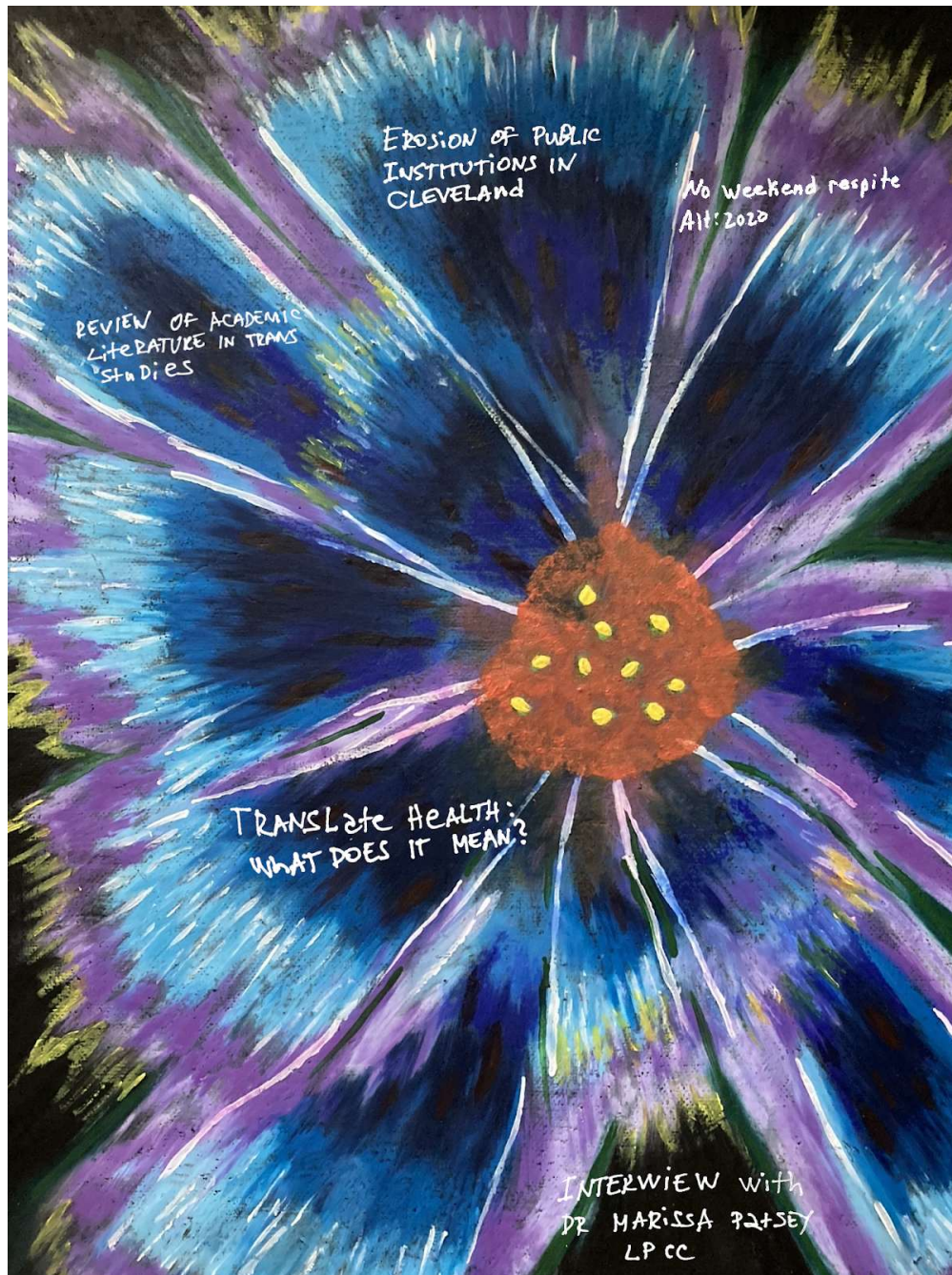


# TRANS' LATE...

zine of ohio's  
gender non-conforming  
community

JANUARY  
2026



Layout of this issue is in honor of  
punk zine SNIFFIN' GLUE...

