

TRANS LATE!

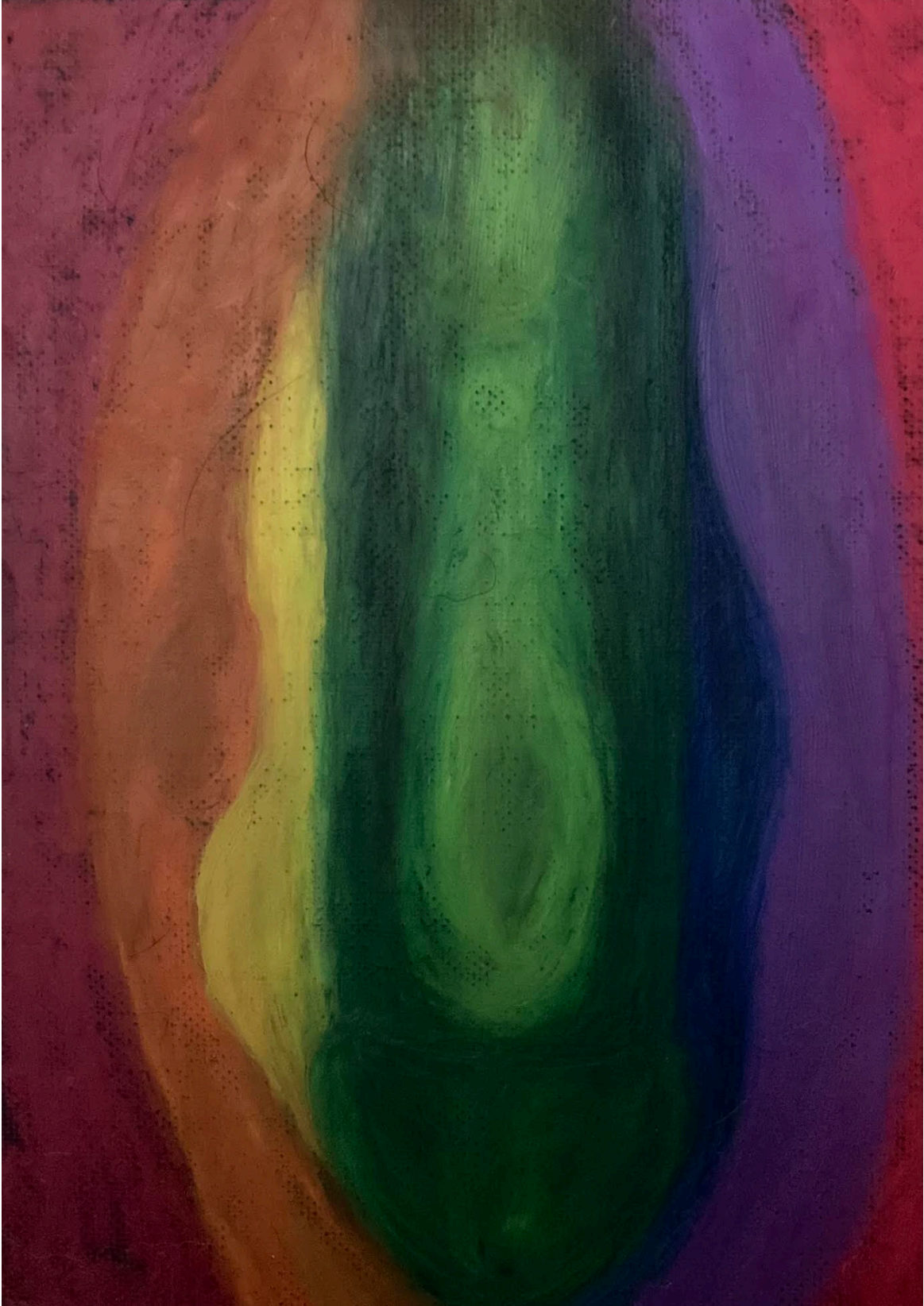
Zine of Ohio's gender non-conforming community. April 2026.



Cover art by Mortal Cesare

Inside: Pattie's story, Jaden's song and art, Grey's interview with Dr. Baldonieri, Susanne's TG research review and find out how **you** can help!

The layout of this issue is inspired by a great rock'n'roll zine from the 1970s called Bump!



Gay Down There by Jaden

State of the TRANSlate Address

by Jaden and Susanne

Updates

Running social media is hard, folks. I'm doing my best, but when it comes down to it, I don't want to be on Facebook or Instagram any more than my peers who are exiting en masse. But the needs assessment said LGBTQ+ community members need help finding resources, so TRANSlate decided to share education, events, resources, etc., online in hopes of providing the necessary information. I've been posting and sharing and trying to remind everyone that we're here to help. (My goal between now and our next zine is to actually post on Insta instead of staring at it blankly, trying to think of how to make resources and education pretty.) My ask from you - **comment or post or message us to let us know our efforts are reaching you.**

We had an open member meeting in March, 2026. We decided to not renew our Continuing Education provider status this year because we haven't been able to share our content with any groups or organizations yet. If you're a counselor, social worker, or marriage and family therapist (or a music or art therapist) in Ohio and want to be trained to support and/or advocate for transgender people, please reach out. If you want CEs, we may be able to work something out.

