

CPATH Spotlight on Our Members
December 2016
Anna Travers and Bev Lepischak

Anna Travers

Anna Travers was born in London, England and immigrated to Canada in 1972. She earned a Masters of Social Work degree in 1977 at the University of Toronto and her early career focused on work with women, children and youth in a variety of community based organizations. One of these community based organizations was a women's collective, *Jessie's Centre for Teenagers*. There she met Bev Lepischak, who has been her partner for over 30 years.

In 1994, Anna moved into management in the community health sector, becoming the Director of Shout Clinic in Toronto which served homeless and street involved youth. She also volunteered at the Centre for Lesbians and Gays in Toronto and taught part-time at York University.

In 2001, Anna was recruited by Sherbourne Health Centre to develop Ontario's first primary health care program for the LGBT population. Combining health care, health promotion, counselling and unique support groups, this program was soon oversubscribed and the desperate lack of services for trans people meant that Sherbourne, which was intended to serve the local community, was overwhelmed with applications from all over Ontario.

Advocacy for appropriate and responsive services for the LGBT population, the development of educational materials for health professionals and for the community itself were key aspects of Anna's work. As Sherbourne became an important knowledge center, Anna partnered with other leaders to develop a proposal for a centralized provincial resource centre on LGBT health. Funding was eventually received in 2008 from the Ontario government and Anna became the founding Director of Rainbow Health Ontario until her retirement in 2016.

In addition to her work in the health and social service fields, Anna is a parent and grandparent, and enjoys choral singing, writing, and the arts.

Bev Lepischak

Bev grew up on a farm in Manitoba and earned a Social Work degree from the University of Manitoba. After working in the Winnipeg and the North, Bev moved to Toronto in 1981. She became involved with the LGBT community there and served as Chair of the Toronto Counselling Centre for Lesbians and Gays - an entirely volunteer run organization. In 1985, Bev began a relationship with Anna Travers and began to co-parent two little girls. She also returned to school to begin her Masters in Social Work at York University.

While working at Central Toronto Youth Services, Bev provided training on working with lesbian and gay youth to health and social service providers across the province, and began the community development work that resulted in Supporting Our Youth (SOY). At that time - the early 90's - professionally led support services for LGBT youth were beginning to be developed, but programs in which adult LGBT people became mentors and role models for LGBT youth were unheard of and considered risky. SOY not only proved the value of this model, but demonstrated the flexibility to serve youth from diverse backgrounds, interests and needs.

Once SOY was established at Sherbourne Health Centre, Bev took on new responsibilities, eventually becoming the Director of Sherbourne's LGBT health and community programs. Services for trans people were a high priority, and Bev led the development of client-centred clinical services, support groups for trans people and their families and many other community initiatives.

Retiring in March, 2016, Bev and Anna are now spending more time with their four granddaughters, travelling, and taking up new interests.

1) Where in the country do you currently live? Can you provide a short description of your town or region?

AT: Both Bev and I have lived in Toronto for most of our adult lives. I am originally from England and she is from Rosburn, Manitoba. Toronto has a population of over 3 million and has a large number of health and social service organizations. This can be helpful but can also make it hard to know who else is providing services and to collaborate on a regional or provincial level.

2) By the time you retired at the end of March 2016, how long had you worked in LGBT health?

AT: I was originally the Manager of Sherbourne's LGBT Health Services for seven years. The program received many requests for information, training, etc. and so I worked with community and professional groups to establish Rainbow Health Ontario to provide a centralized resource on LGBTQ health issues for Ontario. Our proposal was funded in 2008 and I became RHO's founding Director.

BL: My paid work with queer and trans youth goes back to 1993, when I was hired as a Program Coordinator in the Pride and Prejudice Program at Central Toronto Youth Services in Toronto. The job focused on education and training of health and social service providers across Ontario on

issues facing LGBT youth and their need for competent services, and on youth program development. SOY (Supporting Our Youth) was one of the programs that we established in 1998. SOY became part of Sherbourne Health Centre in 2004, and I continued in the role of Director of SOY until I retired in March of 2016. While at Sherbourne, I was also the Director of LGBT Health from 2008 until my retirement.