Pandemic

No weekend respite  
Alt: 2020

↓ ↓ ↓ ↓ ↑  
A D A  
We say we're waiting on the weekend. It's different  
D  
when you're unemployed, or maybe you're workin'  
G  
from home. ~~We still say we're waiting on the~~

weekend. 'Cause what else are we going to say  
G C  
to the old man in the coffee shop trying to be friendly  
Aml Eml G D  
yet still being creepy. [God, I wish that he  
G D  
would wear a mask. Stop breathing on me.] Maybe

~~I'll just stop breathing...~~ A  
I'm just waiting  
D A  
on the weekend, even though I'm unemployed,  
D G A  
barely working freelance from home. What else do

D G C  
you want me to say? At least in seclusion no one  
Aml Eml G D  
will breathe on me... [Maybe I'll just stop breathing D  
And there's no reason for me to breathe.]

A D A  
~~to breathe.~~ How am I going to explain to my grandkids  
D  
about the state of things today? Will I be ashamed?

A D  
Will I still feel rage? No one wants to hear me

A D  
talk about these things. So standing in line at the

No weekend respite cont  
Alt: 2020

Pandemic  
cont

coffee shop, I shrug and say, "Aren't we all just  
waiting on the weekend?" We are all just waiting  
on the weekend. We are all just waiting 'till it's  
safe to breathe again. ~~And there's no reason for me~~  
~~to breathe.~~ ~~As for me, I think I'll~~  
~~just stop.~~ My friends, please, keep breathing. Just keep  
breathing. As for me, I think ~~maybe not.~~ I'll just stop.

This song and front page illustration is by Jaden

## Erosion of public institutions in Cleveland and why we should care

by Susanne

June 27, 2025, marked the day Ohio Senate Bill 1 went into effect. This law is cynically framed as “higher education reform” while, in reality, it targets minorities and marginalized voices across the state. Cleveland State University wasted no time complying. In the immediate aftermath, at least three vital student centers were shuttered: the Women’s Center, the LGBT Center, and the Multicultural Center. These closures were not bureaucratic accidents. They were political decisions.

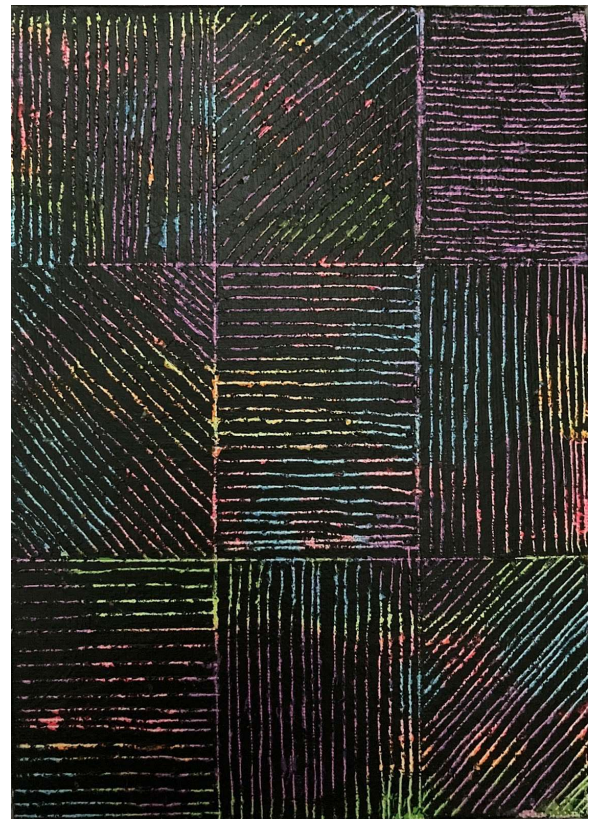
In an interview with *Cleveland Starter*, CSU President Laura Bloomberg commented on the legislation:

*“I was not a huge supporter of Senate Bill 83, the precursor to SB1. I will also say that I do believe that in many places, we, being Higher Ed. broadly, not necessarily CSU, have constrained conservative voices in the classroom. I think that when we allow all voices to be heard, we create discomfort in the classroom. And so people will say, ‘This doesn’t feel like a safe space.’ Well, if people disagreeing with you is creating a lack of safety, then we need to create a different kind of understanding of what debate is. We can always get better at that. And as humans, we can get better at that, or we wouldn’t have so many estranged families right now in this political climate.”*

This statement reveals a profound misunderstanding, if not willful dismissal of what safety means to marginalized students. Discomfort caused by intellectual disagreement is not the same as fear rooted in real-world violence, discrimination, and exclusion. Equating the two trivializes the lived experiences of women, queer people, immigrants, and students of color.

