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## **Making a Gender Transition in Northwest Arkansas: Issues of Access and Civil Rights in the Health Care System**

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Making a Gender Transition in Northwest Arkansas:  
Issues of Access and Civil Rights in the Health Care System

A thesis submitted in partial fulfillment  
of requirements for the degree of  
Master of Arts in Journalism

by

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Bachelor of Arts in Journalism and English Literature, 2010

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**Abstract**

The transgender population in Northwest Arkansas has difficulty in finding quality, accessible healthcare for gender transition-related procedures and for basic medical needs as well. These difficulties stem in part from a complex combination of discrimination, lack of information and training for proper treatment and care. This study takes a look at what is and isn't available to transgender people in Northwest Arkansas and why they travel to other states and countries to seek healthcare.

**Disclaimer to University of Arkansas Graduate School:**

This thesis is under the special/professional project option of the Walter J. Lemke Department of Journalism, which is unlike a traditional academic thesis. It “allows graduate students the flexibility to create a thesis project tailor-made to advance their career goals,” including the production of a series of newspaper articles. That is what this thesis is intended to be. One lengthy article was written with intent of publication in the local *News* section of the *Northwest Arkansas Democrat-Gazette*, and the other was written with the intent of publication in the *Our Town* features section of the same newspaper.

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**Making a Gender Transition in Northwest Arkansas:  
Issues of Access and Civil Rights in the Health Care System**

**Part One**

Dale Manning has an opening line for all the doctors he sees. “I have no mams to gram, I have no paps to smear and no prostate to check,” he tells them. When they inevitably take a minute to process it, Manning clears it up with, “I’m transgender.”

Having an opening line helps break the ice, he says, in a long process that many transgender people in Northwest Arkansas have to go through to find even one doctor who will agree to see them at all and treat them for basic healthcare needs—such as broken arms or getting the flu. Finding a medical doctor who will guide them on the journey of making a gender transition is even more rare and difficult, he says.

Being transgender essentially means having a body and mind that don’t match: the body appears to be one gender, but the person identifies as another. Once called gender dysphoria, it was long believed that being transgender was a disorder and its only treatment a gender transition, which puts the body under a number of treatments to change the outward sex.

What most often comes to mind about transgender health is sex reassignment surgery (SRS) but there are many other steps that go along with gender-confirming care, such as months of psychotherapy and evaluation, hormone replacement therapy and other operations to further strengthen masculine and feminine traits and many transgender people face discrimination just entering the doctor’s office.

If a person’s appearance doesn’t match his or her driver’s license or passport, which often happens during a gender transition, it arouses suspicion. Many transgender people feel the added

pressure of having to prove that they are who they say they are before being allowed to see a doctor, which can discourage them from following through with the appointment.

“In Arkansas, no insurance covers transgender (related care),” said Dr. Craig Dinger, who formerly worked at the Washington Regional Clinic in Eureka Springs. “No insurance can be a huge hurdle for transitioning, the surgery can be several thousands of dollars. For a male-to-female surgery, that’s \$100,000. For female to male, it’s not as much, but requires top surgery and a hysterectomy.”

Conservative estimates for a male-to-female transition includes at the most basic structure of the process roughly \$3,000 to mental health services, another \$3,000 or more in hormone replacement therapy and \$10,400 for sex reassignment surgery. That’s already \$16,400 total before doctor’s visit fees and annual blood tests are included. For female-to-male transition, a similarly basic plan would include \$3,000 to mental health, \$229 a year for hormone replacement and an \$18,000 sex reassignment surgery for a \$22,000 starter price tag. (Ayers, 3) National organizations like the Human Rights Campaign sometimes deem these costs as reasonable in comparison to other routine medical procedures, such as hip replacements.

Otherwise, a gender transition with a sex reassignment surgery in mind often includes months of therapy to determine whether he or she has the mental competency to make the transition, a series of hormone replacement therapy treatments begun at the advisement of a mental health provider, exams by medical doctors and operations, such as breast augmentation and penis castration or breast reduction, penis reconstruction, etc. After beginning hormone replacement therapy, many transgender people start to more openly reflect their gender identity in the way he or she dresses, hairstyles, sits, walks, talks and through a change of name and pronoun preference.

A complex combination of discrimination, popular misunderstandings that have trickled into administrative regulations, a lack of international standards of care and widely varying policies on what insurance companies deem “medically necessary” are some of the many reasons it’s a difficult process for transgender people to seek even basic healthcare.

Among the many problems people like Dale run into while going to the therapist or doctor is getting an earful about how or why being transgender is wrong, in the opinion of the health care provider.

“One of the worst things that can happen is to go to a mental health care provider and they try to talk you out of trying to transition and that it’s all in your head,” Manning said. “They’re not all open to treating trans patients.”

Manning heads the Transgender Equality Network (TEN), which is teaming with the Northwest Arkansas Center for Equality to compile a list of LGBT friendly therapists and physicians to guard against more of these uncomfortable and degrading experiences. Manning said they’ve found only two or three medical doctors who will see patients for gender transition related care, and even still, of those few, some will only treat male to female transgender patients or female to male patients.

“I had a doctor for five years and she was wonderful until she found out I was trans, then she refused to see me at all for any reason anymore,” Manning said. “Way too many doctors do that. It’s really special to find one that says, ‘Yes I will treat you and (start) your hormone regimen.’”

“We have doctors who will say ‘You’re trans and you have the flu and I’m not sure how to treat that,’” said Justine Turnage, an avid TEN volunteer. When they are refused for basic

treatment that doesn't require special consideration of gender, it's hard not to feel discriminated against, Turnage said.

Gender dysphoria or being transgender is now more commonly known as gender identity disorder, and many transgender people choose not to undergo such drastic measures as genital reconstruction. But for those who do, the path can be extraordinarily difficult with obstacles of making the decision to transition that could affect their family life, relationships, friendships and workplace, as well as finding doctors and mental health care providers who will see them and even educating physicians about what type of care they need. Being able to have appointments, afford them and the resulting prescriptions and procedures, whether or not they're covered by insurance are also major hurdles.

More and more transgender people have been in the spotlight of mainstream media within the past couple of years, such as Caitlyn Jenner, the retired Olympic decathlete, Misty Snow and Misty Plowright two transgender candidates who made history when they won major party congressional primaries and Laverne Cox's portrayal of Sophia Burset on *Orange is the New Black*.

But stigma around the transgender community still exists all over the country, Northwest Arkansas included. It not only affects which doctors transgender people can see and what care they access, but also where they live, work, go to church and other public places they can go without feeling discriminated against.

