

your everyday wellness guide

**a gay, lesbian, bisexual, transgender
community resource**

**August 2001
Ottawa, Ontario**

The Wellness Project

GLBT Wellness – A Community Collaboration

Sponsored by
Pink Triangle Services
Ottawa, Ontario

your everyday wellness guide: a lesbian, gay, bisexual and transgender community resource

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August 2001

Dear Reader,

It's great that you have *Your Everyday Wellness Guide* in your hands. We would not have been able to create this lesbian, gay, bisexual and transgender community resource without the strong support of the GLBT communities in Ottawa, the valuable suggestions of individual health care providers, the incredible commitment of the many agencies and groups, and the tremendous efforts of members of the Ottawa GLBT Health Task Group.

We are endlessly grateful for every single smile, and every show of support and encouragement that have come our way. We would also like to say a big thank you to the more than 850 local residents and more than 50 service providers who participated in the first GLBT Wellness Survey in Ottawa. This handbook is a companion document to *"How Well Are We Doing? – A Survey of the GLBT Population of Ottawa"*, the final report of the Wellness Survey. Visit the Wellness Project web site to download a copy or find out how to get one – www.pinktriangle.org/wellness.

This handbook is modeled on *Your Everyday Wellness Guide* created by GLBT residents of Vancouver. We thank the LGBT Health Association of Vancouver and Anne Marie McInnis and Soak C. Kong for their leadership in GLBT wellness and for allowing us to use parts of their guide thereby enabling us to build on their successful model.

We hope this guide will help you and your family members find services and service providers to support your efforts as you take charge of your health and well-being.

Thank you,

Wellness Project Management Committee

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SECTION 1

take charge of your wellness

Why we need a GLBT wellness guide

Taking charge

Health and human rights

What we mean by wellness

Our diversity

Being in or out of the health care closet

Why we need a GLBT community wellness guide

Living in Ottawa, many of us feel fortunate to have the health care system that we do. However, it is being increasingly acknowledged that some areas of the health care system are in need of reform. Equal access to health care isn't always the case: there are important differences in the case with which people from various groups and economic backgrounds get health care, and in the quality of the care they get.

Lesbians, gay men, bisexuals, and/or transgendered persons are some of those in Ottawa experiencing unequal access and substandard care. The situation is getting better as health care organizations and providers examine how to improve access to care and the quality of care being delivered.

However, improving our care also means that *we* need to be informed. At times, you will seek health care for yourself, at times for your children, partner and other significant people in your life. It is important that we understand how the health care system works, and have the information we need to help us do everything we can to take care of ourselves, our health, and the health of our children, partners and friends. That is what *Your Everyday Wellness Guide* is about.

This guide will assist you to access and navigate our wellness care system. It will provide you with information, support, and options for protecting and improving your wellness. In addition to being a listing of health and community resources, this guide provides an overview of Ottawa's health care system, and information for accessing



and negotiating care within that system. The community sections outline information on each of our GLBT communities, which we hope will connect you with others and give you a sense that you are not alone in your experiences.

Taking charge

In the context of this guide, taking charge is about making a decision to take control of your health. It's about choosing to do what you can, in small or large steps, to protect and improve your health. It's about standing up for yourself when visiting wellness care providers, and finding or demanding the information you need to make informed choices about your wellness. It's more than choosing to eat well and exercise; it's about deciding to control all aspects of your wellness care. It's about being self-reliant. It's about self-empowerment.

Remember that you are not alone. There are people who will support you in your choices and be there to assist you in the steps you need to take. The back of this guide lists services and resources that are there to help. You will need to take the steps to find the ones most suitable for you, but they are there with information and support.

Health and human rights

In this guide, health is seen as a basic human right: as GLBT people, we have the right to equal access to health services and to the same quality of care that everyone else receives. We have a right to be treated with compassion and dignity, and without bias or discrimination. Within this framework of human rights, we focus not on the physical and environmental causes of illness, but on the social causes of illness (e.g. discrimination, childhood sexual abuse, isolation). It is these social factors that cause us to be more vulnerable to a range of wellness concerns, and, as such, require attention. This broader social framework puts our lives more in context: by achieving our human rights, the strength and well-being of our communities will improve.

What we mean by wellness

When we talk about wellness, we're talking about more than the absence of disease, and about more than your physical body. Wellness includes your mental, spiritual, sexual, intellectual, social, and emotional well-being.

Being healthy is about having the skills and resources to meet your needs and goals, and to change or cope with what life brings. It is about you as an individual and the broader environment in which you live.

There are a number of factors and conditions that are thought to have an effect on health. The more commonly understood determinants of health include:

- your race, culture and ethnicity;
- your gender;
- your income and social status;

Gay, Lesbian, Bisexual and Transgender (GLBT) Health Care Consumer's Charter of Rights

GLBT people of all ages have the right to full and equal access to all health care services, in a supportive environment, where it is safe for them and for their families to be out to their providers if they choose to do so. They have the right to health care services that are comprehensive, medically appropriate and culturally competent. In order to ensure their access to quality health care, GLBT people of all ages have the right:

- to **CONFIDENTIALITY** of their medical records, including confidentiality about their sexual orientation and gender identity;
- to have their **FAMILIES RECOGNIZED**, acknowledged and respected by all health care providers;
- to be treated in a health care environment that uses **CULTURALLY APPROPRIATE** language, including culturally appropriate intake and other written forms;
- to have case management and treatment plans that include and **ADDRESS SEXUAL ORIENTATION OR GENDER IDENTITY** where it is a necessary and appropriate issue in client care;
- to be included and have their needs addressed in prevention and other **PUBLIC HEALTH PROGRAMS**;
- if a minor, to safe and confidential medical treatment, to be **INFORMED OF LEGAL RIGHTS**, and to be advised of the possibility and possible consequences of mandated reporting.

Adapted from: The Gay, Lesbian, Bisexual, and Transgender Health Access Project, Boston, MA, <http://www.glbthealth.org/index.html>

- the amount of social and emotional support you have from your families, friends and communities;
- whether you are working (waged or not waged) or able to work, how "safe" your workplace is, and your stress around work/not working;
- the quality of your physical environment (e.g. air and water);
- your early childhood experiences;
- genetics - the traits you were born with;
- your education level;
- your daily health habits (e.g. exercise, smoking habits, nutrition);
- your ability to cope with what life brings;
- how you feel about yourself;
- your housing - the area where you live;
- your ability to access the health care system; and
- how you are treated when you access the health care system

(adapted from Health Canada, Towards A Common Understanding)



Our diversity

We have tried to be as inclusive as possible in writing this guide. In order to address the differences and similarities within and between our communities we have written general sections that include everyone, and separate sections for each community. We encourage you to read all sections. Not only is there content in each section that could be of potential relevance to you these community sections also give you glimpses into communities other than your own.

Within our communities, the health care system and society at large, gender identity is often confused with sexual orientation. This guide is written in recognition that sexual orientation and gender identity are very different issues. We hope this guide helps clarify the distinctions, and not add to the confusion.

We also recognize that "community" does not necessarily assume harmony or sameness. Our GLBT communities are complex and evolving. Within them are differences and diversity. For example, while there is some shared ground

between bisexual men and women, their experiences of the health care system are quite different. Within our communities, there are friendships and alliances, as well as prejudice and misunderstandings. A lesbian and gay support group is not necessarily inclusive of transgendered or bisexual individuals. Racism, class biases, ableism, sexism and other forms of stereotyping and discrimination divide our communities just as they divide others. While acknowledging this current reality, we appeal to you to exercise towards members of our diverse communities the same quality of respect we demand from those outside our own community and society at large.

Being in or out of the health care closet

Should you be in or out as GLBT to your wellness care providers? While some of us might not always get to choose whether to come, some of us do. For those with a choice, it is an individual decision.

And it's a hard one to make. It's especially hard if you are dealing with a provider you've just met. It's hard enough to talk to strangers about our lives and our health, let alone come out. It's also hard not to come out, to have to lie about yourself, your lovers or partner, your family, impacts your self-esteem and health.

If you remain in the closet, your providers will likely presume you are heterosexual, and presume your gender. Your identity and your relationships will not be acknowledged, accepted or respected. That hurts. Your providers may not have all the information they need to properly diagnose your situation. You may be risking your health.

If you are visiting a doctor because of a cold, coming out may not be necessary. However, if you're having chronic pain or discomfort, your doctor needs your complete honesty to be able to diagnose your situation. If you can't come out, you may want to move from thinking about your identity and focus on your behaviours and sexual health practices. For example, if you engage in anal sex regularly your doctor needs to know. Think about whether there is anything you need to tell your doctor that will help in your health assessment.

If you come out, you may be risking a negative reaction from your provider, and therefore substandard care. However, if your provider is GLBT - friendly or informed, coming out can bring you one step closer to developing trust and a partnership with your provider.

health care in Ottawa

Ontario Health Insurance Plan (OHIP)

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Trillium Drug Program

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Community health centres

Walk-in clinics

Emergency departments

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Accessing mental health services

Psychiatrists

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Pink Triangle Services

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Tips for visiting providers

In times of crisis

How did we do? – a check list

Am I taking charge?

Ontario Health Insurance Plan (OHIP)

Ontario residents are eligible for provincially funded health coverage (OHIP). You must have a health card to show that you are entitled to health care services paid for by OHIP. To apply for a health card you must go to the Ministry of Health Office at 75 Albert St. For more information, call (613) 783-4400 or the ministry INFOLine at 1-800-268-1154. Website: <http://www.gov.on.ca/health>

Eligibility

To be eligible for Ontario health coverage (OHIP) you must:

- be a Canadian citizen or have immigration status as set out in Ontario's Health Insurance Act, and
- make your permanent and principal home in Ontario, and

- be physically present in Ontario 153 days in any 12-month period.

OHIP coverage normally becomes effective three months after the date you establish residency in Ontario.

If you are a newcomer to Ontario, or a former resident returning here to live after being away for more than seven months, the waiting period (3 months) begins on the date you establish or re-establish residence in Ontario.

If you are an eligible resident moving to Ontario from another part of Canada, your former province's health insurance will cover you for up to three months.

If you are not covered by another province or territory, it is important to buy private health insurance in case you become ill during the OHIP waiting period. For more information: Contact a private insurance company directly or call the Canadian Life and Health Insurance Association Inc. at 1-800-268-8099.

If you are in need of medical attention, do not have health insurance and cannot afford to pay for services, the downtown community health centers (Centretown, Sandy Hill or Somerset West) and OASIS– see resource list at the back of the guide) can assist you in getting medical care and a health card under their Health Card Assistance program.

Services in Ontario Covered by OHIP

OHIP covers a wide range of health services.

Physicians

OHIP covers all essential diagnostic and treatment services provided by physicians. This includes home visits and services provided in hospitals, where appropriate. Physicians may bill you for uninsured services. These include transferring files to another physician, telephone consultations, certificates of fitness to work, physical examinations for schools or camps, and cosmetic procedures. Physicians may also bill you if you miss an appointment.

Podiatrists, Chiropractors and Osteopaths

Services provided by podiatrists, chiropractors and osteopaths are partially covered under OHIP. The ministry pays part of the costs for these services. You must pay for the extra costs. Ask your health care provider about the costs before you receive the services.

Physiotherapy

The Ministry of Health and Long-Term Care pays for physiotherapy services provided in:

- Hospitals;
- Approved Schedule 5 physiotherapy clinics;
- Physicians offices that offer physiotherapy, and
- Community Care Access Centres (CCACs).

Eye Care

OHIP insures optometry services every two years for persons 20 to 64 and once a year for those under 20 and age 65 and over.

Ontario Drug Benefit Program

Through the Ontario Drug Benefit (ODB) Program, the Ministry of Health and Long-Term Care covers most of the cost of prescription drug products listed in the Ontario Drug Benefit (ODB) Formulary. If you belong to one of the following groups of Ontario residents and you have valid Ontario Health Insurance (OHIP), you are eligible for drug coverage under the ODB Program:

- people 65 years of age and older;
- residents of long-term care facilities;
- residents of Homes for Special Care;
- people receiving professional services under the Home Care program;
- Trillium Drug Program recipients.

In addition, if you are receiving social assistance (General Welfare or Family Benefits Assistance), you are eligible for ODB coverage.

Trillium Drug Program

The Trillium Drug Program helps people who have high drug costs in relation to their income. You can apply to the Trillium Drug Program if:

- your private insurance does not cover 100 per cent of your prescription drug costs;
- you have valid Ontario Health Insurance (OHIP) cover-

age, and

- you are not eligible for drug coverage under the Ontario Drug Benefit (ODB) Program.

The program has an annual deductible that is based on income and family size. Trillium application kits are available at your local pharmacy or by calling the Ministry of Health and Long-Term Care INFOLine at 1-800-268-1154. Call the ministry INFOLine at 1-800-268-1154 (Toll-free in Ontario only)

In Toronto, call (416) 314-5518

TTY 1-800-387-5559.

Accessing medical care

General practitioners in private practice:

As you search for a doctor, you may find that many practices are at capacity and are unable to accept new clients. Call the Find a Doctor Service at 1-800-268-7096 ext.626 for names of physicians in your area who are accepting new clients.

For GLBT positive doctors, check listings at the back of this guide or call the Gayline 238-1717.

Community Health Centres (CHC)

CHCs offer integrated health and social services using a multidisciplinary team approach. At present there are 6 community health centers in Ottawa (see listings at the back of this guide) mandated to serve specific geographic areas. Services vary by centre but may include medical appointments, walk-in services, outreach to partner agencies, health education groups, anonymous HIV testing, addictions assessment, needle exchange, chiropody, counselling, support groups, food and nutrition programs, parent/child support programs, support to newcomers,



involvement at the community level on local issues. There is no charge for services/programs.

Although all the health centers are committed to accessibility, Centretown Community Health Centre in the downtown core has made a special effort to advertise and provide services to the GLBT community.

For information about accessing health and social services, call the Community Information Centre of Ottawa at 241-INFO 94636) or www.cominfo-ottawa.org. They produce a Directory of Ottawa Community Services that is updated each year.

For information about programs and services for seniors, the Senior Citizens Council of Ottawa-Carleton (234-8044) publishes the Directory of Resources for Senior Citizens of Ottawa-Carleton which is updated yearly.

Walk-in Clinics

To find a walk-in clinic in your area, consult the yellow pages phonebook under Clinics – Medical.

Emergency Departments

For medical emergencies, go to the hospital nearest you (listed in the yellow pages). For a serious emergency requiring an ambulance, call 911.

Accessing dental services

Dental care is an important part of your overall health. However, dental services are not covered to the same degree as medical services. OHIP only pays for some dental surgery, when done in hospital. You must pay the cost of dental services in a dentist's office.

The city of Ottawa operates 3 regional dental clinics that provide dental treatment to children and adults receiving social assistance.

Algonquin College, Woodroffe Campus (727-4723, ext. 7630) and La Cité Collégiale (742-2493, ext. 2515) run dental clinics that provide dental disease prevention services at reduced rates.

The Ottawa Dental Society (523-3876) provides assistance in locating a dentist and handles patients' complaints.

For a listing of dentists who identify themselves as glbt positive, see listings at the back of this guide.

Accessing complementary health care

Complementary therapies such as acupuncture, homeopathy, naturopathy, aromatherapy, reiki, massage are generally not covered by OHIP.

For a listing of complementary care practitioners who identify themselves as glbt positive, see listings at the back of the guide.

Accessing mental health services

Mental health services are not covered to the same degree as medical services.

Psychiatrists

To see a psychiatrist, you will need to see a GP and get a referral.

Private Therapists

Private therapists are not covered by OHIP, so unless you are working and have a benefit plan that covers counseling services, you will need to pay for these services on your own. Some therapists offer sliding scales.

To find a therapist who identify themselves as GLBT positive, see listings at the back of the guide.

Community Health and Resource Centres

Most of the Community Health Centres and Community Resource Centres offer a range of free mental health services such as short term counselling, crisis support, support groups, information and referral. See listings at the back of the guide.

Community Agencies and Self Help Groups

Call the Community Information Centre of Ottawa at 241-INFO (4636) for listings of agencies that offer counseling and support groups free or at minimal cost. Also included in the annual Directory of Ottawa Community Services are listings of agencies and self help groups in the areas of mental health, addictions, emergency assistance, housing support, legal aid, HIV/AIDS, abuse and family

violence, crisis intervention and more. See listings at the back of this guide for organizations that have GLBT specific programming or have made efforts to make their programs/ services glbt sensitive.

Pink Triangle Services

Peer counselling, educational and advocacy services to gay men, lesbians and bisexuals and those associated with them. Services include telephone and in person peer counseling, information and referral, outreach, discussion and support groups, library. Phone: (613) 563-4818.

Finding care providers

It isn't always easy to find wellness care providers who are good at what they do, knowledgeable about GLBT health issues, GLBT friendly, and able to take new patients. If you are searching for providers, you need to be prepared to look around and make a few phone calls. It's worth it, especially when your search uncovers a provider who is professional, respectful and caring.