A note about our website

Yes, we have a website now. Direct your browser to <https://translatehealthohio.org/> and tell everyone about it. The website is fully funded until the end of 2029. So far, only Jaden and Susanne have access to editing which will remain the case until our group finances are separated from our private accounts. Just let us know if you have anything that you want to add to the website and we'll be happy to oblige.

The website is bare-bones design-wise, but it has a lot of good content, including the links to all our zines. We plan to add password protected

training pages eventually. We are working actively on improving the layout.

Check it out, participate, share the link, add us on social media and **join us in any way you can.** And like us. Really, really like us. Trans people need love. Lots of love. <3

Transportation

This is a peer run organization, which means we need you! If you want to run our socials, we can definitely make that happen. If you want to host a training, we can absolutely do that together. However, we might have a more pressing need. One of the biggest needs identified in the needs assessments we used to set our goals was about access to transportation (TRANSportation, if you will). **Will you join our list of drivers?**

How it will work:

- 1) Reach out via Facebook, Instagram, or email.
- 2) Let me know your name, phone number, and where you're located.
- 3) Talk to me or another member a little bit to get to know each other.
- 4) When someone reaches out to us for a ride and either their location or destination is in your vicinity, you'll get a text asking if you're able to drive them.

Agreeing to be a driver doesn't mean that you're obligated to drive when you're asked to, though if you're going to volunteer, willingness and readiness are assumed. You get to say yes or no based on your availability. You can be transgender or an ally to be a driver. Most of the time transportation will be for medical care.

If you're unsure about signing up, reach out! I will happily answer all your questions. And remember, how much you drive is your choice!

Mom

by Pattie

*You once held me as I cried.
You once rocked me in your arms and hummed
sweetly to me as I was sick and in pain.
You once ran to hold me after a long absence.
You once kissed my cheek so I knew at least
one person in the world who loved me.
You once spoke words of support and concern.
You once loved me with the love only a mother
can give.
You now speak ill of me.
You now deny me and turn away.
You hate for the sake of hate.
Your love turned to disgust and disdain.
A mother's love turned cold as she now declares
her child dead and lost.
Just because I choose to be me, I have lost the
one who once held and loved me.*

I have been asked to talk about an experience that I had in 2024 with my family. I had stopped talking to my mother years earlier for differing opinions over many things, but mostly religion and members of the LGBTQ+ community. At the time I was a year and a half into my transition and living my best life. My oldest sister and niece decided to trick me into talking to my mom by suddenly handing her the phone after telling her I had a cold to hide my now female voice. We had a pleasant conversation with her saying that I should take care of my sore throat since I sounded like a woman.

Two days later I was contacted by my other older sister when she found out that I had talked to my mom. She got mad and told her that I had come out as gay and had a sex change to date men. When my mom confronted my oldest sister, she did little to stand up for me or correct anything. She showed her a picture of me and gave her my new legal name. On hearing and saying this my own mother instantly declared me

dead. She now only had four children instead of five.

Upon finding this out I cut all communication with my family except my younger sister as I started spiraling. As part of the healing, I reverted to writing as a release to get my feelings out. I wrote a poem about what I was feeling and posted it to my mother.

Members of my extended family contacted me as soon as they saw it, to make sure I was okay. They were appalled by her reaction to the news and my sister not correcting my other sister's exaggeration.

I will not lie and say I recovered quickly because that is not true. It had hurt more than I had imagined.

It was not till the spring of 2025 that I finally talked to my immediate family again. My oldest sister contacted me and said my mother had started asking about me by my female name. I did not believe her at first. It was not till during a video call that my sister handed her phone to my mother that I started to believe her. As soon as she saw me, she smiled and said she missed me and commented I was pretty. We talked several times over the next couple of weeks to finally make peace. She now shows people my picture and says this is her pretty daughter.

I know how lucky I am in this compared to so many of my trans family. I do not boast about it, but feel pain for them for not having this level of acceptance from their family. No one should have to be rejected by the people who should love them the most just because they choose to live as their authentic selves.

Jesus Fucking Loves Me

⊗ C A C G
The sacrifice on Calvary
↓↓↓↓ C A C G
asked of all and you and me
C Am Em C
★ Sacrifice yourself to save another
Am Em C Am Em
sacrifice yourself to save the world
C A C G
Camel through the eye of the needle
C A C G
rich man in heaven, that's a laugh
⊗ C A C G
What Calvary, camels and needles
C A C G
fails to teach us all is that
⊗ C A C G
Our sacrifice is for the rich man
C A C G
Not for us and not for god
C Am Em C
Sacrifice for the economy
Am Em C Am Em
And for Capitalism
C A C G
What Calvary, and three days risen
C A C G
Communist Savior Jesus
C A C G
Eat the rich to seize the means
C A C G
send rich man to Calvary
~~Maybe we'd save rich man's souls~~

It's not a transition. It's a spectrum.