In August of 2014, the city of Fayetteville passed an anti-discrimination ordinance to protect members of the lesbian, gay, bisexual and transgender community, but it was repealed only four months later on Dec. 9. In June of 2015, a revised version of the ordinance, a uniform civil rights protection ordinance, was passed to make it "illegal for Fayetteville employers, landlords and

public accommodations to fire or refuse to hire, evict or not rent to or otherwise decline services to someone because they are lesbian, gay, bisexual or transgender.” A Civil Rights Commission was formed to review claims made by Fayetteville residents under the ordinance that could not be solved by mediation and determine what level of fine, if any, should be issued for the breach.

Fayetteville City Attorney Kit Williams, who is the city staff member appointed to head the effort, said that the ordinance hasn’t seen any claims to date.

Manning, who is involved in many transgender rights related organizations, has become a go-to person for closing the gap with many transgender needs in Fayetteville and Northwest Arkansas. One of those tasks is being the dedicated person who takes suicidal phone calls from local transgender people.

“In the last 12 months, I’ve been contacted at least once a month by someone in my community here, calling me at 3 a.m. going, ‘I don’t know how much more of this I can take,’” Manning said. When the civil rights ordinance was struggling to get passed, Manning said he had four different calls, all telling him the same thing. “They didn’t know if they could make it through this.”

The transgender population is the demographic with the highest rate of suicidal attempts at 41 percent. The lack of viable options for them to pursue these treatments leads “many transgender people to engage in criminalized activities, such as sex work in order to raise money to purchase hormones from informal sources.” (Spade 2)

In Northwest Arkansas two organizations, the Arkansas Crisis Center and the Jason Foundation, actively work toward suicide prevention. Repeated interview requests to the Arkansas Crisis Center, the statewide nonprofit based in Northwest Arkansas, went unanswered and according to its website, its crisis hotline hours are “7 a.m. to 11 p.m., when volunteers are

available to answer.” Multiple phone calls placed to Vantage Point, the behavioral health hospital which houses the local Jason Foundation office, revealed that staff members are unsure of who the current foundation executive director is and had no other information available.

Without offices addressing suicide prevention in Northwest Arkansas, local transgender people who need help can only turn to a friend or a national hotline, such as The Trevor Project, a Youth Talk Line or RAINN (Rape, Abuse and Incest National Network), and most of them are geared toward LGBT youth, not adults.

“It crushes me that we’re not providing crisis services for LGBT,” said Susan Hartman, executive director of the Northwest Arkansas Center for Equality. She previously worked for the Arkansas Crisis Center. Crisis “hotlines address the immediate level of crisis, that ‘I cannot go one more minute without support.’ That 50-year-old who is accepting that they’re trans is at a loss, they don’t have a place to call.

“The crisis centers that do exist, the volunteers there have a lack of knowledge around the LGBTQ community.”

The Arkansas Crisis Center website suggests that people who don’t get an answer when calling that hotline should try the National Suicide Prevention Lifeline, but that number regularly routes calls to a local suicide prevention office, like the Arkansas Crisis Center. When Hartman worked for the organization, it was regularly rerouting 1,100-1,300 calls to Shreveport and Memphis each month, she said, making clear the need for more volunteers and more volunteer training.

Reports vary on the amount of wait time a person might experience when calling the National Suicide Prevention Lifeline, but instructions on its website seem to anticipate it. Under the “Talk to someone now” tab of the webpage, it prepares the caller for what is sure to happen,

“First, you’ll hear a message telling you that you’ve reached the National Suicide Prevention Lifeline. We’ll play you a little hold music while we connect you. A skilled, trained crisis worker who works at the Lifeline network crisis center closest to you will answer the phone.”

In an account of a frustrated user experience with the National Suicide Prevention Lifeline, the caller hung up after 20 minutes and called Lifeline instead. She later interviewed Gillian Murphy, Ph.D., the Director of Standards, Training, and Practices at Lifeline to learn why the wait times are high, and Murphy described a similar process as the National Suicide Prevention Lifeline.

“The system is designed to look at the exchange of the phone and then try to connect someone to their local crisis center,” Murphy said in an interview for Tab.com. “If that crisis center is busy, if call the people on the phone are busy, it will jump to another center.”

At the Northwest Arkansas Center for Equality, Hartman said she gets a lot of calls from rural transgender Arkansans who have nowhere to turn for support and without it, feel as if they would “lose it.”

“That underscores for me the need to establish crisis services,” Hartman said.

More help could be on the way, though. The Northwest Arkansas Suicide Prevention Coalition combines the efforts of Ozark Guidance, Arkansas Crisis Center, Arkansas Department of Health, NWA Center for Sexual Assault, Mercy Hospital, Bentonville Fire Department and Dayspring Behavioral Health to “provide access to mental health and provide evidence-based practices through training,” according to its website. Hartman and others at the Northwest Arkansas Center for Equality hope that their efforts will result in funding either from that coalition, the Governor’s Suicide Prevention Council, or both for the creation of a suicide

prevention hotline of their own, starting in 2017, that connects LGBT people in need with volunteers who have the appropriate training.

“The biggest thing that holds us back is a lack of information and knowledge in the mental and physical health world,” Hartman said.

Even now, the struggle to keep the Fayetteville civil rights ordinance is not over. The passage of Act 137 in 2015 was a previous attempt by the state to thwart the ordinance, but Circuit Judge Doug Martin ruled that the Fayetteville ordinance did not violate it. This fall, Attorney General Leslie Rutledge is arguing in U.S. Supreme Court against the law, saying it is unconstitutional and Williams is writing a brief in opposition to it.

On the surface, two of Northwest Arkansas’ three Fortune 500 companies Wal-Mart Stores Inc. and Tyson Foods, seem like bright spots for LGBT health care rights. The 2015 Corporate Equality Index compiled by the Human Rights Campaign ranked Wal-Mart 12th of 20 Fortune 500 companies for LGBT non-discrimination and employee benefit policies. Wal-Mart’s score was 90 out of 100, those 10 points docked because it did not cover hormone replacement therapy or gender transition related surgeries, the crucial health care coverage for people who are transgender.

When contacted for an update on these health care policies, the company’s Human Resources office responded that Wal-Mart “has not made any changes to our benefit offerings for 2017 on this specific topic,” Kory Lundberg said in an email. Lundberg declined to speculate whether the plan might include transgender coverage in the future.

In a previous statement to the *Northwest Arkansas Democrat-Gazette*, Wal-Mart referred to its score on the Corporate Equality Index.