3) What role have you played in providing or advancing trans health?

AT: At Sherbourne Health Centre, access to trans specific primary health care was a big part of our original service plan. As soon as we began offering trans care that included hormone treatment we were overwhelmed with trans people looking for this service. Within a few months we realized that there needed to be **locally-based** primary care services throughout Ontario but this would come later.

In addition to medical transition services, Sherbourne also provided on-site counselling to those who needed it. One of the innovations that I developed was the first Gender Journeys group at Sherbourne Health Centre in 2004. This topic-based support and information group has been running three times per year ever since and has been adopted (with modifications) in many other communities.

With our health care team, we created and published our own protocols for trans care using a client centred and Canadian approach. We also published other brochures and included trans people in a variety of health promotion publications.

Later we developed additional specialized group programs for trans people but Bev will talk more about this because they happened mostly once she had taken over as Director of SOY (Supporting Our Youth) and LGBTQ services at Sherbourne.

BL: Since its inception, SOY has been committed to diversity and inclusiveness, and many of the early programs were developed to address the particular needs of diverse populations (newcomer youth, Black queer youth, homeless and street-involved youth). In 2000, members of the trans community requested SOY's support in developing programs that met the specific needs of trans youth. Knowing that SOY itself was not very knowledgeable in this area, we began by educating ourselves about the needs and issues of trans people. As a result, the whole organization – staff, volunteers, and Advisory Committee Members – committed to developing focused programs for trans youth. Trans_Fusion Crew was established in 2001, and has continued as a weekly support group for

trans and gender queer youth since that time. As well, trans youth are fully integrated into all of SOY's programs.

In addition to Gender Journeys, which has been an important program for many individuals considering transition over the years, Sherbourne has developed a number of other specialized support groups for trans and gender queer people. These have included Mature Trans Sisters, a weekly drop-in program for older trans women, group medical appointments for trans women, support groups for trans men and trans women undertaking gender confirming surgery, and a support group for partners of trans people. In addition, Sherbourne's LGBTQ Parenting Network has developed two courses aimed at meeting the particular needs of trans and gender queer people considering parenting, which is inclusive of trans men considering pregnancy.

4) What successes have you seen in advancing trans health in your area during your time with Rainbow Health?

AT: At Rainbow Health Ontario, our mandate was to share knowledge and skills on LGBTQ health issues with a range of audiences – health care providers, policy makers and the community. We also highlighted and participated in important research projects as KTE partners. For example I was part of the Trans Pulse Research Study for eight years and was able to promote the surveys, assist in the analysis of findings, and use them in policy work.

During the past few years there have been significant advances in trans care in Ontario and Canada including:

1. More than 1500 health and social care professionals received training on the delivery of sensitive skilled primary care services for trans people. Many trans people have been able to access services in their local communities and gradually the provision of a range of services for trans people and their families in primary care settings is becoming the norm.
2. We were able to work with activists and researchers to change a number of regulations and policies related to ID, adoption, the rights of incarcerated people, police practices, gender markers on health cards, access to appropriate health screening, surgeries, etc.
3. In the end, the provincial government also gave trained primary care providers the right to recommend and refer their clients for transition related surgeries.
4. RHO was able to disseminate evidence and best practices through its fact sheets, workshops, mentorship calls and 4 provincial conferences. This resulted in greater sharing and learning by stakeholders and I believe has advanced knowledge and skill in this area.

BL: At both Sherbourne and SOY, we moved from cautiously and somewhat timidly offering health care to trans people to fully embracing equity, inclusiveness, and dignified, respectful service delivery over a period of 15 years. We have worked side-by-side, as allies, with our trans colleagues and clients in making this happen. We know this because our clients tell us this all the time. Sadly, we know that this experience is not universal; it has not eliminated the transphobia, discrimination, and frustration in accessing needed services that many trans people continue to face in our society.

5) What challenges still exist in advancing trans health in your area?