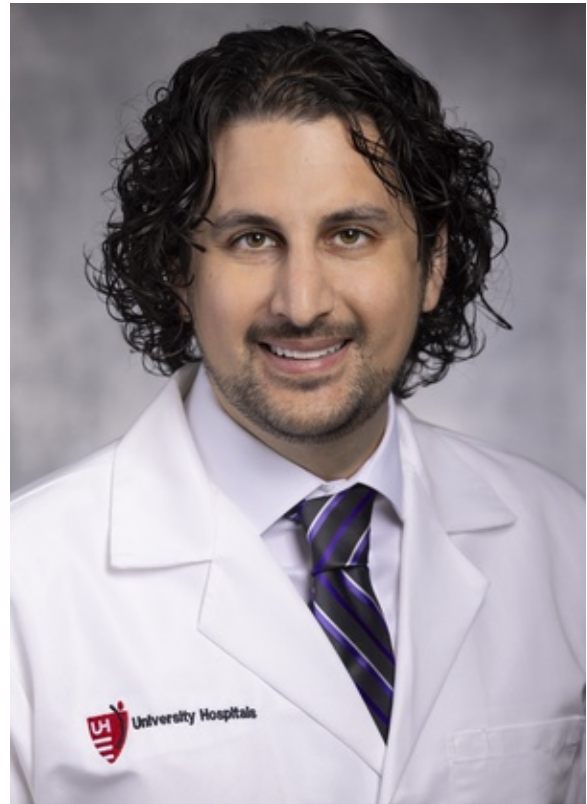
*Interview with Michael Baldonieri, MD
conducted by Grey*

After one PCP in our second issue and a therapist in our third issue, this time we bring you Dr. Michael Baldonieri, a gender affirming obstetrician-gynecologist in Cleveland affiliated with Case Western where he is the assistant director in the LGBT center. Dr. Baldonieri's answers are in italic. The rest is Grey. Dr. Baldonieri starts the interview with an introduction.

My name is Mike Baldonieri. I am a general OBGYN doctor at University Hospitals. I was born and raised in Pittsburgh, Pennsylvania. My family still lives there. And then after high school, I came to Case Western for college where I majored in biomedical engineering. I was much more interested in the biomedical end than the engineering end. I lived in Cleveland for two years while I got ready to go to medical school. I went to medical school in Chicago at Rosalind Franklin University. I did my residency in OBGYN in North Carolina at Wake Forest University. After I graduated, I was between going back to Chicago or coming back here and decided to come back here since I still have some good friends in the area and families close by and it's worked out really well. In terms of how I got involved with OBGYN and gender affirming care, my interest really started in the two years before I went to medical school. I actually volunteered at Preterm, which is the abortion clinic in Shaker Square. It was really my first exposure to a clinic with an affirming atmosphere and a truly intersectional mission. I just really, really liked all of that and found it such a rewarding experience.

And then my path in medical school really led me towards OBGYN. When I was in residency, I was lucky enough to get training in gender affirming care, specifically hormones and gender affirming hysterectomies with one of our

attendings who was the only guy in town that did that.



Dr. Michael Baldonieri, gender affirming OBGYN from Cleveland who goes above and beyond to make his patients comfortable in crazy times

That was Dr. Crone. He trained us. He was one of our core faculty. It didn't really require us to seek much out.

I got enough exposure there to be comfortable providing care to a diverse population, including hormone care. Now I'm excited to be at a little bit larger institution that really offers the full spectrum of care.

I've been at University Hospitals in Cleveland for two years now. I work at Case Western now. I

graduated in 2013 and it was not a super large organization at that point.

As a cisgender male in the obstetrics and gynecology space, I don't have a lot in common with my patients. I am very cognizant and hyper aware of ways to make this more comfortable for my patients, while my personal experience being a patient is completely different from theirs.. I joke with my patients all the time, and say I will never have a speculum inside of my body. With this perspective, it wasn't too much of a stretch to take from a cisgender male identifying with a cisgender female population to a more diverse gender population.

I don't approach gender care that much differently from sort of my primary care, just because I am so mindful of how sensitive exams are and sensitive to some of the topics that we talk about. It was my awareness that grew in me during residency that helped me really transition into providing this care.

We wanted to know more about Dr. Baldonieri's work with the LGBTQ+ patients and services that he provides.

