



SOLIDARITY

P R O J E C T

MARCH 2007 • Issue 3

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<http://www.champnetwork.org/index.php?name=solid>

Gender and HIV Risk

When we discuss gender and HIV/AIDS, it's usually in the context of the pandemic's impact on women who are born in female bodies, grow up identified as female, and are expected to perform roles in their society as determined by this gender. And the issues of power associated with gender are clear and pressing in the growing epidemic among women worldwide.

However, our efforts against AIDS require that we look at gender as more than just a way we talk about how sexism and violence against women fuel the pandemic. One understanding of gender is not as two fixed poles (male and female), but as a spectrum that includes many different experiences and expressions of gender identity. Gender, and ideas about gender, shape the way the world treats people who don't fit into the most rigid definitions of female and male. Transgender people—those who live as a different gender from the one assigned to them at birth, embrace aspects of both genders, or identify themselves as being of a third gender—face extremely high rates of HIV and physical violence.

People who are born male and identify as such may be marginalized or attacked as well if others perceive them as being “feminine.” It has been argued that homophobia may have its roots in sexism. Author [Suzanne Pharr](#), who works with domestic violence survivors, writes that some straight men may seek to harm gay men for being “traitors” to the power structure that gives men privileges over women. This treason shows the world that it's not inevitable that men will always have power over women. Because many men have targeted women for abuse, they fear the possibility that they could be treated that way themselves, so any break in male ranks threatens them.

As Shivananda Khan and others write in their essay “Eyes Wide Shut,” the constant threat of violence against men who are seen as feminine also increases their risk for HIV. So the links between HIV,

gender-based violence, and the rules of gender that everyone is expected to follow affect not just women and transgender people, but men who are seen by others as feminine.

In this issue of the Solidarity Project, we discuss gender in terms of HIV risk and the importance of allowing people to say for themselves who they are in order to help fight gender-based violence and HIV.



Ain't I a Woman?

Respecting self-defined gender identities for effective HIV prevention

— Suzy Subways, Editor, Solidarity Project

Transgender women worldwide, and people whose gender expression doesn't fit strictly into male or female, are among the groups with the highest HIV risk. Yet they are often marginalized—including within the AIDS community. To develop prevention programs that truly serve and empower these communities, we need to listen as they define their needs and their own identities.

Individuals and communities may define themselves using different words, but in general these definitions are useful in the United States and some other countries: **Transgender** is understood as a term for a range of identities, including people who may or may not choose surgical or hormonal treatment. **Trans** and **gender non-conforming** are terms often used to include people who, for varied reasons, don't define themselves as "transgender." **MTF (male to female)** refers to someone assigned male gender at birth, for whom the assigned gender does not fit. **FTM (female to male)** refers to someone assigned female gender at birth, for whom that does not fit. **Transwoman** and **transman** identify someone as being a member of the gender they live as every day, while also identifying them as trans.

"Tens of thousands of transwomen of color have died of AIDS, and the sad thing is, they have been counted as men who have sex with men (MSMs)," says Jessica Xavier, a Washington D.C.-based researcher on trans health issues and a transwoman herself. A lack of funding has prevented large-scale research, but small studies have shown HIV rates among transwomen in nine U.S. cities ranging from 4 percent to 47 percent, compared to well below 1 percent in the U.S. population as a whole.

Shut out of education, housing and employment, many transwomen and gender non-conforming people—especially those in the Global South and transwomen of color in the U.S.—rely on sex work to survive. A 2000 survey conducted in Buenos Aires, Argentina, found that 89% of *travesti* were sex workers. According to a 1993 study, 68% of transwomen sex workers in Atlanta were HIV positive.

In the U.S., most transgender women identify as just that—women. But gender non-conforming people in many countries define themselves differently. Although *travesti* in Argentina live every day as women, most *travesti* activists identify themselves as belonging to their own gender, Lohana Berkins of [ALITT](#) (Asociación Lucha por la Identidad Travesti y Transexual) in Buenos Aires writes in a document prepared with the International Gay and Lesbian Human Rights Commission ([IGLHRC](#)). On the Indian subcontinent, a third gender has existed from the earliest Hindu and Islamic records. The *hijra* activist group [Dai Welfare Society](#) estimates that half of the *hijra* in Mumbai, India have HIV. In the Zapotec indigenous culture of Oaxaca, Mexico, *muxhe* "refers to the effeminate man with a feminine gender identity, as a similar identity to the transgender but with [unique] characteristics," said Amaranta Gomez Regalado, a *muxhe*-identified representative from National Strategy about Prevention Care and Treatment in HIV/AIDS for Indigenous People in Mexico, in a [presentation](#) at the 2006 global AIDS conference in Toronto.



