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Book Review: The remedy: Queer and trans voices on health and health care

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***The remedy: Queer and trans voices on health and health care*, by Z. Sharman. Vancouver, BC: Arsenal Pulp Press 2016. 256 pp. \$18.95.**

In the past several years there has been an increased attention of queer and transgendered persons by the media. With bathroom bills, military bans, and celebrities coming out as transgender or queer, no time in history has so much focus been on these marginalized populations. However, increased attention does not necessarily mean an increased understanding of the unique issues queer and transgendered persons face on a daily basis. Mundane experiences can take on a completely different meaning and generate negative, stressful experiences for queer and transgendered persons if respect and consideration are not exercised. And as this text illustrates, addressing health issues and visiting health care professionals are often unpleasant experiences for these individuals and can often lead to them not accessing health care at all.

Research regarding queer and trans experiences with health and healthcare is beginning to emerge, and editor Zena Sharman begins this edited work with an Appendix of statistics that highlight important queer and trans health disparities. This is done in order to familiarize the readers with the health impacts of homophobia, transphobia, and biphobia. However, Sharman makes a point to ensure that the remainder of the work gives a voice to the queer and transgendered individuals who struggle with these issues on a daily basis. The text consists of over 30 pieces written by queer and transgender individuals, many of them persons of color. Page after page offers poetry, anecdotal essays, profiles of helpful resources, and even a comic that illustrate the experiences these individuals have had regarding their or a loved one's health and/or with health care professionals. The narratives speak of feeling invisible and not acknowledged by health care professionals; experiencing trauma and depression due to this invisibility; the importance of support and community to promote their positive health outcomes; and the desire for safety, trust, and respect when they access health care.

A common theme throughout the text is that of invisibility. Queer and trans individuals are acutely aware of their non-representation in the training health care providers receive and the environments in which they seek health care. Medical forms do not have places for their gender identities. Medical staff refer to them by their legal names, also known as "dead names." Staff assume that the patient's partner is a biological family member, such as a sister or mother. Staff won't allow a transman who has breast cancer wait in the waiting room because it is "for women only." soma navidson's "Unlearning" was especially enlightening, as they are a trans person enrolled in nursing school. They were continuously reminded

that medical training is based on the idea of only two genders. Examples of families were of heterosexual families. An instructor states that the 3 risk factors that cannot be changed are age, race, and gender. Navidson proposes that by focusing on socially engrained ideas of gender—that there are only two—enables the entire medical field to have the excuse to not do research that is relevant to trans and gender variant people. They propose that medical curriculum incorporate trans concerns into all aspects of the curriculum, instead of only focusing on when these individuals access trans-specific care.

Another issue that surfaces in these narratives is that of trauma due to this invisibility. The anxiety one feels when their “dead name” is used. The depression one may experience due to gender dysphoria. The feeling of being pathologized by health care providers and therapists due to a lack of understanding, respect, and empathy in these situations. “Mind Your Words,” by Xeph Kalma, puts the reader in that traumatic experience, as she speaks about the night she wanted to commit suicide and her subsequent visit to the emergency room. Even though she is a transwoman who had “female” written on all of her forms and in her file, the staff continuously called her “him” due to her appearance. This was just a reminder as to why she was in the emergency room in the first place. The way she was treated in the emergency room—misgendering, dead naming, and a lack of discretion—is dangerous not only for her, but for other trans individuals. Kalma confesses that instead of staying and receiving “help,” she left, stumbled around the city, and slept on the street. This is telling—that she would rather do this than stay and continue to be traumatized by the individuals who are supposed to help her.

Many of the entries discussed the need for support and the importance of their queer and/or trans community to help them through times when they or their loved ones have had health issues. It is illustrated that “family” to health care professionals and “family” to the queer and trans communities are not the same. For many queer and trans individuals, biological families have shunned them, so they have created families of their own consisting of the friends and connections they have made in their communities. Kelli Dunham related such experiences in her essay “Our Caregiving, Ourselves.” When her partner was sick and a lot of “queer” family came for visiting hours, the staff implemented a “rule” about who could visit. Only one specific person could visit during visiting hours, so there wouldn’t be different people visiting for that shift. Essentially, this eliminated “swap outs” so that multiple individuals could take turns holding vigil. She notes that patients who had small nuclear families weren’t affected by this “no swap out” rule. Although the staff were cognizant and

respectful of her role as “partner,” they couldn’t understand who all the other people were. Dunham proposes that this “care giving team” shouldn’t be seen as a pesky problem but a model of group care giving that is often lifesaving.

The strength of this work lies in its ability to do what it set out to do: putting queer and trans voices at the center of the conversation about queer and trans health. By bringing awareness to this subject, it likely will help cultivate safety, trustworthiness, and respect this community desires to have when accessing health care services. This text is important for many different audiences. Health care professionals should read this book to understand how their action or inactions can have adverse effects on this population. It will help them to “First, do no harm” as they are sworn to do. Researchers should also read this text as it provides a comprehensive picture regarding the data they are collecting and analyzing. It may be a powerful experience to realize the stories behind the data points, because this humanizes statistics. This text is also relevant for anyone wishing to understand the unique issues these individuals struggle with every day. It is quite humbling to realize the privilege of having mundane and routine experiences with health care providers. Finally, queer and trans individuals will benefit from reading this book. It is likely they will find comfort in the fact that they can relate to the experiences found in these pages and as well as utilize the resources that are highlighted in the text. Perhaps this will provide an additional sense of solidarity and confidence when addressing these issues in the future.