Finding and developing a relationship with providers, whether they are a GP, chiropractor, massage therapist or naturopath, is particularly important if you are GLBT. It can take away the stress and anxiety from appointments and providers' reactions, so you can focus on your wellness. You need relationships where the level of safety is high enough that you feel comfortable talking openly and honestly. Your gender identity, sexual orientation, sexual history, risk factors, medical history - all these are important in ensuring you receive the best possible care.



1. To find a care provider that works for you, think first about what you need and what's important to you.

- Are they knowledgeable about your particular health concern (e.g. depression, HIV/AIDS)?
- Are they knowledgeable or supportive of complementary medicines?
- Are they gay, lesbian, bisexual, heterosexual?
- What is their gender identity?
- Can they speak in words you understand (e.g. sign language, Cantonese, no jargon)?
- Are they sensitive to your cultural and spiritual beliefs?
- Are they sensitive to your class and income levels?
- Do they have experience with children, youth, GLBT families, and people of all ages?
- Will they tell you what to do (which may help you feel secure), work with you in weighing the pros and cons of a treatment, or help you explore alternative treatments?
- Is their office close to your home or workplace?
- Are their office hours convenient? Do they make house-calls? Do they have another provider cover after-hours?
- Is their office physically accessible, and on an accessible route?
- *[for GPs]* What hospital are they affiliated with? (i.e. you may want a doctor whose hospital is close to you, or is known as GLBT- friendly.)

2. Collect names of health care providers.

- Talk to your friends, family, ex's, co-workers, and acquaintances. Who do they recommend or not recommend? Who have they heard about? GLBT friendly providers exist, but don't necessarily advertise as such. You will find them through people you know, or by asking around.
- Check out GLBT newspapers, journals, or business directories in your area. If health care professionals are advertising in GLBT places, they want your business.
- Ask GLBT support and advocacy groups and organizations if they have a list of GLBT-friendly providers. Listings are at the back of this guide.

3. Visit more than one provider.

If you can, consider shopping around and interviewing a few providers before choosing the one you want to work with. While this will cost to varying degrees (time and energy, childcare, bus fares, user fees), it is likely worth the effort. Think of yourself as a consumer shopping for the best possible product. If you are searching for a GP, when you call their offices, ask for a "new patient appointment."

When interviewing care providers:

- let them know what you are looking for;
- ask questions to see if the two of you can work together - perhaps talk about a health issue you are having, or a general concern (e.g. HIV/AIDS, menopause, depression); and
- if you have had a bad experience with a provider in the past, let them know and see whether they are willing to listen. If not, you may need to keep looking.

4. Choose your provider.

After the interview, evaluate yourself and the provider. What's important here is to choose someone suited to you and your needs and someone who is knowledgeable, supportive and respectful. Keep in mind that, depending on where you live, your options for a provider may be limited, and you may not be able to find a provider who can meet all your needs. For example, in finding a doctor, you may find:

- a doctor who is GLBT positive, but lacks knowledge of GLBT health issues, or is not open to complementary medicines;
- a doctor knowledgeable on transgender issues, but who knows little about depression; or
- a specialist on HIV/AIDS who doesn't have time to address your other medical needs.

If this is the case, you will have to weigh what is most important to you. Depending on your health issues, you may want to consider having two doctors (e.g. one for your HIV/AIDS needs, one for other medical needs).

It is also important to keep in mind that just because a provider is GLBT, he/she may not be the best provider for you. GLBT providers can be uninformed about GLBT health issues, and they can have internalized homophobia, biphobia, or transphobia. What you are looking for are providers who are knowledgeable, GLBT friendly, open-minded and respectful, and good at what they do. You can find these attributes in both heterosexual and GLBT providers.

It is also likely, given the current lack of knowledge of GLBT health issues, that whomever you choose, you are going to have to educate yourself and your provider on GLBT health issues. Taking on the role of educator is, at this point in time, a very common position for GLBT people.

Your rights

(adapted from J.Cumming, *Have I got a doctor for you*)

In seeking health care, you have the right to:

- the best medical treatment available without discrimination;
- ask questions and have tests and procedures explained to you in words you understand;
- know what medications are being prescribed to you, including all their side effects, and have a frank discussion of the pros and cons of your options;
- refuse tests or treatment for any reason;
- a second opinion and to seek answers to your questions from outside sources;
- have whomever you want with you when you talk to your provider;
- be physically examined by someone whose gender you feel comfortable with (or have someone with you in the room);
- be treated like a person - not all experiment, curiosity, or teaching visual aid;
- see and obtain your health record;
- honest, private (to the extent possible), considerate, dignified and respectful treatment, and the right to make a complaint if those standards are not met;
- confidentiality and
- have your family, spirituality, gender identity, and sexual orientation acknowledged and respected.



Your responsibilities

In seeking health care, you have the responsibility to:

- develop and maintain positive health practices, including good nutrition, sleep and rest, exercise and stress management;
- make choices in your own best interest based on a clear understanding of your care, its costs, risks and alternatives;
- ask for information on your situation, learn what you can do, and do what you can to help maintain the best health possible;
- give your providers' accurate and complete information about your illness, medical history and medications;
- follow your health plan to the best of your ability, ask questions if you have problems or concerns, or work out alternative plans;
- keep a written record of your personal health history; and
- treat health care providers with respect.

Tips for visiting providers

To make the most of visits with care providers, consider the following.

1. Trust yourself with your wellness.

You are the authority. You know your wellness better than anyone else. Trust your intuition, and what your body is telling you.

2. Work in partnership with your providers.

Whether they are doctors, nurses, dentists, or therapists, they are there to help you, to work with you, and to inform you, all with the goal of helping you make the best decisions and keeping you in the best possible health.

3. Prepare for your visits.

Before the visit, be clear about why you are visiting the provider, what you want or need, symptoms you have noticed, or knowledge you want to share.

4. Take an ally with you.

An ally can support you in whatever way you need - ask questions if you are too shy to do so, ensure that nothing

negative happens, and if it does, act as a witness to the incident. An ally is particularly important if you are having difficulty being assertive with a care provider.

5. Be an active player in your care.

Do what you can to take care of yourself.

- Ask questions until you understand what the provider is saying. If they make a recommendation, ask them why they chose that particular option. Ask where you can get more information. If there hasn't been enough time to have all your questions answered, make another appointment or ask the provider if they can call you later.
- Challenge your providers' assumptions or decisions.
- Bring outside information to your provider's attention. Do research on your health issues (Internet, libraries, friends, groups associated with specific health conditions such as MS, cancer).
- If you know you are going to need more time than usual, ask for more time when you make your appointment.



6. Keep in mind where your provider is coming from.

Most providers have a specific amount of time scheduled for each person. Within that time, they need to take a medical history, conduct a physical exam, use that information to figure out what is causing the problem, and determine the best treatment. You play a crucial role by presenting your health concerns and symptoms, explaining your history completely and to the point, asking questions so you understand all of your options, and making an informed decision.

7. Make sure you understand.

At the end of the visit, repeat back to your provider what was said to you, including your treatment and the next steps you will take.

8. Use your doctor as your "health records clearing house."

If you are seeing several providers, use one as a central resource for your medical visits and treatments. For example, get lab test results sent to your GP as well as your specialist.

9. Keep your own health journal.

Bring paper and a pen to your appointments. Keep track of your own records and take notes of what happened at each visit.

10. Know your rights and responsibilities.

See Your Rights and Your responsibilities above.

In times of crisis:

Violence is an ever-present threat or reality for many GLBT people. Most of us have personally experienced, or know other GLBT people who have experienced queer-bashing, abuse, or assault by lover or family member or suicide attempts. Statistics in these areas are disturbing. However, as our community strengthens, so do our resources.

If you find yourself in crisis, consider reaching out to the following services. Unless noted as GLBT-specific, these are general services, so there is the possibility of encountering negative attitudes depending on whom you talk to. Listings are at the back of this guide.



Victim Crisis Offices –Ottawa Police Service

236-1222

Provides crisis intervention and short-term counseling to victims of crime and violence, including victims of elder abuse. Referrals are made to appropriate community resources if necessary.

Gayline/Télagai

238-1717

Peer counseling, information, nightly from 7 – 10 p.m.

Crisis Intervention Services – Youth Services Bureau

729-1000

Same-day, face-to-face counseling is provided to young people 12-20 years old who are in crisis. After hours, telephone crisis support is provided as well.

Distress Centre of Ottawa and Region (238-3311)

24 hour confidential telephone listening and crisis intervention service

Tel-Aide Outaouais

741-6433 or

1-800-567-9699

Un service d'écoute téléphonique et via Internet, anonyme et confidentiel 24 heures par jour, 7 jours par semaine.

Ottawa Rape Crisis Centre

562-2333

24-hour crisis line, crisis and long term counseling to women who are victims of recent sexual assault, sexual harassment and childhood sexual assault.

Gloucester Services for Abused Women

Gloucester Centre for Community Resources

Help Line: 745-4818 = English, 725-3665 = French

Offers crisis intervention services to women (including lesbians) victims of violence residing in Gloucester and surrounding area. 24-hour Help Line, referral and support services.

Immigrant and Visible Minority Women Against Abuse

Help Line: 729-1119, Cultural Interpretation Service: 729-1393

Counseling and support groups for women of diverse cultural backgrounds who are victims of violence or are experiencing abuse. Free confidential interpretation services 24-hours a day, to agencies serving non-English speaking women who are victims of abuse to facilitate their access to services.

Women's Anti-Violence Organization/ Survivors of Abuse Support Centre

Crisis Line: 234-2266

24 hour support line to women who are survivors of sexual violence.

How did we do? A Checklist

If you are taking charge, it is important to monitor how you, your provider(s), and their staff did during your appointment.

- They were knowledgeable about my health issues.
- They respected who I am, and were comfortable with me.
- They listened to what I had to say about my condition.
- They answered me in a way I could understand.
- They were willing to work with me as a partner in my health care.
- They asked me how I would like to be addressed, called me by my preferred name and gender, and noted this on referrals.
- They did not expect me to educate them, and didn't objectify me.
- They didn't "out" me to others.
- They demonstrated an understanding of the range of GLBT health issues, and that gender identity is different from sexual orientation (or were open-minded and willing to learn).
- They didn't make assumptions.
- They accepted as family anyone I recognize as significant.
- I was prepared for the appointment.
- I asked for extra time to discuss my specific issues.
- I asked questions when given the opportunity.
- I asked the provider to explain information I did not understand.
- I presented information possibly linked to the symptoms I have.
- I felt comfortable with this provider. I feel I can establish a partnership based on mutual respect.

(adapted from Partners in Care)

If you feel you didn't do so well, don't be hard on yourself - especially if this is new for you and or your providers. Give yourself time to learn and change.

If you don't like how your provider interacts with you, find another. You don't have to tolerate them just because you've gone to them before. You can have your health records moved to another provider.

Am I taking charge?

A checklist

(adapted from Project Access, Roadmap)

It's a good idea every once in a while to take a step back and see how you're doing - to revisit the degree to which you are directing and guiding your own health care. Use the following checklist to help you assess whether you are taking charge.

As you review this checklist, be reasonable with your expectations of yourself. Taking charge will not happen overnight. Some may have the time, energy or resources to do a few things on the checklist, others more. Give yourself time to incorporate these goals into your life.

- I have a regular doctor with whom I feel comfortable.
- I have thought about having someone go along with me when I see a provider.
- I know whom I would name as my next of kin. I have talked to them about it.
- I know how to prepare for my appointments with my providers.
- I go with a list of questions I would like answered by my providers.
- I know why I am taking the medication that has been prescribed for me. I know the names and side-effects of the medications I take, or my child is taking.
- I am up-to-date on the evolution of the state of my health.
- I can clearly describe signs and symptoms that concern me.
- I have a dentist with whom I feel comfortable.
- I have alternative care providers with whom I feel comfortable.
- I have my legal affairs in order.
- I know my rights and responsibilities.



health and the law

The law and gender identity
The law and sexual orientation
Keeping your legal affairs in order
Finding legal advice
Tax laws changing to reflect realities of relationships
Medical forms
Accessing your medical records
Confidentiality
Informed consent
Confidentiality and consent for youth
When wellness care hurts: What can I do?

The law and gender identity

There is currently no human rights protection for transgendered people in Canada, which means that if you are subjected to negative treatment or discrimination, your recourses (remedies) are limited. While at some point transsexuals may arguably be able to claim rights under 'disability' or 'sex,' these are not yet reliable options. Respectful treatment (having providers use your preferred name and pronoun, being in the ward and using the bathroom of your choice) is currently dependent on the individual care provider or facility you are using, and your ability and confidence in asserting yourself and stating what you need.

The law and sexual orientation

Human rights protection exists for lesbians, gay men and bisexuals. The Charter of Rights and Freedoms, the Canadian Human Rights Act, and since 1986, the Ontario Human Rights Code protects against discrimination based on sexual orientation. If you are discriminated against or receive negative treatment from care providers because of your sexual orientation, you can seek recourse.

In Ontario,

- equal workplace benefits are available to same-sex partners of provincial, federal and many municipal governments and many private industry employees.
- equal pension benefits are available to lesbian and gay employees
- you may make medical decisions on behalf of your same-sex partner who is incapacitated
- Adoption by same-sex couples is allowed

- Child and spousal support provisions extended to same-sex couples.

It is important to watch for changes in these areas, and keep in mind that the information in this guide will change as the law evolves.

Keeping your legal affairs in order

Having your legal affairs in order is important regardless of the state of your health. For your own peace of mind, do it now. Think about what you need - a will, a living will, a health care directive, power of attorney, or nomination of committee. Do you understand the uses of each of these documents? Who do you want to name as the guardian of your children, executor of your will, your health care director, to hold your power of attorney, or act as your committee? Having to decide those things in the middle of a crisis will add to your stress and add to the crisis. Not doing anything at all could make things more stressful for family and friends.

These documents are steps towards having your partners and families recognized as family and as decision-makers on your behalf. They will not always guarantee recognition and support to your partners and families, but they are a step in that direction.



1. Health care directives

A care directive is a legal document that lists who you want to make medical decisions for you if you can't make them yourself. It's a simple form that says the following to your provider: "If I am not able to make medical decision for myself, the person I want to make them for me is _____ (fill in the blank with whomever you want to nominate)."

Whoever you nominate, sit down and talk with them, so they can make well-informed decisions on your behalf.

Without this document, your provider is legally obliged to heed the wishes of your biological family. With it, your provider can resist 'takeover' attempts. However, it still doesn't always have the force of law, and some providers will favour the biological family over the person you name. But it does increase the likelihood of having some input into decisions and hospital access.

2. Wills

A will is traditionally seen as a list of what you own and who you want to have it when you die. Having a will is particularly important for GLBT people. If you die without a will, property goes to biological family. Your partners or family members have no legal rights unless you leave a will.

A will can be more than a listing of your property and who gets it - it can outline your wishes after you die, and can help reduce the tug-of-war that can happen between your families. This may be particularly important if you are in the closet, or not on good terms with your biological family. For example, in addition to listing what you own, you can:

- name someone to clean out your home before your biological family arrives;
- list what kind of memorial you want; and
- list what you want done with your body.

3. The living will

Living wills are documents in which you write down your wishes with regard to medical care and treatment if a situation should occur where you are incapable of making a choice on your behalf because of serious illness or imminent death. Whereas health care directives are broad and cover any health situation, living wills are an "end stage"

document covering specific decisions around the termination of your life. Living wills are often used in cases of incurable diseases, when people want to refuse to be kept alive with medication, or by artificial means or equipment such as life-support systems. Living wills are not legally binding, but health care providers increasingly recognize them.

4. Power of attorney

A power of attorney is a document in which you designate someone to handle your financial affairs and make financial transactions in your name (e.g. sign cheques, make deposits and withdrawals in your bank account, or sell your car).

5. Nomination of committee

A committee is a person appointed by the court to manage your personal and financial affairs if you become incapable of doing. This involves a court application for someone with a long-term illness where their affairs must be managed for a substantial period of time or where there is a dispute over who has the legal right or responsibility to manage the affairs. It can be particularly relevant to people with a mental health history. This document is prepared and used less frequently than the other documents, which are more informal and usually adequate for short-term illnesses. *(adapted from M.Kauffman, Don't leave a mess)*

Finding legal advice

Most of the legal documents described do not need to be written by a lawyer. A nomination of committee, however, requires legal assistance. A power of attorney can be prepared by a notary public, which may cost less than a lawyer.

In general, it's not a bad idea to use a lawyer if you think someone may contest your documents. Also, using a lawyer may prevent concerns about whether you were



capable of making the decision (especially if you are ill at the time) or to prevent someone from arguing that you were influenced or coerced to make your decision (especially where you have given power to your partner). Finally, a lawyer can ensure that your will is valid (for instance, that the will was signed while both you and your witnesses were together), and can provide advice to ensure that all issues important to you are addressed in your documents.

