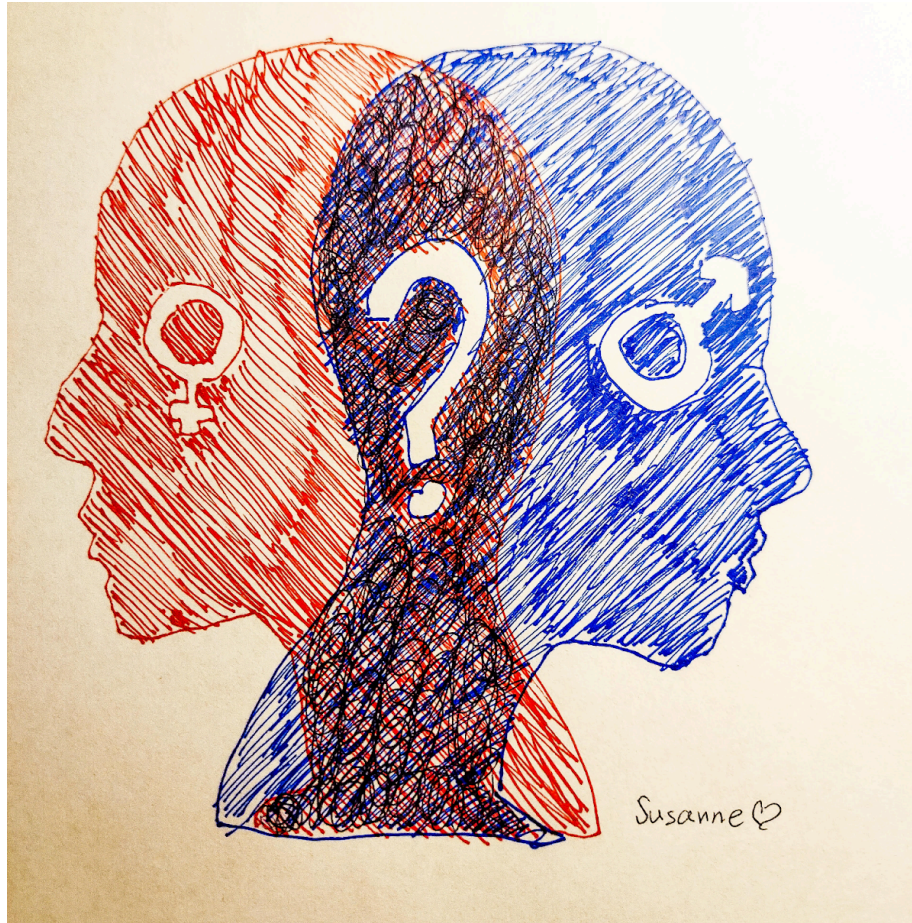


# T > R > A > N > S L < A < T < E

zine of ohio's  
gender  
nonconforming  
community

September  
2025



Questioning is resisting. Illustration by Susanne.

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Layout of this issue is in honor of Subterranean Pop, an American punk zine (1980). It eventually became a big record label.

# TRANSlate Health: What We Did in August

by Jaden

## Goal Progress:

- Education
  - This is the second edition of our **Zine**! It includes descriptions of our experiences in healthcare, interviews with trans-safe healthcare providers, and reviews of academic literature. These articles are meant to demonstrate the impact of positive and negative healthcare experiences, let other trans people know they are not alone, guide our community to approachable healthcare, and make up-to-date information more accessible.
  - We are in the process of establishing a consistent posting schedule on **Facebook** and **Instagram** that will include posts about trans and/or healthcare resources, current LGBT events, and highlighting LGBT history.
  - We've been approved to provide **Continued Education** credits to Ohio counselors, social workers, and marriage and family therapists! Our **training** series is called How Therapists Can Help and covers (1) Trans Allyship, (2) Queer Sexual Health, and (3) TRANSlate's original training: Going to the Doctor While Trans\*, which teaches healthcare professionals how to empower trans people through each step of a doctor's appointment.
- Transportation Access
  - We've started to organize drivers and transportation capacity. There are drivers located in **Cleveland** and **Youngstown** that have the ability to transport trans people for healthcare-related reasons in and around both cities and **Akron**. Need help? Reach out.
- Legal/Political Advocacy
  - This goal has been removed from our mission. We don't have a lot of team members right now and no one has the capacity to lead this project. If you want to join us and organize legal/political efforts, please reach out!