On a national level, immigration enforcement agencies operating in increasingly militarized ways are actively targeting ethnic minorities. College campuses are not immune to these threats. In that same interview, President Bloomberg added:

*“I think it’s also just the honest thing to say – I can’t guarantee everybody’s safety. You can’t. We can’t. We can do our best to support each other and to create the safest environment possible, but that is not a guarantee of safety.”*



(Illustration by Jaden)

This refusal to commit to protecting vulnerable students, paired with the closure of the very centers designed to support them speaks volumes.

By shutting down the Women's and LGBT Centers, CSU administration demonstrates a deep and dangerous misunderstanding of the challenges marginalized communities face, both inside and outside academic institutions. It's mind-boggling that Bloomberg as a woman could say the things she's saying. Women have fought for centuries to secure the rights and freedoms they currently hold, and that struggle is far from complete. Anyone can see. Gender disparities persist in science and technology. Economic inequality across gender and racial lines is still reality in our society. Racial segregation and prejudice remain deeply entrenched. The fight for equality is ongoing and Senate Bill 1, along with the public institutions that enable it, pushes society backward.

History teaches us this lesson clearly: when institutions show even the slightest sympathy toward oppressive forces, the oppressors begin dismantling the hard-won freedoms of the oppressed. CSU is no longer an ally to us, but an enabler for the oppressor.

The closure of the Multicultural Center and the administration's unwillingness to guarantee safety for international students further cements CSU's alignment with the wrong side of history. Public institutions have a responsibility to defend progressive values and hard-won freedoms, especially during periods of political regression. When they fail to do so, they betray the public they claim to serve.

And this pattern of betrayal is even deeper after the recent closure of the radio program on 89.3FM. Three months ago, CSU colluded with Cleveland public media group Ideastream to dismantle student-run programming in favor of a corporately funded, full-time jazz station called JazzNEO. Jazz, when performed authentically, is a living art form born from the struggle and resilience of enslaved Black Americans. When

stripped from its community roots and repackaged as a corporate product, it becomes sterile, faceless, disconnected from its roots and from the fresh local scene.

Student-run WCSB was the opposite. It was a vibrant, accessible platform where local artists could be heard without publicists or corporate gatekeepers. It was also a critical space for queer voices. Many of its programmers and staffers were queer, including General Manager Alison Bomgardner, who openly identifies as a transgender woman and a lesbian. WCSB was not merely a radio station. It was a lifeline for gender-nonconforming voices in turbulent times. Now, it is gone. At least for now.

We haven't only lost WCSB. We've also lost trust in Ideastream. If Ideastream can blatantly participate in this takeover, how can we trust them with anything they say?

Being heard is essential to a healthy, dignified life. That is why we strongly oppose the current CSU administration and we follow the activities aiming to restore the closed student centers and student radio programming.

As immigrants are forcibly removed from our society, it is naïve to believe other marginalized groups will remain untouched. History shows us that repression never stops with its first target.

If we are alone in this struggle, so be it. Our resistance is our existence. And we will win.



(Illustration by Bri)

## **I Wish Conformity Was Not Encouraged – an interview with Marissa Patsey LPCC**

*conducted by Susanne*

We had an exciting interview with a PCP in our last issue. For this issue, we bring you a therapist. There is a big difference on how we as patients interact with therapists vs PCP. Our therapist sessions are longer, more frequent than with our physician. Therapists get to know us more deeply as individuals than our PCPs do. But how much do we know about our therapists? In this issue, we try to dig deeper with Marissa Patsey, a Cleveland based trans affirming therapist who also happens to be a member of the larger LGBT community. Marissa's education and their growth as a LGBT person are closely tied together.