To get legal information or advice, or to find a lawyer, consider the following options:

- check ads in your local GLBT newspapers or newsletters for lawyers experienced working within GLBT communities;
- call The Gayline for their referral lists;
- call the Legal Referral line which provides legal information and referral by phone 1-800-268-8326
- contact Legal Aid 238-7931, which appoints lawyers for financially eligible people with certain types of legal problems-;
- call for all appointment with the Law Students Legal Advice Pro-gram at the University of Ottawa Law School 236-3893, a service offering free legal advice during the school year; and
- check out bookstores, stationary shops or libraries for do-it-yourself books. Listings are at the back of this guide.

Tax laws changing to reflect realities of relationships

By: GAILVAZ-OXLADE

From: Globe and Mail, Saturday, May 12, 2001

Once upon a time, in order to be classified as someone's spouse, you actually had to tie the knot, take the plunge, and get hitched. But as social values have changed, so too has the definition of spouse.

First, the term "spouse" was expanded to include those of us who had lived in sin for a specific period of time, or who had kids together. Now the word has reverted to its original meaning of legally married as far as the taxman is concerned, and there's a new nomenclature in town: common-law partners. This category now supersedes "common-law marriage" and embraces a crucial new change.

What's different this time is that common-law partners can now be of the same sex. So if you've been in a conjugal relationship -- regardless of whether it's a same-sex or opposite-sex relationship -- for at least one year, or if you

have a child in common, you're now a common-law partner.

Applicable since the beginning of January (and in some cases, applying retroactively to 1998, 1999 and 2000), these changes create new opportunities and stumbling blocks for same-sex partners.

On the plus side, common-law partners can now contribute to spousal registered retirement savings plans for each other, so they can finally participate in one of the last available income-splitting tactics. This will be particularly useful where one partner makes considerably more than the other, or where one has a rich corporate pension plan and the other does not.

With careful planning, common-law partners can now arrange to have similar, if not dead-equal incomes during retirement so that they don't end up paying more tax than they absolutely have to.

The new rules also mean that on death, RRSPs can be rolled over without tax consequence to a common-law partner. And by naming a partner as beneficiary on a plan, those assets need never pass through the will, eliminating probate on them and avoiding hassles with relatives who may be unwilling to accept your lifestyle choices.

You can also use the RRSP Lifelong Learning Plan should you or your spouse decide to upgrade your skills or change careers. That plan -- launched in 1999 to help Canadians pay for postsecondary education -- and the Home Buyers Plan are two federal strategies that allow Canadians to dip into their RRSPs penalty-free for purposes other than generating retirement income.



Photo: Mark Villa

As a common-law partner, you can now take a deduction on your income tax return for a fully dependent spouse. And you are now able to transfer unused personal credits and to claim credits for medical expenses and charitable donations made by your partner. By consolidating receipts, you'll get a bigger bang for your buck, so being partnered in the taxman's eyes can bring bigger savings.

There are, of course, downsides to the new rules. Now that you're no longer in an "arm's-length" relationship, attribution rules for income and capital gains will apply. And since you're now linked together, you'll be far more conspicuous to the Canada Customs and Revenue Agency. As well, since income must now be reported on a family basis in order to claim things such as the GST tax credit and child tax benefit, you may find yourself out of luck because your family income is too high.

You're also out of luck when it comes to the equivalent-to-spouse deduction. Where previously, you may have been claiming a child -- your partner may have been doing this too -- now that you're partnered under the tax act, you'll have to forgo these deductions. You'll also only have one principal residence designation.

If you have kids, the childcare expenses will have to be claimed by the lower-income partner. Other provincial credits -- such as Ontario's sales tax credit and rental rebate -- will be affected.

Do you have a choice in terms of declaring yourself as common-law partners? Not unless you change your living arrangements. So who's to say that you are living in a conjugal relationship?

According to Canada Revenue, a self-assessment system is in place and that means taxpayers have a responsibility to declare their income and to pay the tax. Part of that system requires us to declare one's status properly.

Hiding your status could come back to haunt you later. Since same-sex partners now have all the same rights as other "spouses" under the Canada Pension Plan, if you

don't declare yourself, you could miss out on credit-splitting, survivor benefits, and pension assignment, which is the sharing of Canada Pension Plan benefits during retirement. You'll also miss out on any Old Age Security benefits.

Some partners will be eager to embrace the new legislation and may want to take advantage of their new common-law status back to 1998. To do so, simply write a letter to Canada Revenue, including the name and the social insurance number of both partners and the signatures of both partners.

With tax laws, family-law acts and other legislation becoming more inclusive, it's only a matter of time before same-sex partners have all the same rights and obligations as everyone else. There is still some more work to be done.

Estate legislation is behind the times. But with same-sex couples having been recognized by the government for tax and pension purposes, can the evening out of the rest of the playing field be far behind?

Hiding your spousal status could come back to haunt you later.

If you don't declare yourself, you could miss out on:

- credit-splitting,
- survivor benefits, and
- Canada Pension Plan benefits during retirement.

You'll also miss out on any Old Age Security benefits.

Medical forms

If you, your partner, or your family members visit a provider or are admitted to hospital, you will likely face admission forms and patient histories that do not recognize your gender identity or sexual orientation. While these forms are slowly changing to be more inclusive, many still have questions that deny the existence of GLBTs and our families. Many forms assume you are either male or female, married, single, divorced or widowed; and that your next of kin must be a biological relative.

Even if the forms are okay and there is a policy that accepts who you designate as next-of-kin, you are still at the whim of your providers. There is a chance that the person helping you with the forms doesn't agree or know about the policy, won't accept your next-of-kin if they are not biological family, or won't accept your preferred name and pronoun or choice of ward. If you have a health care directive (see previous section), it will help you with the next-of-kin issue.

Accessing your medical records

(adapted from Shaw et al, The Privacy Handbook)

Medical records are the property of the organization, provider or clinic that created them. However, you have the right to examine and copy those records for a reasonable fee. In other words, the information is yours, but the records are not.

Providers can limit your access to your files if there is a "significant likelihood that the disclosure will have substantial adverse effects on the health of the patient, or will cause harm to a third party."

If you are concerned about your health records, find out the policy of the person or organization holding them (e.g. some policies require providers to be present when you look at your files), and raise any concerns with your provider first. If you're not satisfied with their response, contact the Office of the Ombudsman (toll-free) at 1-800-567-3247, or the Information and Privacy Commissioner of Ontario at (250) 387-5629.

Confidentiality

(adapted from Shaw et al, The Privacy Handbook)

Health care providers must protect your privacy. They cannot give out information about you unless you have agreed, or they are required by law to release the information. Even in situations where a number of providers need to see your files (e.g. as a hospital inpatient), your privacy must be protected. Many professional associations have confidentiality codes that subject providers to fines or suspensions for breaking confidentiality.

Situations in which providers must release confidential information include:

- patients who are judged unfit to drive (reported to the Motor Vehicle Branch);
- births, deaths and stillbirths (to Vital Statistics);
- suspected child abuse (to child protection authorities);
- certain communicable diseases (to a public health official);
- if the care provider is subpoenaed in court and asked to give information about his/her patients;
- if you are a threat to others (i.e. bodily harm may result); or
- if authorized by law (e.g. in an emergency, when the person is receiving enforced treatment or is unable to give his/her consent, or if the safety of a minor is at stake).

Before getting tested for HIV, it may be useful to discuss confidentiality with your provider to ensure you have a common understanding of confidentiality. Some providers may consider it morally and ethically acceptable to breach confidentiality if you are HIV+, if you have a partner, and if you won't tell your partner. It would be useful to know this in advance.

Informed consent

(adapted from Shaw et al, The Privacy Handbook)

Your health care provider should tell you the nature and consequences of treatment before you consent to it. This is called informed consent. It is considered valid when you are fully informed, give your consent voluntarily, and you are of clear mind.

You show your consent by allowing a provider to treat you, by asking the provider to begin treatment, or by signing a consent form. Consent forms are usually used only for serious treatments, such as surgery. You can refuse to be treated at any time. You can also refuse treatment for your children or dependants. However, if you refuse to consent to lifesaving treatment for your child, the courts could decide your child is in need of protection.



HIV/AIDS pin from South Africa, 2000

A provider may treat you without your consent if you:

- are in a life-threatening or emergency situation, and unable to consent;
- are not mentally competent to make medical decisions;
- have certain communicable diseases and have refused treatment;
- are too young to understand the risk or benefits (a guardian's consent is needed); or
- are a threat to others (i.e. bodily harm may result).

Confidentiality and informed consent for youth

The legal age for informed consent or confidentiality is 18. If you understand the nature and consequences of treatment, and the potential benefits and risks, you have the right to give consent to your own treatment, and the right to health care services without the involvement of your parents or guardians. Parental consent may be required in some circumstances if you are under 19, such as: surgery; treatment not covered by MSP; and treatment requiring payment of money (i.e. if it requires a signed contract). (adapted from Shaw et al, The Privacy Handbook)

In talking with youth, we know that confidentiality is often broken, and that the threat of confidentiality being broken is a big concern (especially in rural areas or when a family shares a provider). Some youth are responding to this by not going to providers unless they are really sick. If you are concerned about confidentiality, here are some of your options:

- start your visit by talking to your provider about your concerns;
- change to a new provider who will respect your privacy; or
- visit youth drop-in-clinics.

When wellness care hurts: What can I do?

As GLBT people seeking wellness care, some of our experiences have ranged from the subtle negative to hostile, from well-meaning providers who don't understand GLBT issues or identities, to substandard care, to the refusal of care. While the situation is improving and the number of GLBT-friendly providers and organizations are increasing, respectful treatment is not always found.

The more subtle hurts often arise out of a lack of understanding of gender identity, sexual orientation, or other identity issues. For example, routine questions can exclude you, or presume you are heterosexual, or presume your gender identity. If a provider is making assumptions, not respecting your individuality, or is unable to acknowledge you in a nurturing way, this is invalidating and hurtful. You may have a hard time listening to him/her and taking his/her medical advice.

In these situations, it's important to see what is happening. As was noted in Finding care providers (previous), 'perfect' providers are hard to find. If you have a great provider who doesn't have experience working with GLBT communities, you may face some hurt. In those times, you may decide to follow his/her medical advice and ignore his/her comments, or you may decide to take on the role of educator and say something. In other instances, it may be more appropriate to go to another provider.

In our search for care, it is important to know what our options are in those times when health care hurts. In deciding what to do, you will want to consider how serious the incident is, the remedy, you want (for example having the service improved for the benefit of other GLBT people), and how much time you have. Depending on your situation, some of these options may not be appropriate for you.

1. When the incident happens, ask for the person's name.

Sometimes people will change their behaviour if they know you could report them. You can also ask for the name of their supervisor.

2. Put it in writing.

It's a good idea to write down what happened, including the date, time, witnesses, and the name of the provider(s). You could also ask the person to write you a letter restating what they have said to you.

3. Talk to someone.

Talking to someone you trust can help you decide what to do. It can also help you work through your feelings - you might be feeling a lot of shame and anger and that has to get out.

4. Find an advocate.

It's hard dealing with these situations alone. Consider calling one of the groups or organizations listed at the back of this guide. They may be able to refer you to someone who can help, just listen, or provide you with an advocate - someone who acts on your behalf to deal with your concern. An anonymous letter to one of these groups will help them keep a record of where this type of behaviour is happening.

5. Talk to the person(s) involved directly.

You may want to discuss your concern with the person directly. If you are not satisfied with the conversation, consider further action.

6. Send a complaint to the facility/hospital.

Consider calling or writing a letter of complaint to the provider's facility or hospital. In the letter, include a description of the situation, ask what courses of action are available to you, and ask for a reply to your letter. You'll need to figure out the best place to call or to send your complaint. If there is a patient relations advocate or office, start there, or consider sending the complaint to human rights and/or diversity offices. These offices, sometimes referred to as harassment or multicultural offices, deal with issues of discrimination, inclusion and human rights. Other options include the CEO, the administrator or director, the union, or departments such as human resources, social work, or patient and family counselling.

7. Send a complaint to the professional association.

Some associations that license health care providers will handle public complaints. For example, you can contact the College of Physicians and Surgeons, the Registered Nurses' Association, or the Association of Naturopathic Physicians. Look for listings in the yellow pages under Associations.

8. Consider a complaint under the Ontario Human Rights Code.

Disrespectful or discriminatory care by providers or organizations falls within the protection of the Ontario Human Rights Code. The code currently covers discrimination based on sexual orientation, but does not cover gender identity (see The law and gender identity).

If you are unsure whether to file a complaint, call the Ontario Human Rights office and talk to an officer. Their job is to respond to calls from people who think they have been discriminated against. They will take you seriously and help you decide if you have grounds for an official complaint. Listings are at the back of this guide.

9. Consider legal action.

If you have suffered harm as a result of a treatment, you could consider suing for medical malpractice. This will require a lawyer (see Finding legal advice).

Whatever you do, don't stop seeking regular medical care. Some GLBT people respond to their past experiences by not seeking regular health care unless it is something serious. It's understandable that being treated with disrespect or discrimination may cause you to avoid a particular provider, but don't let any single person or their words or actions prevent you from getting the care that you need. Check the listings at the back of this guide for providers who are known to be supportive of GLBT people and their families.

Finally, don't let anyone tell you that what is happening to you and how you feel is your fault. Don't let them make you worry. It's society and the ignorance and misperceptions that exist that are at fault, not you.



wellness for GLBT communities

General wellness issues

Coming out

A checklist for coming out

Mythbusting

Facing harassment

Safer sex

Negotiating safer sex

Some common misconceptions

HIV testing

STD's & testing

Safer drug and alcohol use

Lesbian wellness

Gay men's wellness

Bisexual wellness

Transgendered wellness

General wellness issues

GLBT "unique" wellness issues

Do you, as a member of the GLBT community, have wellness issues that are unique from the mainstream? To date, there is no research suggesting that there is anything about a GLBT person that makes us biologically prone to some diseases. At a basic body/biological level, our health concerns are usually the same as heterosexuals or non-transgendered people.

However, at a societal level and on a day-to-day level, our experiences in receiving wellness care, and our experiences living in a homophobic, biphobic and transphobic society do make us more vulnerable and at higher risk to certain health issues.

When we talk about vulnerability, we're saying that we have increased risk for health concerns because of our social environment. In particular, histories of discrimination, isolation, and abuse have been found to increase the vulnerability of some groups. For our communities, some studies point to a higher incidence of certain diseases. For

example, HIV/AIDS for gay men and MTFs, and breast cancer for women who do not have children, have a higher body mass, or use alcohol. Other health concerns include violence in relationships, childhood sexual abuse, alcohol and drug abuse, depression and suicide.

So as GLBT people, we are vulnerable when we face a wellness care system that generally still does not recognize us in a positive way. The system is not caring for us when some providers hold biased attitudes and act negatively, when there is a lack of education, information and understanding of us, our relationships, families and communities and when our needs and rights are not recognized in policies and practices.

Being treated negatively, receiving substandard care because of our sexual orientation and gender identity, if unchecked over time, is hurtful, disempowering and fundamentally wrong. It creates a hierarchy of people in Canada. And for many of us, the systemic barriers are compounded particularly if we have a disability, are poor, young or old, and/or are First Nations or a visible minority.

We are also vulnerable because there are limited services to support GLBT communities. For example, there are currently no GLBT-specific alcohol and drug addiction treatment centres, yet treatment centres that serve the general population have been found at times to discriminate. How can we end the cycle of addiction if there are no services to support us? Of the GLBT services that exist, the vast majority are volunteer run, and not supported by stable funding.

Wellness includes your mental, spiritual, sexual, intellectual, social, and emotional well-being.

We face the obvious risks of threats or experiences of discrimination and violence, but we can also face more subtle and insidious risks that lower our self-esteem and isolate us. Society offers little positive information and few positive images about us.

What is the impact on our spirituality, our psyches and bodies when we are given images and information that are negative and different than whom we are? It affects our sense of self, identity, self-esteem, communities, and our health. It's hard to feel good about yourself and take care of yourself under those circumstances.

While we handle our struggles and challenges with courage and resilience, we need more than each of us working alone, at an individual level. Sometimes we don't have the time or energy, sometimes our focus is on basic issues of survival (food, shelter), and sometimes we don't know how. Sometimes working at the individual level isn't effective because we are up against a system that does not usually treat us fairly or humanely, and it's the system that needs to change.

We, as a community, need to look honestly at our wellness-related issues (e.g. low self-esteem, shame, isolation, depression, suicidal thoughts, substance abuse and violence in relationships). At the same time, we need to continue to work with health care providers and society-at-large, to break down the walls of ignorance, misinformation, discrimination and substandard treatment. As we strengthen our communities, we strengthen ourselves, and we strengthen society.

Coming out

This Section is written to the young reader, however, coming out is an issue that is not restricted to the young and is an issue for GLBT people of all ages.

For all GLBT people, choosing whether to come out to others becomes almost a part of our daily routine. We make decisions to come out to those close to us, like family and friends or co-workers. We come out through necessity. We come out through our actions, like when we hold hands with our lovers. We come out through our words, to acquaintances, strangers, and our health care providers.