These diverse groups may share similar sex-related HIV risks to both MSMs and many non-trans women, just as their risks for violence are similar—transwomen often face both gay-bashing and domestic violence. But their prevention needs are different. The key to HIV prevention is to respect the identities and priorities expressed by each community for itself.

Among U.S. transwomen, gender identity comes first. Many have told researchers that they have unprotected sex because it validates them as women. San Francisco transgender activist Adela Vazquez said (also in a [presentation](#) at Toronto) that transwomen sex workers there use condoms with clients, but often not with lovers. “Loving and being loved—it’s not something that comes easy to a transgender, keeping in mind that rejection and oppression are present...from a very young age,” she said. “Unsafe sex and no limitations are given to him to show devotion.”

Xavier agrees: “Sex is a very deeply affirming thing for most humans. It’s easy to define yourself in terms of your relationship if you’re a woman. It’s especially precarious for transwomen. If you’ve got a man, the world sees you as a woman. If the guy leaves, what are you then?”

HIV prevention efforts that don’t recognize transwomen as women will never grasp this key concept. Low self-esteem has been proven a major factor in risky sex and drug use in other communities, Xavier argues, so the best programs for transwomen would improve self-esteem through access to transgender care, especially safe hormonal therapy. She cites a 1998 New York City [study](#) that provided hormones to HIV positive transwomen of color, who then substantially reduced risky behaviors like injection drug use, unprotected sex, sex work and needle-sharing for hormone injection. Funding is needed for a similar study with HIV negative transwomen.

Although free, safe hormonal therapy is not provided yet at most health programs serving trans communities in the U.S., several cities have clinics that do offer affordable hormone treatment to trans people using an informed consent process. Some syringe exchanges also provide hormone and silicone syringes, as well as education about hormone dosages and proper injection techniques.

Research and HIV prevention services are also needed for transmen, some of whom may be engaging in unsafe hormone injection or high-risk sex. There is little data available on the HIV risks of transmen. Many transmen have sex with men, and it has been estimated that as many as a third identify as gay men.

Drop-in centers in several cities provide safe spaces where trans people can relax, shower, socialize, eat, find counseling, learn about safe hormonal therapy, and participate in workshops facilitated by other trans people. Rick Feely of Philadelphia’s [Trans-health Information Project](#) (TIP) says that his program is one of two transgender demonstration projects funded and given special attention by the CDC; the other is in Los Angeles. TIP hopes to receive formal evaluation after this process, which would give it an opportunity to become a CDC Effective Behavioral Intervention, the officially sanctioned programs that most organizations have to choose between to get funding. None of them currently target trans populations. “It’s exciting,” Feely says. “At the same time, it can get tricky—the data collection involves assumptions about what genitals people have. But the fact that we’re going in this direction is very important.”

Globally, AIDS activists and funders must support the efforts of gender non-conforming people who are organizing to define their needs. And we all must demand that those needs are met.



TAKE ACTION

Support the human rights of trans and gender non-conforming people around the world and in your community. We can do this by advocating for anti-discrimination laws, demanding research into drug interactions between HIV meds and hormones, responding to action alerts, and in many more ways.

If you want to be an Internet activist, get the [International Gay and Lesbian Human Rights Commission's](http://www.iglhrc.org) (www.iglhrc.org) latest updates from activists worldwide (<http://www.iglhrc.org/site/spanish/en-espanol>). IGLHRC keeps in touch with gender non-conforming and trans activist organizations in 25 countries, mostly in Latin America but also in South Africa and several Asian countries, as well as Europe and North America. Sign up for their email list in English and Spanish to act on urgent human rights alerts.

If you are a gender non-conforming person of color living in New York City, join the weekly meetings of [TransJustice](http://www.alp.org/organizing/tj.php) (www.alp.org/organizing/tj.php), an activist group that organizes protests and an annual job and education fair.

