



An Open Letter to the 2011 National HIV Prevention Conference Community on *Transgender Justice* from the HIV Prevention Justice Alliance (HIV PJA)

August 2011

In the United States, the transgender and gender variant population is disproportionately affected by HIV, with prevalence estimates ranging from 15-42%.^{1,2}

Transgender people of color, more than any other community, report HIV infection at substantially higher rates.³ Institutionalized and racialized transphobia, structural violence, and discrimination contribute to both the severity and the invisibility of the epidemic among transgender and gender non-conforming people.

In order to meet the President's goals of reducing new HIV infections and reducing HIV-related disparities and health inequities as laid out in the National HIV/AIDS Strategy,⁴ we need:

- standardized data collection that accurately reflects individuals' sex and gender
- prioritization of research informing HIV prevention, treatment and care for transgender people, including institutionalized collaboration between transgender communities and researchers
- demonstrated inclusion of transgender people in presentations and publications, or justification of the reasons for excluding them
- training and educational materials about what is known about transgender people and HIV and how to improve surveillance, research and programmatic efforts.

Conducting research on the health status of transgender and gender variant people has challenges that must be acknowledged and addressed. Operationally defining and measuring sexual orientation and gender identity is one of the main research challenges recognized in the recent Institute of Medicine report on the health of lesbian, gay, bisexual and transgender people.⁵

While there is currently no universally accepted measure of gender variance and gender non-conformity, the Center of Excellence for Transgender HIV Prevention recommends "asking two questions instead of one to both validate a person's present gender identity and also understand their history: 1) What is your sex or gender? and, 2) what sex were you assigned at birth?"⁶

We applaud CDC for recent advances addressing challenges in data collection on transgender people, but more work is needed to ensure that transgender people are not rendered invisible or mischaracterized. Transgender and gender variant people should not be collapsed into the inaccurate "MSM" category, unless they are indeed men who have sex with men. It must be made clear if transgender women are included in the broader category of women, and if so, in what proportion. Without these actions, accurate data is not accumulated, limiting the development of effective prevention, treatment and care policies. HIV data should help researchers, policy

¹ UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender People. 2009. Available at http://data.unaids.org/pub/report/2009/jc1720_action_framework_msm_en.pdf.

² Operario D, Soma T, Underhill K. Sex work and HIV status among transgender women: Systematic review and meta-analysis. *J Acquir Immune Defic Syndr*. 2008;48:97-103.

³ Grant JM, Mottet LA, Tanis J, Harrison J, Herman JL, Keisling M. *Injustice at Every Turn: A report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011.

⁴ The White House Office of National AIDS Policy. National HIV/AIDS Strategy for the United States. July 2010. Available at: <http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf>

⁵ IOM (Institute of Medicine). 2011. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington, DC: The National Academies Press.

⁶ Sausa LA, Sevelius J, Keatley J, Iniguez JR, Reyes M. (2009) *Policy Recommendations for Inclusive Data Collection of Trans People in HIV Prevention, Care & Services*. Center of Excellence for Transgender HIV Prevention: University of California, San Francisco. Available online at: www.transhealth.ucsf.edu

makers, and program implementers develop, enhance, and improve care and prevention services. Inaccurate or complete lack of data does not help further this goal. To ensure increased accurate data collection and representation of trans people in research, transgender people must themselves have a systematic voice in research from its conception, planning and conduct through the dissemination of research findings.

We call on NHPC attendees, community based organizations, and AIDS service providers in attendance at NHPC to join the HIV JPA in calling for transgender justice as a key component of gender justice and HIV prevention. As such, we issue the following requests:

Any presentations on programs or research must consistently articulate:

- *methods of collecting gender information*
- *demonstrated inclusion of transgender people as distinct demographic categories, and/or their proportionate inclusion in broader categories, or justification of the reasons for their exclusion*
- *what has been done to address challenges in identifying and documenting transgender people in research and programs*

In addition, the HIV PJA recommends that HIV prevention organizations, clinical providers and researchers commit to:

- adopting best practices in data collection, analysis and presentation on gender
- accurately assessing if they have capacity and competence to serve transgender people, and if not, partner with organizations that do and ensure they are funded for that work
- developing, implementing and maintaining programmatic and/or clinical practices to ensure that there is top quality, cultural competent service provision for transgender individuals
- prioritizing the hiring, training, retention, leadership development and promotion of transgender people, including transgender people of color, in our organizations and in visible positions of power

Public and private funding sources should not only hold funding recipients accountable for practices in all areas regarding transgender and gender variant people, but actively provide appropriate support to enable grantees to change, improve or sustain these practices.

At this conference, acknowledging the lack of inclusion of transgender and gender variant people when presenting research studies and program information and describing the limitations of the data as it applies to prevention and care for transgender and gender variant people is a positive step forward on the long road to gender justice.

The social drivers of injustice against transgender people, including stigma, discrimination, economic marginalization and mass imprisonment, are the very same drivers of the HIV epidemic in the United States. Thus, transgender justice is an integral part of HIV prevention justice.

We will continue to develop our call to action on these and other LGBTQ and gender justice issues. We encourage further dialogue and debate, and invite you to join our HIV Prevention Justice Alliance working group on LGBTQ Rights and Liberation.

Join us for LGBTQ Rights/Liberation Working Group meetings at NHPC: Monday August 15 at 12 p.m. Marietta Room, Hyatt Regency Conference Level. For more information: info@preventionjustice.org.

The HIV Prevention Justice Alliance (HIV PJA) is a coalition of more than 80 organizations and a network of 13,000 individuals working at the intersection of HIV/AIDS, human rights, and struggles for social, racial, gender, and economic justice. Since 2007, our network of thousands of activists, researchers, service providers, and change-makers is mobilizing in the fight for human rights and HIV prevention justice.