Responses of our families, friends and acquaintances vary greatly. There are the voyeurs: "So, what do you do in bed?" Some turn themselves into victims: "What did I do wrong?" or "Don't tell you grandmother, it will kill her" or "What will others think? There are the moralists: "It's unnatural."

Whatever other people's reactions, keep in mind that coming out is about you and your relationship with the person you are telling. Consider the questions below when you are deciding to come out (to family in particular), and don't let people make you feel like you've done something wrong for wanting a more honest relationship, for wanting them to see and love all of who you are, or for needing support.

A checklist for coming out

(adapted from GAB, which used PFLAG resources)

Is this your decision?

Realizing that you are not heterosexual, or not comfortable with the gender your body dictates, doesn't mean that you have to come out to your family. Don't be pressured: if you're not sure that you will be better off by doing so no matter what their response - you might choose to wait.

If you are transgendered, under 19, and seriously considering transitioning, you may at some point need your parent's consent to transition (e.g. for surgery). Coming out under these circumstances is not a choice, but a necessity.

Are you still questioning your sexual orientation or gender identity?

If you are just beginning to question your orientation or gender identity, you may want to get some answers to your own questions before having to deal with the reaction of your family. You may want to be prepared for lots of questions, possibly hostility or denial, and attempts to get you to change your mind.

Are you feeling good about yourself right now?

If you're feeling guilt, or having periods of depression, it might be better to wait before you tell your family. Coming out to them may require a lot of strength and



energy. You might want to start with a strong, positive image of yourself.

Do you have support?

In the event that your family's reaction hurts you, there should be a person or a group that you can turn to for emotional support and strength. They should be able to listen to you without telling anyone else, and help you to continue feeling good about yourself. Listings are at the back of this guide.

Are you able to answer questions about GLBT issues?

Many of your family members will have learned about GLBT issues from a society that is homophobic, biphobic, transphobic and not accepting of people whom cross gender boundaries. If you've done some reading ahead of time you will be able to help them by giving them positive, reliable information. Knowing about GLBT issues will also help you if your family members discuss hurtful stereotypes about GLBT people. However, you may find it hard to get them to change their beliefs.

How are people doing at home?

If you are able to choose the time that you come out, you may want to think about what's going on right now for your family members. If your family is dealing with family issues such as the death of a close friend or relative, health issues, the loss of a job, this might not be the right time.



Can you wait?

Give your family time to get used to the new information. Their first reaction may be very different from how they feel later. Don't be discouraged if it takes months or years to re-establish your relationships with family members.

What is your reason for coming out now?

It may be hard for your family to be supportive if you come out to them when you are angry. You might want to think about when to come out (e.g. during an argument is perhaps not the best time).

If you are transgendered, under 19 and want to transition, you may need to come out to your family now because you need a parent's consent for transitioning.

Are your parents financially supporting you?

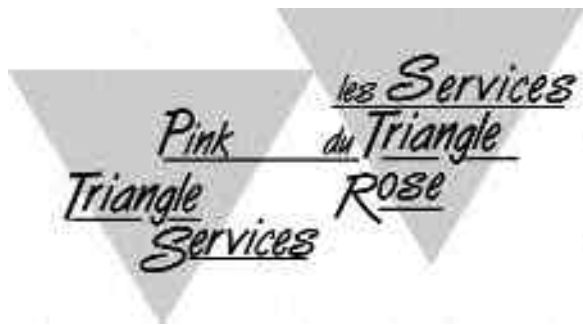
If you get a strongly negative reaction from your family, they may ask you to leave the house, or they might stop giving you financial support. If you think this might happen, you may want to wait until they don't have this power over you.

What is your general relationship with your parents?

If you've always had a good relationship with your parents - if you know they love you, and you love them - your family may deal with your coming out in a more positive way.

What are your parent's beliefs and values about society?

Think about how your parents deal with other issues. If they tend to see social issues in terms of good/bad or holy/sinful, they might have significant problems dealing with your sexuality. If, however, they've shown a degree of flexibility they may be more willing to work this through with you.



Myth-busting

(adapted from GAB, which used PFLAG resources)

It's unnatural to be lesbian, gay, bisexual or transgendered.

GLBT people are found in almost every culture throughout history. Our orientations are natural variations of human sexuality and gender, just as left-handedness is a variation of handedness.

There is only one homosexual lifestyle.

There are a variety of lesbian, gay, and bisexual lifestyles. We come from diverse backgrounds and exist in every neighbourhood, church and occupation.

Just one sexual experience with someone of the same sex can determine a person's entire sexual orientation.

It is a typical part of exploring one's sexuality to have crushes on or sexual experiences with people of the same sex. This does not necessarily mean that someone will be gay, lesbian or bisexual for their entire lifetime.

GLBT people do not value family.

Many GLBT people want recognition of their alternative family structures. GLBT people who have not been rejected by their families enjoy strong ties with them. GLBT people often refer to their partners, friends and allies as "chosen family."

The majority of child molesters are gay.

Most sex offenders identify as heterosexual men. Sexual abuse is about power, not sexual attraction.

GLBT people have a lot of sex all the time.

Sexual orientation and gender identity doesn't say anything about how much sex one has. GLBT people can be single, in long-term relationships, have a lot of casual sex, or be celibate.

We know what causes homosexuality.

It is not known what produces either heterosexuality or homosexuality. It is not the cause that is important, but how to better understand and accept the complexities of all sexualities.

Facing harassment

As GLBT youth, we face an incredible challenge growing up in a society that is anti-queer. Self-confidence and self-esteem are hard to maintain under these circumstances. The pressure and stress of having to face a range of negative reactions - from parents, friends, society in general or ourselves - have led to some GLBT youth facing higher health risks.

Research suggests that GLBT youth have significantly higher risks in some areas of health, including:

- depression;
- suicide;
- alcoholism and drug abuse;
- life on the street;
- dropping out of school; and
- acquiring HIV infection and other STD's.

A general lack of support and understanding, and overt hostility can also be common for GLBT youth. Many GLBT youth or youth perceived to be GLBT have to:

- put up with a lack of support from family or peers;
- constantly figure out where they are safe or unsafe, who they can or can't be out to;
- listen to derogatory comments about GLBT people;
- watch other queers being harassed or assaulted;
- put up with verbal harassment, physical abuse and assaults from parents, sibling, peers, teachers and coaches, and
- put up with health and service workers who won't take them seriously.

If you have these experiences, don't let anyone tell you it's because you are GLBT. These health risks and situations are not because you are GLBT, but are the result of society's negative reactions to your sexual orientation and/or gender identity. They are the result of widespread ignorance and discrimination.

Remember that you are not alone:

- find an ally;
- talk to someone you trust;
- call one of the queer youth services listed at the back of this guide;
- call The Gayline to talk to someone; or
- visit a queer youth drop-in centre.

Safer sex

Discussing safer sex and HIV - what activities are safe and less safe, risky or less risky - may be confusing. But at a basic level, you need to be aware that the transmission of HIV occurs through contact with the blood, vaginal or seminal fluids (cum) of a person who is HIV-positive. Whatever kind of 'sexual activities you are engaged in, what you need to do is assess your level of contact with these fluids.

At present, the highest-risk sexual behaviours are believed to be unprotected sex that can cause tears in the lining of the anus, vagina and mouth (e.g. anal sex, anal or vaginal fisting, vaginal penetration), any activity where blood is shared, sharing sex toys without using condoms or cleaning them, or oral sex with a woman just before, during, or just after menstruation. You also need to be cautious if you have any open cuts or sores.

Negotiating safer sex

Talking about safer sex with some people is easy. With others, it can be difficult. Telling your sexual partner that you are going to use safer sex practices such as latex gloves, condoms, dental dams, is the clearest way to get a lover to have safer sex, because there is no confusion about how you feel.

- You can show a lover that you practise safe sex by handing them a latex glove, condom or dental dam, or by

putting one on them or yourself.

- Leave condoms, latex gloves, dental dams and lube where you can get to them easily, and where they can be seen by your sex partner.
- If something is happening that you don't like, change it.
- Being subtle can sometimes work, but be prepared to assert yourself with a lover who does not want to practise safer sex.
- You have the right to decide what happens to your body.

(Adapted from AIDS Vancouver Man to man Pocket Guide)

Some common misconceptions

Bisexuals and gay men spread HIV/AIDS

HIV/AIDS is not a bisexual, queer or gay disease. It affects people of all orientations. HIV is spread through high-risk activities, not sexual orientation. It is discriminatory to blame HIV/AIDS on any sexual orientation.

Lesbians do not get HIV/AIDS.

This is untrue and dangerous. While there is not a lot of documented information, research shows that some women who identify as lesbians have become HIV+ or have AIDS. Apart from high-risk behaviours such as unsafe sex with men or women (yes, some lesbians do sleep with men), some lesbians have been infected from blood transfusions, injection drug use and artificial insemination. If a woman is HIV+, the virus will be found in the largest quantities in her blood - including menstrual blood -- and in moderate quantities in vaginal secretions.

Protease inhibitors are a cure for HIV/AIDS.

Protease inhibitors, sometimes known as the new wonder drugs, are not a cure for HIV/AIDS. Their long-term safety and effectiveness are not known, and they do not work for all people. They are not an alternative to safer sex.



Wellness Project, O-C Transpo bus poster campaign, Ottawa, November - December 2000

Only gay men engage in anal sex.

Anal sex is not restricted to any particular sexual orientation. Regardless of your orientation, if you are having anal sex, you should have a rectal medical exam at least once a year (see STDs and testing.)

HIV testing

If you are thinking about getting tested for HIV, think about whether you want the test to be anonymous or confidential. If it is anonymous, you don't have to give your name or OHIP number. Anonymous testing uses a number or a code on your lab slip - not your name, so only you and the provider who organized the test will know your test result, or even that you were tested.

If your test is confidential, your name and OHIP number will be on the medical record of the test. If you test HIV+, doctors and laboratories are required to report your name to the Centre for Disease Control. Before being tested, double check with your provider as to whether your test is anonymous or confidential.

No matter how prepared you think you are to take the test, good counselling is necessary. Before the test, you need someone to answer all your questions, and to make sure you know exactly what the test means, so that you can make an informed decision about whether or not to be tested. After the test, whether you test HIV+ or not, you need someone to talk to about your results, and effective ways to stay healthy.

If you are HIV+ and have not yet connected to an organization or group, you may want to call one of the HIV/AIDS organizations listed on the back of this guide.

STDs and testing

HIV is only one sexually transmitted disease. Other common STDs that one needs to be aware of and protect yourself from include syphilis, gonorrhoea, chlamydia, genital warts, crabs, lice, and genital infections caused by the herpes virus and hepatitis.

STDs that affect the anus and rectum include rectal gonorrhoea, syphilis, non-specific urethritis and proctitis, and intestinal infections. If you are having anal sex, you should have a rectal exam at least once a year. Listings for information on STDs and clinics for testing are at the back of this guide.

Safer drug and alcohol use

(adapted from Jack Hart, Gay Sex - A manual for Men Who Love Men, and the Survival Manual, Watari Research Association)

Alcohol and drugs affect your judgement and your perceptions of reality. They can cloud your judgement, so that you may take risks you wouldn't find acceptable when you are sober. If you use drugs and alcohol, it is important to decide ahead of time what kinds of behaviours are safe for you.

- If you need transportation, arrange ahead of time for a designated driver or save money for a cab or bus fare.
- If you're walking, don't walk alone - you may be in easy target for assault.
- If you want to combine sex and drugs, stick to people who you know will share your concerns about safer sex.
- If you are using or injecting drugs, or are thinking of trying drugs, be sure you have a lot of information about the drugs and their effects before they go into your body. Even then, you may not be prepared for what happens - many recreational and/or injection drugs affect people in different ways. In the case of illegal drugs, you can never be sure of what you're getting.
- If you are going to use drugs, it is important to do so in a safe environment with people you trust.
- In the case of injected drugs, if you feel you must use a non-sterile needle, clean it between users by immersing it in bleach, and then thoroughly rinsing it with water. Sharing needles is a known way of transmitting and/or receiving HIV, other STDs, and blood borne diseases such as Hepatitis C.

Know how to reduce the risk of a drug overdose. Try to be sure of what you are taking and how potent it is. If you don't know cut your usual dose in half and do it in two hits. If you haven't used for a while, use less than usual. Take drugs where someone is close or you can be found quickly. If you see someone overdose, call 911 immediately.



from Photo gallery, Pride 2001, Ottawa, ON
<http://www.gaycanada.com/ottawa-pride/FlagRaising.htm>

Lesbian health

Being a lesbian

Sexual orientation is never just about sex. It is the source of life energy. Each of us needs to deploy that energy in the ways that suit us best. There is more than one way of being in the world, and only you can decide if you're lesbian. Only you can decide your ways of being lesbian.

As lesbians, we face a number of challenges living in a heterosexual world:

- bias, prejudice, overt and covert discrimination, and violence (usually because of sexism and lesbophobia - the fear of intimacy and closeness to women who don't identify with the heterosexual orientation, and who claim pride and empowerment in being lesbian);
- a struggle for survival in a disrespectful and hostile world;
- a struggle for understanding and visibility within both the queer and the heterosexual communities;
- a struggle for a sense of support and community; and
- myths and stereotypes.

Deserves the same care,
no matter
who these arms hold.



Gay, lesbian, bisexual and transgender people deserve the same care as everyone else. Thousands of healthcare providers in Massachusetts agree. They're working to eliminate barriers to healthcare access, so everyone can be treated well. And stay well.

The Gay, Lesbian, Bisexual and Transgender Health Access Project
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
From: The Gay, Lesbian, Bisexual, and Transgender Health Access Project, Boston, MA,
<http://www.glbthealth.org/index.html>

Myths/realities of being lesbian

Myth: Lesbians are men-haters.

Truth: Being a lesbian is a sexual orientation - it says nothing about having negative or positive emotions. It does not translate into hating other people, men included.

Myth: Lesbians are just going through a phase.

Truth: Some people go through a transition period of identifying as a lesbian on their way to adopting another sexual identity. For many women, being a lesbian remains an inspiring, lifelong orientation.

Myth: Lesbians are unhappy.

Truth: Sexual orientation does not make you unhappy. An oppressive world can.

Myth: Lesbians are white.

Truth: Many lesbians in this part of the world are 'white,' or Caucasian, or European. However, lesbians come from all cultural, racial and class backgrounds. Some of us are Native, some are Black, Jewish or Asian. Some of us are of mixed-heritage, while others are members of the global village.

Myth: You are not a lesbian if you're not a big-time activist.

Truth: Being a lesbian is itself a political act in a heterosexual world. It is just as political to go to an all-women's dance, hold your femme, butch, androgynous, gender-bending date's hand, as it is to march on parliament or address the UN General Assembly.

Myth: There's only one way to be a lesbian.

Truth: There are as many ways to be lesbian as lesbians can imagine. We are mothers, daughters, grandmothers, neighbours. We are your bank-teller, police officer, professor, or mechanic. We have been and are everywhere. Some of us wear flannel and some don't. We have been

seen in an infinite variety of garments from the salwaar kameez, to the sari, kimono, cheongsam, lungyi sarong kebaya, baju kurong and aoidai. We are 15 years old, and we are 95.

Labels and labelling

Lesbians, or women-loving-women, are constantly searching for more inclusive and empowering terms to describe ourselves. Several once derogatory words used to hurt us have been reclaimed by us and used with strength and pride to describe ourselves. These words include lesbian, dyke, lezzie, queer, butch, femme and bull-dyke.

There are cultural differences, giving rise to equally powerful and legitimate terms used in self-description, such as First Nations, Two Spirited women. In Cantonese, terms are more about process than fixing an identity: for example, same-sex romancing and loving. Some South Asian lesbians and gays have queered the Hindi and Urdu word "khush" (happy) and made it mean "gay" and/or "ecstatic pleasure" (Nayan Shah, *Sexuality, Identity and the Uses of History*).

Some of the terms we lesbians in Ottawa have used to describe ourselves include two-spirited, lesbian, dyke, queer, asexual, butch, femme and gay. Equally important is the fact that some of us prefer not to self-label.

Gay men's health

Pride: strengthening the self, building community capacity

Well-known to many of us is the courageous journey we undertake to heal ourselves and proclaim our pride and strength in who we are. That homecoming to health and well being in the fullest sense begins with self-acceptance, self-care and acceptance by the rest of society.

Homophobia, racism, ageism, classism and other forms of stereotyping and discrimination are factors contributing to gay men's vulnerability to a range of health concerns. The impact of growing up gay in a homophobic world may hurt the development of self-acceptance and self-esteem. It may also stand in the way of the development of interpersonal skills we need to be a part of our community and to respond to our health concerns.

The Vanguard Project, a study of gay men in Vancouver, found a strong connection between early experiences of non-consensual sex and ongoing risk behaviour in adults. The study suggests that traumatic experiences early in life may discourage or prevent gay men from establishing coping skills around sex, work, where they live, and the kinds of social networks they establish.