“At Wal-Mart, ‘Respect for the Individual’ is one of the core beliefs that are the foundation of our company,” said company spokesman Kevin Gardner. “We are committed to fostering an inclusive work environment for our more than 2 million associates around the globe.”

But the stance on the Corporate Equality Index seemed to leave the door open for possible transgender coverage in the future.

“We are focused on our associates, and we evaluate and review our benefit features and policies each year,” Gardner said. “Our decisions are based on what we believe are best and will enable us to remain competitive and continue attracting and retaining great talent to our company.”

Tyson Foods scored an 85 on the 2015 index and was also docked 10 points for its lack of transgender inclusive health coverage. At the time, the company released a statement saying, “We think this rating reflects our strongly held position against harassment and discrimination and is consistent with our core values, which call on us to be a company of diverse people who operate with integrity and respect.”

Repeated attempts for an updated statement from Tyson Foods were unanswered as of Nov. 6, 2016.

J.B. Hunt Transportation Services scored an unofficial 0 of 100, but the HRC states that such scores are sometimes because of a lack of available information. Little Rock businesses Dillard’s and Windstream, a telecommunications company, both scored 20.

The struggle of insurance coverage remains a conundrum for many, with the small exception of large companies that have begun including gender-related healthcare for transgender employees.

Once the question of insurance coverage is answered, the search for a therapist comes first.

In the first phase of gender transition, a transgender person schedules regular visits with a psychotherapist for a recommended minimum of three months as suggested by the World Professional Association for Transgender Health (WPATH). Following a number of mental health sessions, which are ultimately decided at the judgment of the therapist, the transgender person may receive a medical note that states they are mentally sound to undergo the rigorous, emotionally taxing process of gender transition.

According to the Psychology Today website, 25 therapists in the Northwest Arkansas region list “transgender” or “transgender client” as a type of patient they treat. When reached by email, the majority of therapists declined to comment, referred to a colleague or admitted that they have relatively little expertise in the area. Being listed as someone who can treat a transgender person, doesn’t mean they’re qualified to write the recommendation of letter to a medical doctor. A private list by The Northwest Arkansas Center for Equality, which has been procured largely by word of mouth and is available to LGBT people upon request, includes only four mental health providers that they’ve deemed friendly to the demographic.

Cathy Campbell, a licensed professional counselor who works in Springdale, is one of those 25 and has seen transgender clients for a couple of years now. Campbell became interested in the area of mental health in part because she saw a transgender client at Ozark Guidance, where she worked for 15 years.

Campbell took it upon herself to read a lot about the topic and took three online courses focused on transgender mental health—one through Ozark Guidance, another through a professional education series and one through the American Counseling Association.

“There is no particular certification for treating transgender people,” Campbell said. And the resources are few. “WPATH has a list of competencies that a therapist should have, and the American Counseling Association has a journal and a conference.”

About half of Campbell’s clientele are transgender preteens, teenagers and their parents, which she has fostered out of a combination of being very public about treating the transgender population, being the president of the local PFLAG (Parents and Families and Friends of Lesbians, Gays, Bisexual, Transgender and Queer) chapter, referrals from the NWA Equality Center and listings with insurance companies.

“I find that parents are still wishing or hoping that this is a stage and the child will outgrow it that ‘Maybe they’ll just be gay instead,’” Campbell said. “It takes family members a while to wrap mind around reality of being transgender is a part of a person’s identity.”

Campbell takes it as her job to help the family understand that being transgender is not the changeable part, but deciding what to do about it is.

With more information available on the Internet and through TV, Campbell said many of her clients first recognize a disparity of mind and body when they are as young as 3 or 5 years old. It simply takes several years, an approximate average of four years with her clients, before many of them will begin seeking therapeutic and medical support.

WPATH standards suggesting typical markers for different stages of the process have gotten less stringent over time, Campbell said, and that allows therapists a great deal of flexibility in moving the client through a transition. Campbell’s philosophy for determining when to begin a hormone replacement therapy is that “there is no set time that it takes for that to happen,” she said. “It depends on the client, his age, maturity and how far along he is in his identified gender. Sometimes it takes several months, sometimes not.”

In the last couple of years, the WPATH standard for length of mental health before hormone replacement therapy declined from a suggested six months to three months. Campbell prefers to set a timeline based on how much information and how ready the client already seems to be. Another major shift in standards is the swap from therapists' former practice of having a transgender person "present" as his or her preferred gender for a year before having hormone replacement therapy. The standard changed when it became apparent the practice made transgender people obvious targets for bullying and unwanted attention.

"That's a very dangerous period of time for people who to be living as one gender while they aren't allowed to have medical treatment to match it," Campbell said. "It's awkward. The less likely they're identified as transgender and harassed, the less likely they are to have problems with unemployment."

When it's time for the next step, Campbell said she often refers her clients to the Transgender Equality Network and other transgender individuals to begin the process of finding a doctor and other resources, such as support groups.

Mary K. Williams, a licensed professional counselor in Fayetteville, also relies on the Transgender Equality Network and the NWA Center for Equality when her clients seek doctors and surgeons.

Williams began seeing transgender clients in 2005, and for a few years she said it seemed as if she was one of only two therapists who would accept trans clients. Like Campbell, the only training she received was through elected reading on the topic and listening closely to groups and individuals about what it means to be transgender and what "interpersonal, professional and legal challenges" transgender people face. WPATH standards are the only formal standards Williams

uses, but they parallel those of social work, her other field. Williams now typically has four or five transgender clients at any given time.

Like other therapists, Williams says that these days, transgender clients come to her very well informed on the process and risks of a gender transition.

“Almost all of my clients do a great deal of research before deciding to transition,” Williams said. Most clients find her when they are ready to begin hormone treatment and need a report from a therapist. To other counselors, “I jokingly say that these clients are easier to work with than the usual clients on our caseload because they have done so much work considering their identities, facing fears and struggling with major decisions long before they approach a therapist.”

Over the past five years, Williams has encouraged and trained other therapists in transgender issues and hopes that it will close the gap of mental health professionals who are unaware of gender identity, gender transition and the typical issues that bring trans people to therapy. So far, she said, that training has been “warmly and enthusiastically received.”

Before a letter is issued, Williams’ transgender clients get a psychosocial assessment, which in her practice includes three hours of diagnostic interviews, an assignment for the transgender person to write a personal narrative of his gender experience and attendance to at least one transgender support group meeting. The resulting letter endorses the client to speak to a physician about hormone replacement therapy and mentions any mental health or personal issues that would challenge the person’s ability to make that decision for themselves.