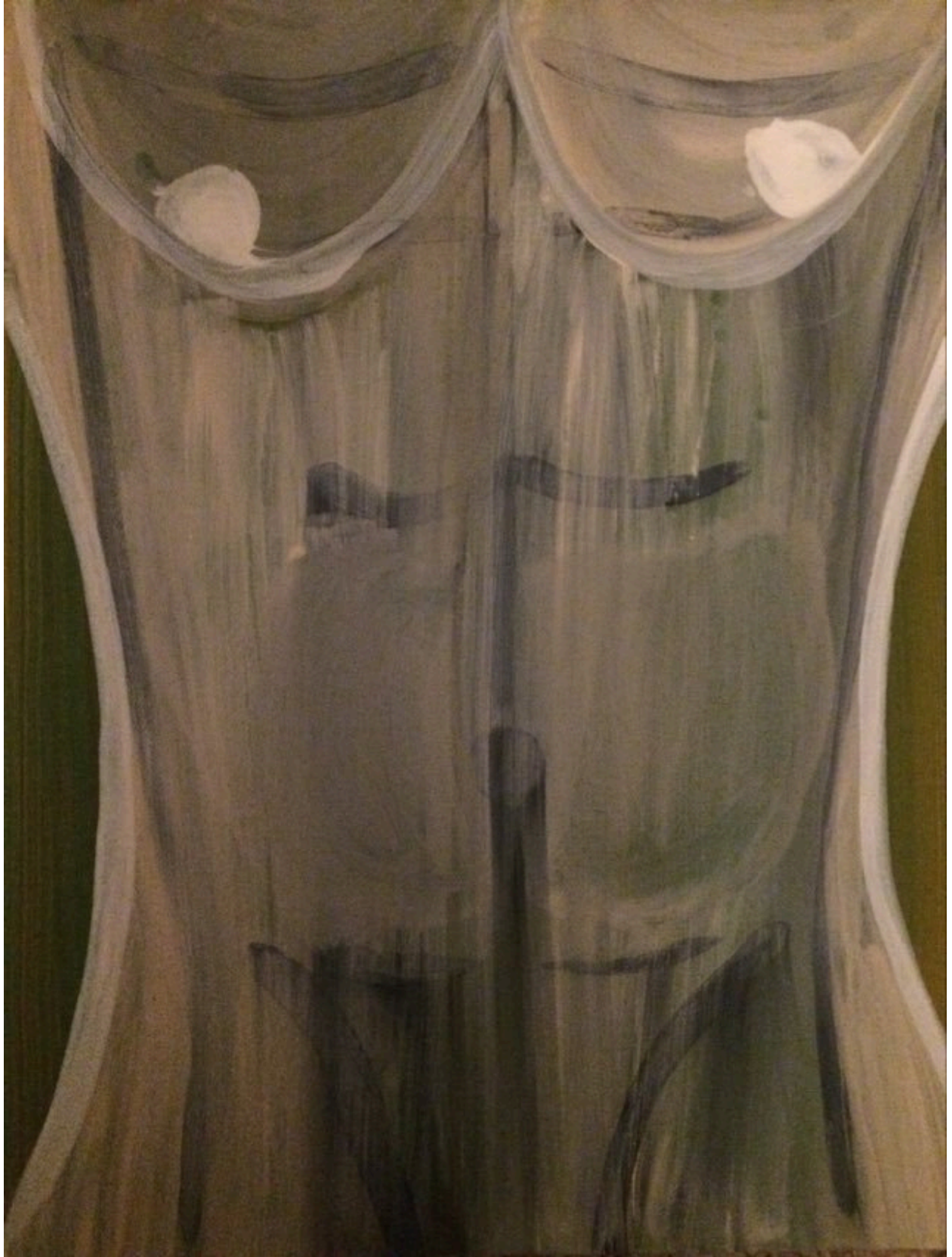
Are you at least 18 years old, not cisgender, and want to join in? Are you an ally\* and want to help?

**Contact [translatehealth.ohio@gmail.com](mailto:translatehealth.ohio@gmail.com)**

## What you could do if you join:

- Contribute articles and/or art to our Zine
- Design and run our website
- Explain your needs and brainstorm solutions
- Host or connect us to your organization(s) so we can provide trainings
- Be a driver to improve access
- Spread our Zine and social media posts
- 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.