AT: There are still challenges related to the lack of services throughout the province, the difficulty in making trans health part of the curricula of various professions and to transphobia in general.

For people of colour, indigenous people and those living in poverty, the barriers intersect with other types of discrimination and marginalization. A wholistic approach is what is needed now; working with other activists and progressive professionals.

BL: I agree with Anna's comment. Despite successes that have been achieved, there is a need to focus on trans and gender queer people who continue to be among the most marginalized in our society. Unfortunately, access to competent health care and paid surgeries, while so important, does not in itself address other barriers that many trans individuals face including inadequate income, lack of safe housing, barriers to decent employment, and violence which so many marginalized trans and gender queer people continue to experience.

It is wonderful that increasing numbers of trans people are now visible, and admired and respected for who they are and what they do. Before we congratulate ourselves too much though, we need to be mindful that they are still the minority, and that many trans and gender queer people continue to face significant challenges in daily living.

6) How do you think we can continue to make changes together, as part of CPATH?

AT: I am no longer in a professional role but I believe there are more opportunities than ever to work with trans specific groups and others who are allies e.g. Black Lives Matter to explore common goals and strategies.

BL: Yes, I think forging alliances to address common issues that affect us all is the way we need to go in the future. Sadly, I think it will be much more difficult to accomplish than it should be.

7) What is your vision for trans health?

AT: A country in which all trans people can access the services and supports they require to live healthy fulfilled lives.

8) Which living person(s) do you most admire?

AT: Bev, my partner, unless we're having an argument! She is wise, warm and highly competent in a host of ways. Working in a parallel fashion with Bev had meant I had someone to dream with, to work through the details of projects and to get encouragement from when the going was tough.

BL: This is going to sound silly and sentimental, but Anna is the person that I admire the most, and I don't think that I could have accomplished most of what I have without her working along with me. I have always suffered from an "imposter syndrome", and Anna has been central in helping to mitigate that for me. She is creative, intuitive, and very smart. I have a visual image that, for more than three decades, we have been two work horses, harnessed together, pulling the plow through rough terrain.

9) What is your main motto or mantra?

AT: I was very influenced by existentialism, so I've always believed in the need to create meaning in life. I think you do this by cultivating authentic relationships and attending to issues of social injustice that present themselves and that you care about.

BL: Although I do not subscribe to any particular religious belief or doctrine, I have been very influenced by the Quakers, particularly with their focus on the centrality of conscience, social responsibility, commitment to community, social justice, pacifism and humility and moderation.

10) What are you reading these days?

AT: The Orenda by Joseph Boyden which is a very tough read. Also just started Barkskins by Annie Proulx.

BL: I recently finished *The Paying Guests*, by Sarah Waters. I originally started reading it two years ago while on vacation, but then work intervened, and I didn't pick it up until after retirement. I adore her writing, and loved it. There are so many books that I have wanted to read for years.

11) What is your idea of happiness?

AT: At the moment, being newly retired, happiness is spending more time with people I love and doing more of things that I enjoy including new things that I didn't have time to do before. One of our daughters taught me to make jam for the first time and it was such fun.

BL: Being able to be in the present, and attending fully to whatever I am doing, even if it is tedious or repetitive. And doing it as well as I possibly can.

12) What do you do for self-care?

AT: See above.

BL: I am crazy about sports, largely from a spectator perspective. I think this has kept me sane over many years. I also really love gardening and have done that for many years. More recently, I have taken up adult colouring, something that I came to realize I loved from hours colouring with the grandchildren.

13) What advice would you have for a new provider or advocate in trans health?

AT: Find others who share your ideas and goals and who can give you support not just criticism. Break big goals into steps and celebrate successes. Look for overlaps with other advocacy movements and work to understand how issues are linked.

BL: If you are not yourself trans identified, allow yourself to honestly examine your own assumptions and prejudices, and then struggle to overcome them. Unfortunately, all too often, "not having the competence to practice" is simply a defense for personal bias.

CPATH thanks Anna and Bev for their lifetimes of work and advocacy for social justice in health care. May retirement be a joyful time for both!