*Marissa: I studied philosophy and political theory as an undergraduate at John Carroll University. While there, I was exposed from phenomenology and existentialism, to queer theory and critical race theory. These views impacted how I saw the world and myself, and I became very curious about identity development - how people become who they are. I came out to myself, to my friends and family during this time, and met and married my wife. Initially I had a career in nonprofit fundraising then, in my late 20s, I went to graduate school at Cleveland State University for clinical mental health counseling. I think the combination of my own experiences as a queer person and desire to help people led me to focus my therapeutic efforts on queer folk. I also enjoy doing training for local mental health agencies and organizations to help people expand their skills, awareness, and understanding of working with LGBTQ+ clients. Right out of graduate school, I was able to work at the "LGBT Community Center of Greater Cleveland" through the May Dugan Center and provide free ongoing therapy and crisis intervention through a Victims of Crime Act (VOCA). The work was rewarding and challenging, a great introduction to some of queer Cleveland's needs. After a year there, I*

*began my private practice closer to home and have found so much joy in working with queer people at all stages of life.*



*Marissa Patsey LPCC, created her own graduate course on queer health in 2017*

Marissa had a unique graduate school experience which greatly informs their work today.

*Marissa: While I was in graduate school I created a graduate course called "Counseling LGBTQ+ Clients" and co-taught with a faculty member. The course has run each year since 2017, and I've been happy to play a role in educating therapists-in-training. I didn't encounter difficulties from the university and my department was very supportive while creating the course. I did it as an independent study so*

*that I could have time in creating it and get school credit. The students are graduate students at CSU studying either clinical mental health or school counseling. I love being with emerging therapists; I remember how exciting and scary that time of development was for me, and I am happy to have moments to reassure and offer guidance to folks earlier in their journey. It's one of the only 16-week graduate courses in my field in the country to be offered each year. We ground the course in queer theory and understanding systemic impacts on sex/gender/sexuality, lifespan development, and cover different groups (i.e., gay and lesbian clients, trans and gender nonconforming, asexual, aromantic, etc.). There's a good amount of content but the course tends toward being more process-oriented with a lot of experiential activities so the students have frequent chances for self-reflection and 'trying on' different aspects of our course studies. Often for the final class, to celebrate, we put on our own ball, in the grand tradition of Paris is Burning. We pick categories and queens and emcees, watch some Paris is Burning or Pose, and then have our approximation of a ball.*

We wanted to know about their experience and exposure with the LGBT prior to their college experience.

*Marissa: I had a few exposures to queer folk early in my life. The first place I lived, our neighbors were two gay men who my parents were close to. My father had a lesbian cousin that he was close to; she had a long-term partner and they had children. My mother also has a cousin who is gay and lives in San Francisco. He had a store called "He/She" and so visiting that cousin and store (around 12yrs old) was my first exposure to genderbending. I was also raised in mostly conservative areas in the 80s and 90s, so was exposed to a lot of casual homophobia and transphobia; people said 'fag' regularly and I played a neighborhood game called 'smear the queer'. I'm guessing I internalized a lot of these beliefs in order to fit in with my peers, and that may have put off my personal knowing for a long while. Though for*

*most of my life, my queerness shown through in spite of my not 'knowing' - my girl friends teased me for my crush on Neve Campbell (Party of Five was popular at that time), and my boy friends, whom I would play basketball and football with, often called me "he/she" as they both thought I was cute and had their egos challenged in sport and gaming. An "aha!" moment came in conversation with a friend midway through my college years. I don't remember the beginning of the conversation but it ended with her saying "Have you ever thought you are attracted to women?". I think someone saying it to me gave me some sort of internal permission to then acknowledge this part of myself. The subjects I was studying in college around this time had already started to break loose black/white thinking I'd be raised with, expanded my sense of normality and morality, and showed me that people lived differently than my homogenous teenagerhood communities. That in combination with meeting my first partner whilst studying abroad gave me a way to explore myself in order to then let people in my life know who I was.*

We asked Marissa about their current practice, their patients and their trainees.

