make assumptions about someone's sexual orientation or their gender

identity or gender expression. What really matters here is how someone identifies for themselves. And that's what you follow. So it sounds like what you're saying is that's up to we could call them best practices for working with transgender individuals is to be very aware of our language and what our words mean and what they might mean in a given context and also being aware of and respectful of the language and identities that our clients use and that they identify with and that they prefer. What are some other best practices for working with transgender or gender nonconforming clients. Yeah. Part of that Steve that you were just talking about you know especially in terms of perhaps more traditional social work practices if you're working in an agency and there are policies and procedure manuals or if their intake forms or initial assessments these are important considerations in constructing those tools and in those policies. So to make sure that your policies and procedures at your agency are inclusive of sexual orientation as well as gender identity and gender expression so that people who know what the standards are and the expectations are both for staff and for people that are being served.

[00:11:46] It's also really a helpful tool when you're creating or modifying your intake forms to specifically ask these questions because when you're doing that and you get in the habit of asking everyone these questions then it really helps not only to model an open and welcoming environment but it also helps to avoid people making assumptions or being uncertain how to talk with someone. And so what are some issues to be mindful of that are specific to transgender people. I'm Siobhan I think something that's I run in to a lot and my work is the issue of homelessness and how that kind of exacerbates a lot of other issues especially among LGBT youth and in particular transgender youth. As soon as you come out even before you come out you're considering the fact that you might be on your own and you might be cut off from everyone that you love financially and emotionally and that can lead to a lot of other issues. So I would say homelessness is a huge issue. We have going on the fact that there is so much discrimination that trans folks encounter when they go to providers is another like disgustingly prevalent issue. So many people postpone or don't even care because they're literally scared of their providers and how they're going to treat them and are they going to out them when they go to the secretary. And then there's all these considerations that a cis gender non trans person would never even think about going to the doctor's office. So it's just everything is more complex. Absolutely. And just to provide a little context the center is part of a statewide LGBT Health and Human Services Network.

[00:13:31] And a few years ago that network conducted a needs assessment across the state looking at a whole range of issues everything from tobacco use to homelessness to senior issues youth issues health care and website ality. And one of the major findings from that needs assessment was that overwhelmingly a major barrier especially for transgender folks seeking health care was the lack of culturally competent providers. So people did not access health care because of experiences and fears related to discrimination transphobia and having providers not knowledgeable about the unique or specific concerns. For someone who identifies as transgender in accessing healthcare or even outright refusing or even outright refusing services yes. In another study conducted in 2011 nearly 20 percent of people who identified as trans expressed having been outright refused medical treatment when seeking health care services. And that's not only an overwhelming statistic but just almost unimaginable experience in this day and age that someone seeking medical care would be turned away because of this level of bias. We also see some other staggering statistics in this area. In that same study 28 percent said that they had postponed care due to discrimination 48 percent nearly half of the folks in the survey did not receive care because they could not afford it or some other issues that we see in this population is extremely high rates of dropping out of school because of experiences of discrimination because of the challenges of getting through day by day and often not affirming and supportive environment school environments. We also see disproportionately higher rates of unemployment and underemployment.

[00:15:34] And so when you compound all of these factors and experiences you really start to see

the challenges in not only accessing care but in the day to day experiences and then taking into account I guess from the social work side that somebody who is transitioning is going to have a myriad of challenges that are more than somebody who isn't. But on top of that say they're from a community of color and they identify as a lesbian. So right now they're like now they identify as a woman as somebody who has a non normative gender identity as somebody who is transitioning and as somebody who is in a minority. So then you have to layer on all those multiple impressions to the whole situation. And kids that are like well how much access do they have to providers or even comfortable talking to let alone like a provider that's going to treat them well. So there are a lot of reasons discrimination being one of the main reasons that would prevent transgender or gender nonconforming person prevent them from accessing healthcare and also might lead them to avoid seeking services. And then given all of the discrimination that's out there I would imagine that many are not comfortable disclosing their identity. Are there any reasons that you can identify that might lead a transgender individual to be less open with a medical provider than someone who isn't transgender. This is Shivan I think a good classic example is the idea that what you were born with biologically you still need to take care of for instance for a trans man. They have to keep going to a gynecologist regularly and they will need a gynecologist that can treat them with respect and use the names for the body parts that they want and stuff like that.