It is important to understand this because, if your self-esteem is low, and you have not established effective coping skills, you may have difficulty. A lack of self-acceptance, low self-esteem, and limited social support in the community can also make you more vulnerable to health concerns such as HIV/AIDS, STDs, drug and alcohol abuse, anal health problems, and violence in relationships.

Every gay man's road to self-acceptance and loving is

unique. It requires that you unlearn shame and dispel the negative images and stereotypes that surround you. You need to separate yourself from disempowering family and cultural values and find pride in who you are, who you love, and how you live.

Most of us grow up with no information or negative messages about being gay, so feeling good about ourselves requires replacing misinformation with facts, and negative images with positive images and experiences. We can facilitate this process through reading gay-positive books, joining discussion groups, meeting other gay men, and finding positive role models. Positive sexual experiences with men are also affirming.

We need strong social support. There is a significant role for the gay community - and the rest of society in this regard. It is important to create safe, supportive, and accepting social environments where gay men can explore and express their sexual identity. At present, many gay social spaces are centred around alcohol and drug consumption. While gay bars and circuit parties offer many gay men opportunities for social interaction, other social venues are needed where alcohol and drugs are not a major part of meeting and interacting with people.

Working through structural changes in society through policy work in the areas of discrimination, housing, poverty, childhood sexual abuse, and violence in relationships will also be important to facilitate the process of self-acceptance, leading to higher self-esteem. It will also ensure that sufficient resources are available to meet the health needs of gay men and sustain a strong community response.

Coping with homophobia

Living in a homophobic society takes its toll on members of the gay community in various ways. The effects of homophobia - the reality or threat of prejudice, discrimination and violence - are very real. We struggle for a sense of support and community, for understanding and visibility, for self-acceptance, and against internalizing the negative images, attitudes and behaviours that are around us. As gay men, many of us must additionally cope with the loss of friends and/or lovers to AIDS.

Depending on how we cope, the challenges of living in a homophobic society can help us become more resilient, better able to deal with new challenges, find the coping and support resources, and build community. It is important to be aware of the different ways of coping - those that improve our well being and those that hurt our well

being. Positive ways of coping will decrease our vulnerability to illness.

Coping strategies: a checklist

- I am claiming my gay identity.
- I acknowledge negative experiences as they arise. I don't avoid problems or pretend they don't exist or distract myself (overly) with alcohol, drugs, sex and/or the bar scene.
- I recognize behaviour that isn't good for me.
- I take small steps towards health. When I don't want to, or am not ready to, or can't stop, potentially harmful practices altogether, I find ways to make them less harmful (e.g. if I don't want to quit smoking, I smoke less. If I shoot up, I use clean needles).
- I'm identifying the impact of negative experiences on me and am finding ways to heal.
- I practise self-care and am finding healthy ways to take care of myself (exercise, rest, hot baths, friends).
- I spend time with people who appreciate and adore me. My friends and family see me - my ideas, sexuality, love, humour - in a positive light. They also see me and the significant people in my life as worthy of love.
- I am finding ways to get support and build community. I am strengthening my self-esteem.
- I am getting positive information and replacing shame with pride. I am actively replacing disempowerment values of my culture and family with facts, positive images and experiences.
- I fight homophobia and heterosexism (when I can).
- I am learning ways to fully express a range of emotions. I am trying to undo the stereotypes around men and feelings - the expectation that men must suppress or deny their feelings.
- I can understand and recognize my anger. When I am angry, I know why and I have the language to talk about

it. I can discuss my anger without being abusive to others or myself.

- I am learning to set boundaries and ask for what I need.
- I am creating my own life.

(adapted from Rik Isensee, *Reclaiming Your Life* and Robert E. Penn, *The Gay Men's Wellness Guide*.)

HIV/AIDS and gay identity



While HIV/AIDS is not our only health concern, for many reasons it will continue to be important. Through HIV/AIDS education and support, we have learned more about other gay health concerns such as homophobia, poverty, childhood sexual abuse, drug and alcohol use, and violence in relationships.

We also know how societal and structural factors influence the health choices an individual makes when negotiating sex. In some situations, the person may not have control over making his own choice. We must continue to acknowledge this and the impact that HIV/AIDS has had on gay social identity. All of these things have influenced how gay men individually and collectively have coped with HIV/AIDS over the last 20

years as well as how we have treated HIV+ gay men.

There is still a great deal of denial about HIV amongst gay men, due in part to the internalization of guilt and blame associated with the virus. We can move out of this denial by acknowledging the strengths in our gay identity that have developed as a result of adapting to HIV. We have a lot to learn about preventing HIV transmission and illness progression - as well as how to address our other health concerns - from HIV+ gay men, and from those who have been working in the HIV/AIDS field.

Bisexual wellness

Coming out as bisexual ... truly does affect everyone. It breaks the conspiracy of silence, as gay people have also done. But it also challenges current assumptions about the immutability of people's orientations and societies supposed divisions into discrete groups. Bisexual's coming out challenges other people's understanding of themselves. Our bisexuality reflects on society (as a whole, threatening the mono-sexual framework that heterosexism needs to survive. (Bi Any Other Name: Bisexual People Speak out)

Bisexuality is the potential for being sexually and/or romantically involved with members of any gender. Bisexuality challenges the assumption that people are either homosexual or heterosexual.

Bisexual men and women face a number of challenges:

- bias, prejudice, discrimination, and violence (usually because of biphobia - the fear of intimacy and closeness to people who don't identify with either the heterosexual or homosexual orientation, or because they are believed to be gay or lesbian);
- a struggle for understanding and visibility within both the queer and the heterosexual communities;
- a struggle for a sense of support and community; and
- negative myths and stereotypes.

Myth-busting

Myth: Bisexuals are promiscuous.

Truth: Bisexual people have a range of sexual behaviours. Some have multiple partners; some have one partner; some go through partnerless periods. Promiscuity is no more common in the bisexual population than in other groups of people.

Myth: Bisexual means having concurrent lovers of any gender.

Truth: Bisexual simply means the potential for involvement with all genders. This may mean sexually, emotionally, in reality, or in fantasy. Some bisexual people may have concurrent lovers, others may relate to different genders at various times.

Myth: Bisexuals cannot be monogamous.

Truth: Bisexuality is a sexual orientation. It is independent of a lifestyle of monogamy or non-monogamy. Bisexuals are as capable as anyone of making a long-term monogamous commitment to a partner they love. Bisexuals live a variety of lifestyles, as do transgendered people, gays, lesbians and heterosexuals.

Myth: Bisexuals are in transition.

Truth: Some people go through a transition period of homosexuality on their way to a lesbian/gay or heterosexual identity, or a homosexual orientation on their way to a bisexual identity. For many others bisexuality remains a long-term orientation.

Myth: Bisexuals are confused about their sexuality.

Truth: It is natural for bisexuals, lesbians and gay men to go through a period of confusion in the coming-out process. When you are an oppressed person and are constantly told that you don't exist, confusion is an appropriate reaction until you come out to yourself and find a supportive environment.

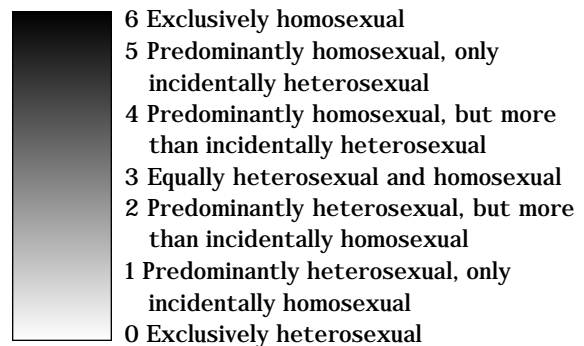
Myth: Bisexuals can hide in the heterosexual community when the going gets rough.

Truth: To 'pass' for straight and deny your sexuality is just as painful and damaging for a bisexual as it is for a gay man or a lesbian

(adapted from Sharon Forman Sumpter, *Myths/Realities of Bisexuality*)

The sexuality continuum

Sexuality runs along a continuum. It is not a static "thing," but rather a process that can flow. The Kinsey scale is an early attempt to show the sexuality continuum. The scale has exclusive heterosexuality at one end, and exclusive homosexuality at the other, and demonstrates how some people are exclusively heterosexual, some are exclusively homosexual, and the rest fall in-between. The Kinsey ratings are as follows:



It is important to understand this continuum, as pressure sometimes exists from heterosexuals, gays and lesbians for bisexuals to identify as either one or the other. It is also important because it demonstrates bisexuality as one of a number of variations in human sexuality.

Wellness for Transgendered Folks

"Is it a girl or a boy?" The answer in many ways determines the treatment of -- and expectations for -- a child over their lifetime. When a person's sex and gender don't match up, discomfort and confusion often result.

The term "transgendered" is relatively new and the definition continues to evolve; as a result, it means different things to different people. In the context of this handbook, transgendered refers broadly to people who challenge usual gender roles in how they dress, how they identify, the language they use and/or other cultural expressions of gender. Some examples of how transgendered people identify: androgyne, bigender, cross dresser, drag king, drag queen, female-to-male (FTM), gender-bender, gender-fucker, gender outlaw, gender queer, hermaphrodite, intersexed, male-to-female (MTF), shape shifter, third gender, transgenderist, transman, transsexual, transvestite, transwoman, and/or Two-Spirited.

While there is a wide variety of gender expressions, gender is typically defined as either "masculine" or "feminine". Sex is usually defined as "male" or "female", based on genitals, i.e. penis or vagina. Though some transgendered individuals express their gender identities through the clothes they wear, how they behave and how they speak, others change their bodies, or "transition", through the use of hormones and/or surgery. These are personal choices based on a number of factors including degree of gender-related discomfort, age, support networks, religious and/or cultural beliefs, physical/mental health conditions, access to appropriate resources/services, and financial resources.



As far as sexual orientation is concerned, some transgendered people are straight, others are gay, lesbian, bisexual, pansexual, asexual, attracted to other transgendered individuals and/or questioning.

Social Acceptance

Although great strides have been made in the past few years with respect to recognizing the rights of gays and lesbians in Canada, there is very little protection of transgendered individuals' rights. It's still acceptable in many circles -- including GLB communities -- to discriminate against transgendered individuals.

Accessibility to Wellness Services

Because transgendered folks challenge traditional gender roles, they often also challenge institutions -- so they need a lot of patience and perseverance to get their wellness needs met. Service providers' lack of knowledge and/or understanding of transgender issues, as well as a lack of experience and/or comfort with transgendered clients are common barriers to respectful, trustworthy, and appropriate wellness services.

Since Gender Identity Disorder (GID), the medical diagnosis for transsexuals and transvestites, is included in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), there are some service providers who believe that transgendered individuals are mentally ill. (The same was true of gays and lesbians until homosexuality was removed from the DSM-II in 1973.) Consequently transgendered people may be cautious about accessing services or treatment in their efforts to improve or maintain their physical, mental, emotional, spiritual and social well being.

There is a provincial Gender Identity Clinic in Toronto that offers consultations, assessments, information and support for people who want to learn more about their transgender issues. In order to make an appointment for a consultation, the Clinic requires a referral letter from a family doctor, psychiatrist or any other licensed physician. For more information about the Clinic, see their listing at the back of the handbook.

There are knowledgeable family physicians and therapists in Ottawa who can help to explore gender issues. Psychiatrists' fees are paid by OHIP, but usually a referral letter from a family doctor is needed to get an appointment. If cost is an issue, be sure to ask if their fees are covered by OHIP before you make an appointment, otherwise you may be charged for the visit.

Transitioning

Some people feel the need to transition -- often referred to as having a "sex change". The terms "gender re-assignment" or "gender realignment" better reflect a process that involves integrating the whole person -- psychologically, emotionally, spiritually, physically, intellectually, sexually, and socially -- over an extended period of time.

To help ensure that potential candidates are suitable for hormones and/or surgery, many physicians and surgeons require a referral letter from a psychiatrist or licensed psychologist. This is one of the elements of the Harry Benjamin International Gender Dysphoria (HBI-GDA) Standards of Care, which many healthcare providers follow. These Standards of Care are treatment guidelines for clients who are exploring their gender identity. For the 2001 version go to <http://www.hbigda.org/soc.html>

Hormone Therapy

Estrogen and testosterone are two hormones that help bring about the changes we usually associate with puberty. Though it is important to remember that the influence of hormones varies from person to person, in transgendered women estrogen therapy is known to stimulate breast development, cause body fat to be re-distributed, soften skin and hair, and to inhibit male pattern baldness. In transgendered men testosterone can trigger growth of body hair (underarm, pubic, facial and other), a deeper voice, re-distribution of body fat, as well as increased muscle mass and sex drive, and the risk of acne and male pattern baldness.

It is important for individuals who have transitioned to see their physician for regular annual physical check-ups. For example, transgendered men, even if they have undergone chest surgery, may be at risk for breast cancer. Cervical and ovarian cancer are possible if the cervix and ovaries have not been removed. Transgendered women are at higher risk for osteoporosis and blood clots, and they should have routine prostate examinations as prostate cancer continues to be a concern.

Testosterone and estrogen are available by prescription and come in many forms including creams, pills and injections. Since dosages and side effects vary from person to person, it's important to be monitored by a physician on a regular basis.

Surgery

A surgeon's experience, technique, and skill are important factors to consider when exploring options for surgery.

Although more surgeons are becoming familiar with transgender surgeries, it's important to shop around. Some surgeons have web sites that contain information about their criteria for surgery and the procedures they offer. Some individuals who have undergone surgery are willing to talk about their experiences and their results via electronic mail lists, chat rooms, and in support groups or at conferences.

In Canada, surgery options available for FTMs include chest reconstruction, hysterectomy, oophorectomy, and genital surgery. For MTFs: genital surgery, breast implants, tracheal shave, and vocal surgery.

Costs

Private health plans or financial assistance programs may help cover the costs of hormones and/or surgery. Routine lab work is covered by OHIP. Procedures that are considered to be cosmetic, such as electrolysis, are usually not covered by health plans.

OHIP pays only for services that are medically necessary and "gender reassignment surgery" is not considered to be a medical necessity. Many people pay for the surgery themselves -- or they do without.

What's best for me?

Learn as much as you can about yourself, as well as about the options that are available. Sources of information and support include web sites, e-mail lists, libraries, organized and/or informal support groups, GLBT organizations, conferences, wellness providers. Take some time to explore, to talk with others who share similar experiences and to decide for yourself what's best for you.

Is there Support for my Family and Friends?

There is. The Ottawa chapter of Parents and Friends of Lesbians and Gays (PFLAG) holds regular support group meetings. See listings in the back of this guide for contact information.

Resources

- International Foundation for Gender Education (IFGE) <http://www.ifge.org/>
- Female-to-Male International (FTMI) <http://www.ftm-intl.org/Ftmi/>
- Intersex Society of North America <http://www.isna.org/>
- PFLAG Ottawa
- PFLAG Canada <http://www.pflag.ca/>

- Pink Triangle Services
- Carleton University GLBT Centre; Student Health Services
- University Of Ottawa GLBT Centre; Student Health Services
- Youth Services Bureau
- Centretown Community Health Centre
- Gender Mosaic
- EGALE
- Gender Education and Advocacy (GEA) www.gender.org.
- Gender Identity Clinic at http://www.camh.net/mental_health/gender_identity_clinic.html or contact Maxine Petersen, Coordinator, (416) 535-8501 ext. 4077, Fax (416) 979-6965, e-mail maxine_petersen@camh.net or Anne Perry, Secretary, (416) 535-8501 ext.4094, Fax (416) 979-6965, e-mail anne_perry@camh.net
- ONFTM listserv

Conclusion

Is it a boy OR a girl? Let's add some options:

Yes

No

It depends...

Sometimes

Maybe the question is: How can we help make our community safe and caring so that everyone is free to be themselves and reach their full potential?

Basic Tips For Healthcare And Social Service Providers Working With Transgendered People

(from © 2001 Gender Education and Advocacy, Inc. GEA is a national nonprofit organization dedicated to improving the lives of all gender variant people regardless of their sexual identities.

<http://www.gender.org>

1. **Outing:** Remember that revealing the transgendered status of any transgendered person without his or her expressed permission is outing that person, and it has the same potential for harm as outing a gay man, lesbian, or bisexual man or woman. Outing is invasion of privacy.
2. **Appearance:** Do not assume that someone who appears to be cross-dressed is a "transvestite". Someone who appears to be cross-dressed to you may or may not be living full-time in their presenting gender, or they may intend to do so in the future. The appropriate term for someone who engages in cross-dressing on an occasional basis is cross-dresser.

Usage Tips: Instead of the stigmatizing "transvestite," use Male Cross-dresser or Female Cross-dresser if it's clear that they are not living full-time nor intend to do so.

3. **Living Status:** If a transgendered person is living full-time in a gender not associated with their birth sex (i.e., someone who appears to be a man living as a woman or a woman living as a man) that person should be referred to at all times with terms appropriate to their presenting gender, regardless of their surgical status or body state (see below).

Usage Tips:

- Transgendered Woman is appropriate for Male-To-Female individuals.
- Transgendered Man is appropriate for Female-to-Male individuals.
- Transgendered Person is appropriate for someone of either above types.
- Transgendered People is appropriate for mixed groups (both gender vectors).

