

Many transgender people drive hours to find health care. These advocates are trying to change that.

By Samantha Schmidt
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For seven years, Kyndra Purnell could find no clinic near her home on Maryland's Eastern Shore that would prescribe the hormones she desperately needed. She was forced to rely on the black market, buying estrogen injections from the few other transgender women she knew in the area.

Then, about three years ago, she found Chase Brexton Health Services, a medical provider in Baltimore that offers hormone replacement therapy and other types of health care for the transgender community.

But the clinic was more than two hours from Purnell's home in Ocean City. Still, every three months, she made the drive, taking time off from her full-time job.

"Down here, there's not much help for people like us," Purnell said. "So many people are just at a loss."

In large swaths of Maryland and Virginia, options for medical care are limited for those in the transgender community. Their need for specialized care and LGBT-friendly providers can force them to travel many hours. Of the 1,837 patients Whitman-Walker Health — a D.C. provider that specializes in LGBTQ care — served in 2018, more than half lived in Virginia or Maryland; about 50 patients traveled from as far away as South Carolina and Alabama.

In response, a local transgender advocacy group has launched an initiative to try to close gaps in gender-affirming health care. Last fall, the DC Area Transmasculine Society, known as DCATS, rolled out an [online database](#) that allows transgender individuals to recommend and review medical and wellness providers based on their competency of transgender needs.

Health care is the primary question that comes up in support groups for the transgender community, said Jamison Crowell, the executive director of DCATS. For years, many have used word-of-mouth to share suggestions for trans-friendly medical providers, posting in Facebook groups and other online forums. The Yelp-style online lists have had inaccurate or outdated information about providers in the D.C. region, Crowell said.

What makes this database, called the Trans Wellness Information Network, different is that each review must be submitted and authorized by someone who identifies as transgender. About 125 providers have been added to the database so far.

After filling the database with recommendations from the transgender community, the group plans to have local providers fill out a questionnaire that DCATS staff will evaluate to create a five-star measure of trans competency.

The [questionnaire](#) will include free-response questions asking providers to describe any training they have received specific to catering to the transgender community. It will also ask to what extent a provider incorporates the World Professional Association for Transgender Health [Standards of Care](#) and whether a provider's intake process allows patients to indicate the name and pronouns they would like

to be called.

It also aims to hold workshops and panels to educate local medical and wellness providers, in collaboration with [Trans Healthcare MD](#), which advocates for expanded access to transgender-competent health care.

Lee Blinder, a founder of Trans Healthcare MD, said the group has focused in large part on urging Planned Parenthood to begin offering hormone replacement therapy in its Maryland clinics, as it does in clinics in 28 other states.

Planned Parenthood of Metropolitan Washington recently told The Washington Post that it plans to do just that. It will begin offering hormone therapy at each of its three regional health centers, in Northeast Washington, Suitland, Md., and Gaithersburg, Md.

The move will expand access to care in some parts of Maryland but will still leave gaping holes in areas further from the District and Baltimore. In the western part of the state, for example, Blinder said very few — if any — clinics allow a transgender patient to use what is called the “informed consent” model of accessing hormone replacement therapy. The model, pushed by transgender rights advocates and used by providers such as Whitman-Walker and Chase Brexton, allows transgender patients to quickly obtain a prescription for hormone replacement therapy after discussing the risks with a medical provider.

The alternative, older method — still used by many health centers in the region — requires a patient to first meet with a mental health provider, who must then sign a letter authorizing the use of hormones. That requirement, Blinder says, means therapists become “gatekeepers” capable of creating further barriers to receiving hormone treatment. Some mental health providers require a patient to meet for months of therapy before starting hormones.

“People can get stuck in the system for a long time,” Blinder said. “Many people don’t end up getting a letter at all. The provider will make up excuses as to why they’re not ready.”

It’s just one of the hurdles transgender patients can endure. Despite the Affordable Care Act regulation preventing providers and health insurance companies from discriminating against transgender people, many patients continue to battle with insurance companies that refuse to cover certain procedures. Sometimes the toughest feat is simply finding a primary care provider that will use a transgender patient’s correct name and pronouns.

Purnell, the transgender woman from the Eastern Shore, who now lives in Salisbury, Md., said she frequently has to go to a nearby emergency room for recurring cluster headaches. While the hospital staff has known her for years, they continue to call her by the wrong name, Purnell said. Last week, Purnell said, a doctor walked into the hospital room and suggested that there had been a mix-up.

“I think we’re in the wrong room,” the doctor said, Purnell recounted. “This has you marked down as him.”

Elliot Ayres, a 22-year-old transgender man in the District, said he once went to a primary care provider in Northern Virginia and asked about some pain he had been experiencing from binding his chest. The doctor not only misgendered Ayres — he didn’t even know what a binder was, Ayres said.

As frustrating as the appointment was, Ayres said it wasn’t particularly surprising.

“Trans people oftentimes have really low expectations,” Ayres said. “Our success stories are like, being gendered correctly and people using our names. I think we can ask for more.”