If you work at an AIDS service organization:

1. The [YES Center](http://www.yescenter.org/TransgenderResources.aspx) (<http://www.yescenter.org/TransgenderResources.aspx>) at George Washington University offers online training in transgender competency for HIV service providers.
2. The [Transitions Project](http://www.caps.ucsf.edu/projects/Transitions/) (<http://www.caps.ucsf.edu/projects/Transitions/>) at the Center for AIDS Prevention Studies offers consultation, training, capacity-building and technical assistance throughout the U.S. to improve HIV prevention services for trans communities of color and HIV positive trans people.
3. In addition to providing services designed by and for gender non-conforming people, TIP's Rick Feely recommends these changes to truly welcome trans people into your space: "Change your forms to start counting trans people as trans, hopefully with MTF and FTM options. Make no assumptions about people's trans status or their genitals. Anyone you are talking to could be trans. Listen [to people], take people seriously, and make sure you use the correct name and pronouns."



Amanda Paez, 45
Los Angeles
Health educator, counselor,
and activist
[Transgéneros Unidas](#) and
DIVAS at Bienestar, a
grassroots, nonprofit provider
of HIV/AIDS services for the
Latino community and other
under-served communities

Amanda's Story

— As told to Pedro Soto

My name is Amanda Paez. I'm a Latina transgender from Mazatlan, Sinaloa Mexico. In this letter, I would like to tell you the history of the kind of lifestyle that we have to live because our society doesn't allow us to be something in their life or workplaces.

The life of our community is terrible, because the only options that people give to us are to be a prostitute, drug dealer, hairdresser, cook, or in show business. Our community is marginalized and discriminated against by all people because of our desire to live a different kind of life. People don't understand. They want us to be what they want us to be—and it's not fair. We can make our own decision. We are human beings and we live in the same world, we have the same blood. We are not Martians or devils. We only want an opportunity to show people our skills and imagination, to get responsibilities, and make things better. Family and society don't understand us; they think that we are crazy.

We transgenders suffer a lot of discrimination and hate from homophobic people who sometimes hit us or kill us. Society is cruel to us—we have to fight for our rights. Sometimes we win, but almost all the time, we lose. It is hard to be someone in this society if you are a transgender and Latina. Thanks to Bienestar, I am working, making a difference, and I have my right to be someone now. I would like to be a good leader for my community. That community is Transgeneros Unidas—the famous "DIVAS."



Everybody's Got One

Why the whole world needs rectal microbicides, and what you can do about it

People associate anal sex with gay men—and homophobia can make it not only a topic that many people avoid, but also something they won't admit to doing. In a 2005 survey by the National Center for Health Statistics, 35 percent of U.S. women between ages 25 and 44 said they had had anal sex with a man. Surprised? Anal pleasure may be much more common than many of us assume.

"Anal sex is ten to 100% more effective in transmitting HIV than vaginal sex," says Jim Pickett, chair of the International Rectal Microbicide Working Group (IRMWG). Microbicides are topical gels or other compounds, some now in late-stage clinical trials, designed to be applied before sex to prevent HIV infection. But a vaginal microbicide, while desperately needed, may not work in the rectum, although people are likely to use it for anal sex. And it could even be dangerous, creating irritations or other conditions in the rectum that might increase the chance of transmission. That's why IRMWG is calling for rectal safety studies for the vaginal microbicides that are now in development.

In addition, the international group believes that microbicides specifically for rectal use must be developed. "A safe and effective rectal microbicide would benefit all people who have anal sex with men, which includes vast numbers of women around the world," Pickett says. And men who have sex with men, who make up a large percentage of new HIV infections, need new prevention tools. In January, amfAR, the Foundation for AIDS Research, awarded nearly \$1 million in research grants to projects that will contribute to the development of prevention technologies for anal sex.

But much more needs to be done—from advocating for research dollars to making it a priority in the fight against AIDS. "There is societal discomfort in talking about anal intercourse," Pickett says. "There have been attempts to marginalize the issue." IRMWG has a steering committee of 17 people from all over the globe, some of whom are scientists. Sign up for the listserv at www.lifelube.org to get involved in advocacy, or just to stay informed.

— Subways

Excerpt: Eyes Wide Shut

Violence, stigma and social exclusion MSM, HIV and social justice in South Asia

Shivananda Khan, founder and chief executive of the India-based AIDS organization [Naz Foundation International](http://NazFoundationInternational.org) (NFI), wrote this essay in 2004 along with NFI legal consultant Aditya Bondyopadhyay and human rights activist Dr. Carol Jenkins. The authors discuss how the frequent violence, including rape, against men who appear to be feminine puts them at increased risk for HIV. The essay refers to men who are "feminized," meaning they are seen as feminine by other people and not considered real men. It also refers to people who consider themselves to be of a third gender, neither women nor men.