This includes everything from care throughout pregnancy and in the postpartum period to the gynecology end, which is wellness care, annual exams, dealing with menstrual problems, whether that's heavy menses, missed menses, that whole spectrum of things, suppressing menses endometriosis, that whole end of things. I also provide sort of the general sexual health things, sexual, sexually transmitted infection screening. I'm sort of an initial stop for any difficulties people are facing with sexual health, whether that's pain or discomfort or some sort of concerning symptom from that perspective. I also provide gender-affirming hormone therapy, both masculinizing and feminizing hormone therapy, testosterone and estrogen, as well as the hysterectomy component of gender-affirming surgery. I'm also part of a group within UH, we're called the Gender Care Group as an OB-GYN member. My colleague, Michelle Castor, who

practices family medicine is the head of the group. Other core hormone and surgical affirming care members are Dr. Rachel Pope and Dr. Shubham Gupta, who are both urologists. As a group, we have connections within the plastic surgery department to provide top surgeries and facial feminization surgeries. We have partnerships in the ear, nose, throat division for vocal therapies and vocal procedures to masculinize and feminize voice. We have a speech therapist that's particularly interested in gender affirming care. Our goal is ultimately to build that out into every department so that I know that if I see a patient for a primary care problem and they need to go see an endocrinologist, I can say I know for a fact this endocrinologist is at least sensitive to, if not genuine, if not dedicated to providing gender affirming care. I want to make sure that they've essentially all been vetted that they're sensitive to gender diverse patients. Finally, we have two patient navigators that work with patients too, that help hook them up to care and different resources.

Part of our primary care is providing things like pap smears and speculum exams, sensitive exams, things like that. I really make it my mission, especially with my gender diverse patients, patients with history of trauma, patients who find pelvic exams uncomfortable, to provide all sorts of options in terms of undergoing those exams to make sure that people are staying up with health maintenance without pain, discomfort, anxiety being a barrier to care, whether that's doing it in the office with a mirror and taking extra time, or whether it's going to the operating room to be able to do a pap smear under anesthesia, I'll do whatever I can to make patients more comfortable.

We think this is awesome because we know people in our community who want an option to go under anesthesia during pap smear. Knowing that this is available is encouraging. And Dr. Mike agrees: *If you're telling me it's too uncomfortable for you to have it in the office,*

who am I to say no? I've never had a speculum inside me.

What are other accommodations that people can ask for when they go to your office? Our readers would like to know what they're allowed to ask for. It is important that patients are always able to ask or decline an exam if they are not feeling it that day. If they are meeting a new provider and they don't want it from that provider, they can always ask to not have the exam. We will work with you to figure out a safe approach for that. We accommodate having a support person in the room, whether that's a friend or a family member, or if you want one of the MAs from the office to come in and hold your hand, like all of these things are perfectly reasonable. We offer mirrors in our rooms. Some patients are more comfortable being able to see exactly what is happening. Using a mirror can be really helpful.

When it comes to the actual like speculum exam, you can ask for an extra small speculum, a pediatric size speculum, especially if you are someone who has pain with penetration or has never had penetrative vaginal intercourse, you can always ask, say, can I please have the smallest speculum that you have? Some patients really appreciate the opportunity to place the speculum on their own. Whether that's using a mirror and them sort of placing the speculum or them just sort of sitting up and looking and us helping to guide their hands, but that gives them a sense of control over it and allows them to place the speculum at a speed which is comfortable and better for them. We have a numbing gel that I can send in for the patient before their appointment. They can apply before the appointment for about 30 minutes, and then it can help to numb the vagina and vulva if they have sensitivity. And then we can also do like an anxiety type medication, something like Valium or Ativan or Xanax. Just a dose to last 20 to 30 minutes before the appointment can eliminate a lot of that anxiety associated with it.

We really get into going to the operating room for IV anesthesia, which is also an option there too. If a patient told me they wanted every single one of them, I would say, great, maybe we can't do it at this appointment, but we'll get you set up for another appointment. If you're seeing a provider that isn't willing to work with you on that or seems uncomfortable with those accommodations, then find a different provider. Not everybody's going to be a good fit for everybody. A lot of my patients are shocked when I give them some of those options. It's important to know that they can ask for any one of those or all of them to be more comfortable with an exam.

If a patient is concerned about discharge or even if we're starting to do it more with pap smears, doing a self-swab where the patient actually inserts the swab into the vaginal canal themselves without the use of any speculum is also a valid method of doing things.

Transition related care is not exactly like treating an illness or a problem. What's Dr. Mike's approach to navigating transition with patients versus primary care? I agree, it's not an illness that we're treating. It is an affirming pathway that we're going on. I tell all my patients there is no one right or wrong way to do this. It is a process that is so deeply personal and the goals are so individualized that it's really just my job to sort of lay out the options and answer your questions and provide the information that helps you make the right choice for you. Luckily from the medical end of things, all hormones are a pretty algorithmic, straightforward medication. Just sort of trial and error. I think that's one of the beautiful things about this process is that if something's not working, then we change it and we fix it. There might be some twists and turns in that pathway, but we have different ways of overcoming those twists and turns. In the end of the path is ultimately what the patient decides. It's not a chore, it's a nice process to be able to work with patients because I view my job as one to provide information, to provide my insight and

my expertise, and then to enable the patient to make the choice that they need to make for themselves. We are recognizing it as a spectrum and not as a transition from one cisgender appearing to another cisgender appearing.