4. **Surgical Status:** Almost all transsexual people – pre-operative, post-operative or non-operative – and many transgendered people are extremely sensitive about their surgical status and/or their body's physical state. Accordingly, questions about this should be avoided or, if medically necessary, asked very carefully. Moreover, this information should be considered confidential and should not be shared with others unless it is medically necessary.

Usage Tips: Regardless of their surgical status, the appropriate term for a Male-To-Female transsexual person is Transsexual Woman, and for a Female-to-Male transsexual person, Transsexual Man.

5. **Pronouns and Possessive Adjectives:** It is extremely offensive to refer to transgendered people using pronouns and possessive adjectives that refer to their birth sex (i.e., "he" or "his" for Male-To-Female persons, "she" or "her" for Female-to-Male persons). It is equivalent to calling a gay man a "faggot" or a lesbian a "dyke," or misperceiving or mislabeling anyone's gender.

Usage Tips: At all times, use pronouns and possessive adjectives appropriate to a transgendered person's presenting gender status or gender expression.

getting in touch

In times of crisis
Basic needs
GLBT groups and services
HIV/AIDS organizations
Getting your rights – lawyers & paralegals
Drop-in Health Centres
Health & Medical Services (private practice)
Addictions
Chiropractors & Massage Therapists
Counsellors & Therapists
Dentists
Financial Services
Fitness Training
Housing Resources
Phone lines
Spiritual Services
Universities/Colleges
Youth Drop-ins & Support
Other resources
Community publications
Books, Movies & Magazines
Radio & Television
The Internet

In Times of Crisis

Gayline / Telegai
238-1717
Peer counselling, information and referral. 7 – 10 p.m. daily.

Gayasian Line
235-0182

Lesbian gay bisexual youth line
1-800-268-youth

Ottawa Distress Centre
238-3311
Distress phone counselling, free, confidential.

Rape Crisis Centre
729-8889

Royal Ottawa Hospital
722-6521

Sexual Assault Support Centre
234-2266

Teen Talk
820-8888

Tele-Aide
741-6433

Youth Line
238-2088

Basic Needs

If you find yourself without a place to stay or other basic services, you may want to check out these resources:

Housing Help,
116 Lisgar St. Suite 202
563-4532
GLBT directory of housing.

Ottawa-Carleton Social Services
Department (welfare)
728-3913

Call here to find out if you qualify for social assistance and what office is in your area.

The Food Bank
745-7001
Call here to find out what food banks might be in your area.

YSB Young Women's Emergency
Shelter
789-8220
Provides short-term housing for young women ages 12 to 20 years.

YSB Downtown Services
147 Besserer St.
241-7788
Provides crisis support, showers and hot meals for youth 16 – 20 years.

GLBT Community Groups & Services

If you need help, information or just a phone number, if you are alone or feel isolated, call these numbers until you find what you need. Find, join or build a support network of people. Your wellness depends on it.

Armed Services Lambda Association
Imforget@home.com
236-2896

Asians and Friends of Ottawa
renaldjean@hotmail.com
237-9872 ext 2032

Bytown Boots
jennim@parl.gc.ca
739-2856

Carleton University Womyn's Centre
1125 Colonel By Dr.
OTTAWA ON K1S 5B6
520-2712

Egale
John Fisher
177 Nepean St.
Suite 306"
OTTAWA ON K2P 0B4
230-1043

Frontrunners Ottawa
Gai Francophone
230-1593

Gender Mosaic
(819) 770-1945
gender_mosaic@geocities.com
www.geocities.com/gender_mosaic
Support for Transgender persons (MTF, FTM, Intersex), their partners, families and friends. Peer support is provided by group members who have similar experiences. At monthly socials a professional speaks on a selected topic such as Therapy, Safety, Health Care, etc. The following services are provided:

- Provide the opportunity to explore gender identity in a variety of social settings.
- Facilitate development of gender identity, appearance and mannerisms through the experience of other club members and organized activities.
- Provide peer counselling through a diverse membership.
- Educate the general public about Transgendered issues.
- These services are provided through the following:
- Monthly socials with potluck dinners and presentations.
- Monthly TG Discussion group meetings.
- Monthly TG Couples Support group meetings.
- A bi-monthly newsletter (Notes From The Underground) providing members insight into local and worldwide activities, events and research.
- A library of gender related materials for the use of the membership.
- A resource list of Transgender friendly professionals and businesses.

GLBT Centre-Carleton University
C10401 Unicentre Bldg.
1125 Colonel By Dr.
OTTAWA ON K1S 5B6
glbt@carleton.ca
520-3723

Lambda Foundation for Excellence
P.O. Box 64085
OTTAWA ON K1V 4V1
777-8612
230-7350

Making Scenes Film and Video Festival
quince@cyberus.ca
819 775-5423
566-2113
819 775-5423

Ottawa Gay Hockey Association
stephenrowe@sympatico.ca
789-1976

Ottawa Police Liaison Committee for
GBLT
474 Elgin St.
OTTAWA ON K2P 2J6
236-1222 Ext.7001

Ottawa Police Service - Bias Crime
Unit
474 Elgin St.
OTTAWA ON K2P 2J6
nursed@police.ottawa-carleton.on.ca
236-1222EXT5345

Ottawa Regional Police Services
Director of Community Development
474 Elgin St.
Executive Office
OTTAWA ON K2P 2J6
236-1222 Ext 5597

Ottawa Gay Men's Chorus/Le Choeur
Gai d'Ottawa
petitbijoux@yahoo.com
819 777-1844

Ottawa International Lesbian Week
Committee
6-49Woodridge Cres.
OTTAWA ON K2B 7T2
collen@cyberus.ca
728-0826

Ottawa Knights
P.O. Box 9174
OTTAWA ON K1G 3T9
lavignm@cyberus.ca
230-4142
991-0800

Ottawa Physicians for Lesbian & Gay
Health
237-XTRA x 2085

Ottawa-Hull Date Squares
datesquares@gayottawa.com
738-2078
738-2078

Ours Ottawa Bears
bears@gayottawa.com
746-8444

Peres Gaies/Gay Fathers of
Ottawa
P.O.Box 3043 Station D
OTTAWA ON K1P 6H6
jcrasse@hotmail.com
834-9554
734-1870

PFLAG (Ottawa)
ddstimson@home.com
834-9880

Pink Triangle Youth
71 Bank St.
Suite 203
OTTAWA ON K1P 5N2
S.911@cyberus.ca
747-1958

Pride Centre University of Ottawa
85 University Private
Rm 215E
OTTAWA ON K1N 6N5
uopride@uottawa.ca
562-5800 Ext 3161

Pride Committee Ottawa-Hull Inc.
71 Bank St.
Suite 207"
OTTAWA ON K1P 5N2
ottawa-pride@gaycanada.com
238-2424
233-1056

**Wellness....it's more than
choosing to eat well and
exercise; it's about deciding to
control all aspects of
your wellness care.
It's about being self-reliant.
It's about self-empowerment.**

Prime Timers Ottawa-Outaouais
J_Brabant@msn.com
746-7281
746-0353

PFLAG-Cornwall
Denise Latulippe
3523 Besner Road
ST. ISIDORE ON K0C 2B0
524-4085

Pink Triangle Services
203-71 Bank St.
OTTAWA ON K1P 5N2
tbarnes@sympatico.ca
728-6325
563-4818

PSAC GLBT Support Group
Dan Kinsella
4-800 1/2 Bank St.
OTTAWA ON K1S 3V8
kinsella@sprint.ca
990-6546

Rideau Speedeaus
Coordinator
p.mcguire@sympatico.ca
741-4359

Sage Ottawa
murphyem@attcanada.ca
836-4670

Team/Equipe Ottawa
laviolet@uottawa.ca
730-2452

Time Out/Temps Libre
P.O. Box 1087
Stn B
OTTAWA ON K1P 5R1
johnmur@sprint.ca
521-2164
953-1062

Tone Cluster
725-0343

Vox Femina
7255-0343

Women's Outdoor Group
lanouette.lena@dsait-maeci.gc.ca
944-0378

HIV/AIDS ORGANIZATIONS

AIDS 800 Infoline
Ontario 1-800-HIV/AIDS information,
counselling and safer sex information
line.
Information and Counselling Line: 1-
800-668-2437
Monday - Saturday, 9 a.m. - 5 p.m.

AIDS Committee of Ottawa
Treatment information, counselling,
complementary therapies, and a host
of other services are offered by
Ottawa's community-based AIDS
service organization.
207 Queen St., 4th floor
OTTAWA ON K1P 6E5
www.aco-cso.ca
238-5014

AIDS InfoLine
A bilingual public health nurse
responds to your questions confiden-
tially.
563-AIDS (English)
563-SIDA (French)
Monday - Friday, 10 a.m.- 8 p.m.

Bruce House
Supportive housing for those living
with HIV/AIDS.
312 Parkdale Avenue
OTTAWA ON K1Y 4X5
brucehouse@on.aibn.com
729-0911

Bureau régional d'Action-Sida
109 Wright
HULL QC J8X 2G7
b.r.a.s.@videotron.ca
776-2727

Children's Hospital of Eastern
Ontario (CHEO)
Immuno-deficiency Clinic
401 Smyth Road
OTTAWA ON K1H 8L1
737-2474
HIV medical treatment, social and
psychological support for expectant
mothers and children. Referrals gen-

erally required.
Community AIDS Treatment
Information Exchange
For the latest information on medical,
complementary, and alternate treat-
ment regimens for HIV/AIDS, accessi-
ble confidentially by toll-free tele-
phone or on their excellent website.
Renseignements également
disponibles en français.
www.catie.ca
505 Richmond St. W., Suite 555
Box 1104
TORONTO ON M5V 3B1
1-800-263-1638

HIV Anonymous Testing
55 Eccles
OTTAWA ON K1R 6S3
238-8214 ext. 328
Call for location of sites where HIV
testing is offered on a confidential
and anonymous basis.

HIV Primary Care Clinic
University of Ottawa Health Services
100 Marie Curie Private
3rd floor (King Edward & Somerset
East)
OTTAWA ON K1N 6N3
A full-service primary care clinic, with
several physicians specializing in HIV.
Walk-ins welcomed.

Oasis
116 Lisgar St., Suite 200
OTTAWA ON K2P 0C2
569-3488
Primary care nursing, health promo-
tion, and a medical walk-in clinic spe-
cializing in HIV and addictions.
Counselling for those with HIV and
addiction/substance abuse issues.
Men and women, gay, straight, lesbian,
bisexual and transgendered welcome.
Phone for hours of drop-in centre.

Ottawa Hospital, General Campus
Immuno-deficiency Clinic
501 Smyth Road
Ottawa ON K1H 8L6
737-8856
HIV medical treatment, social and psychological support. Referrals generally required.

Ottawa Interfaith Council on AIDS
c/o St. John's Church
154 Somerset Street West.
OTTAWA ON K2P 0H8
232-4500
Monthly prayer service for those affected by HIV/AIDS. Referrals to supportive religious communities.

The Living Room; AIDS Committee of Ottawa
207 Queen Street, 4th floor
OTTAWA ON K1P 6E5
563-0851
Complementary therapies, drop-in, peer counselling, nutrition and special programs. Call for drop in hours.

Ontario March of Dimes
HIV Employment Project
2249 Carling Ave., Suite 200
OTTAWA ON K2B 7E9
www.dimes.on.ca
596-3463

Counselling on income-support, education/retraining, and job/volunteer placement opportunities for HIV-positive persons.

Sexual Health Clinic
179 Clarence Street
OTTAWA ON K1N 5P7
Monday and Wednesday, 1 p.m. - 4:30 p.m.
Tuesday and Thursday, 1 p.m. - 7:30 p.m.
Friday, 1 p.m. - 5 p.m.
A walk-in medical clinic specializing in HIV and other sexually transmitted diseases. Anonymous HIV testing available.

Source
500 Old St. Patrick St.
OTTAWA ON K1N 9G4
562-0057
Respite childcare for HIV-infected mothers and/or children.

Wabano Centre for Aboriginal Health
299 Montreal Road
VANIER ON K1L 6B8
748-5999
www.wabano.com
Information, treatment and support focussing on aboriginal traditions. Services for all, including two-spirited persons.

Worldwide AIDS Foundation
2660 Southvale Crescent, Suite 326
OTTAWA ON K1B 4W5
www.wwaf.org
738-8758
Information directed to ethno-cultural minorities.

Youth Services Bureau
147 Besserer
OTTAWA ON K1N 6A7
241-7788
Drop-in, counselling and support.

Getting Your Rights

LEGAL AND PARA-LEGAL SERVICES

Law Info Line
236-3893
Services available from Labour Day to the end of March. Law students enrolled in Ottawa University Law School assist people with welfare, family benefits, employment insurance, landlord-tenant, and some immigration problems. Must meet financial guidelines for assistance.

Legal Aid
238-7931
Legal workers and lawyers assist people with welfare, family benefits,

unemployment insurance, landlord-tenant, and some immigration problems. Must meet financial guidelines for assistance.

Legal Referral
1-800-268-8326
Free legal referrals by Upper Canada Lawyer Association via a 24 hour touch tone service or operator. Specialties include: family law, employment, benefits, welfare, landlord, wills, estate, small claims, environment, criminal law, young offenders, business law, AIDS.

John Howard Society
789-7418
Legal help for men, Services are free.

Sylvie Arsenault
568-9657
Notaire.

Daniel F. Berg, mediator
Partner, family disputes, reconciliation, separation agreements, custody access.
841-6823 or 234-8433

Kathryn Barnard, LLB
749-2988
Gahrns & Laliberte
235-6299
Providing legal and mediation services to Ottawa's GLB community.

Nancy Luitweiler
563-0934
Barrister, Solicitor and Notary Public.

Manon Guitard, Advocat
Hull, QU
770-9704

Philip MacAdam
1000-67 Daly Ave.
234-6759
Legal services in English, French and German.. Sixteen years of providing legal services to the lesbian, gay, HIV and transgender community members and their families.

Section 5 getting in touch

George MacPherson
729-4669

Barrister, Solicitor, Notary. Free initial consultation. General practice (no criminal).

Ted Mann
Mann & Associates
1600 Scott St., Suite 612
722-1500
ted@mannlawyers.com
www.mannlawyers.com
Legal services.

Jennifer Moore, B.A., LL.B.
232-4832
Family lawyer and mediation; cohabitation agreements; separation agreements; mediating agreements; support, property, custody, access.

Alicia Natividad
566-7045
Business law, computer law, real estate, municipal, environmental law estates and wills.

Kimberley A. Pegg, Barristers
200 Cooper Street Suite One
Ottawa, ON K2P 0G1
232 9331
kpegg@storm.ca
Lawyer - Criminal Defence; Children's Aid Society Defence. Services in English and French.

Leonard Shore
233-7747
Barrister.

Service Options for GLBT

DROP-IN HEALTH CENTRES

These drop-in clinics are not specific to GLBT communities but provide a variety of medical services without advance appointments. To avoid or reduce your waiting time, it's best to call ahead.

Carlington Community and Health Services
900 Merivale Rd.
OTTAWA ON
K1Z 5Z8
agervais@carlington.ochc.org
7224000

Centretown Community Health Centre
420 Cooper St.
OTTAWA ON
K2P 0M6
margaritekeeley@centretown.ochc.org
2334443

Lowertown Community Service Centre
40 Cobourg
OTTAWA ON
K1N 8Z6
789 3930
789 3443

Nepean Community Resource Centre
3730 Richmond Rd.
Suite 106
NEPEAN ON
K2H 5B9
596 5626
828 2683

Oasis
116 Lisgar St.
569-3488 x 218
Primary care nursing, health promotion, specialties HIV and addictions. Services in English and French. Medical walk-in clinic with HIV/AIDS aerosol and IV treatments. Information and Referral by phone and publications. Counselling services for individuals and those with addiction/substance abuse issues. Services in English and French for gays, lesbians, bisexuals, and/or transgender (M to F) and women in general. All are welcome.

Overbrook-Forbes Community Services
1155 Lola St.
Unit 7
OTTAWA ON
K1K 4C1
745 0073

Pinecrest-Queensway Health and Community Services
1365 Richmond Rd.. Suite 203
OTTAWA ON
K2B 6R7
820 4922
820 2006

Sandy Hill Health Centre
221 Nelson Rd.
OTTAWA ON
K1N 1C7
789 1500

Sexual Health Centre (Ottawa Health Department)
179 Clarence St.
Healthy Sexuality Program
234-4641
HIV Prevention Program
580-2424
Provides free, confidential HIV/AIDS and STD testing and birth control counselling on a drop-in basis. Free condoms and affordable birth control. Staff also visit schools. Services available in English, French and Italian. Information and referral available by phone, Internet and publications.