The biggest gap in regional healthcare for transgender clients, Williams said, is “That there are not enough medical specialists like endocrinologists or psychiatrists in the area. It’s frustrating for a person wanting to start a trial of hormone therapy, and dangerous for any client

who requires expert advice when it comes to psychiatric medications.” Additionally, “Most of my trans clients cannot afford to access all of the care that they want.”

Rather than physicians shying away from transgender clients because of any personally held beliefs, Williams believes that doctors in the area don’t announce that they serve transgender people because it would “result in a flood of inquiries and new patient requests.”

Frances Woods, a psychologist based in Fayetteville, started treating transgender clients 10 years ago, but has only seen five or six within that timeframe. Woods does not write the letter of recommendation to doctors and instead sees mostly people who have already begun their transitions.

“In the past the transgender people I worked with had much less knowledge and there were not such good resources for them here,” Woods said. “Back then we talked more about making the decision to go through transition. Now most transgender people are more aware of the resources and want to talk about the usual issues,” which Woods says are occupational, romantic relationships, family trauma or relationship trauma from when they could not figure out what was different about themselves.

She takes it as a sign of progress that sessions with transgender clients are less about the technical process of making a transition because it means more information and support are becoming available and easier to find.

“The issues we talk about are more related to getting family and close friends to accept them,” Woods said. “Usually by then they’ve found an LGBT group already and they’re in touch with other transgender people, not just recognizing that they’re transgender and coming out.”

Woods, too, took it upon herself to become educated about transgender topics and finds that her clients struggle both in seeking out a medical doctor who will see them and with the cost of the gender transition.

Dealing with trauma is a big topic for Woods' transgender clients. "Many transgender people had trouble fitting in and getting their parents to accept them, rather than trying to change them or make them dress differently," Woods said. "A lot have experienced a certain amount of trauma, been excluded and emotionally and physically abused."

According to a 2012 survey by FORGE, a national transgender anti-violence organization, 50 percent of transgender people have experienced sexual violence, 22-38 percent have been harassed by police, 26 percent experienced physical assault by a healthcare professional and 78 percent of gender non-conforming youth reported significant abuse at school, with roughly half of those incidents by teachers.

Rates of domestic violence for transgender people are high everywhere, said Dale Manning, who noted that he and his friends who are transgender tend to keep track of the national report of transgender deaths for about six weeks of the year. After that, it gets too depressing to continue, he said.

"We're at high risk for violence," said Justine Turnage. "It's very easy for us to run into a situation that if we did get a high paying jobs, we could get ourselves in a violent situation where we no longer have the physical capacity to perform that job. We're routinely beaten, murdered, everything. That extends to our partners."

The Northwest Arkansas Center for Sexual Assault began a few new programs in the past year addressing those needs from a few side, including Project ARCH, which in October 2015 created a full-time position to serve members the LGBTQ community, but the center couldn't

afford materials for the program until March 2016, when another grant was provided. Its recently launched “Let’s Talk NWA” aims to break the cycle of abuse by providing “a safe, nonjudgmental and confidential platform for addressing domestic violence in the Black community through support, understanding and resources.” Puente de Apoyo does largely the same thing for Latino families so they can “thrive free of domestic violence and sexual assault.”

“The numbers of sexual assault are way higher for the LGBTQ community,” said Nikki Warren, the Project ARCH coordinator. “We’re seeing more LGBTQ people at the center, and we like to see more because we know there are lots of victims and it means more are getting help now.”

The Rogers Police Department currently has no system to track data of incidents involving transgender people, said Keith Foster, public information officer for the department, and therefore couldn’t comment on the frequency of domestic violence among local transgender residents. The only distinguishing gender characteristic is checking the gender marker on a driver’s license, he said.

“Your preferred (gender) identity doesn’t matter as far as you being the victim of a crime so we don’t document it unless it is a major causal factor of the violence,” Foster said. “It could certainly be a cause for harassment and would probably be documented on the report, but there is not a box on our forms to check or (make a) note.”

Foster said the Rogers department was hopeful that the legislature eventually would come up with a standard to clear the issue for future incidents.

When coming out as transgender, “people react poorly,” said Jamie Renae, a board member of NWA Center for Equality and public advocate who has spoken with the Fayetteville Police Department, Benton County Parole and probation departments to educate on transgender

issues. “Males under alcohol influence get physical and quickly nasty. Most females are understanding. Other than that we’ve had several instances of people having trouble with employers.”

Transgender people are subject not just to more physical violence and higher suicide attempt rates, they also have extremely high rates of HIV infection. One study found that 63 percent of African-American trans women were HIV positive.

“It used to be 1 in 5 (transgender people) who were HIV positive and didn’t know it, now it’s 1 in 8, so they’re seeing movement,” said Wade Cunningham, who formerly worked with NWA Hope, a program of the NWA Center for Equality that provides free HIV testing. “Our main demographic is unemployed, has no health insurance and is uncomfortable speaking with doctors.”

NWA Hope’s mission is to provide free HIV testing in a nonjudgmental environment for people of all genders and sexual orientations, since many LGBT clients have had poor experiences in the medical setting.

“The testing (NWA Hope) does is very important,” Renae said. “Primarily, it’s free and very private. So people are able to come in and keep confidentiality and if they find out positive, then they know to go to physician to (get it) taken care of.”

“Often times transgender people don’t have good health care period and don’t feel comfortable talking to doctors, so they obviously don’t feel comfortable talking to doctors about what kind of sex they’re having, that ‘I need to be tested for HIV,’ stuff like that,” Cunningham said. “The transgender communities are disproportionately affected.”

NWA Hope has two main testers and seven other testers who step in to volunteer during larger events or when a client requests a tester of specific demographic, such as a transgender

woman of color. Together they test approximately 250 people a year and help guide many of them to start Truvada, an HIV treatment drug that was discovered as an effective HIV prevention medication; TasP (treatment as prevention) or PreP (pre-exposure prophylaxis).

Having an HIV prevention drug seems like a solution, but still the cost is a crippling barrier for many.

“Used mainly by gay, white men, typically because they have better jobs with better insurance to do so,” Cunningham said.

NWA Hope helps local LGBT people find ways to afford Truvada. In some cases, a financial based program assists if the person makes less than \$50,000 a year and is deemed an elevated risk for HIV. In that case, he can get the drug free, but still pays for bloodwork and testing, which ordinarily includes a routine check of kidney functions at three, six and 12 months. Truvada is offered at Planned Parenthood and some insurance plans offer the drug for a copay or coupon but even still can cost an estimated \$360 a month after the deductible is met. Changes to Medicaid since Gov. Asa Hutchinson took office meant that the drug was briefly offered as a preventative for \$4, Cunningham said, but that quickly changed.