We asked about how difficult it is to do OBGYN care in the current sociopolitical climate. The only setting that I really work with pediatrics is primarily like adolescents for managing menstruation, whether that's menstrual suppression or they have heavy, painful periods, things like that. I don't see any pediatrics patients beyond that. And that's just because there's not much for me to do at that point. And then unfortunately, in the state of Ohio, with laws surrounding gender affirming care, we do have two pediatricians that specialize in adolescent medicine that prior to it being illegal, they were seeing pediatric patients for gender affirming care. Regarding the current legislative and political climate, all of us in women's health in general across the board are acutely aware of the attitudes and movements out there to further restrict evidence-based medicine. I don't want to say terrified. As a provider, especially at an academic medical institution like UH, it is really hard to not be aware of those things. We're always talking internally, keeping each other updated with things, having close ties with various advocacy arms within our professional societies like the American College of OBGYNs. They do a lot of lobbying and advocacy. Through them, we have connections to elected officials and things like that. There's just every day there is frustration and anxiety and anger about the restrictions. But we have an unbridled passion to continue providing this care and do whatever we can to keep patients connected with that care.

Are there any advices that Dr. Baldonieri would offer to a trans person who knows that they need to go see a doctor for care but is afraid either because they don't want to navigate an intake session where they're going to be microaggressed or they don't want to get a

certain procedure because it might not be or because it might cause a lot of dysphoria. See what information you can find online about different providers. I listed it as a particular interest in my provider file page. There's all sorts of information available about the different providers out there. Going and looking through the department, seeing if there's anybody that lists gender affirming care as a special interest or area of care, generally they are going to have more of the infrastructure in place to ensure that there's no micro or macro aggressions or a dysphoric experience with scheduling. Looking at different medical centers and looking specifically for an LGBT healthcare center. That's partly why we developed our group and why we have our patient coordinator, Darius. He understands gender affirming care and can help connect patients and sort of bridge that gap and do the initial screening. When a patient reaches out to Darius and says Dr. Castor recommended that I go to an endocrinologist, who can I see? Darius can either reach out on their behalf or already has a list of people that he knows. Try looking if the institutions that you're seeking care have organizations like that or webpages dedicated specifically to LGBTQ care.

Another thing is sending a message or calling the front desk to schedule and just asking if there is any experience with gender affirming care and if that office has any providers that specialize in that and are sensitive to that.

I think medical care in general is becoming more and more aware of the diverse needs and the diversity of our patient population. Asking such questions is not some crazy out of left field request. It's becoming perfectly normal for people to call up and say, hey, do you have any providers that are comfortable with gender diverse patients? If they say no or they don't know what you're talking about, maybe not the right practice for you. You can keep looking without sort of subjecting yourself to scheduling an appointment and getting there and having to

experience something in person that is particularly alienating or dysphoric.

We always like to ask our interviewees about their hobbies. What does Dr. Baldonieri like to do outside of work? I am very fortunate. My family lives in Pittsburgh. I have my parents and my sister there. I get back to see them every once in a while. Here in Cleveland, I am very big into my garden. I live in Rocky River and I am getting more and more into like native gardening. I don't grow any vegetables or anything because I refuse to fight the groundhogs and rabbits and deer. I grow a lot of native flowers. I plant a big wall of sunflowers along my fence every year. My yard is primarily in the full sun. I have a nice magnolia tree and a birch tree. Growing up, my mom is very, my mom and my dad, but my mom particularly is very into gardening. They live on like an acre and every year around Mother's Day or for her birthday, we would go to the nursery and we would buy her a tree. As I've grown older and just become more acutely aware of environmental changes, I thought that if I'm in a garden, I might as well do it to support the native wildlife and everything. I'm slowly getting rid of grass and trying to convert it back into native prairie land, basically to support the native environment. It's also fairly self-sustaining and low maintenance because they're all plants that have evolved to live and grow in the environment in which I'm planting them. I'm not bothered with all the different fertilizers and watering schedules and everything. I drop them in the ground and then let them grow and watch all of the pollinators and different bugs and everything that comes to them. I'm working on my patch of milkweed to see if I can start attracting some monarch butterflies. I saw a couple butterflies, but no chrysalises yet. Maybe next year with a bigger patch, we'll have some success. I'm pretty sure my neighbors think I'm crazy because I'm constantly digging up patches of grass and like replacing it with plants and stuff. I'm the only one on the block that doesn't have leaves hauled away. I mulch them up and

put them in my garden again. I don't have the most conventionally beautiful yard, I don't have a putting green in my backyard, and I don't want one.