Upper body dysphoria. Painting by Jaden.



# What do you want?

By Greyson Lorio

For a long time I didn't think that I needed gender affirming healthcare. I didn't really think about my body that much. I got along just fine day to day. Things were fine. But that was the problem, things were just *fine*.

I had struggled with self-esteem and body image for years. At the time, I thought these feelings were regular manifestations of low-self esteem and insecurity that everyone dealt with. Everyone feels a constant nagging sensation that they are showing up "wrong" right? (No) Especially for people affected by misogyny, these feelings are just a product of sexism! (Not entirely) I should just practice body neutrality and accept my body exactly as it is. That seems to be the "right" thing to do. (Again, not entirely).

Part of this was because I was not drawn to HRT. As a nonbinary person, I didn't want to be a man, but I knew I wasn't a woman either. Thinking about the changes that my body would go through on testosterone did not quite get at what I was unhappy with. Consequently, since I didn't see HRT in my future, I didn't even consider surgery as an option. In my mind, I had constructed a staircase of gender affirming care. First, you socially transition, then you go on hormones, then you get surgery. Since I was not climbing the staircase in the "right" way, I had taken all of the options off the table.

Now, to be fair to myself, historically, this order of events *was* the only way to access gender affirming surgery. That history combined with conservative talking points that someone must be absolutely, positively, 100% sure that they are trans before they irrevocably alter their body swirled around in my mind.

Two things happened that shifted my perspective. They both boil down to someone saying, "It doesn't have to be this way. You can choose something different for yourself if it would make you happier".

In early 2023 I received a phone call for a survey about my healthcare experiences in North East Ohio. One of the questions was, "If you could use any method of birth control what would it be?" and the caller listed the options they had in front of them: the pill, an IUD, condoms, a hysterectomy. That last one caught my attention. I had never been presented with the prospect of a hysterectomy as a birth control measure as equally valid as the pill or an IUD. I realized then, that if I could use any method of birth control, I would choose a hysterectomy. I knew that I never wanted to be pregnant. I knew that bleeding every month was a chore and half to deal with, on top of being unnecessary because I never wanted to be pregnant. Suddenly, knowing that I wanted this surgery became reason enough to get it.

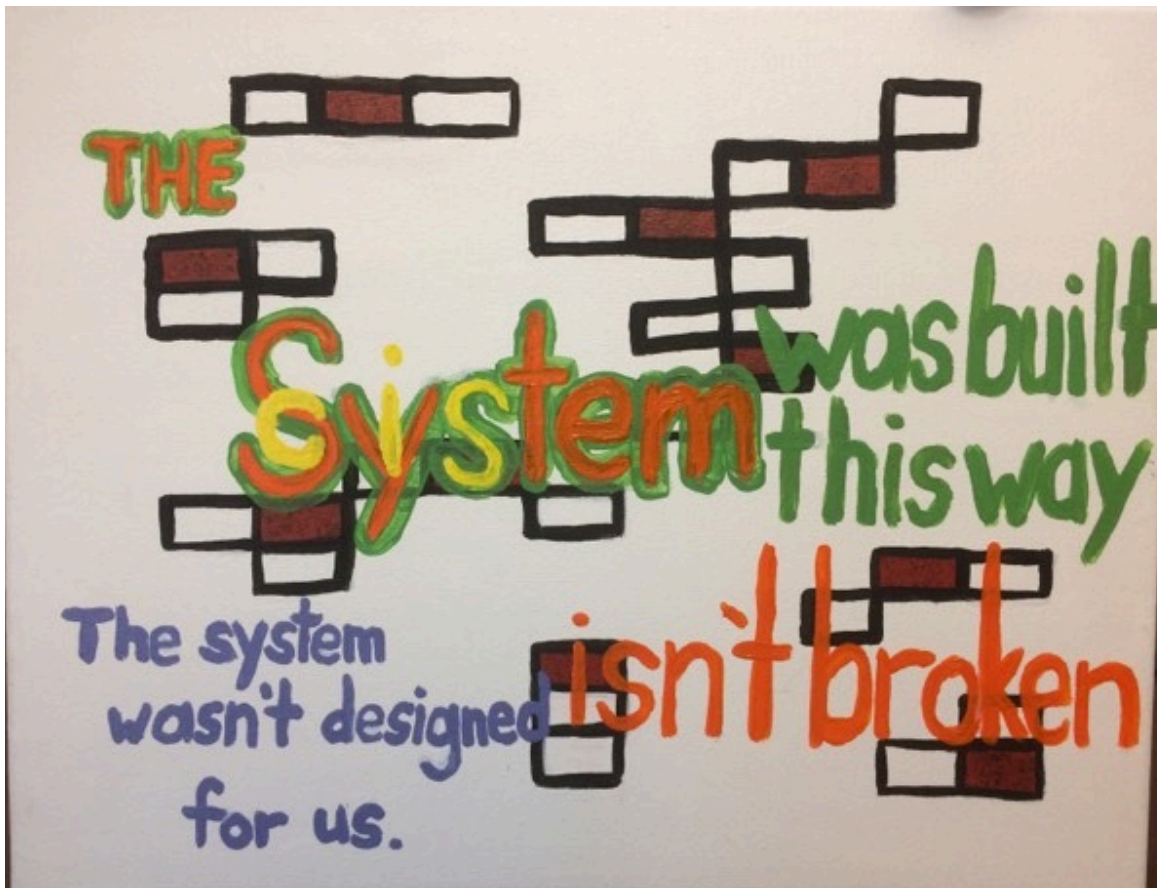
The second experience happened at the Trans Ohio Symposium in September 2023. I attended a panel on trans-masculine surgery experiences and one of the panelists said that you don't have to just feel fine in your body, you can love your body and surgery can help get you there. Hearing somebody else say that you don't have to feel "just fine" made me look at my experience in a different way. I had been wearing a binder for a few months and loved it. I realized that I did not want to have breasts. Furthermore, I could want to not have breasts and also not want to be on HRT. So now I knew that surgery was something that I wanted to do, the next step was to do it.