Paying for hormone replacement therapy, the next stage of gender transition, can be similarly taxing and not have an anticipated end date either.

HRT supplements for female-to-male transitions deepen the voice, begin the growth of facial hair and make it easier to accumulate muscle mass. For male-to-female transitions, it raises the tone of the voice, makes the body more shapely and fosters the growth of breast tissue. Taking hormones to alter the body typically takes place for a minimum of a year or year and a half, but it often extends beyond surgical operations.

According to the unofficial list by the NWA Center for Equality, approximately eight physicians in Northwest Arkansas are listed as friendly to LGBT patients, but Hartman said that less than half would treat transgender patients for transition-related care. Dale Manning of the Transgender Equality Network said he refers transgender people to only two doctors in the area. Requests for interview to three doctors in the region, including one endocrinologist, went unanswered. Two gave no explanation and one cited having a conservative family that she didn't want to offend.

“We basically have two ways of finding providers, either we're visible and they come to us to let us know they're willing to treat us, or we've got to roll the dice, make an appointment, hope for the best and find out the hard way,” Manning said.

For years, Dr. Craig Dinger at the Washington Regional Clinic in Eureka Springs was the most popular general practitioner who also prescribed hormones for trans clients.

“I told my staff that we were going to start taking care of trans folk and they said ‘Taking care of, like what, cure?’ ‘No...’” Dr. Dinger said at a Transgender Day of Visibility event on the University of Arkansas campus. “I had to educate my staff about what it means to be transgender.”

Dinger recently retired, but learned a lot about the emerging field before he left. Estrogen supplements for male-to-female transitions can cause blood clots, gallstones, weight gain and Hypertriglyceridemia. Breast growth for male-to-female transitions often results in breasts that are one size smaller than the person's parents' breasts, he said. One hormone replacement therapy is a diuretic and requires lots of fluid intake. Others decrease libido.

“A female-to-male transition is simpler to treat,” Dinger said.

On average it takes four to five months of working out what level of hormones to administer, and oral tablets are not as effective. Testosterone can cause liver and blood pressure problems, and some hormone treatments make the person sterile, even if they end HRT eventually.

Formal medical training to treat transgender patients is, like mental health training, sparse. At Harvard, students have one hour credit in the topic of transgender healthcare. Dr. Harvey Makadon, Director of Education and Training at the Fenway Institute and a professor of medicine at Harvard Medical School, is working to make more training available to clinicians. Makadon started the first primary care based HIV program in an academic center at Beth Israel Hospital in Boston in 1984.

“After years of focusing on AIDS and having a practice that...has lots of AIDS patients, I realized that no one was doing much about LGBT health in general,” Makadon said.

He published the first textbook on LGBT health, “The Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health” in 2008 and a second edition in 2015. This year, the Fenway Institute got a grant to do work in community health centers across the country and provide lots of material and continuing education for clinicians on LGBT healthcare. The work requires that health centers collect data on gender identity and put information in health records to report to the government every year.

“There’s been a huge increase in looking at the number of trans people who are looking for care,” Makadon said. A total of 2,400 transgender patients are treated at the Fenway Institute and a variety of educational and distance learning programs are available for clinicians. Trans Echo is the latest of those programs, which engages 24 health centers across the country in

learning more about transgender health by discussing cases from each of the centers. The closest such Trans Echo program to Arkansas is in Louisiana.

Makadon believes that the biggest barriers to ensuring quality, accessible healthcare for transgender patients is the culture and attitude surrounding it.

“A lot of care is mindset,” Makadon said. Understanding, talking, being open and inclusive goes a long way to socially affirm transgender patients, he said. “There are some things that are technical, such as certain surgical procedures, but a lot is very basic. You just have to learn how to do it. There’s no reason (doctors) shouldn’t learn how to.”

In this field, Makadon said, it will take a while for surgical procedures to be high quality, because learning how to do them takes time and there aren’t many training resources.

“It’s not about whether these courses are required...they’re not even available,” Makadon said. Medical schools “don’t do any training about LGBT health in general. There’s only beginning to be something (available) by virtue because students are asking for it.”

Locally, Manning with the Transgender Equality Network and Kendra Johnson of the Human Rights Campaign of Little Rock are both making efforts to connect more members of the medical and mental health communities to make more training available in Arkansas.

“Eventually, if we offer it, they’ll have to take it,” Manning said of doctors and therapists in training. “They’ll have to give out their prejudice of ‘I don’t want to’ instead of ‘I don’t know how.’”

**Making a Gender Transition in Northwest Arkansas:  
Issues of Access and Civil Rights in the Health Care System**

**Part Two**

Geraldine is coaching me on how to be more feminine.

On visits to her home, I am quizzed. She looks at my hair, which is just as long as the curly black and grey strands that reach halfway down her back. How do I keep the ends from breaking? No, that won't do. Sleep on your back, flip your hair up and let it dangle between the pillow and the headboard. Even if you move around, the hair will be free. It will have fewer split ends.

Geraldine, technically Gerald Madsen, has been presenting as a woman, the term for dressing and acting like a female, for most of her life.

She's only one of the 0.3 percent of Americans who identify as transgender, which is a hundred-dollar word for someone whose brain and body are at odds. Someone who is transgender has one sex but feels strongly that they are the opposite gender.

Geraldine doesn't feel like the word transgender fully describes her, though. She prefers to think of it as the unique and special way God made her.

While doing each other's nails one day, she hesitates as I ask her if she wants cuticle lotion first. She takes a dab just to be nice, then can't help herself. "It makes it harder to paint your nails with it on," she says. Taking my hand in hers, which are soft and gentle, she rounds my nails and tsks-tsks that they're too short to do anything with.

After she chooses which shade of lavender she wants for her nails, I pick up the bottle and begin to shake it. Big mistake. "Here," she says, pityingly. "Let me show you." She takes the bottle in one hand and holds the handle end with a single finger, turning it slowly and evenly like

a rotisserie chicken. Don't let anyone tell you that you can have a top coat and a base coat from the same bottle of polish, she says as she reaches for the two clear bottles lodged between tall towers of salon-grade acetone.

Geraldine carefully dabs the polishes on, waiting exactly 10 minutes, no more, no less, between layers and times it with a nearby clock that looks like a free weight and reads "Body solids, 45 lbs."

When she gets some nail polish outside the lines, so to speak, I move to wipe it away with some polish remover on a cotton ball when she grabs my hand. "Wait," if you just leave it, "I'll show you a trick to remove it after it dries."

We take turns adding to each other's layers of polish and cross reference a more accurate horoscope with "Love Signs and You," and "The Secret Language of Relationships" as they dry.