From the time it thaws to the time it snows, I'm usually out in the yard doing something. In the winter, I recently took up the hobby of watercolor painting. In the winter, whenever it's gray and miserable out, I can paint my garden. I have my two cats, Donna and Peggy, who both simultaneously love being around me and hate when I'm home, which is typical of a cat and I wouldn't have it any other way. I have a lot of close friends in the area, and I enjoy spending time with them and their kids, as well as traveling or taking little weekend reunions and trips away. I have a lot of friends that sort of stuck in the area after college.

Like our previous interviewees, Dr. Baldonieri is recommending following the World Professional Association for Transgender Health, WPATH. See our zine #2 for more details about WPATH. They're the leading organization that publishes their standards of care that insurance companies look to in terms of meeting criteria to approve gender affirming surgeries. They're really the standard bearer when it comes to it. It's a nice aggregation of what is new and what is happening. Reddit is also a really interesting resource. It's not a Bible that I live and die by, but I think it can spark some interesting questions and start some interesting discussions between providers and patients because it does such a good job of connecting diverse groups of people that are all looking for solutions to the same problems. There's one gender affirming surgeon, Dr. Blair Peters, who I follow on Instagram. They're the director of gender affirming care in their plastics department. They do like phalloplasties and mostly bottom surgeries and are on cutting edge research into nerve preservation. As someone who doesn't do those surgeries, I always find them interesting to read about and to learn about just because in my opinion, they are so much more complex

than any surgeries I do. Anything is going to be more complex if you don't do it a bunch of times.

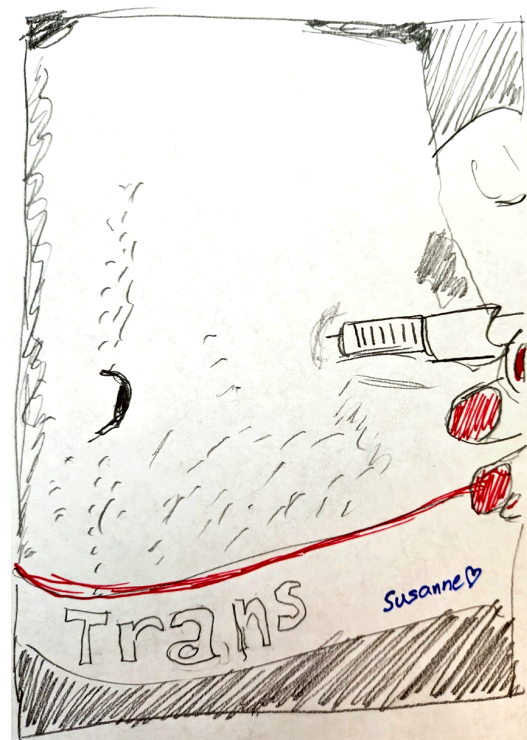
I love working with a gender diverse population or working with patients who come in to start hormone care. Most of them did some research before I saw them. My feeling is that you probably know more about this specific combination than I do. I feel like the Internet enabled that. It empowered people to really understand all their options. I love having conversations with patients about the sort of nuances of things and then coming in and saying, hey, I saw this on Reddit that somebody tried this. Those are some of my favorite conversations to have because they make me think outside of the box. A lot of times those are things that I haven't heard before that I end up then doing research on.

Dr. Baldonieri closing statements are as follows: *I value patient autonomy and making sure that patients understand that they can say no to things and they can ask for different things and that they have a right to see a physician that will work with them on that and explain recommendations and make accommodations to make things not uncomfortable and not dysphoric. Empowering patients to know that they can ask for that care and that there are providers out there that really want to provide that care is crucial. If they are asking specifically for a solution to a certain problem, I can help them dissect that problem and see if the impossible option might not be available, but is there a possible option or there are a combination of possible options that could address that same thing satisfactorily? Anytime I have been asked something impossible, usually it comes down to me not understanding the problem that they are trying to address and sort of getting to the root of that and helping them understand what options are available for that.*