I consider myself very lucky to have been able to work with two surgeons who made the surgery process very easy for me. Dr. Maria Shaker at UH used the informed consent approach and performed my hysterectomy. Dr. Chepla at Metro did my top surgery and did not require any additional documentation other than the letter from a therapist required by my insurance. He did not question why I was not on HRT and was very easy to work with to get the results I wanted

(no nipples and no drains). I also had insurance through my work that made both surgeries affordable for me. I recognize the immense privilege in that.

Now being a year out from my hysterectomy and over 6 months out from top surgery, I can truly say that I love my body and mean it. I feel like a weight has been lifted (lol). I can more comfortably move around the world and interact with other people because I don't have this ever-present sense of self-consciousness gnawing at the back of my mind. It seems ridiculous now, but I really thought that feeling was normal and just something I had to deal with.

I had already been identifying as non-binary for a few years, but because I was not experiencing the same dysphoria that I knew other people who received gender affirming care experienced, I didn't think my experience was "bad enough" or that I was "trans enough" to deserve gender affirming care. That line of thinking is a gender essentialist and trans-medicalist trap that would have kept me from living as my authentic self for my entire life. The truth is that neither I nor you have to do or be anything to *deserve* gender affirming care. That misses the point entirely really. Instead of asking myself if I deserved gender affirming care, the question I came to ask myself was, "What do you *want*?"



Cistem finished. Painting by Jaden

## Don't Let Anyone Sit You Down

Interview with Dr. Nia from the Pride Clinic in Lakewood  
Conducted by Susanne

In the previous issue of our zine, I wrote a little piece - a call for a dialog between the healthcare providers and the gender non-conforming community. In our search for a willing participant on the other side of the stethoscope, we found a truly impressive interlocutor in **Dr. Antonia Ngozi Nwankwo**. She says everybody calls her doctor Nia. This is her story.