The lessons for femininity aren't restricted to my visits at her home, they can happen anywhere, at any time.

At church, for instance, she had the grace to forgive me showing up in pants instead of a dress, but once I moved to cross my legs she'd had it. "It gives you varicose veins," she stage-whispers in the back of the All Saints Church in Rogers. "Put your legs side by side, like this." She demonstrates for me, smoothing out the church bulletin over her cherry red satin dress. Though she diligently stands at the front entrance to the church every Sunday to hand out programs, it's not until after the service that anyone bats an eye at the 56-year-old man who is mentally challenged and transgender. Even then, it's hard to tell if the elderly ladies looking her over had been unaware of her gender or simply discussing privately the origins of her dress; perhaps how much the four-inch heels must hurt her feet.

I met Geraldine through a transgender support group at the Northwest Arkansas Center for Equality, where I began attending gatherings at the home of Garin Chad Wiggins and Mary Cochran, who host members following their monthly meetings on Sunday nights.

Every last Sunday of the month, several people squeeze into the Garin and Mary's cabin-style home in south Fayetteville to share each other's hardships and joys.

Some bring spouses or partners, but most do not. One by one, they lay out vegetable platters, dipping sauces, silverware, assorted forks and knives and plates and they open a bottle of wine. They convene in a cozy room where most everything has either a book or a cat on it. They make polite conversation—how's that job search going? Any word on that college program you want to get into? How's Anthony doing at school?

Mary Cochran's and Garin Wiggins' support group is a bit rare, given that the vast majority of transgender resources available in Northwest Arkansas are online. There are only a few face-to-face transgender-specific support groups locally, most of which are organized through the Northwest Arkansas Center for Equality. The longest established are Wiggins' group and PFLAG, parents, family, friends and allies of the LGBT community. Within the last year, two other transgender support groups, one for transgender males and one for transgender females were formed at the equality center.

Some speculate online support is more accessible for those in rural communities, other support group members say it's easier to tailor their friend group and have more comfortable encounters, but still more say that it's simply safer.

Many support groups exist solely to ferry a person from the island of knowing or realizing that you are transgender to the mainland of whether you will do anything about it.

When the newest member of the support group speaks up to say he's been struggling with depression, everyone else is quick to chime in.

"Of course you're depressed when you don't know who you are or what you want to do," says Justine Turnage. "It leaves you immobilized."

Imagining Turnage as immobilized is hard to do. The hot neon pink coat she was wearing when she strode confidently through the door is draped on her chair. She'd bought the thing from a thrift shop as a half joke, but gets so many compliments when she wears it that she hardly wears any other jacket.

"They tell me that I'm depressed as if that's the be-all end-all of the answer," says David, a mason who would prefer not to reveal his last name for fear his co-workers would identify him. "There's something that's causing that depression, there's some weight on top of me. What about confronting that, what do I do with that?"

"My son was my best friend, no, my only friend," says Katelyn Bartow. A web designer, she exudes a shy sweetness, but leans in to make her point that David is not alone. That they've all been there. "My ex-wife had a hard time with it, too." Bartow maintained a good relationship with her son.

"Sometimes you have to work on yourself, your gender, before you can be better...at your job or for other people, like your children," Wiggins says.

"For many, that depression doesn't end until you make a decision," says Mary Cochran, who leads the support group. "I'm not telling you what decision to make, but for many the answer is transitioning. And then you feel way better, everything is in line."

"Before my transition, I wouldn't leave my room," says Teri Dawn Wright. "I would go to work and I come home and go to my room."

Working out your gender identity while coming of age adds to the mental and emotional upheaval of adolescence and young adulthood. Support groups for LGBTQ teens exist, but are imperfect. Members of this support group discuss a yearning for these groups to be more gender neutral, rather than sexuality specific, because it's difficult to decide who you're attracted to before you've figured yourself out.

An 18-year-old who attends the NWA Equality Center transgender support group, says he's been well accepted at the LGBT student groups at his high school, but preferred to keep his identity private.

A common misperception for LGBT groups is that they somehow encompass every bit of those demographics, that they're truly open to lesbians, gay, bisexual, transgender, questioning or queer. And just because they are so often lumped together doesn't mean it's a natural community, one with harmony. Many of the groups are specific to just one category, members say.

“Thirty-three percent of transgender people feel discriminated against in LGBT groups ,” says Andrea Zekis, a well known transgender activist formerly of Little Rock. Zekis recently moved to Portland. “We go against [social] norms of gender, gender expression and acceptable ideas of male, female and in between.”

Many feel like they're stuck when the available LGBT groups are judgmental and unaccepting and there are so few transgender-specific groups and resources. That feeling is then compounded by a sense of fear for their safety.

“Some transfolk are only comfortable in their homes or only in a few places,” Zekis says. “There's little understanding of what is transgender. Different groups don't get along with each other.”

When Geraldine and Wiggins were growing up, they had no groups like this one available to them, whether they were accepting or not. But both are proud to be a regular part of one now as so many others pass through.

Wiggins says part of his mission is to help people through the struggling business of deciding to make a gender transition. Hundreds of people have attended his support groups in the more than 12 years he's been doing them.

“Nothing is more beautiful than helping someone being themselves,” he says. “I want to help that beauty along in the world.”

Wiggins, a short man with a white beard, leans back in a plush armchair in his home as one of the many cats of the house brushes his leg. Pictures of his grandchildren line the mantle next to portraits of when he had long, bleach-blond hair. Friends' artwork graces the walls.

A pot of homemade stew bubbles on the stove in the adjacent kitchen, and wife Mary occupies herself by watching television in the next room, as he recalls his two previous marriages — both to men — which brought him to Fayetteville when everything about his body said he was a woman.

When he transitioned from female to male, “I did everything the wrong way, and I want to help people do it the right way,” he says. For more than 12 years, he's been leading support groups to do just that, with his wife Mary Cochran alongside. Their current group is through the Northwest Arkansas Center for Equality and is one of only two in-person support groups available to transgender people who live in Northwest Arkansas.

Wiggins came to Northwest Arkansas in 1971. Age 16 and pregnant, the options were to stay at home in Hope, Arkansas, live with family and raise her daughter, or follow her boyfriend to Fayetteville and get married.

She chose the latter and dropped out of high school to get married, raise her daughter and do her husband's homework while he attended the University of Arkansas.

It was the first time Wiggins had ever been away from home, and her eyes were opened. The world was at her feet. She tested her freedom by divorcing her husband and dating a couple of women, but soon returned home with her infant daughter, where the world seemed closed off again.