Torture and sexual assault by police personnel of Nyappanahalli police station

(report from a hijra in Bangalore, India. 19/6/04)

Metis attacked by police coming out of a nightclub in Kathmandu

(report from Blue Diamond Society, Kathmandu, Nepal, 15/5/04)

Outreach workers of local MSM sexual health project, and international NGO staff arrested for 'promoting homosexuality'

(report from 8/7/01, Lucknow, India)

Kothi field staff sexually assaulted by police

(report from Bandhu Social Welfare Society, Dhaka, Bangladesh, 15/8/03)

(Note, metis and kothis are local terms used by feminised males who have sex with males in Nepal, and Bangladesh/India respectively for themselves. In Pakistan the term used is zenana.)

It can go on. People abused, violated, arrested, threatened, blackmailed, beaten because they happen to be hijras, kothis, or effeminate gay men. The very state agencies that are meant to protect citizens, actively support, or even directly involve themselves in targeting males who have sex with males, particularly those who are feminised.

More than just the fact of male to male sex, a central real issue is the abuse, sexual assault and violence. Males with feminised demeanour or gendered identities are considered "not men" and are perceived to be penetrated by "real men." Such penetration is considered to degrade the masculine status of such males and therefore give "real men" the right to target and abuse them.

87% of respondents in a study conducted in Bangladesh stated that they have been subjected to sexual assault or rape because they were effeminate. The situation is not much different in other countries of South Asia.

Such violence and terror has a dramatic impact on any focused HIV/AIDS sexual health intervention that works with male-to-male sex, not to speak of the devastating effect it has in creating an atmosphere where such males are incapacitated from taking effective measures to protect themselves from the infection..."

Download the complete essay at <http://www.nfi.net/essays.htm>

The [Treatment Action Campaign](#) (TAC) in South Africa produced these posters to emphasize the connection between gender-based violence and HIV risk. Check out [New Leaders, New Media](#), part of TAC's Women's Rights Campaign, for slideshows and profiles of South African women AIDS activists.



Gender-Bending links and activist resources

Links en Español:

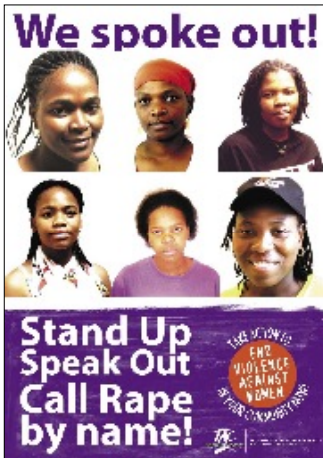
[INVISIBLES Y EXCLUIDOS: LA INFECCIÓN VIH/SIDA ENTRE HOMBRES QUE TIENE SEXO CON HOMBRES \(HSH\) EN AMÉRICA LATINA](#)

John Harold Estrada Montoya's academic discussion of gender and social factors related to MSMs' HIV risk in Latin America.

[Violencia de género en México: La tragedia sin fin](#)

Por Adrián Reyes

Enkidu magazine news article about violence against women in Mexico.



Bilingual links:

Institutional Memoir of the 2005 Institute for Trans and Intersex Activist Training (PDF)

English: <http://www.iglhrc.org/files/iglhrc/LAC/ITIAT-Aug06-E.pdf>

Español: <http://www.iglhrc.org/files/iglhrc/LAC/ITIAT-Aug-P.pdf>

Report from IGLHRC's Latin American Training Institute, summarizing discussion and viewpoints from trans activists in Latin America, including activist demands for improving HIV services.

[The Rights of Transvestites in Argentina](#) (pdf)

English: www.iglhrc.org/files/iglhrc/reports/Argentina_trans.pdf

Español: <http://www.iglhrc.org/files/spanish/documentos/QUI%C9NES%20SON%20LOS.doc>

A report by Lohana Berkins, founder of ALITT (Asociación Lucha por la Identidad Transvesti y Transexual), detailing human rights violations against transvestites in Argentina, with recommendations to end such abuse.



English links:

[Human Rights Violations against the Transgender Community: A People's Union for Civil Liberties \(PUCL\) Report](#)

Human rights violations of Kothi and Hijra Sex Workers in Bangalore, India



[Asia Pacific Network of Sex Workers](#)

"The health and human rights of sex workers must be seen as both essential elements of overall HIV prevention strategies, and legitimate ends in themselves." Activist resources, research documents and photos, with a strong transgender presence

[HIV/AIDS Risk Factors Among Transgender People in the U.S.](#) (pdf)

Jessica Xavier's compilation of available data, with city HIV statistics and implications for effective prevention efforts.

