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"measurable outcomes," a way of measuring effectiveness, etc. Do you think anything is lost when we talk about health care like that?

J.L.: It does matter. It has to do with the quality of those services. A lot of the focus of the ACA is on patient-centered medical homes. That's what we have been doing for 30 years now. We have been developing medical homes for people who are pretty much excluded anywhere else, (homes) that are compassionate and respectful. We look to what is achievable within the patient's own frame of reference. When we make a referral, we fully recognize the case management (needed) to help make that referral really work – that there are warm hand-offs, careful care transitions, discharge planning so that one person moves from one sort of provider to another.

A.W.: *What do you think needs to change in this country – socially, politically – for the United States to create universal health care?*

J.L.: It's the political power of the insurance companies and the for-profit health care providers. That's clear and simple, I think, to anybody who looks at it. They command something like 17 or 18 percent of the nation's economy. Somewhere between 20 and 30 percent of their profit goes into shareholder profit and other wasteful administrative costs. Health insurance executives are among the richest people in the country. It's the 1 percent defending itself.

A.W.: *The vacancy rate in Portland, like many other West Coast cities, is lower than 2 percent. The rental market is incredibly tight, and landlords are raising rent. Housing, even though it is something that everyone needs to survive, is driven by capitalism.*

J.L.: Absolutely. It's capitalism run amok. Our economy treats housing and health care as commodities, as things to be bought or sold for profit, not as the fundamental human right that we understand they are. They are necessary for our survival. They're so basic. I try to talk about Abraham Maslow's needs hierarchy. Shelter, food and clothing are right there at the bottom, before you can advance economically or psychologically. It's a fundamental need that the capitalist system does not accommodate willingly.

The McKinney-Vento act got passed in 1987 because Mitch Snyder was starving himself to death (in Washington, D.C.). Many people were expressing a lot of outrage of this sudden influx of homelessness when Reagan cut the HUD budget by 75 percent. What we lack now is that sort of powerful grassroots movement. We need to see more on that political front around housing.

Rally for health care and housing

What: Rally for housing, supportive services and health care, organized by the National Health Care for the Homeless. The rally is open to the public.

When: 4:30-5:30 p.m. Thursday, June 2

Where: Directors Park, downtown Portland.

Portland's low-income clinics pioneer safe health care for transgender patients

BY AMANDA WALDROUPE
STAFF WRITER

Hours after the Obama administration's May 13 announcement that public schools must allow transgender students to use bathrooms corresponding to their gender identity, the administration announced a second directive making it illegal for insurance companies to deny insurance coverage and services based on their gender identity.

The directive will make it easier for transgender people to have the medical services and surgeries necessary to transition – including hormone replacement therapy and sex reassignment surgery – covered by their insurance companies.

Some insurance providers in Oregon already provide coverage for transgender-related health care, including the Oregon Health Plan, which began offering transgender benefits last year.

"Oregon has always been a leader and a state that spearheads the health and wellness of transgender people," said Jazz McGinnis, the trans services coordinator for Outside In, a homeless youth service agency.

When McGinnis, who is transgender, heard the Oregon Health Plan would cover transgender services, he was overcome with a feeling that "my state felt like my life was important."

"That was not a message I received from a government agency before," McGinnis said.

Acceptance of transgender people and transgender rights remains elusive in America, but nowhere can it be more apparent – and heartbreaking for a transgender person – than in the country's health care system, where transgender people routinely face discrimination, harassment, poor medical care or none at all.

"Very often, our health care system sticks with a gender binary and very little understanding of people who experience a different gender identity than their sex assigned at birth," said Eowyn Rieke, the associate director of medical care at Central City Concern's Old Town Clinic.

It is all the more paradoxical given that transgender people need the health care system to transition – a step fundamental for transgender people to have an identity and sense of self that reflects who they are.

That critical intersection has prompted the National Health Care For the Homeless Council to specifically address the issue during its national convention in Portland at the end of May. Both Rieke and McGinnis will speak before health care and homeless professionals across the country.

Social services in Portland that provide health care to homeless people, such as Outside In and the Old

Town Clinic, have been some of the first organizations in Portland to adopt practices that make their clinics safe and affirming for transgender people.

Transgender people are disproportionately represented in the homeless population, especially among homeless youth, where up to 40 percent of homeless youths identify as transgender or gender fluid – a mix of both traditional genders.

Rieke and others say that the basic mission of the Old Town Clinic – serving low-income people and people marginalized from society – made changing the way the clinic's staff communicates with transgender patients, and some aspects of how care is provided, a no-brainer.

"Just like other traditionally undertreated groups, transgender people need to feel like the system is considering their existence," Rieke said.

Outside In opened Portland's first primary care clinic specifically designed to serve transgender people in 2004. Executive Director Kathy Oliver said

Outside In always made serving LGBT youths a priority since they made up such a large percentage of the homeless youth population. After a few years, she noticed that "clients were focused more on gender identity than sexual orientation."

She said she also noticed it "was a continually growing and expanding group." Over time, the clinic, which was operated by volunteers twice a month, began attracting a bigger client base.

"Outside In was positioned in a place where we were seeing a lot of marginalized folks for care," McGinnis said. "Low-income, uninsured people or people living in poverty (who were not homeless youths) began to come to us. No one was doing trans-inclusive care."

The effects of not receiving adequate care can be devastating. Transgender people may not get the hormones or surgeries they need and they may avoid receiving health care altogether, letting other diseases and illnesses go untreated.

McGinnis said the problems transgender people experience in trying to access care and develop a patient provider-relationship with a primary care doctor are "institutional as well as individual."

The discomfort, discrimination and barriers to accessing health care can start the moment a transgender patient walks into a provider's office.

Hospitals and clinics may prohibit people from using bathrooms or changing rooms that correspond with their chosen gender.

Medical forms ask patients to check a box that labels them as male or female. There is no place for a person to say that they are transitioning or are gender fluid.

"It's uncomfortable for some people to answer that question because their physical anatomy may not match

"Just like other traditionally undertreated groups, transgender people need to feel like the system is considering their existence."

EOWYN RIEKE,
ASSOCIATE DIRECTOR OF
MEDICAL CARE AT OLD
TOWN CLINIC

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