Somerset West Community Services
55 Eccles St.
OTTAWA ON
K1R 6S3
238 8210

South East Ottawa Community Resource Centre
1480 Heron Rd.
OTTAWA ON
K1B 6A5
737 5115

Vanier Community Service Centre
282 Dupuis St.
6th Floor
VANIER ON
K1L 7H9
7442892

HEALTH & MEDICAL SERVICES

Dr. Robert J. Birnbaum
Family Physician and Broadview Travel
Medicine Clinic
210-770 Broadview Ave
Ottawa ON K2A 3Z3
722-8010
birnbaum@achilles.net
www.broadviewtravelclinic.com
Family physician. Travel medicine specialist. Advice to overseas travellers in immunization, food and water precautions, malaria prevention and other aspects of travel medicine.

Dr. Andrew Ember
University of Ottawa Health Services
100 Marie Curie, Suite 3000
564-3950
Services in English and French.
Holistic wellness for gay and bisexual men and their families. Specialty in HIV/AIDS.

Dr. Jeff Hovey
Pinecrest Queensway Health and
Community Services
203-1365 Richmond Road
Ottawa ON
820-2001
Family medicine in community health
centre; open to anyone in West
Ottawa. French and English. Call for
an appointment.

Dr. John Jollymore
Suite 101A
858 Bank St
Ottawa ON
233-7953
Family medicine.

Dr. Hershel Kagan
Rideau Family Health Centre
248 Friel St (at Rideau)
Ottawa ON
521-2391 x. 130
Family physician. Prenatal and pediatric care; gay and lesbian health; preventative medicine and sexual health.

Dr. Don Kilby
University of Ottawa Health Services
564-3950
Family practice. HIV/AIDS. French, English and Spanish.

Dr. Marc LaSalle
152 Promenade du Portage
Hull QU
819 771-2000
Ontario health card accepted.

Dr. Roland Leger
500-325 Dalhousie St.
Ottawa ON
241-0888
HIV/AIDS primary care. French and English. Call for appointment.
Wheelchair accessible.

Dr. A. Lo
507-381 Kent St.
Ottawa ON
236-3950
Assessment and follow-up of
HIV/AIDS patients. English,
Cantonese and some Mandarin. Call
for appointment. OHIP, wheelchair
accessible.

Dr. Bill Marshall
University of Ottawa Health Services
100 Marie Curie, Suite 3000
564-3950
Family practice with a specialty in
HIV/AIDS and addictions.

Dr. Phil McGuire
313-1095 Carling Ave
Ottawa ON
728-8822
Comprehensive family care; primary
office based but does house calls.
English and French. Call for an
appointment. Wheelchair accessible.
On bus routes 85 and 99.

Dr. Katheryne Treehuba
206-1095 Carling Ave.
Ottawa ON
722-4103
Obstetrics/Gynecology. Referral necessary. Wheelchair accessible. Will do artificial insemination.

Tune Wu
55 Eccles St.
Ottawa ON
238-1220
Acupuncture and Chinese medicine.
Consultation services in English and
Chinese. Cultural interpreter available if needed. Wheelchair accessible.

ADDICTIONS

Amethyst Women's Addiction Centre
488 Wilbroad St.
OTTAWA ON K1N 6M8
amethyst@magi.com
563-0363

SAA – Sex Addicts Anonymous
12 step self help group for people
who want to stop compulsive sex
behaviour.
786-1060
237-Xtra x 2028

AIAnon – Gay and Lesbian
For friends and families of alcoholics.
860-3431
237-Xtra x 2031

ACOA – Adult Children of Alcoholics
Open to all, many gblt attend.
860-3431

Sex Addicts Anonymous
601-370 Metcalfe St.
OTTAWA ON
K2P 1S9
235 1096

CHIROPRACTORS & MASSAGE THERAPISTS

Back to Health Chiropractic Centre
Dr. Barbara A. Rodwin
237-3306
Dr.Rodwin@Back2Health4You.com
Chiropractic, acupuncture, foot scan/gain analysis, custom made orthotics, massage therapy, kinesiology and active release technique.

Bode
Ashe Levesque
116 Argyle St.
565-2633

Cornerstone Chiropractic Healing Centre
Dr. Tony Sandorfi
338 Somerset St., West
238-2828

tmsdc@yahoo.ca
Gentle spine and bodywork along with energy work fostering wellness. All members of the community are welcome.

Dar Blue Massage Therapy
The Clinic Upstairs
340 Gladstone Ave
564-9090 or 593-8800
darblue@sympatico.ca
Message therapy for womyn (lesbian, bisexual, and/or transgender and straight). Services in English and some French.

Gentle Touch Chiropractic
Dr. Peter Hough, B.Arch., D.C.
192 Somerset St., West
232-3594
gentletouchchiro@altavista.com
Gentle specific chiropractic care. Holistic wellness and illness prevention and health promotion. All members of the community are welcome.

Glebe Chiropractic Clinic
Dr. Ken D. Brough
Chiropractor
Fifth Avenue Court
99 Fifth Ave., Suite 7
237-9000

Healing from the Heart – Chiropractic
Dr. Ginger Andrews
356 Maclaren St.
594-8576
Chiropractic and wellness care. Teaching people to move beyond their fears and guilt. Whole life counselling. All members of the community are welcome.

Heritage Message
Kim McMullin, RMT
346 Somerset St, West
236 2492

Massage Therapy Clinic
Florent Villeneuve, B.A., R.M.T.
742-6767
By appointment.

Merivale Chiropractic
1556 Merivale Road
Nepean ON
226-8142
Rachel Claveau
Message.

Metcalfe Message Therapy
Paul Lafleur, RMT
Sylvie Lamarre, RMT
607-180 Metcalfe St.
235-2377

Massage therapy services in French and English. Trigger plant therapy, stress and pain management, and chronic and palliative care. All members of the community are welcome.

Judith Miller
235-2687
Ortho-bionomy sessions- gentle and affective bodywork to foster deep relaxation, relieve pain, expand range of motion and rebalance and align the

body. Research on health issues and on traditional and complementary approaches to them. Health promotion and holistic wellness. Personal care services. Services in English and some French for gays, lesbians and women in general. Specialty for those with chronic illnesses.

Ottawa Physical Health Centre
Dr. Patrick Faloon
480 Somerset St., W.
Ottawa, ON
230-3028
Comprehensive chiropractic care, physiotherapist on staff, registered massage therapist, custom foot orthotic lab on site, acupuncture. All members of the community are welcome. Free parking.

COUNSELLING

Need to talk to a counsellor? These locations provide free and confidential services. If they can't help you, they'll direct you to services that can.

Catholic Families Services
219 Argyle St.
Ottawa ON
233-8478

Centre for Psychological Services
University of Ottawa
11 Marie St
Free for students – good prices generally. Grad students are counselors
564-6875

Centretown Community Health Centre
233-4443

Community Resource Centre of Goulbourn, Kanata and West Carleton
591-3686

Gloucester Community Resource Centre
741-6025

Jewish Family Services
151 Chapel St.
Ottawa ON K1N 7Y2
789-1180

Overbrooke-Forbes Community
Resource Centre
745-0073

Sandy Hill Community Health Centre
789-6309
School Based Sexual Health Program
495 Richmond Rd.
724-4242

Youth Services Bureau
729-1000

COUNSELLING & THERAPY (Private practice)

Linda (Weckler) Advokaat, M.S.W.
Personal Counselling Services
858 Bank St.
237-6127

Counselling on most issues except
active addictions and psychosis.
Women's group. Experience with
childhood abuse, abuse survivors and
neglect issues. For lesbians and
women in general.

Dr. Morry Appelle
230-1161
Individual and couple therapy.

Dr. Harris Barton
230-7446
General psychiatry, psychotherapy and
relationship counselling. All members
of the community are welcome.

Dr. David J. Baxter
Holland Cross Psychological Services
11 Holland Avenue, Suite 609
Ottawa ON K1Y 4S1
-722-1604
djbxter@igs.net
<http://www.hollandcrosspsych.com/>
Psychologist. Family practice. Focus
on holistic wellness, abuse and youth.
Services for gays, lesbians, bisexuals
and their families.

Ellen Bell, B.S.W.
Starfish Initiatives
49 Lazy Nol Court
Stittsville, ON
831-5205
mcolby@magma.ca
General counselling for individuals,
couples and families. Geared to
GLBT but not exclusive.
Dr. Robert Chalifour
744-8717
General physician-psychotherapy.
Covered by OHIP.

Lina Charette, Ph.D, C. Psych.
233-6256
Adult psychotherapy: depression, anx-
iety, stress, relationship issues (not
psychotic illnesses). Childhood issues;
women's issues, gay issues and coming
out. Services available in French and
English. All members of the commu-
nity are welcome.

Choices for Change
Sylvia-Anne McMahon, M.Ed
Counselling, C.C.C.
798-2208
Crisis intervention, relationships, and
individual counselling.

Common Ground Health and Retreat
Centre
Dr. Blair Voyvodic
RR 4
KILLALOE ON
K0J 2A0
healing@web.net
757-2174

Sylvia Cust, MA Counselling
563-4977
Individual and couple counselling
within a feminist and P.T.S.D. frame-
work. A body centred approach.
Betrayals of trust, sexual abuse issues
within a post trauma framework.

Wanda Dillabough
567-7392
Counselling for gays and lesbians and
their families. Focus on
addictions/substance.

Ruth Dulmage, MSW
731-5454
Individual & Family Counselling.
Women abuse, sexual abuse, parent-
ing, relationships, bereavement/loss,
separation/divorce, vocational, and glb
and feminist issues.
Leslie Fleming & Associates
820-5928
Counselling, training and consultation.

Debbie Foran, M.S.W.
722-0432
Counsellor and consultant – sexual
abuse women abuse, relationships,
addictions, loss/grief, glb issues and
eating problems/body image. Sliding
scale.

Jean Frances
Emotional release counselling for indi-
viduals and couples, PHA/HIV, or
those who have lost someone to
AIDS.
820-6150

Gilmour Psychological Services
437 Gilmour Street
230-4709
www.ottawa-psychologists.com
A group of eleven psychologists.
Services in English and French.
Psychological assessments, coun-
selling, psychotherapy and consulting.
Stress management and relaxation.
All members of the community are
welcome.

Dr. Marie Gingras, C. Psycho.
2-410 Queen St.
235-8752
Individual and couple psychotherapy.
All members of the community are
welcome.

Rick Goodwin, M. Ed. Counselling
The Men's Project
180 Argyle Ave. Suite 322
Ottawa ON K2P 1B7
230-6179
rick_goodwin@ottawa.com
www.web.net/mensproject

Section 5 getting in touch

Psychologist; Social Worker Mental Health group, 1-800 Support & Crisis Services. Individual and group therapy services for gay, bisexual and men in general provided by a team of nine therapists. Specific counselling programs include sexual abuse recovery, anger management, emotional intelligence, ending abusive behaviours, and psychodrama. Addictions. Counselling on the Phone. Victim assistance. Registered clinical consultants to the Ottawa Hospital Sexual Assault Treatment Program. As resources allow, we run a dedicated group program for gay and bisexual survivors each year. Services in Ottawa and Cornwall in English and French. The clinical backgrounds for Men's Project staff includes social workers, Quebec-based psychologists, counselling educators, and a psychiatrist. Training and experience in working with men using a masculinist perspective -- one that affirms the experiences of men and works within the context of emotional integrity. We are the only men's program in Ontario to be funded by the Ministry of the Solicitor General. In 2000, we offered the first gay and bisexual men's survivor program in Canada. Our staff are comprised of both men and women and come from varied backgrounds and sexual communities.

Yaffa Greenbaum, M.S.W., R.S.W.
Goldstein Moncion Greenbaum and Associates
2249 Carling Ave., Suite 314
596-2333

Individual, marital and family therapy focusing on: adult survivors of sexual abuse; sexual dysfunction; sexual orientation issues; incest survivors; addictions; addiction issues; parents in recovery from addictions; women in recovery; adult children of alcoholics; dysfunctional families; family violence; dissociative disorder; post-traumatic stress disorder; eating disorders; self-esteem and vocational assessments,

and career counselling. All members of the community are welcome.

Ian Griffin, M.S.W., C.S.W.
Individual and couple counselling.
761-1040

Margaret Hammond, M.Ed.
Counselling
Therapy, sexual abuse, relationships, childhood trauma, depression.
Hunt Club Counselling for Individuals, Couples and Families
Carol McMurdo
738-2711
c.mcmurdo@ottawa.com
Services available in English and French.

Katimavik Counselling and Education Services
150 Katimavik Rd., 2nd Floor
Kanata ON K2L2N2
Kim Meechan, M.Sc., Psychology
Diane Kroeker
591-9569
Counselling for lesbians and their partners and families. GLBT youth workshop facilitation.

Serge Keravel
2-410 Queen St.
235-8752
Individual and couple psychotherapy. Services in French and English. All members of the community are welcome. Sliding scale.

Peggy J. Kleinplatz, Ph.D.
563-0846
kleinpla@uottawa.ca
Sex therapy and sex education. Psychologist. Mental health and counselling services for individuals and couples with a focus on abuse, health promotion and education and illness prevention. All members of the community are welcome.

Dr. Le Krul, Psychiatrist
1-353 Waverly St.
Ottawa ON
235-8331

Dr. Frank Jones
4005-381 Kent St.
230-4838
General psychiatry and psychotherapy for gay and bisexual men and men in general and their families. HIV/AIDS specialty.

Rena Lafleur
722-4000
Crisis, counsel and for groups; women, including women abused in relationships, including sexual abuse. English, French and some Somali. Drop-in for crisis.

Gracia Lalonde, M.A. Counselling
819 770-8652
Can arrange sessions in Hull, Ottawa, or Gatineau. Lesbian, bilingual, couples, individual, child and adolescent issues, family violence, and employment issues.

Dr. Catherine Low
236-3353
mclow98@home.com
Medical psychotherapy and counseling for lesbians and women in general, with a focus on addictions/substance abuse, and abuse.

Making a Difference Counselling and Consultation
Helma Seidl, R.N., B.A., B.S.W., M.S.W., R.S.W.,
2087 Montreal Rd.
749-8008
hseidl@ottawa.com
GLBT issues; individual and couple counselling/therapy; crisis intervention; post-traumatic stress disorder; grief/loss; abuse; group facilitation; workshops and seminars.

Dr Stuart MacLeod
1385 Bank St., Unit 520
Kilborn Medical Centre
521-7964
Family doctor who specializes half of his practice to psychotherapy and counselling.

Carol A. McMurdo
Counselling and psychotherapy for individuals, couples and families; especially sexual abuse and assault. English and French. Wheelchair accessible.
241-7074

Robert L. Paquette
C. P. 20116
Ottawa, ON K1N 9N5
230-6179, poste 408
rpaquet@sprint.ca

Counseling for gays, bisexual males, transgender and men in general and their families in English and French. With a focus on abuse, survivors of child abuse or neglect, youth, chronic illnesses, HIV/AIDS, and disabilities.

Dr. Catherine Pink
Gilmour Psychological Services
437 Gilmour Street
230-4709 x 28
www.ottawa-psychologists.com
Psychological consultation, assessment and treatment for gay and lesbian adults and couples. Stress management, relaxation. Abuse counseling.

Racine and Associates
562-0523
Addiction and sexual abuse counselling; some depression and couples counselling. French, English and Spanish. Wheelchair accessible.

Jerry S. G. Ritt, M.A. Psych, OACCPP
2255 CARLING AVE, SUITE 103
Ottawa, ON K2B 7Z5
-567-8483
bi526@torfree.net
GLBT Psychotherapist. Services provided to GLBT and their families and men and women in general. With a focus on stress management, addictions, abuse, seniors, youth, those with chronic illnesses, HIV/AIDS, or disabilities.

Tana Saler
Counsellor
The Master Within
952, Pleasant Park Road
Ottawa ON K1G 1Z8
613-523-6592
tana.saler@home.com
Treatments sessions of energy work and bodywork - Reiki, Reflexology, Boja, Frequencies of Brilliance, Lightarian work; and workshops of Reiki, Lightarian, self awareness, in a context of a loving, self-empowering approach. English, French, Romanian, Hebrew. Spiritual counselling, Reiki, Reflexology, Amanae - Frequencies of Brilliance, Boja, Lightarian Work. Health promotion, Stress mgt, Holistic wellness. I have been training in certification courses and seminars with recognized teachers from U.S., Israel, Holland, India and Australia. I have taught Reiki in Israel and Europe, and has offered treatments sessions in Israel and Canada. I am committed to facilitate and empower my students and clients to create conscious, positive change in all areas of their lives.

Neville Taylor, Ph.D., C, Psych.
241-6886
Individual psychotherapy to adults, seniors and adolescents (16 & over); couples/relationship therapy; grief bereavement counselling; alcohol and substance use counselling. All members of the community are welcome.

Linda DeRoy Wieland, Ph.D., C. Psych.
744-6764
Psychotherapy and counselling for gays, lesbians and/or transgender and their families. Abuse, addictions and substance abuse.