[00:17:23] And for trans women you know getting regular prostate exams these are things that this population probably won't know and their providers aren't even going to bring it up to them especially if they hadn't disclosed that they were trans so they could be missing. Are these really important screenings that they had no idea about. Especially you know you've been going to a doctor for years. You're comfortable with knowing what to ask and all that but if you're a trans person and you're then avoiding medical care you might not know what to say even if it feels important to you. You might not even know to bring up might not even know you could get help with that. Absolutely. And Chevy mentioned the idea of transitioning and that's another issue. I just want to briefly address one of the things that's important. I mentioned earlier that a key takeaway is to identify someone the way they identify rather than having often arbitrary standards of identification. And sometimes this happens in the context of transitioning sometimes providers will set of standards or you'll see insurance companies or other systems setting standards of well you know we will offer services or this will happen when someone has completed some level of transitioning and it's very important to recognize transitioning has nothing to do again with someone's gender identity and gender expression. Somebody who identifies as transgender may or may not ever decide to explore different phrases or levels of transitioning for personal reasons. They may not want to alter their body or their hormones. Some people may.

[00:19:09] But there are also practical considerations and that includes that accessing this care not only has the challenges that we've already talked about but often is prohibitively expensive and may or may not be covered by medical insurance. And so it's again just important to remember that whether or not someone has transitioned is not determinant of what their gender identity is. And depending on where they are in that transition they're going to approach their provider very differently because somebody has come to me who transitioned 12 years ago. It's going to have a completely different set of challenges and somebody who is about to come out to their parents so that's another thing to consider. So another best practice is not to assume that a person who identifies as transgender is going to transition and also not to assume that if they are transitioning that is the benchmark of their health or medical or wellbeing needs. Absolutely. OK. So there are a lot of barriers to accessing and utilizing important and needed health services. How does the Transgender Health Initiative help to connect individuals who identify as transgender to the services that they need. This is Shivan. We conduct a lot of outreach in the community trying to hunt down these people. You know we have a lot of gay bars in Buffalo. So it would be easy for me to go and find a bunch of gay men but there aren't really spaces where all trans people go and congregate. And we've been kind of working on that and we can try to create safer spaces and such. But what

our main role is is to find the clients.

[00:20:55] We do a basic intake with them and kind of see what the gaps in their healthcare are what maybe things that they've been neglecting that have to do with their health and that can go a number of different places. But really in the initial intake I'm just trying to assess what kinds of services they need if they need any mental health providers medical providers if they're having any housing issues really of the basic survival needs. I'm trying to see if those are met and then I'll work with that client to find providers that they feel most comfortable going to that are the most accessible to them transportation wise. We're really focused on the sexual health aspect of their health. We really want to get an idea of their sexual behavior and their history because this is strictly about questions that aren't ever asked of the trans population so we're trying to see what people are doing sexually what their relationships are like and see if we can lower rates of HIV and sexually transmitted infections through doing one on one sex ed counseling creating prevention plans around the goals they may want to work on such as using condoms and other barriers more frequently and consistently or any number of kinds of harm reduction techniques where we try and show them how they could be safer. We're not ever telling people this is the way they need to have sex. We'd meet the client where they're at and see where they're comfortable what they would like to change and then we work with them towards meeting those goals.