In Hope, she had no social circles in which she was comfortable and turned to marriage to escape the town once more.

This time, when Wiggins did UA homework, it was her own. She finished her bachelor's degree in English in her late 20s and found joy in teaching, while earning her master's in the same department. But she wasn't finding joy at home.

It was the early 1980s when Wiggins realized that being a lesbian wasn't a passing phase. She divorced her husband just as the first waves of the women's rights movement was making its way to Arkansas.

First came personal exploration. She'd dated women, but never fallen in love. Not until Syd, anyway.

An artist, a kindred spirit, they found that love and jumped in with two feet — like a cannonball.

They quit their jobs, sold their cars, sent Wiggins' daughter to live with her grandparents and dropped out of the world. For three years, they rode their bicycles everywhere and took pride in a life free from the hassle of money and the restrictiveness of the 9-to-5. Recalling this, Wiggins seemed torn with emotion. The draw was magnetic, but these days Wiggins' daughter doesn't accept his calls.

Wiggins and Syd rode their bicycles from Fayetteville to Galveston, Texas. It was the adventure of a lifetime, Wiggins says, but when they returned, it was over. She returned to her responsibilities as a mother. Wiggins retrieved her daughter, found a job and, frankly, thought she moved past lesbianism.

But she hadn't. So Wiggins owned up to it. She advocated for women's rights and spent most of her time organizing and attending meetings, wrote and edited the *Ozark Feminist Review*, became president of the National Organization for Women and served on the board of the National Lesbian and Gay Journalists Association.

All those obligations sent her around the country for national conferences, where she encountered the first transgender people she'd ever met. Wiggins scooped up every brochure about trans life the National Organization for Women conference displayed and ditched sightseeing in San Francisco to hole up in her hotel room and read them all right away. The inner struggle transgender people went through immediately made sense to her.

Still in the early days of the internet, Wiggins upgraded her AOL account so she could search and read articles without limit. She used it almost exclusively for information about gender dysphoria.

"I'd never even heard about the possibility of transitioning until I was in my late 30s," Garin Wiggins says. "I didn't even want to admit to myself what I was doing."

But the odds seemed stacked against her. Coming out as lesbian made her the black sheep of the family, but gave her a wealth of new friends in the lesbian community. Why turn around and lose that, too?

"I didn't tell my friends ... I knew I was going to be rejected by the lesbian community," Wiggins says. If there was one reason not to transition, there were dozens. "And I was poor the

whole time anyway. There wouldn't have been any way to do it because I knew I could lose my family, and I did.”

Once Wiggins decided to transition, regardless of the seemingly overwhelming consequences, she first had to find an endocrinologist. In the late 1990s, the doctor nearest to Fayetteville was based in Dallas, a more than five-hour drive away. Wiggins drove to the appointment and back in the same day because she couldn't afford to take more than one day off work.

When she arrived, she was asked to meet with a psychologist instead, whose job it was to determine if Wiggins was mentally fit to make the transition.

Less than two years ago, mental health providers were strongly encouraged by WPATH (World Professional Association for Transgender Health) to treat transgender patients for six months before providing a letter of recommendation that he or she is fit for hormone replacement therapy and eventual sexual reassignment surgery.

It's now been reduced to three months, and many counselors interpret that widely.

“At that time, you were supposed to tell therapists a certain thing that they were supposed to hear, which was that you always knew you were a boy, that kind of thing. So I said all that,” Wiggins said.

The terms alone — gender dysphoria, gender disorder — can be cripplingly painful misperceptions for transgender people to describe their identities in a way implies that it's “wrong” or needs “fixing.”

Wiggins' trip was unfruitful when she was not cleared for hormone replacement therapy.

But soon after, she went to the Midwest Women's Festival and met Mary, a psychologist whose clientele was mainly transgender people and gay men. Their attraction was instantaneous, electric and, at first, Garin thought it was fleeting.

After the conference, Garin wrote her a letter to tell her so, but Mary pursued her. The first year and a half of their relationship was conducted at long distance — Mary in Philadelphia and Garin in Fayetteville.

Wiggins now realizes those years of changing her lifestyle prepared her for the transition. “All that time as a lesbian, I'd gradually been changing the way I dressed,” Wiggins says. “All the little ways you hold yourself, the way that [women] are taught to do, like making yourself small or keeping your knees together, not taking up space ...” “I just thought I was becoming a different type of woman.”

Still, no doctor in Northwest Arkansas could help her. Seeing no other options, Mary began to send Wiggins a testosterone supplement in the mail. Cochran refused to be Wiggins therapist, so they could have a chance at a romantic relationship. But she blurred the line by sending her roommate's (a transman) hormone replacements.

At the 1998 National Organization for Women conference, Garin became the first president of the organization to announce publicly that she would be transitioning from female to male.

Most transgender individuals come out first to family, then personal friends, followed by medical staff, co-workers and classmates. Coming out as transgender from a podium at a conference for women's rights in front of hundreds of people was baptism by fire. Afterward, her friends and acquaintances walked right past her.

Wiggins took the testosterone for more than a year, and her body rapidly changed.

On the first day of the supplement, her cat seemed to notice a change in her scent. Wiggins had hair growth and her voice deepened. Her face became angular, her waist lowered and it was far easier to gain and tone muscle.

When Wiggins ran into people he'd known before the transition, he never brought it up unless they did first.

After a year and a half of hormones, Wiggins moved to Philadelphia, married Mary and had a sexual reassignment surgery. Four months later, he got a job in the computer science department at Drexel University where, as best as he can tell, no one could tell him apart from the next nerdy guy.

But the move was not without casualties. As he feared, his family withdrew from him. "At first I [still] heard from my mother at Christmas and birthdays," Wiggins says. "My grandmother too a little bit, and my daughter. And then suddenly they just stopped ... and they didn't tell me when my grandmother died or when my father died or mother died. I never saw them again."

Sometime during those years, Wiggins' parents changed their will, so the family home went to his brother. His daughter stopped taking his calls, and he's never met his granddaughter. "It's pretty much the price I paid."

But Wiggins arrival in Philadelphia and marriage to Mary came with gifts of its own. He became close with Mary's son. The family takes vacations together, and he cared for Mary's mother in her final years. Together, they have always led a transgender support group to buoy people, and it has become a community, a family of its own.

On the day he moved in, Mary's first grandchild was born — the same face that beams from one of those picture frame seen when one steps into Wiggins' and Cochran's home.

In the South, many transgender people lose their families when deciding to transition, whether by way of sexual reassignment surgery or “presenting” (dressing, wearing hairstyles, changing posture) as their preferred gender. But Teri Wright has what so many here are hopeful for — a nuclear family.