Dr. Barbara Wilson-Nolan
Psychological; bereavement care team. Call for appointment. No referral required unless insurance requires it. Wheelchair accessible.
744-6155

Dr. Louise Wylie
University of Ottawa
564-3950

Nan Youngson, M.A. Counselling
744-5803

DENTISTS

Dr. Susan Bablitz
2530 St. Joseph Blvd.
Orleans, ON K1C 1G1
830-9139
Family dentistry, wheelchair accessible.

Dr. Bruce Murphy
357 Waverly St., Suite 100
Ottawa ON K2P 0W3
232-0775
Cosmetic and general dentistry. Not wheelchair accessible.

Dr. George Parry
50 Rideau St, Suite 204
Ottawa ON
230-7475
General dentistry.

Dr. Barton Walters
1439 Woodroffe Ave.
Nepean ON
224-7930
General dentistry.

Dr. Howard Weld
1 Nicholas St.
Ottawa ON
241-1131
General dentistry.

FINANCIAL SERVICES

Bonini & Associates
Sandi Bonini
Kanata ON
726-6969
bonini1@hotmail.com
Financial advisor, accountant. Financial services for gays and lesbians and their partners and families.

Assante Capital Management

www.pinktriangle.org/wellness 25

Section 5 getting in touch

Helen Jasper
704-1525 Carling Ave.
729-7526
hjasper@assante.com

Financial Planning, life insurance, disability insurance and critical care.

FITNESS TRAINING

Rick's Fitness Coaching
Rick Madore
244-7230
ricksfitness@sympatico.ca
Fitness/recreation professional. Health promotion and illness prevention; Nutrition services; Stress management; holistic wellness. All members of the community are welcome.

HOUSING RESOURCES

Abiwin Co-op Housing
299 Somerset St. West
OTTAWA ON
K2P 2L3
abiwin@web.net
2331927

Amity House
Women's shelter from spousal abuse
747-2242

Centretown Citizens Ottawa Corporation
234-4065 x 233 or x 234
Harmony House
Women's shelter
233-3386

Housing Emergency Placement
724-4243
Emergency housing placement services of the city of Ottawa. Family shelters only, no singles.

Housing Help
116 Lisgar Street, Suite 202
Ottawa, ON
K2P 0C2
563-4532
Housing information, advocacy and referrals

Interval House
Women's shelter
241-5181

La Presence
Women's shelter
241-8297

Ottawa-Carleton Independent Living Centre
75 Albert St.
Suite 207
OTTAWA ON
K1P 5E7
ottawacarleton.ilc@sympatico.ca
2362558

Unicentre of Carleton University
520-2600 x 1860
The GLBT Centre maintains a listing of GLBT positive housing.

Salvation Army
241- 1573

Social Housing Registry
2197 Riverside Drive
Ottawa, ON
526- 2088
Applications for subsidized housing

Women's Shelter
172 O'Connor
237-4669
YM-YWCA
237-1320

Young Women's Shelter
789- 8220

SPIRITUAL RESOURCES

Dignity Canada Dignite
J_Brabant@msn.com
746-7281
746-0353

Dignity Ottawa Dignite
mdesjard@magma.ca
747-7453

Ottawa Interfaith Council-GLBT Issues
J_Brabant@msn.com
746 7281
746 0353

Catholic Family Services of Ottawa
219 Argyle Ave.
3rd Floor
OTTAWA ON
K2P 2H4
233-8478

Church of St. John The Evangelist
Ron Chaplin
2-379 Stewart St.
OTTAWA ON
K1N 6K9
stjohns@cyberus.ca
241-3562
232-4500

First Unitarian Congregation of Ottawa
Rev. Liz Benjamin
Minister
30 Cleary Ave.
OTTAWA ON
K2A 4A1
uuottawa@iosphere.net
725 1066
725 3259

First United Church
Kent Street
OTTAWA ON

Humanist Association of Canada
Diane Schmolka
733-5219
schmolka@cyberus.ca
www.comsearch-can.com/rites.htm
Officiant for all rites of passage – marriage and wedding receptions; family ceremonies and celebrations; renewal of vows; pledges of commitment and gay and lesbian unions; namings/child dedications; Entry into adolescence; significant birthdays; and memorial services.

Jewish Social Services
151 Chapel St.
OTTAWA ON
K1N 7Y2
789-1800

Keshet
234-2714
bi526@forfree.net
A group for Jewish gays, lesbians and
bisexuals.

Pagan Federation of Canada
P.O. Box 876 Stn. B
OTTAWA ON
K1P 5P9
robert.huneault@sympatico.ca
739-4643

Saint Paul University
Counselling Centre
233 Main St.
OTTAWA ON
K1S 1C4
236 1393 Ext 242

Sokka Gakkai Canada (SGI) Buddhist
Pride Group Coordinator
Carroll Holland
761 1761
A multilingual community-based
Buddhist group committed to the val-
ues of peace, culture and education.
Regular activities available to anyone
to learn about the faith based world
peace activities.

St. James United Church
650 Lyon St. S.
OTTAWA ON
K1S 3Z7
236 4804

UNIVERSITY/COLLEGE

Carleton University Gay, Lesbian,
Bisexual, and Transgendered Centre
427 Unicentre Building
Carleton University
Ottawa, ON K1S 5B6
520-3723
gibt@carleton.ca
<http://www.carleton.ca/gibt>
Services provided include a gblt safe

space/lounge; a lending resource
library with over 1000 books and
videos (you don't need to be a stu-
dent to borrow them); Peer Support
crisis line / referral service staffed by
trained volunteers; Delivery of Anti-
homo/bi/transphobia workshops to
on and off campus groups; Special
events such as Campus Pride (March
2-10) and the Boyz and Grrlz clubs; a
bulletin board for gblt positive hous-
ing; an Ally Program for gblt allies
that advocate for a community free
from discrimination and oppression;
we also keep a log of any bashings /
hate graffiti that occurs on campus
and have a graffiti removal and follow
up program. Educator. Adults. Youth.
Mediator. Advocacy. The gblt centre is
a modified collective of volunteers
coordinated by two paid staff. 10 paid
work-study students head up various
committees within the centre. All
volunteers receive intensive peer sup-
port training and attend two volun-
teer development sessions per year.

Pride Centre,
University of Ottawa,
2nd floor University Centre Building,
suite 215E
www.uottawa.ca/student/gbltq
562-5800 xt. 3161

Algonquin Pride,
Algonquin College,
C-151-1385 Woodroffe Ave.,
Nepean

YOUTH DROP-INS & SUP- PORT GROUPS

PTY (Pink Triangle Youth)
Peer support and discussion group
for GLBTQ youth under 24.
Meetings are held every Wednesday
evening at 7:00 pm. 71 Bank St., sec-
ond floor. Ring buzzer.
Info: 237-9872 xt. 2015

YSB (Youth Services Bureau) East End
Rainbow Youth Drop-in
This GLBTQ youth drop-in is held on
Tuesday evenings from 6:30 to 8:30
pm and offers bilingual services. The
location of the drop-in is confidential
so please call for info: 834-2660.

YSB (Youth Services Bureau) West
End Rainbow Youth Drop-in
Bell's Corners holds this GLBTQ
youth drop-in every Thursday evening
from 3:30-5:30 pm. The location is
confidential. Call for info: 596-5621.

YSB (Youth Services Bureau)
Orientation Exploration Group
This is a 12-week group, held at the
Ottawa Services office of the Youth
Services Bureau. Separate groups are
held for males and females. Call 234-
5511 for further information.

PFLAG Ottawa (Parents, Families and
Friends of Gays, Lesbians, Bisexuals
and Transgenders)
Meets the first and third Wednesday
of each month at 7:30 pm at the St.
John's Anglican Church, Somerset
West & Elgin St. Info: 834-9880.

OTHER RESOURCES

For other listings of GLBT communi-
ty services and resources as well as
spiritual resources, social groups and
businesses, check out the community
publications section in the guide. In
particular, check out the Xtensions
page of Capital Xtra, and the Capital
Xtra Pink Pages. Both have extensive
listings. Call 237-7133 or check out
their web site <http://www.capitalxtra.on.ca> to find out drop-off areas
closest to you.

If you want to contract a government
office, but aren't sure where to call,
Blue pages in the back of your Bell
Canada telephone book.

Section 5 getting in touch

Aboriginal Women's Support Centre
P.O.Box 79105 262 Montreal Road
VANIER ON
K1L 1A1
minwaashinlodge@home.com
741-5590

Amethyst Women's Addiction Centre
488 Wilbrod St.
OTTAWA ON
K1N 6M8
amethyst@magi.com
563-0363

Canadian Ethnocultural Association
251 Laurier Ave.W.
Suite 100
OTTAWA ON
K1P 5J6

Canadian Hearing Society
2197 Riverside Dr.
OTTAWA ON
K1H 7X3
office@ottawa.chs.ca
521-0509

Canadian Labour Congress
Women and Human Rights Dept.
2841 Riverside Dr.
OTTAWA ON
K1V 8X7
prichmond@clc-ctc.ca
526-7413

Coalition of Community Health and
Resource Centres
420 Cooper St.
OTTAWA ON
K2P 2N6
andrefontaine@centretown.ochc.org
233-4443 ext.2197

Reach – Equality and Justice for
People with Disabilities
TTY: 236-6605
Voice: 236-6636
reach@reach.ca
www.reach.ca
Legal referral services to people with
disabilities including people who are
GLBT and have a disability legal relat-
ed problem. Services in English with

some French. Information and refer-
ral by phone.

Gloucester Centre Community
Resources
Violence against Women Coordinator
2339 Ogilvie Rd.
2nd Floor
GLOUCESTER ON
K1J 8M6
741 6025
741 7029

Immigrant & Visible Minority Women
P.O. Box 67041
OTTAWA ON
K2A 0E0
ivmwaa@wen.net

Jack Purcell Community Centre
320 Purcell Lane
OTTAWA ON
K2P 2J5
564-1050

National Action Committee on the
Status of Women
234 Eglinton Ave. E.
Suite 203
TORONTO ON
M5S 3A7

National Association of Friendship
Centres
275 MacLaren St.
OTTAWA ON
K2P 0L9

New Beginnings Liberal Catholic
Ministeries
Rev. Alan Galichan
1707-1171 Ambleside Dr.
OTTAWA ON
K2B 8E1
826-0400

Annelies van Oers, RAHP
Registered Aromatherapist
567-1536
Avanoers@cyberus.ca

ON March of Dimes
P.O. Box 1128
1101 Baxter Rd.
OTTAWA ON
K2C 3M4

Ottawa Food Bank
7 Bayview Rd.
OTTAWA ON
724 3663

Terra Larence
Planned Parenthood Ottawa-Carleton
701-331 Cooper Street
Ottawa ON K2P 0G5
226-3234
ppoc@cyberus.ca
www.planparenthood.on.ca
Planned Parenthood Ottawa-Carleton
provides a GLBT positive environ-
ment for all clients, including informa-
tion and referrals and resources relat-
ed to sexual health issues such as
STI's, healthy relationships, sexuality
and violence, birth control, and
HIV/AIDS. Services in English and
French. Public health educator/serv-
ice provider; information and refer-
rals, health promotion; no medical
clinic; for youth, women and men in
general. For over 35 years, Planned
Parenthood Ottawa-Carleton has
been providing quality sexual health
information to the public and reach-
ing out to the community. Part of
our philosophy and mission statement
is that we provide GLBT positive
services. We provide an open forum
for clients to discuss issues of impor-
tance to them, listen, and provide
non-judgmental information.

Sexual Assault Support Centre
(SASC)
P.O. Box 4441, Stn. E
OTTAWA ON
K1S 5B4
725 2160
725 9259

University of Ottawa Human Rights Centre
 Prof. Errol Mendes
 57 Louis Pasteur St.
 5th Floor
 OTTAWA ON
 K1N 6N5
 errol@humanrights.cdp.uottawa.ca
 562 5775

Women's Action Centre Against Violence
 300-260 Dalhousie St.
 OTTAWA ON
 K1N 7E4
 wacv@istar.ca
 241 5414

Women's Place/Aux Femmes
 755 Somerset St. W.
 OTTAWA ON
 K1R 6R1
 231 5144

Youth Services Bureau
 465 MacLaren St.
 OTTAWA ON
 K1R 5K5
 ottawa@ysb.on.ca
 234 5511
 1338 1/2 Wellington St.
 OTTAWA ON
 K1Y 3B7
 729 1000

Resources

COMMUNITY PUBLICATIONS

Capital Xtra

A lesbian and gay biweekly that includes some coverage of transgendered and bisexual issues. Copies are distributed free in Greater Ottawa. Call 237-7133 or check out their web site <http://www.capitalxtra.on.ca> to find out drop-off areas closest to you.

fab

fab is the largest gay magazine in Canada and the only Canadian magazine for gay men that is available from coast to coast. It is distributed every two weeks for free in Ontario and sold for \$2 at gay and gay-friendly stores across Canada. Check out their web site www.fabmagazine.com

BOOKS & MOVIES

Dr. Kelly McGinnis Memorial Library
 71 Bank St., 2nd floor,
 Ottawa, Ontario
 563-4818,

Elgin Street Video Station
 236-1877
 258 Elgin St.,
 Ottawa, Ontario

Ottawa Public Library,
 236-0301
 120 Metcalfe St.,
 Ottawa, Ontario

Wilde's
 367 Bank St. (at Gilmour)
 Ottawa ON
 234-5512
www.wildes.com

MAGAZINE & BOOK STORES

After Stonewall
 370 Bank St.
 567-2221

Chapters (call for your nearest location) 241-0073

Mags and Fags
 254 Elgin St.
 233-9651

Marc's Smoke Shop
 420 Rideau St.
 Ottawa, ON
 789-8886

mother tongue books
 1067 Bank St.
 730-2346

Octopus Books
 798 Bank St.
 Ottawa ON
 236-3589

The Independents Bookstore and Coffeebar
 1242 Wellington St.(at Holland)
 722-1265
cworks@cyberus.ca

Wellington Street News
 1308 Wellington St.
 798-0331

Women's Movement Library
 University of Ottawa
 A lending library of books, periodicals, and movies on the theme of women and the women's movement.
 564-8129

Here's the names of some well-known GLBT zines: Advocate, Out, Girlfriends, Curve, Fab, Diva, Ms., XY, Gay Times, Grrrl, Genre, Attitude.

RADIO & TELEVISION

Definitely Not Straight Radio – Mondays at 6 pm on CHUO 89.1 FM
 University of Ottawa
 562-5965

Joanne's Closet – Wednesdays at 6 pm on CKCU 93.1 FM
 Carleton University
 (819) 770-2178

Check your local listings for:
 BRAVO, SHOWCASE, QTV – City TV
 and Q10% – Rogers Cable

THE INTERNET

The Internet is a great place for GLBT and health information. You can find a lot by searching keywords like "queers + health" or "glbt wellness" from most search engines (for example Yahoo Canada at www.yahoo.ca or www.google.com)).

These are a few sites you may find worth surfing:

LOCAL SITES

www.pinktriangle.org – Pink Triangle Services
Outlines all the services offered by Pink Triangle Services.

www.pinktriangle.org/wellness – The Ottawa GLBT Wellness Project.
Provides information on the Wellness Project. Copies of the final report and the Wellness Guide can be downloaded.

http://groups.yahoo.com/group/glbthealth_glbthealth_listserv – listserv for the Wellness Project. Over 1000 articles related to glbt wellness are stored and available for public use.

www.yzb.on.ca AND www.rainbowyouthtalk.com
Youth Services Bureau
Information on Youth Services Bureau, including online resources. Second site is created by the Rainbow Youth Advisory. Lots of info!

www.gayottawa.com
Contains listings of community events and links to other GLBT-related sites.

www.geocities.com/gender_mosaic – Gender Mosaic
Ottawa's support group for transgendered people.

www.fox.nstn.ca/~scenes – Making

Scenes Film and Video Festival
Annual film festival of GLBT themes held each year in Ottawa.

NATIONAL SITES:
www.gaycanada.com
Canada's primary online community.

www.egale.ca – Equality for Lesbians and Gays Everywhere
Canada's GLBT legal organization that fights for our rights.

www.pflag.ca – Parents and Friends of Lesbians and Gays (Canada)
Support group for parents and friends of GLBT people.

INTERNATIONAL SITES:

www.gay.com
The premiere site for the GLBT community. Free email.
www.planetout.com
Features include a large youth section with discussion boards.

YOUTH-RELATED SITES:

www.colage.org – Children of Gays and Lesbians Everywhere
Web site of organization that offers support to children of GLBT parents.

www.elight.org
Fantastic site with sections for poetry & coming out stories.

www.oasismag.com – Oasis Online Zine
Classy online zine. Encourages online submissions.

www.youth.org
Web-ring of GLBT youth-related sites. Offers articles on coming out and Internet safety.

www.youth-guard.org
Provides a wealth of e-mail lists for coming out.

OTHER SITES:

www.glsen.org – Gay, Lesbian and Straight Education Network
Organization responsible for creating the famous Gay-Straight Alliances (GSA) in public schools. Loads of information.

www.qrd.org/QRD/ - Queer Resources Directory
This site contains extensive listings for GLBT youth.

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