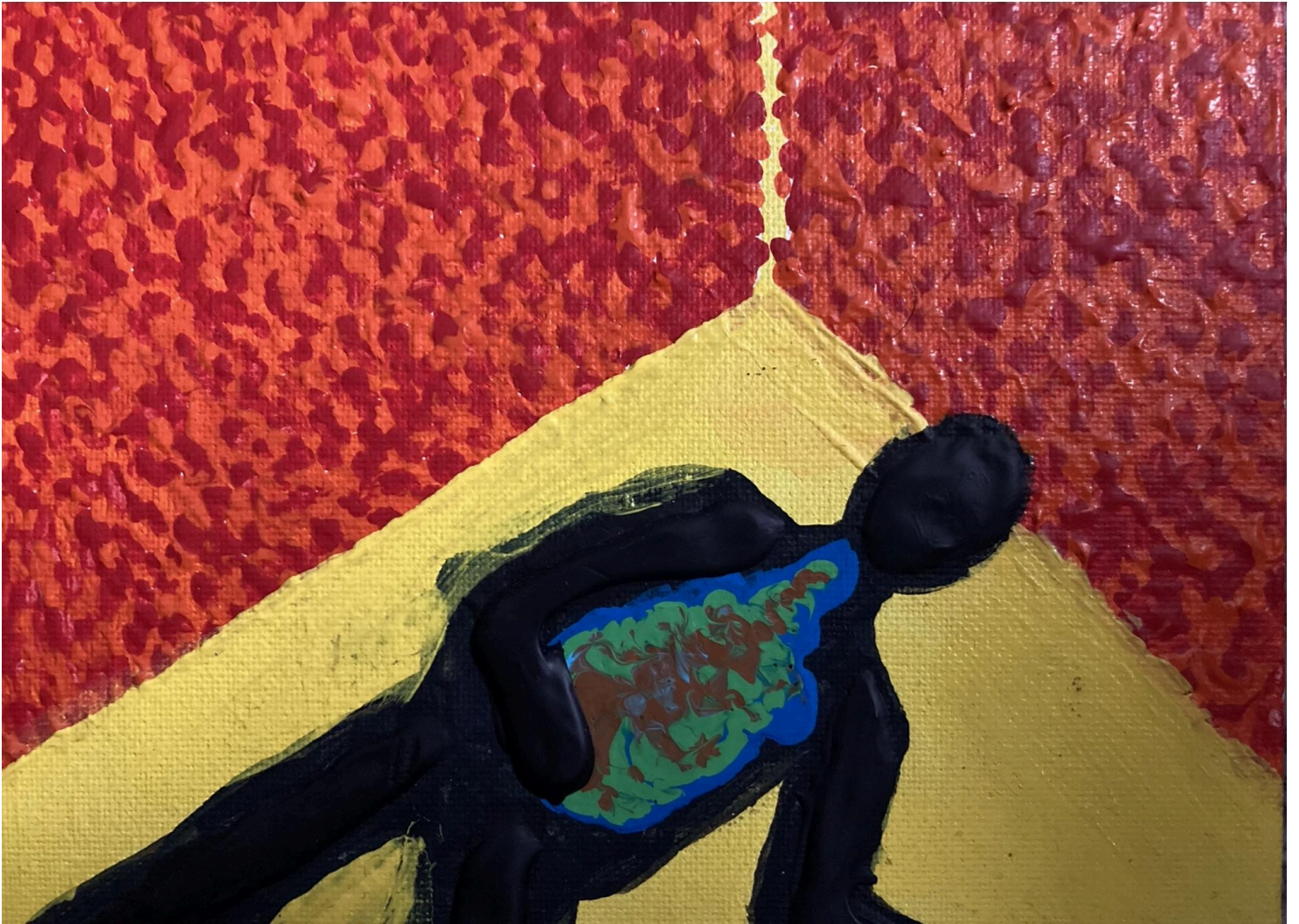
Unfortunately, financial barriers still exist for patients that need that sort of assistance. Our gender care group's long-term goal is to start to incorporate financial assistance options

specifically for gender diverse individuals. We don't have anything set up right now. We do have community health workers and routes within UH to help figure out if patients are eligible for insurance and get them set up for Medicare, Medicaid, whatever, whatever is available to them. There are financial counselors to help them understand costs of things and work with them on that. We play the insurance games and we play the pharmacy games and we do what we can to get things as affordable as they can. But we don't have any specific grant programs or funding available at this point. If there are any multimillion dollar readers of the zine that are looking to establish any sort of gender diverse care funds write to us and we will figure it out.

Best way to reach Dr. Baldonieri and his colleagues is to write to them via an e-mail address LGBT@UHhospitals.org. The message you send goes directly to their patient navigator who will forward it to Dr. Baldonieri or another professional in the group.



Trans person giving themselves a hormone shot
(by Susanne)



I Forgot To Take My Medicine by Jaden

Review of recent academic literature in transgender studies

by Susanne

The intention of this section is to explore the latest research in Transgender studies and promote scientific knowledge on transgender topics among our readers. Details of our intention are described in our first issue from June 2025.

Transplant professionals' knowledge, attitudes, and practices related to transgender and gender diverse patient care (Paul et. al)

A national survey was conducted among transplant professionals specializing in kidney, liver, pancreas, heart, and lung transplantation. Over 90% of respondents had worked with at least one transgender patient. However, only 18% reported being knowledgeable about transgender-specific care! The majority of professionals cited a lack of available resources, insufficient knowledge, a lack of clinical guidelines, and even unclear legislation. Half of those surveyed felt that their institutions did not provide adequate support for gender-affirming care, and only a quarter had undergone training in this area. This is just one of the reasons why we are here to help provide training. The article was published in the American Journal of Transplantation, and the authors are affiliated with institutions in Chicago, Atlanta, Nashville, Cleveland, Charlestown, Philadelphia, as well as cities in five other states and one in Canada.