[00:22:21] And then the other aspect of our work is to like I said provide that linkage to the providers make sure that once they are connected to the providers that they're being treated well and then really be an advocate for them throughout that process and making sure they stay connected with us and continue to get care once they see us. This is Dorian Yeah it should be mentioned our transgender health initiative is really focused especially on HIV sexually transmitted infections and hepatitis C and this is a prevention education initiative that also links people to different preventative services or into care if that is needed. And one of the things to consider is that historically especially in HIV and AIDS movement transgender people have been rather excluded and marginalized and just invisible in the numerous efforts we've had over the last few decades. And so really there is a new recognition of the implication of that marginalization and the need to get folks connected to both prevention and treatment services in a national report. One of the findings was that respondents reported over four times the national average of HIV infection with rates higher among transgender people of color. And so where many of the efforts around HIV and AIDS have been rather successful in addressing the concerns we are seeing increasing rates in our trans communities and especially trans communities of color. And so this kind of initiative through our trans health initiative is particularly important in getting folks connected with the education and the services available. This is Shivan something we didn't touch on earlier is the idea of what we are talking about homelessness. And if you are homeless and you have no job skills and you have no education what do you have to fall back on. Can most likely at a time be your body. And trans people can be kind of fetishized for their unique bodies and so they can fall into survival sex or sex work. Not all is survival sex.

[00:24:39] Many people choose to be sex workers and love it. But there are so many interconnecting issues that made that or didn't make that choice for them. And so that's one of the things that we are looking at and the initiative is how to develop best practices for sex workers and keeping them safe and knowing how to handle their clients. And that's another reason why the encouraging them to get the regular s t i n HIV and Hep C screenings is so important. You refer to one of the guiding philosophies of the Transgender Health Initiative and that is harm reduction. Could you please say a little bit more about what harm reduction is and how it applies to the transgender health initiative. I'm Jörgen. Harm reduction is a model that was really first credits origins in addressing substance use behaviors but has since evolved and has been applied to a range of human behaviors and with the goal of reducing the harmful consequences of those behaviors. So rather than taking an abstinence based approach which many substance abuse services take that

abstinence approach as well as even unfortunately sometimes with sexual education there's an abstinence approach and harm reduction really is more focused at working with people where they are recognizing the realities of people's situations and then helping them identify what their health goals may be and figuring out with them ways to create safer behaviors or safer practices in their own lives. And so sometimes that may look like increasing the use of safer sex barriers or other kinds of harm reduction strategies or if I have a client tells me I hate condoms there's no way I'm using them. That's just not going to happen.

[00:26:40] Depending on how many sessions I have with them what we talked about that could change. But that's my cue to try a different approach. OK. How often are you using lube. Because that can decrease your risk. And so what other things are you doing. Are you spending a lot of time on foreplay. You know like what steps are you taking to make things less risky for you. And that's totally relative to the person into their behaviors. And so it's really kind of specified to the client and where they're willing to go what they're willing to change what's even in their scope of consciousness for you know being able to change so all about that meeting the client where they're at. This is Dorrian and it's really important to have these very open and frank conversations so that we have a sense of what folks are doing and can talk to them about what options there may be. And that brings us back to this idea of being hyper aware of language because you don't want to refer to their body parts in the wrong way. You should always also ask how they would like us to reference their body parts or their sex acts. You know you always want to go over what kinds of language and terms they're comfortable and what they use with their partners before you just kind of assume that they have a penis or have a vagina or want one or the other.

[00:28:04] You know generally I go with any and the Audi because that's kind of you know it's a more vague and less invasive than if once I kind of introduced it that way they will let me know. No I call it that sir. I don't mind that. So you describe a lot of possibilities for health complications and the work that you do to help reduce the risks involved with these behaviors. What are some of the behaviors that put transgender and gender nonconforming people at greater risk for health complications. This is Dorrian one of the things that we have to be aware of is recognizing the challenges accessing care when folks need whether it's perhaps access to hormones or other kinds of treatments or interventions they may choose alternative methods of. In this case for example accessing hormones rather than going through a doctor and getting kind of standardized known hormones. If someone goes off market and seeks hormones we have seen some very concerning challenges that sometimes it may be that people are accessing hormones online and in that case there's no guarantee what someone is getting whether or not it's even a hormone or what the dosages what the levels are of the concentrations and such. So that raises some concerns. We've also had some really unfortunate experiences with folks even accessing construction grade silicone for doing body self modification because accessing a health care provider is so challenging that sometimes it's not always clear that if someone is seeking silicone injections that what they would get through a medical provider is very different than what you would get through construction grade silicone. And so people will literally go to a hardware store and get silicone and inject themselves.