[Transgender and HIV: Risks, Prevention and Care](#)

This 2001 book collects reports on HIV's impact on trans people globally, and offers recommendations for prevention and care. Edited by Walter O. Bockting, PhD, and Sheila Kirk, MD.

[Cruel and Unusual](#)

2006 documentary film on the lives of transgender women in U.S. men's prisons, with the women telling their own stories of survival.

[Remembering Our Dead](#)

Gwendolyn Ann Smith's record of people murdered in transphobic attacks, with photos of those killed, any available biographical information, and details of the crime.

Online AIDS Activism

A training from CHAMP Academy

— Lei Chou

As an AIDS activist, your grassroots power can be amplified dramatically via the Internet. Developing an email list and releasing action alerts—asking people on your list to take a certain action on a political issue—can help you build a strong network of activists. People in the U.S. can respond to calls from activists around the world, strengthening and harnessing the power of our international solidarity. Here are some tips for putting together effective email lists and action alerts.

Guerrilla tactics for collecting email addresses:

- Attend community events and ask people to fill sign-in sheets with their contact information
- Volunteer as an advocate at a local AIDS service organization
- Join a community advisory board
- Search online databases:

[National Prevention Information Network, U.S. Centers for Disease Control](#)

[National Minority AIDS Council list of community-based organizations](#)

[thebody.com's state-by-state list of organizations](#)

Your state department of health



Maintaining your email list:

- Remember that email addresses are temporary in nature, because it is so easy to change them.
- Expect a lot of people to unsubscribe from your list. You'll need to continually find new people.

Keep up to date so that you can be a solid, reliable source of information:

- [Kaiser HIV/AIDS Daily Report](#): the top AIDS new stories summarized and emailed to you every morning
- [Google News Alerts](#): tell Google what kind of news you need to know, and they will find it for you

Provide a service:

- Send out reminders for conferences and scholarship opportunities.
- Help collect organizational and individual signatures for sign-on letters.
- With a global issue, bring the voices of international activists into your message and tell your readers how it relates to communities here. Give national issues a local spin by saying how the issue directly affects people in your area.
- Send timely action alerts—make sure that your readers can make an impact.

Take extra care in crafting your email messages:

- The subject line must grab people's attention.
- The body of the email should be short and to the point. For longer pieces, create a link that people can click on to read the whole thing.
- Be considerate about the volume of email you send out.

Don'ts:

- DON'T USE ALL CAPS, IT'S VERY ANNOYING!!!!
- Don't beat people over the head.
- Don't guilt-trip people—be positive and proactive.
- Don't take rejections personally.
- Don't send attachments.
- Don't get discouraged.

Is Your Action Alert Ready to Circulate in Cyberspace?

A NetAction Checklist

- Will readers know who sent the action alert?
Clearly identify your organization as the source of the action alert.
- Will readers know how to contact your organization?
Include complete contact information: email address, postal address, web site address, phone number and fax number. Whenever possible, include the name, title, and phone number of the person to contact with questions.



- Will readers know if the action alert is timely?
Always include the date that your action alert is distributed and the date by which action is requested. (And don't forget to include the year!)
- Will readers be compelled to read the action alert?
Communicate a sense of urgency with a provocative or compelling subject line, so readers will open the alert and take action. Never leave the subject line blank.
- Will readers understand why action is important?
Include clear, concise background information, pointers to Web sites with more information, and the key points to communicate. Avoid jargon and keep the format simple with short paragraphs, section headings, and horizontal lines. Don't assume the reader is familiar with the issue.
- Will readers know what action to take?
Be specific about what you want the reader to do. Include the postal address, fax number or phone number if you are asking readers to write letters, send faxes or make phone calls. Include a pointer to online information to help readers locate their elected representatives.
- Are you sure of the facts?
Electronic action alerts can circulate around the world in minutes. Since you won't know exactly who sees your alert, factual errors aren't easily corrected. Verify facts by checking with a trusted organization or individual before you hit the "send" key.
- Are you building your base of support?
Always include information on how readers can join your organization, volunteer to help, subscribe to (or unsubscribe from) the action alert list.

Highly recommended reading:
[Comprehensive guide for online activism](#) by NetAction



293 Oxford Street, Providence, RI 02905
t. 401.427.2302 f.401.633.7793
32 Broadway, Suite 1801, New York, NY 10004
t. 212.937.7955 f.212.513.1367
www.champnetwork.org
email: champ@champnetwork.org