Before making the life-altering decision to make a gender transition from male to female, Wright spent decades working in the military and then as a mechanic. Coming out changed everything. She and her first wife divorced, Wright quit her job and entered college to start a new career.

She got remarried, and after beginning hormone replacement therapy, now spends quiet Friday evenings playing Cards Against Humanity and MadLibs with her wife Katie and her children. Dressed in a big pink sweatshirt, leggings and her first pair of Ugg boots, she is living the life she always dreamed — the life of a woman.

Teri Dawn Wright grew up in Springdale as Terry Wright, doing all the things that little girls do. Terry loved flowers and dolls, playing house and making things in the kitchen. All his friends were girls and whatever they did — balancing books on their heads while walking, learning to do makeup properly — he would do, too.

It wasn't until friends of the family asked why he didn't like hanging out with other little boys that he realized he wasn't a girl.

“I figured that I was changing into a boy,” Wright says. “People would tell me I wasn't a girl ... and so I thought that all boys were little girls at first. I asked my great-grandfather once — when I was 4 or 5 — how life was back when he was a little girl.”

Teri knew early on that the gender she was born conflicted with her inner self. She just didn't have a name for it or know how to hide it.

As a teenager in the late 1980s, the tendency to wear baby blue eyeshadow, hot pink lipstick and big hoop earrings while out on the town with friends and to let fingernails grow long attracted bullies. Terry conformed, learned how to look like a guy, just to get by.

“Mostly, I just learned to be invisible,” Wright says. “I learned that I had to try to fit in with boys. I paid attention to the way I walked, so my hips wouldn’t sway. I learned to swing my arms when I walked. It felt so odd.”

While watching a television news story about a transwoman who was murdered in Fort Smith, something clicked. It was the first time Wright heard the word “transgender” — so it did have a word. Based on this instance, it was connected to violence. But relying on media for information about transgender life meant picking up a lot of misinformation.

Wright grappled with the implications that television segment, such as the notion that all transgender people are gay. Given that Terry had coupled with plenty of girlfriends, it didn’t add up. How could he be transgender if he liked girls?

It seemed to him that anytime transgender people made the news or were the center of attention, it was in a negative light. Watching friends and family’s disgusted reactions to those stories made Wright retreat.

The feeling of isolation heightened, and Wright felt the need to get far away from home. The Army was the only way Terry could do that, and it took him to serve during Desert Storm. Even half a world away, Wright couldn’t run from himself. Eventually Terry realized he was doing the same thing he’d done for years — masking his true self.

“I joined to get away and to make me more masculine, to get over this [notion of being transgender],” Wright says. “I was in denial, and I was still noticing. I remember looking in the mirror and thinking ‘Oh, look at her.’”

He tried to bulk up. He tried to be manly. But Wright says it was apparent he was a woman, whether his body reflected that or not.

Back home stateside, Wright gave college a go, but was overwhelmed. An adviser had enrolled him in 18 hours of classes, and Terry was struggling to cope emotionally with the traumatic experiences of war. Wright was raped by Turkish soldiers and had no mental health provider to help him.

Wright dropped out and resolved himself to try again to blend in. He found work as a mechanic. He went drinking with the guys.

While hanging out with a handful of his newfound friends one night, Terry drank too much. Drinking was quickly becoming his coping mechanism, but that night it was what he had to do to keep up with the guys. The group started to race four-wheelers up a large hill. Itching to keep up, Terry eventually lost track of the group. It was dark, he couldn’t see anyone and panic began to set in.

“They’re looking for me,” Wright thought. “They said they were on this trail. They’re probably looking for me. God, I’ve messed up.”

Each anxiety-inducing thought urged Wright to speed up the four-wheeler more and more. He was desperate to find them, but the area was unfamiliar. He turned a corner too quickly and went flying off a cliff with a 30-foot drop.

The fall knocked him unconscious. When he awoke, his body covered in blood and flies, his first thought was “I’m dead.” Pain lightning through his body reassured him that he wasn’t.

Convinced he'd be better off not moving, Terry waited and waited and waited, until he realized his choice was "move or die."

It was more than two miles back to the camp, and every step was excruciating with three broken ribs, a punctured lung — which later collapsed — and a punctured spleen. As he struggled back, Terry saw or imagined deer and rabbits leading him out of the forest.

When he returned to camp, the men called emergency help, and Wright was transported by medivac to the nearest hospital.

The event made him further suppress his dream of living as a woman, and instead focus on having a traditional family. He loved Marissa, after all, and they'd cohabitated for years. But even then, it was rocky. They married and, for 12 years, continued to deny his identity while raising their three children.

Terry escaped his life and apathetic partner by retreating to a fantasy world online. Through *there.com*, *Second Life* and even action video games like *Tomb Raider*, he could virtually live as a female character.

"Instead of crossdressing like most transwomen do, I played online as a female character," Wright said. It came to a head sometime after the marriage fell apart, when there was less to lose. He made a gender transition. "I was not even living — which could not have been easy on her.

"I spent my free time living a fantasy world online. I could be the girl I wanted." Once remarried, Terry confided in his wife Katie that he was not the person he wanted to be. He wasn't just an effeminate man, he was a woman in a man's body. She suggested he get into counseling before they made any decisions. Six months into therapy, Terry was medically verified as transgender.

“Once Katie found out that that’s what it was, she went through a period of looking at herself and what she wanted,” Wright says of the most taxing part of the journey — waiting for the way it would change the closest personal relationships. “And when she was done, she said that she fell in love with the person, not gender. But she had to mourn her husband first.”

For a year and a half, Wright took hormone replacement therapy. The length of time that a person takes HRT varies, but in the case of male-to-female transition, it lasts for a period of time after the sexual reassignment surgery. Wright changed her name to reflect her gender. she changed it on all official records — birth certificate, Social Security number, bank documents, driver’s license and school records — with the help of yet another doctor’s note.

In the state of Arkansas, it isn’t legal to change gender status unless one has had a sexual reassignment surgery. This, among other civil rights issues of the process, is where Wright hopes she can help make a difference.

In making a name change to reflect her gender, Terry went back to the source. The person who named her the first time is the person who helped her change her name this time. She went to mom.

“I felt it very important to have her involved in my name change process and give her a sense of being a part of my process,” Teri says. “I asked her to figure out my [first] name, my middle name, which changed but not very much.

The once introverted, reserved man who spent a couple of decades going only to work and then straight to his room is now a lively, outgoing friend and support to others making a gender transition. She and Katie attend every community meeting that has anything to do with LGBTQ rights, and it keeps the dance card full.

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