[00:30:11] And that can create some very serious health problems and then pumping party being party where people go oh you know come together get silicone together and that can introduce this additional risk of sharing needles because that is one of the fastest routes of transmission for HIV and AIDS and Hep C is using and sharing dirty needles and not cleaning them properly. So that's another issue that we see. So it really is important to make our health care accessible and to make appropriate health care that folks are looking for accessible so that people aren't forced to seek alternative options. So you mentioned making health care that people are seeking more accessible. Can you say a little bit more about why it's important for healthcare providers to be sensitive to trans issues. This is your Jordan taking the different issues that we've talked about so far in terms of some of the challenges of accessing care some of the very real unfortunately discriminatory

experiences that people may bring with them in accessing services whether it's health care mental health services or other forms of care. Often people are not trusting of providers and of our systems. And so recognizing that when someone does try to access services it may take longer to develop that trust relationship. People may be hesitant to fully disclose their important information or may be hesitant to talk about what's really concerning them because of their experiences with other providers. So it's important to not only be knowledgeable about Transpacific issues but also to have a level of patience with folks who may be accessing care and may take longer to develop those kinds of relationships. You may also see challenges with people making appointments and sometimes there are strict rules about that understandably as folks are trying to manage a practice. There can be challenges with Mr. Clements and such.

[00:32:24] But it's really hopefully more important for folks to recognize how someone's experiences may influence their ability to access care and services and that it may take several attempts for someone to come in or to follow through on an appointment. While that trust relationship is being built or recognizing some of the other barriers that may exist in that person's life whether it's related to accessing transportation not having enough money to pay for bus fare or to get tokens or challenges with managing schedules when there are some of these other concerns at play or just even establishing this habit of self care because of you know all you're doing is surviving. Then you can get but a lot of things fall by the wayside. So we're also just trying to teach how to increase their quality of life and how to maintain it. Yeah I mean we often talk about Maslow's hierarchy of needs in that when someone is in a crisis situation if they're homeless or if they're in a crisis situation for another reason then it becomes rather impossible to follow through on secondary concerns. While someone is trying to resolve whatever that crisis is and so keeping appointments. Following up on health care pursuing job lead or accessing other this may not be where someone is able to focus at that point in time until whatever those crisis needs are has been resolved at least to some degree. And the trust issue is definitely really here. Sometimes we'll have two three four sessions with somebody before they're comfortable sharing the demographics with me. They want to tell me some things that are going on but I haven't convinced them yet.

[00:34:14] I think also really letting them know about their rights and being upfront with whatever you want to tell me is ok whatever you don't want to tell me is OK you can pass on questions that you don't want to answer things providers just assume people now your transplants might not know. So it's always good to meet them their bill of rights tell them everything you can do for them and tell them what they can get from you and especially when they have been discriminated against by so many providers. They might just give up more easily if they encounter a barrier with somebody or if they say they really like their doctor but they were having issues with the state of. Something I mentioned earlier. That is huge even though they only spent five minutes with that admin it could totally change their whole experience at that and maybe prevent them from even coming back even if they really like that doctors. So. So you're describing a lot of the ways that's a lack of support and respect has led to these significant barriers for trans people receiving and utilizing and accessing healthcare. That makes me wonder what can this gender or non trans people do to support and respect trans individuals. This is Shivan. I have this really great poster and my dad are at work and it's a picture of a woman waving and she has a backpack on you know just your average woman and it says this is. You wouldn't ask less about her genitals. So why would you if you knew she was transgender.