*Nia: People started using Nia in college because they had a hard time with my birth name. My family is Nigerian. I'm originally from Youngstown, Ohio and I bring the first generation American lens with me. I went to a very Catholic and upright Ursuline for high school. For college, I majored in cellular and molecular biology at Hampton University, which is a historical black college and university in Hampton, Virginia. While I was there I studied molecular science for the most part. However, I knew that I wanted to go to med school since I was about six. And my desire was to be an ophthalmologist because that was the only kind of contact that I had with any health care provider that looked like me. I'm African American. Nigerian American, more precisely. So the person who inspired me, actually got linked up with my dad when my family moved to the country. That person was the only African American optometrist in the area at the time. When I got out of college, life did not hand me all the things I wanted. So I ended up not going to medical school and took about five years of a gap. During the gap years is really when I got introduced to gender diverse, sexually diverse people. Was working at Johns Hopkins Wilmer Eye Institute. I was working with people that had HIV and AIDS. I found out that trans people existed or even that gender queer was a thing in 2012! After being exposed to them, I had a thought to go to medical school to take care of people that I saw at my job. My medical school was in Chicago and that went from 2011 to*



A hardcore, die-hard ally. Dr. Nia Ngozi Nwankwo from the LGBT Clinic in Lakewood.

*2016. and then another medical school was out of the country, at Ross University in the West Indies from 2016 to 2019.*

*In my intern year, I did my residency at Case Western University, University Hospital here in Cleveland, and I let them know from the jump, I want to do pride medicine. And everybody said, what's that? And we don't have it. I really thought that I made this up, I wasn't sure if it was a thing or some new medicine I created in my head. I started asking everybody, how do I start working with the transgender community? That was 2019. In 2019, I'm at a very big medical institution, and they have said to me "we can't help you because we don't have that. And we don't know anybody that even knows what that is." I started doing a lot of self education. I actually went back to Johns Hopkins to try to ask people there because I knew that John Hopkins has had a transgender clinic since the nineteen seventies. It was them who connected me to the expert that happens to live in Cleveland. That was Dr. Henry Ng. I told him that I had a dream about taking care of LGBT people, and he told me that I didn't make it up and that*

people actually could do this type of medicine. So I started rotating with him. This was in 2021. They hired me and this is where I'm at right now. I practice at Cleveland Clinic, and I practice at the LGBTQ health center for the Cleveland Clinic, which is based in Lakewood. Most of my patients fall within the LGBTQ plus community and probably forty percent of my people are on gender affirming hormone therapy. **Not all transgender folks need hormones. Not all of them want them.**

We wanted to know if Dr. Nia is a part of our community.

Nia: I have a personal connection to the LGBT community. In childhood, I didn't really have any particular connection because I didn't even know that there was a difference. I knew that there was a difference only when I started working at Johns Hopkins. The entire office was queer. My boss was a lesbian who had a baby. I didn't understand what was happening. The lady that was working with me, she was married with a man, had a child, left, and then got married to a woman. Another person had a baby by surrogate with a man who then later married a woman. I was confused! What is going on? That brought to the forefront of my mind that maybe this entire time I was talking to people, there were plenty of people that were gender or sexual or diverse, and I didn't know it! Now, all of my friends are actually in the group. I consider myself gay by association. I'm a 100% ally. When people ask if I'm in the LGBTQ group, I say yes because I'm A for an ally! And I'm a strong ally even though I don't particularly identify with any of the other orientations. I am a hardcore, die hard, A for an ally type of person.

Dr. Nia often feels that there is a deep lack of knowledge about our community in the medical profession.

Nia: **Ignorance on LGBT issues professionally happens pretty often**, and I get a chance to see it. I run a consult service for gender diverse people within my primary care practice. Healthcare providers can place a

consultation for someone to come see us for something that they otherwise could not have managed. For example PrEP. That's a big one! Some providers will delay the care and tell patients that they have to go see the "gender people" or go see infectious disease to get PrEP. **PrEP is a primary care medication and there is no reason for a referral!** Another example was when I got a feminine presenting patient who was body hair positive. They had come from three hours away from one of the islands in Ohio and their provider told them that their issue was hyper masturbation and that this was because they used to be on testosterone before! Their PCP said, you must be masturbating so much because you were on testosterone before. They had not been on testosterone for 7 years! Still makes me mad a little bit to this day! The second somebody mentions any type of gender diversity, any type of medication used in transgender care, most providers are very afraid or don't know what to do because we did not get taught this in school. I have an endocrinologist who will tell people that they should go see the expert, which is us at the LGBT center. An endocrinologist is supposed to have the knowledge of all the same medications that are also used in transgender care! After all they were trained in, an endocrinologist shouldn't be sending the people to me! **Many times, for the fear of messing up, providers are unsure how to treat LGBT community** and send patients for frequent consultations to us all the time.

When Dr. Nia encounters this type of homophobia and ignorance from her colleagues, she writes back to the provider that sent her the consult with educational material.