*Marissa: The vast majority of my clients identify as queer in one or many ways, though I also see cisgender, heterosexual folks and really enjoy working with people from a wide diversity of backgrounds. I would say my caseload is <75% trans. I've had the privilege of supporting a lot of trans people in my work over the years; some of the fiercest, most creative, and adaptable folks I've met. I value being with people through discovery processes and as they take steps to make changes in themselves and their lives. The graduate course that I had created has populated material for trainings and vice versa. Mental health agencies or nonprofit organizations that offer continuing education credits or have grant money (this has all changed with the current political climate, btw) would hire me to do my version of "LGBTQ+ 101" (which is an exploration of sex, gender, and sexuality) and sometimes more advanced*

*clinical trainings or shorter, topic-specific trainings. Sometimes I was doing workshops in rural places with folks who have had limited exposure to queer issues and were very interested to learn. In my trainings, I focus less on queer theory but introduce it near the end of the workshops as an offering - something to consider, chew on, and interrogate or take in what feels interesting to them.*

We asked about the most common challenges in dealing with patients and workshop trainees.

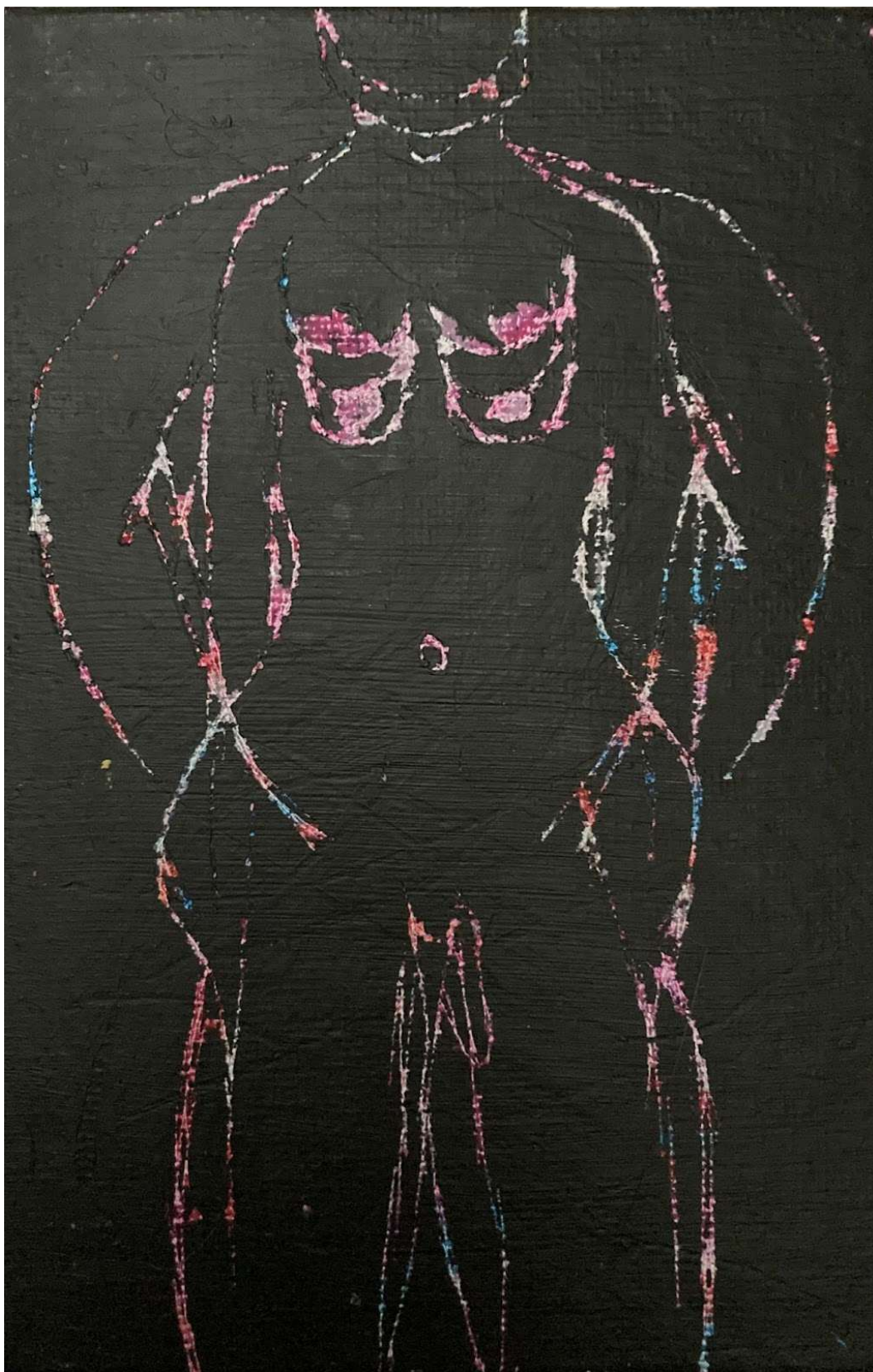
*Marissa: It can be hard to simplify complex ideas, especially when hearing them for the first time. I use real-world examples and self-reflection to help participants 'take in' the content of the workshop in more personal ways. I find, too, that it's important to be respectful of the fact that people have differing views; if someone is defensive, they're less likely to be able to hear me, so I want to be open and gentle in my approach and delivery. Most people are open and curious and fearful of saying something 'wrong' or 'hurtful'. Workshop participants generally come in with some knowledge, some experience clinically working with queer people, and so I help them to think about things from a more queer, expansive perspective and provide a ton of resources and firsthand accounts (interviews or videos by queer, trans, intersex folks, etc.) to increase people's exposure to what may be new or different to them.*