Structural minority stress predicts suicidality, substance use, and sexual risk behaviors among sexual minority adolescents (Trey et. al).

A large study surveyed nearly 4,000 minority adolescent students identified as sexual minorities, including transgender individuals. A statistical association was found between a state equity index and suicidal thoughts and

behaviors, as well as substance use (including drugs, nicotine, and marijuana). Unsurprisingly, living in a state with greater protections for sexual minorities was generally associated with lower levels of risk-taking. Consider the impact of the policies you support. The study was published by the American Psychological Association, and the researchers are from Indiana University.

The population-level impact of doxycycline post-exposure prophylaxis on syphilis in King County, WA (Menza et. al)

Doxy-PEP is a preventive medication in which antibiotics are taken after a potential exposure to syphilis. It is an established strategy among cisgender gay men and trans women who have sex with men. Recent research shows that this strategy is generalizable across the U.S., reducing the incidence of syphilis among other populations, including non-binary individuals, cisgender women, and people with diverse sexual encounters. The study analyzed public data from King County, Washington. It was published in Clinical Infectious Diseases and conducted by a group from various institutions in Seattle. The work received special attention from the journal's editorial team, prompting Dr. Bolan from the Los Angeles LGBT Center to comment on it. He cautioned that, to be effective, doxy-PEP must be taken very soon after the sexual encounter. He also suggested that further research is needed to determine whether doxy-PEP could be taken in a manner similar to PrEP: at multiple steady intervals *prior* to sexual activity. Medically unsupervised use of doxy-PEP should be discouraged due to potential side effects. Ultimately, the most effective way to control syphilis would be vaccination, which unfortunately is still only in the candidate stage.

TRANSlate Health: What does that even mean?

by Jaden

Starting around the end of 2019, a group of trans people, which we define as anyone who is not cisgender, gathered at the LGBT Community Center of Greater Cleveland to talk about our experiences in healthcare. We figured out that (1) healthcare professionals all too often don't really understand us and (2) we have a hard time understanding the healthcare system because - let's face it - the system wasn't built with us in mind.

So, what are we to do? Bite our tongues, keep our heads down, and hope for the best? Well, that's not going to help anyone improve or get the care they have a right to receive. Do we seek help from established organizations? Sure, that works some of the time. But lots of us already do that and we're still left with problems 1 and 2.

Thus, we've taken it upon ourselves to TRANSlate (see what we did there?) our problems into actionable solutions.

We've organized into a community-based action group led by gender diverse Ohioans. We are creating safer, healthier communities by improving the accessibility of healthcare for transgender people by: providing peer-to-peer education, training members of the healthcare field, advocating for legal equality, and providing transportation to transgender individuals in need. We came up with these goals by reviewing the LGBT community needs assessments found at <https://www.lgbtqohio.org>

In summary:

Vision: We envision a future of safe and healthy communities with easy access to integrated healthcare.



Mission:

TRANSlate Health is an Ohio-focused advocacy group of non-cisgender people who first serve non-cisgender people through education, improving access to care, and political engagement.

Goals:

Education
Transportation Access

Are you 18+, gender diverse (meaning not cisgender) and want to join in?

Contact: TRANSlateHealth.Ohio@gmail.com

Things you could do:

- Lead the legal/political committee
- Complete any actions allies can (see examples list below)
- Generate new ideas for projects
- Contribute articles and art to our Zine
- More!

Are you an ally and want to help?*

Contact: TRANSlateHealth.Ohio@gmail.com

Things you could do:

- Host or connect us to your organization(s) so we can provide trainings
- Be a driver to improve access
- Help register transgender voters
- Spread the word about our services
- More!

* We really appreciate your help and dedication to our work! This group is led by and for transgender people. Allies will not be in leadership. Allies can help complete our action steps!



RISE TOGETHER FOR TRANS HEALTH

TRANSlate Health is an Ohio-focused advocacy group of non-cisgender people who first serve non-cisgender people through education, improving access to care, and political engagement

CALL FOR MEMBERS!

**ADULTS AT LEAST 18 YEARS OF AGE*

GENDER DIVERSE MEMBERS:

Leadership Roles • Legal and Political Committees
Generate New Ideas • Art and Written Zine Contributions
Plus All Areas Listed Below!

CISGENDER ALLY CONTRIBUTORS:

Register Your Organization For Our Trans Health Training
Provide Appointment Rides • Register Trans* Voters
Spread the Word About Us!



LEARN MORE



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CONTACT US!

TRANSLate: zine of Ohio's gender non-conforming community. April 2026.



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Facebook:

[TRANSLate Health Ohio](https://www.facebook.com/TRANSLateHealthOhio)

Want to see *your* story in our zine? Share your experience with us **today!**