Nia: In case of an inappropriate consult, I write back saying "Thank you for sending me this referral of patient x. This could have been treated inpatient with you and I would be more than happy to give you some guidance or educational materials if you would like more information. Some people write me back and say thank you. Some people reject and continue to refer to me. The overall experience with the

LGBT group and the health care professionals must be well documented, especially if it has not been helpful and it has created barriers to care overall and if the patient's quality of life decreases. I always offer free resources. Fenway health for instance. But there must be some type of internal curiosity to want to deal with the LGBT people. Otherwise, most people just brush it off. Having a provider that's curious is a perfect recipe to manage and navigate a type of medicine that has guidelines.

We also wanted to know if perhaps transgender people are more difficult as patients than the general population.

Nia: **I don't think that science of transgender healthcare is difficult at all.** Medication management and doing the therapies are very straightforward. Breaking down people's barriers because sometimes they assume that they'll be treated poorly is the number one difficulty. Patients can be a bit apprehensive before getting a chance to talk to me or really know me a bit. The body language will tell me immediately if it's gonna be somebody that might be difficult. Other things that can be difficult for me to treat is when there are underlying mental health issues that have gone unnoticed because everybody before me has blamed gender dysphoria as the cause. Data and evidence is lagging behind what we're doing sometimes. I think it can be difficult trying to differentiate when someone has sexual trauma that is affecting their sexuality or gender identity versus someone who's truly dysphoric all because people ignored a lot of the other comorbidities. I find educating family members difficult sometimes. When I have 19 year old patients sometimes I have to help a parent understand that this isn't something that the child chose and that this is a way their children are expressing themselves. **Parents often say they don't understand why their child has picked this. I tell them that nobody would pick this. And if we could pick, we would all be Beyonce!** I used to have 18 year old patients too, but we're unable to treat 18 year old patients anymore. I'm making sure that I put a really good educational and supportive

background for parents who are struggling with children coming out and how to deal with them. That can be really challenging. I also used to work at the VA's gender care center. That gave me a really good base of how to determine when trauma is the underlying issue that has brought out dysphoria even if a patient did not know it was there. Every single patient within VA has a trauma. The VA does something a little bit different than what we do in the civilian world. The VA does readiness assessments where mental health is required prior to hormone start. WPATH took out that requirement because it was creating a barrier for some people. Now we're in a situation where if you don't have educated providers, and in the setting where online boutique providers are available, often people are not getting some of the core things they need to be successful during their transition. There are Vista, Folks Health, Plume etc. While they are a good access point, everybody does stuff just a little bit differently. You might differ from what's in the three existing guidelines that people mix and blend together as they choose because **there's no specific information that says what must be done.**

We wanted to know what is the hottest topic in transgender health these days.

Nia: The whole transgender health is a hot topic, to be honest! The top topic I would pick is cancer screenings for people who have had gender reassignment surgeries. That's one that has become a bit of a buzz because we don't have so much information on what to do about it. Also, people are starting to look more into how to treat trans patients on hormones who have acute medical issues that might require them to be off of the hormones. Those acute issues would be heart attacks or strokes. How do you manage chronic diseases for transgender patients when it is assumed that hormones are the problem? Oftentimes, hormones are actually not the problem.

We wanted to know what are the things that we as individuals in the trans community can do to improve our own welfare.



Nia: *Make sure that you check-in with yourself and your goals. Make sure that you're advocating for yourself. This is the key! For example, breast cancer screening. If you don't have a provider who knows that you're supposed to have breast cancer screening? What if you don't have a provider that knows that you should still have a PSA and check for prostate cancer? What if you have a provider that never asked you about sexual health? Providers might not know that a patient on hormone therapy for a certain amount of time requires a mammogram. So you must consistently self reflect on and can stand up for yourself by saying you need a mammogram. Prevention of disease is something cisgender people have the privilege not to worry about. But nobody is advocating for a trans person. Nobody other than yourself unless you get locked in with a good group that was then educated and curious enough to take care of you. **If you don't feel good, tell somebody and don't let them brush you off. Don't let them sit you down.** I use myself as an example. I'm black from far away and up close. You have already decided how you're gonna treat me based on how you saw me before I even got close to you. I have to advocate for myself especially when my surroundings decide to treat me based on what they think I look like. Have a good self reflection every day and realize: I deserve better than what has been offered. There are days that I might not say a thing. And that's because I'm deciding to be selfish, because I don't feel like talking about it, and I have that right to do so. I tell the same thing to my trans patients. You don't owe anybody an explanation for existing in spaces on which there's a code on what you're supposed to look like. I'm the only black person in this building as a provider, the only female on our team. I don't care. If I don't speak up for myself, nothing will get done, but it will be to my own detriment.*