*Challenges vary for trans folk - a lot depends on their demographics and access to resources. Some common themes: building relationships and community, family acceptance and/or separation, access to reliable HRT and competent healthcare, safety in housing and jobs, and the pain and fear engendered by the current political climate. Some folks will struggle with dysphoria or the push and pull of 'passing'. I wish we lived in a world that didn't encourage conformity and some uniform sense of normality, and that people could freely explore gender without consequence or discriminatory experiences. Alas, our world today is not that world. Everyone's journey and desired outcomes*

*are so different. I support folks in whatever path they choose to take. Some like to remain visibly trans or androgynous, some want to pass. What I have noticed is that the sociopolitical climate very much impacts how people feel about passing. I had folks a lot more willing to experiment and genderbend in unique ways prior to the 2024 election. Now, passing feels safer and so I see more folks leaning toward wanting to pass - again not necessarily for looks or internal congruence, but mainly for safety. I see access to reliable healthcare and abundance of community as the best protective factors for trans folk. If we have friends and family who love, know, and support us - so much is possible from this place. I think it's important, too, that we understand the current political climate is a response to the strength and impact trans and queer folk have gained over the past few decades, and that while the pendulum has swung away from our favor now - it will swing back and we can use the power of our vote to keep trying to effect change.*

And finally, about their free time, Marissa says: *In my free time I enjoy spending time with my wife and creatures. I'm an avid reader and love being in nature, especially foraging in the springtime; making time for friends and quality time with my family, especially nieces and nephew.*

Marissa Patsey's practice is primarily virtual though arrangements can be made to accommodate in-person meetings. All about their practice is on [www.marissapatsey.com](http://www.marissapatsey.com) and this is how you can learn about reaching out and setting up an appointment with them. When asked about resources, she reminds us that our local LGBT center is a great resource - they have lots of social opportunities and are great advocates for queer communities. A more comprehensive of recommended resources are on <https://www.marissapatsey.com/resources>



*(Illustration 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. This time we focus on several interesting recent papers from a variety of journals.

## **Social Injustice and Public Health** (Edited by Barry S. Levy)

In this issue we begin our review with a book. Originally published in 2005, it is now in its fourth edition. The book takes a comprehensive approach to understanding social injustice and its impact on public health. Various authors cover a wide selection of traditionally oppressed populations, including people of color, women, children, older adults, and lesbian, gay, bisexual, transgender, and queer/questioning people. The writing is scientifically grounded, with numerous citations and studies, while remaining engaging and accessible. The book is an invaluable contribution to understanding the roots of social injustice and its impact on public health. Its delivery simultaneously promotes research, critical ideas, and education, and it does not shy away from calls to action. The latest edition includes information on the consequences of COVID-19 and shifts in political trends across the United States and the world.