[00:35:46] So that idea of only asking the questions that you need to ask and the questions that are relative to your work and not relative to your curiosity about that person. Trans people got lots of inappropriate questions about their body parts or their partners or their daily lives. How do you pee. That's not relevant to you asking me about my history of family illnesses that just has nothing to do with it. So I think just being really aware of your boundaries and what you really do need to know and what you really don't know. Yeah as should be said I think truly one of the key things that

people can do is to educate themselves to take advantage of other trainings that exist in the community to really be aware of the issues and concerns and to take responsibility for one's own education rather than asking the people you work with or your clients to do all of educating. It is always of course okay to ask a question in a respectful manner. If you're not sure about something but there's a difference between asking a simple question and really taking responsibility for one's own education I think it's also just so important to meet someone where they are and to listen. Sometimes that makes all the difference because folks are so often accustomed to not being heard or to be marginalized or made to feel invisible and so being that presence being that safe supporting presence in someone's life truly can make all the difference in the world. Also recognizing that trans individuals and trans communities are vibrant healthy people and communities. Sometimes when there are this many challenges and issues that folks face because of histories of marginalization it can be easy to apologize an individual or a group of people.

[00:37:51] And so to remember that someone is not defined by their experiences of marginalization but that folks are healthy happy members of our communities of our families of our neighborhoods of our workplaces. And to remember that as we interact as well. Is there anything that social workers specifically can do to support and respect trans individuals. This is Shivan I think on a very basic level just standing up if you hear any kinds of trans phobic comments or phrases calling even if it's in reference to somebody who isn't even transgender. If they're saying something that's a tranny or a female or an editor any kind of slur that you may hear against friends people on a daily basis just to bring visibility to that and be like I'm not comfortable with you saying it's just kind of modeling the appropriate behavior even if you know sometimes were put in professional situations or educational situations where you might not want to be that person that stands up and has all the attention on them and that's the one fighting for everybody's rights you might not want to be that person. So the best thing to do is just to model the appropriate behavior and effect change that way. I think absolutely. I mean one of my favorite definitions of a social worker is an agent of organized social change. And so to truly embody that whether one's doing micro practice and working one on one and again taking the opportunity to be responsible for one's own education and then to provide good appropriate culturally competent care with whom you're working.

[00:39:35] And then on mezo and macro levels being that advocate standing up as Shelby said modeling good appropriate professional behavior and personal behavior but also taking on those challenges helping to make sure that our agencies or our systems are welcoming and inclusive and have protections in place that include one's gender identity and gender expression. And like you were talking about before Adrain with changing your forms making sure they're inclusive and making sure that it's not just male and female it's gender options. You know maybe providing other bikes just making every aspect of your organization as affirming as possible. I also think having images of trans people and the way they really look is important. Like any other kind of advertising or promotion of your programs you're going to want to have the people in the community represented. So if all they see are white gay men or of all they see are straight white women you know that's a cue to them that maybe they don't have the things that I need them even if they say they're LGBT friendly like they just help white people or something like that. So you want to make sure like all the materials that are really inclusive as well. Do you have any closing thoughts for us. This is Dorian. We really appreciate being able to share in this conversation with you and to help raise awareness around especially health related issues for trans individuals and communities.

[00:41:03] And to also make sure that people know that there are resources available in the community whether it should be on her or through other organizations in the area around the country and in the world and to just treat people like people regardless of their gender identities could take up and for me to every time just like you know that person just because they told you their gender identity doesn't mean you have to forget everything about what you know about them aside from that. So just treat them how you would treat anyone else. Well and even more

specifically treating them how they want to be treated. Yeah exactly. And even higher standards I think you know you have been listening to Jorie Brock and Siobhan Fitzgerald Cushing from the Pride Center of western New York discussing that Center's Transgender Health Initiative. Thanks for listening and please join us again. In social work Hi I'm Nancy Smyth professor and dean of the University at Buffalo School of Social Work. Thanks for listening to our podcast. We look forward to your continued support of the series. For more information about who we are as a school our history our programs and what we do we invite you to visit our website at www.socialwork.buffalo.edu.