Dr. Nia is a strong ally, someone who is definitely set on improving the welfare for the gender non-conforming community, but what

does she do in her free time? She jokes, *Medicine took away all my hobbies. I like to work out. So I do go to the gym often. Cleveland is such a foodie place and I like trying all the different restaurants because all of them have such different experiences. Another thing that is unique to the culture of Cleveland are uplifting summertime neighborhood festivals. I love experiencing new people there. I like looking at art. I get to see a lot of different art and listen to different music at the street festivals. My favorite author is a Nigerian writer Chimamanda Ngozi Adichie. She is a world renowned Nigerian writer and I like to read her stuff. I really like audiobooks. I grew up listening to audiobooks. My mom was a nurse, and she worked from midnight. So she would pick us up from school, her little romance novels would still be playing in the car sometime. I like thrillers though, I like suspense. I like murder mysteries. I like historical documentaries and historical nonfiction. I listen to it while I drive. Sometimes I listen to it while I'm at work or when I'm on an airplane. I always look to catch up on a book! I use the Libby app, which is a free library app. My favorite musical artists are Cardi B, Whitney Houston and Fantasia. My favorite genres of music are gospel and afrobeat. I can listen to gospel music all day, whatever I do.*

If you think Nia's patients are lucky to have her, make an appointment with her today:  
<https://providers.clevelandclinic.org/provider/antonina-nwankwo/4269860>

Dr. Nia recommends the following resources for our community to follow

- 1) Fenway:  
<https://www.lgbtqihealtheducation.org/>
- 2) WPATH, a governing body that actually creates a set of guidelines for the world  
<https://www.tandfonline.com/toc/wijt20/current>
- 3) University of Southern California, San Francisco has published Standards of Care for the Health of Transgender and Gender Diverse People in *International journal of transgender health*

# Review of recent academic literature in transgender studies

By Susanne

The intention of this section is described in our issue from June 2025. In this issue we focus on the *International journal of transgender health* (IJTH) - one of the recommendations from Dr. Nia. In the words of Dr. Nia, *the journal has funds to be able to look into a good repertoire of interesting research*. So let's dig into it.

The journal is published by a giant international science publisher *Taylor and Francis* in partnership with World Professional Association for Transgender Health (WPATH). An incredibly important publication that this journal updates every several years are the *Standards of Care for the Health of Transgender and Gender Diverse People*, which is attempting to bring transgender health into the mainstream. We will talk about it later. But this is not the only thing that IJTH puts out.

The journal covers scientific research in endocrinology, surgery, gynaecology, psychiatry, even law and medical ethics. The accent is on original research, but also reviews, letters and policy statements can be found. The journal is peer reviewed, which is a gold standard in all scientific publications in modern times. The journal bears *international* in the title, which by looking at the list of authors and members of the editorial board means *the western world*: Europe, the Americas, Australia and New Zealand. It looks like more work needs to be done to cover other large parts of the globe. The editor of the journal at the moment is Dr. Damien Riggs, a psychiatrist from Flinders University in Adelaide, Australia.

Since the publisher of IJTH is a giant publishing conglomerate, it also means that the articles are behind the paywall by default, but authors can choose to open their work for free as well. Indeed, many of the articles are fully available to the public, but still a significant number are not. I wish that the situation is the other way around:

default should be that the articles are open, and locked only if the authors opt for it.

It's interesting to note that IJTH was originally published from 2005 to 2019 under a name that would today likely be considered inappropriate (the term *Transgenderism* was used). In some sense, the journal is transforming together with our community. First 20 volumes published under the *dead name* are considered a part of the published canon and the current title (from 2020 until today) is certainly a better choice. There are typically four issues per volume, one volume per year. Some volumes squish two years into one and some issues are doubled.

Often special entire issues are dedicated to particular topics of interest. For example in 2023, the journal released a special issue on trans health during the corona pandemic. Another one from 2019 is focusing on non-binary and genderqueer topics and there is even one dedicated to trans pregnancy.