## **A scoping review of policy and health outcomes for transgender and gender-diverse adolescents in the United States** (Susan Maloney et. al)

The paper recognizes disparities in healthcare experienced by transgender and gender-diverse youth compared to the cisgender population,

particularly in rates of depression, suicidality, substance use, and sexually transmitted diseases. The study seeks to identify gaps between existing policies and transgender healthcare outcomes. A connection was found between state-level policies and suicidality among transgender youth. As expected, the authors find that inclusive policies contribute to narrowing the gap in healthcare outcomes between transgender and cisgender populations. It argues that policies such as participation in sports can serve as mechanisms through which minority stress and stigma may be alleviated. The review is limited by the availability of existing literature, which is unfortunately scarce. Relevant studies required for this scoping review were difficult to identify. The study was published in *Nursing Outlook* in January 2026, and the authors are nursing students and scholars from Columbia University in New York.

## **Testosterone therapy and the risk of atrial fibrillation, venous thromboembolism** (Fabrice Bonnet et al).

In August 2025, a research team from France published an interesting study in the *European Journal of Endocrinology* that sparked discussion in the academic community. Let us first summarize the content of the original paper. Testosterone treatment is administered not only to trans men as part of gender-affirming therapy, but also to cisgender men with hypogonadism. The study found that testosterone treatment was associated with a lower risk of infarction but a higher risk of fibrillation and thromboembolism. Interestingly, regardless of whether therapy is applied to cis men with hypogonadism or to trans men, the risks of cardiac events were the same when compared with untreated cis or trans men. The article prompted Alyson Clayton from

the University of Melbourne to write a letter in the same journal, calling for a deeper examination of the relationship between testosterone and suicide risk, citing a potential neuronal effect of testosterone related to aggression. Bonnet and colleagues subsequently replied with another letter, stating that, to their knowledge, there are no data on suicide attempt risk in trans men undergoing testosterone therapy. Nevertheless, this exchange revealed a lively field of research in the endocrinology and overall health outcomes in trans men on testosterone, and we welcome further studies on this topic.

### **Fabrication of Detachable Polymeric Microneedle Patches Incorporating Estradiol Valerate** (Phuvamin Suriyaamporn et al)

Traditional hormonal treatment for trans women includes the administration of estradiol valerate, a synthetic estrogen hormone. One of the earliest forms of administration is oral pills, taken sublingually. Another method is via injections. Transdermal patches are also available, though they appear to be less popular among the trans women I know. However, patches are continually being developed, and studies suggest that they may offer the most stable and lowest-risk method of estrogen administration. Patches do have drawbacks, including potentially unpleasant physical appearance, limited mechanical strength, penetration challenges, detachment issues, and skin irritation. As a result, ongoing research focuses on improving these limitations. A study published in the *Journal of Drug Delivery Science and Technology* by a team of Thai pharmacists acknowledges potential patient discomfort and introduces detachable patches with novel

microneedle designs. The study claims to be the first to offer transdermal patches specifically designed to control hormonal levels in gender-affirming therapy as opposed to traditional research that focuses on menopausal women.

### **Students Who Provide Sexual Acts or Materials for Financial Compensation Before and During University** (Lara Gerassi et al)

With the rising cost of higher education, many students interested in pursuing it face challenges in finding the funds needed to begin and complete their studies. A study from the *School of Social Work at the University of Wisconsin–Madison* surveyed 900 undergraduate and graduate students. Participants were asked whether they had ever performed sexual acts or produced sexual material for financial compensation, either before or during their enrollment at the university. Nearly 16% of students responded affirmatively, with just over 14% reporting such activities while attending the university and more than 13% reporting them before enrolling. Paying for current expenses was frequently cited as the primary motivation. Lesbian, gay, bisexual, transgender, queer+, and disabled students reported engaging more frequently in in-person or virtual sexual services or acts for financial reasons compared to the general student population. The study highlights important findings that underscore the need for practices and policies aimed at reducing negative consequences and harm. The study is published in the *Journal of Adolescent Health*. If I may offer a solution: let's remove corporate greed and commercialization from education and make it universal and free.

## 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)



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