## Standards of Care for the Health of Transgender and Gender Diverse People

is so far updated several times between 1979 (Version 1). The current version is 8 and it was published in 2022. It contains standardized clinical protocol guidelines and it has an ambition to be universally accepted around the world. In its long-time existence, it has evolved considerably, and it can't be denied that it contributed greatly to an improvement and accessibility to healthcare for all transgender people. Since there is always room for improvement, we expect to see it being more widely accepted and improved with future versions. Our little zine and the activism we promote with our Translate group could serve as one of the road signs in some future update of the *Standards*. Read the Version 8 of the standard here:

<https://www.tandfonline.com/doi/full/10.1080/26895269.2022.2100644>

## Articles

In the rest of my review, we will focus on a few articles from the recent issue of the International Journal of Transgender Health that I found the most interesting.

### **Validation of the Gender Congruence and Life Satisfaction Scale (GCLS) among the Finnish population** (Puustinen et al)

This article offers a tool to measure outcomes for transgender health services. The researchers are from the University of Helsinki in Finland and they focused on the population of Finland between 2019 and 2020. Patients were asked to complete a questionnaire designed to measure dysphoria related to genitalia, chest and secondary sex characteristics. A statistical method called principal component analysis was used to validate the questionnaire as a tool to measure level of dysphoria.

### **Persistent menstruation in transgender people using testosterone gender-affirming hormone therapy** (Zwickl et al)

This is a thorough study of what happens with menstruation with the transgender patients who are on testosterone. While patients and their providers usually aim for the menstruation cycle to stop, menstruation after six months or more could persist and a significant dependency with the body weight is discovered. A method of testosterone administration is also a factor. The research team is from Australia.

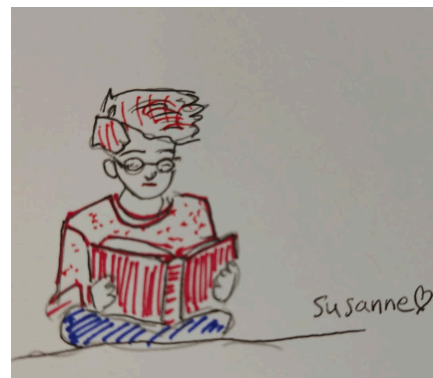
### **Is there an association between pelvic pain and gender-affirming testosterone therapy in trans masculine adolescents?** (Moussaoi et al)

Pelvic pain is something we all heard about from our fellow trans folks who are on testosterone. Nobody knows why this pain happens though! This text approaches the problem studiously, but

the work is still in the exploratory phase. This study comes from Melbourne in Australia.

### **The impact of tucking on fertility among transgender women** (Manafi et al)

Most certainly, there is a lot of myth about tucking among the trans women. Researchers found that nearly three quarters of the trans women surveyed in Baltimore practice tucking. It was also found that indeed, tucking has a negative impact on fertility, but fertility can also improve if a trans woman goes untucked for several months. 113 trans women participating in the study were not taking HRT, as clearly, medical intervention like that can decrease sperm counts regardless of tucking.



A trans-masculine person studying by Susanne

### **Autism traits in transgender and gender-diverse adults seeking gender-affirming medical treatment** (Huisman et al)

If you have a feeling that there's a strong correlation between autism and diversity of gender identity, then you're right because indeed there are research papers that confirm this overlap. This paper further dissects the topic between those who are assigned male at birth and assigned female at birth. Based on the results of the study authors from the Netherlands recommend personalized clinical approaches for gender affirming healthcare and a special focus for the non-binary cohort and for those trans folks who were assigned female at birth.

## 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

Legal/Political Advocacy

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

Contact:

[TRANSLateHealth.Ohio@protonmail.com](mailto:TRANSLateHealth.Ohio@protonmail.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](mailto: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**



[translatehealth.ohio@protonmail.com](mailto:translatehealth.ohio@protonmail.com)



**C > O > N > T**

**A < C < T   U < S**

**TRANSlate**

zine of ohio's gender nonconforming  
community



**Email:**  
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[translatehealth.ohio@gmail.com](mailto:translatehealth.ohio@gmail.com)



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[translatehealth.ohio](https://www.instagram.com/translatehealth.ohio)



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

